



Mid-year Report on

Feedback, Comments, Concerns and Complaints

November 2015

1. Introduction

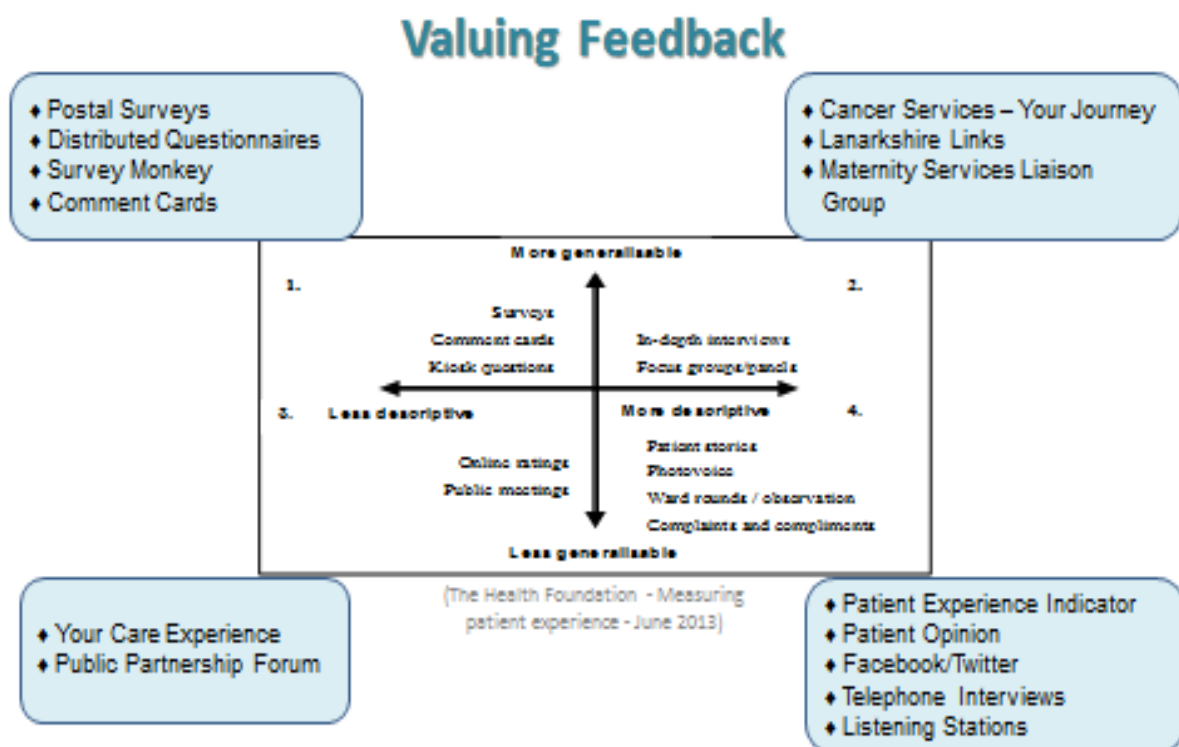
This report provides an update on the feedback, comments, concerns and complaints that we received between April and September 2015 and on some of the improvements we have made as a result.

The format of the report is based on guidance issued by the Scottish Government in May 2014.

It also provides an update on the Scottish Health Council's (SHC) assessment of the Board's achievement against the Participation Standard.

2. Encouraging and gathering feedback

- 2.1. We have continued to use, review and update the ways in which we gather people's feedback. We regularly asked service users and carers what they thought and welcomed their comments at any time. The diagram below shows some of the ways we did this:



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

2.2 The SHC's report "**Listening and Learning**", published in April 2014, highlighted three main barriers to people providing their feedback on health services. We continue with our efforts to remove and reduce these barriers:

- **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 4.2 for more information about these), is used to gather face-to-face **real-time feedback** from five patients on each acute hospital ward during a calendar month.

Knowing people can feel vulnerable and may be unable to provide honest feedback when they are ill for fear it will affect their care, we also contact a number of patients for "**right time**" feedback by telephone two weeks after they have left hospital.

This feedback is available to ward managers, senior nurses and hospital managers once recorded on our Quality Improvement Portal (LanQIP).

Staff training has raised awareness around the barriers to providing feedback and the mechanisms available for providing feedback. Staff **actively encourage** unsolicited feedback; if not at point of care, then at a later date when they have been able to reflect on their experience.

- **Not knowing how to make contact**

We introduced information resources in our acute hospitals such as hospital, ward and department **welcome boards** during 2014 / 2015 to encourage people to let us have their feedback. The different ways in which people can contact us were also outlined in **information leaflets** and on our **website**.



As a result of the findings from the survey the SHC carried out on our behalf (see the section below on complaints), we have now developed "**Departure Boards**" and made changes to our website with the help of the Public Reference Forum (PRF).

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> - 7,969 followers

<https://www.facebook.com/nhslanarkshire> - 1,622 likes

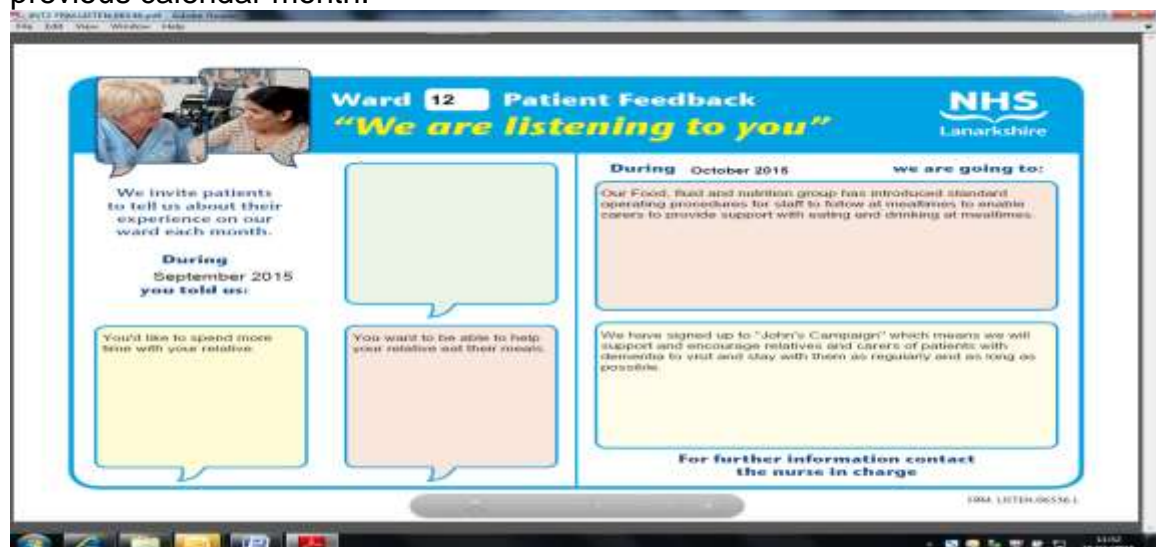
Our **public partners** have continued to work with us to develop and review our feedback mechanisms through the PRF, the Disability Engagement Group and the Public Partnership Forums (PPFs). The NHS Lanarkshire Adult Learning Disabilities Service has worked with Lanarkshire ACE (a local group for people with learning disabilities) to develop Easy Read feedback resources. We have been working with North and South Lanarkshire Councils, Deaf Services Lanarkshire, Deafblind Scotland, Scottish Council on Deafness and NHS24 to organise a **public engagement event** to enable this community group to share their experiences of health and social services. Cancer Services have held a number of focus groups and a larger public engagement event to gather patient feedback.

We continue to meet with the **Patient Advice and Support Service (PASS)** and to promote their service, introducing new "pop-up" banners at our acute hospital sites

Together with our **local authority partners** we have continued to fund a number of advocacy organisations. We are still in the process of updating the **Lanarkshire Advocacy Plan** and hope to have this in place early 2016.

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

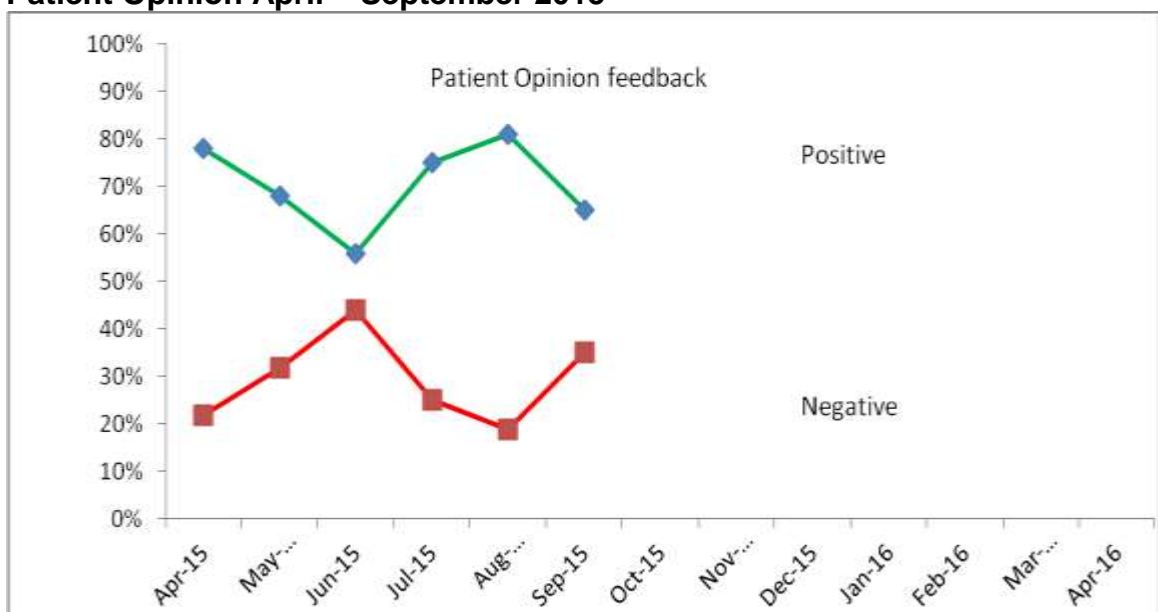
We displayed "**We are listening to you**" posters at ward and department entrances to let people know what has been done as a result of feedback. These posters were updated as close to real time as possible, usually for the previous calendar month.



We have continued to gather **digital stories** from patients and carers for reflection and learning with staff. The people who agreed to share their experience with us said it was good to know that their story would be shared with the staff involved. Later, we let them know the impact of their story and any changes or actions we made as a result. Stories were also shared at meetings, including Lanarkshire NHS Board meetings, and at training days.

We have further expanded the number of staff responding to public feedback on the Patient Opinion website. Between April 2014 and September 2014, 95 stories were told and we had 33 staff responding. For the corresponding period this year, 195 stories were told and we have 91 staff registered as responders. The graph below shows how this was split between positive and negative stories.

Patient Opinion April – September 2015



All of these stories were shared with the staff involved in order to celebrate success and identify opportunities for **learning and improvement**. Our responses identified any changes or improvements as a direct result of the feedback received.

Over the last six months we regularly published **blogs** via Patient Opinion detailing service improvements or changes as a result of feedback received through other mechanisms. The link below is for a blog by Cancer Services which also invites further contact and provides information about upcoming focus group or public event opportunities:

<https://www.patientopinion.org.uk/blogposts/422/we-are-listening---help-us-find-the-way-forwa>

We publicised links to these blogs on NHS Lanarkshire’s Facebook and Twitter accounts and in the **staff bulletin**. In our Annual Report for 2014/2015 we said that, although we were routinely getting in excess of 300 views, in some cases in excess of 1,000 views, there appeared to be little

appetite from the public for engagement through this medium. We are trying to enhance this by inviting contacts to attend focus groups or public events.

Our activities using the Patient Opinion platform continue to be well received by our PPF partners.

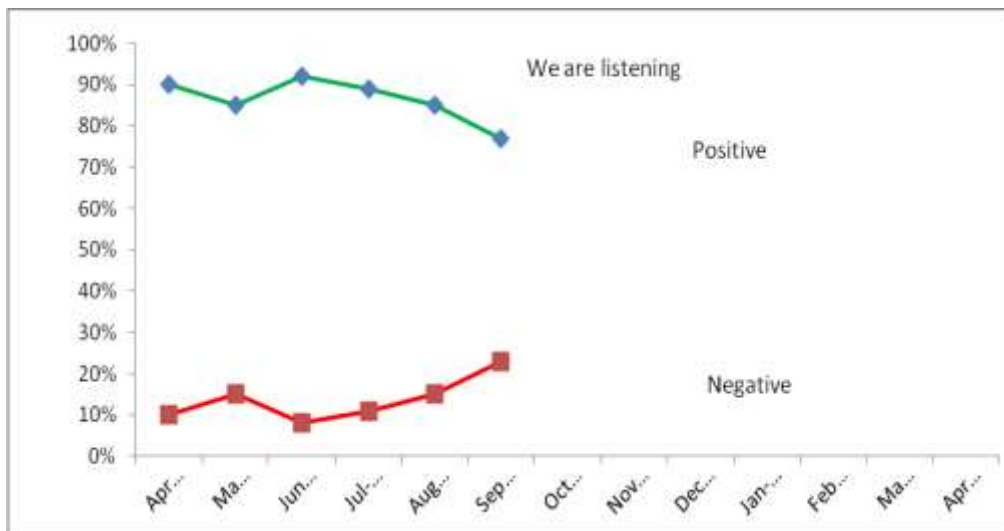
We have had an initial meeting with Patient Opinion to discuss and scope how the system could be used in **General Practice**. Further meetings will be held with GP and Practice staff to develop this approach.

We were invited to “tell our story” by Patient Opinion and presented via an internet forum to NHS Boards in September 2015. Patient Opinion have also asked us to feature in an exemplar video for use UK-wide.

Feedback on people’s experiences was recorded on LanQIP or in **DATIX** (a database where we record feedback, incidents and complaints). Monthly reports were produced for staff so that they could act on the results.

A **nursing dashboard** has been developed to give Senior Charge Nurses and their teams an overview of the quality of care they deliver. It includes patient feedback and is used to drive improvement at a local level.

The graph below illustrates the positive and negative feedback received through our **We are listening cards** between April and September 2015.



2.3 The NHS Scotland Cancer Patient Experience Survey (CPES) 2015 is currently underway. This is a national survey of people with a **cancer diagnosis** who had a stay in hospital and were discharged between 1 January 2014 and 30 September 2014. People are being asked to complete and return a postal questionnaire. The survey will run from October to December 2015 with the Scottish Government scheduled to publish the findings in May / June 2016.

3. Encouraging and handling complaints

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

3.2 Complaints about services delivered by NHS Lanarkshire

- We received **720 complaints** between April and September 2015, of which 220 were about prisoner healthcare. The graph below shows the pattern over the last five years.



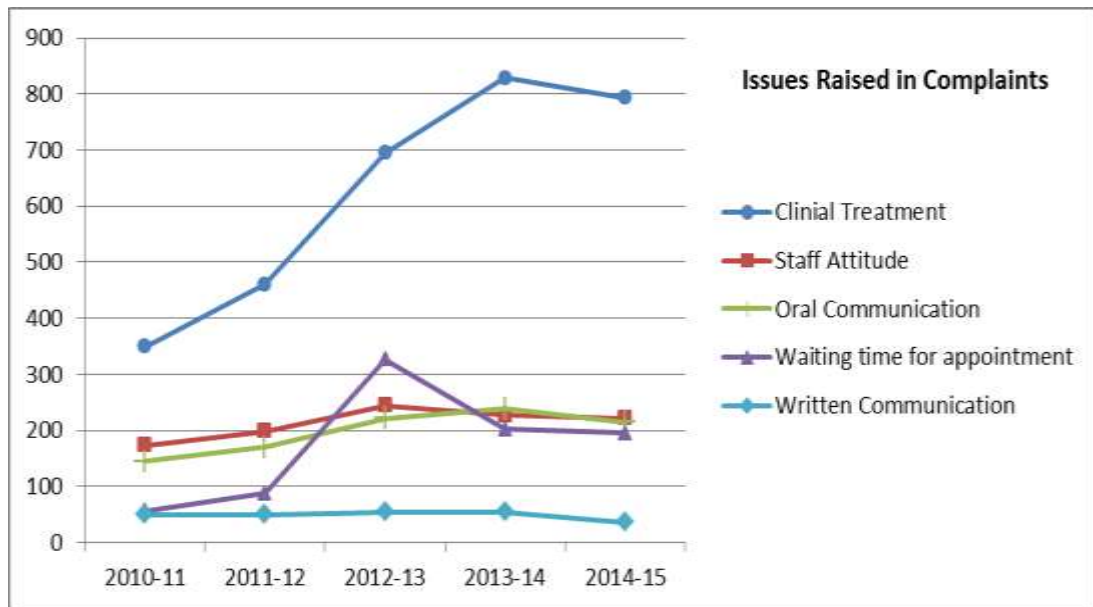
- **Over 99%** of the complaints we received were acknowledged within the national target of 3 working days.
- There were no cases in which **alternative dispute resolution** (mediation) was used to try to resolve a complaint. However, anyone wishing to make a complaint was signposted to PASS for any assistance they might need. The PASS Patient Advisers often accompanied those they were supporting to meetings with staff. Senior staff regularly met with patients and their families in an attempt to resolve issues.
- Between April and September 2015 we replied to **97%** of complaints within the national target of 20 working days. This compares with the latest national figure of 70% for 2014/15.

We worked hard to resolve complaints **within 3 working days** and achieved this in 25% of cases, most of which were about prisoner healthcare.

- We record up to three issues raised in each complaint. The **top 5** aspects of our services that people complained about in the first half of this year were:

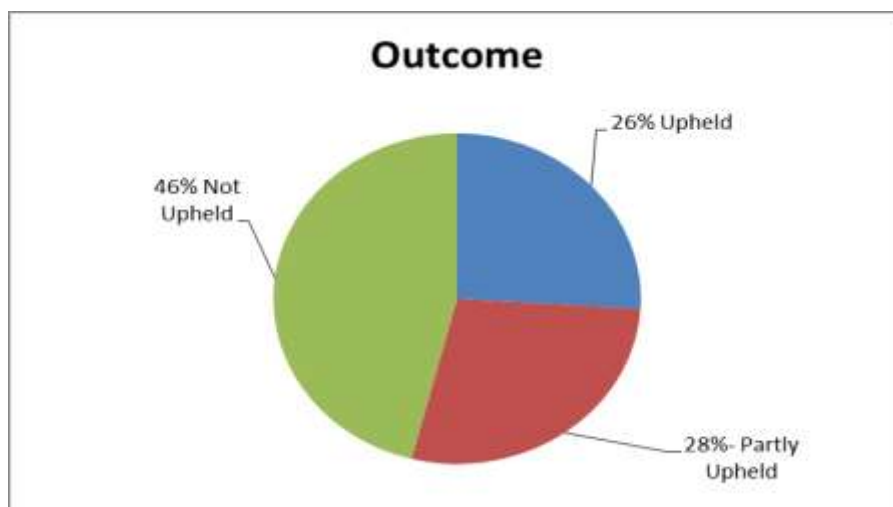
- Clinical treatment (519 times)
- Staff attitude and behaviour (96 times)
- Waiting time for appointment (86 times)
- Oral communication (83 times)
- Written communication (25 times)

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



By March 2016 we are aiming for a 10% reduction in the number of complaints we receive about **staff attitude**. We are monitoring our progress on this on a monthly basis.

- NHS Boards collect information on the **outcome** to complaints. Our outcomes for the first half of the year can be seen in the chart below.



- People who are unhappy with the response they receive from us can ask the **Scottish Public Services Ombudsman (SPSO)** to review their complaint.

During the year the SPSO contacted NHS Lanarkshire about 22 **complaints** they had received about our services. The SPSO has reached decisions in some of these cases but is still considering others.

Of the cases concluded by the SPSO between April and September 2015, they decided not to investigate 11; issued decision letters in 14; and published 3 investigation reports. When the SPSO upholds a complaint and / or makes recommendations, we write an anonymised summary of the case and an **action plan** to ensure that we implement any necessary changes and to share the learning from the complaint. Progress with these action plans was reported to the Healthcare Quality Assurance and Improvement Committee.

In their 2014/15 annual letter to our Chief Executive, the SPSO reported that they had received more complaints about our services than in 2013/14 and that the number they had upheld had increased. When the SPSO issues their annual report for 2014/15 later in the year we will compare our performance with that of other NHS Boards.

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

- The table below gives information about complaints received by our FHS contractors between April and September 2015:

	General Practitioners	General Dental Practitioners	Pharmacies	Opticians
Number of complaints received	248	62	94	15
Number of complaints where alternative dispute resolution was used	4	0	0	1
Number of complaints replied to within 20 working days	239	53	93	13

- The key **themes** identified by FHS contractors were: clinical diagnosis (GPs and Dentists); communication (GPs); access to services (GPs, Pharmacies and Opticians). As part of the contract monitoring arrangements we received information every quarter from FHS contractors to identify any trends and issues that need to be addressed with them.

- The **SPSO** let us see 6 decision letters on complaints about FHS contractors. If the SPSO upheld the complaint and / or made recommendations, we produced an anonymised summary and an **action plan**, and worked with the contractor to ensure that any necessary changes were made. The case was also reviewed by our Primary Care Group in case we had any wider concerns about the contractor. Here too progress with these action plans was reported to the Care Assurance Board and Healthcare Quality Assurance and Improvement Committee.

4. The culture, including staff training and development

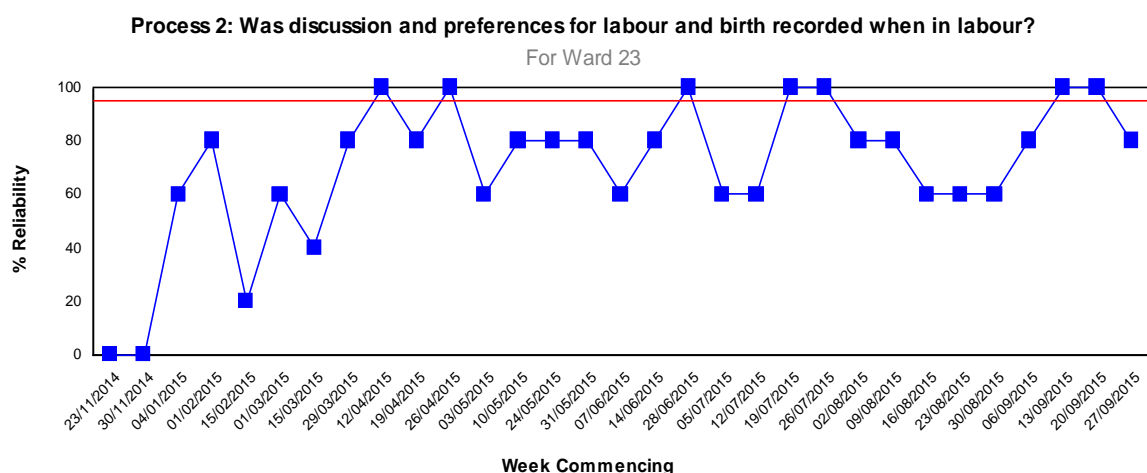
4.1 We are fully committed to the national **Person-Centred Quality Ambition** of developing care partnerships between patients, their families and our staff. This section describes how we continued this work in the first half of 2015/16. It also describes what we did to support staff to encourage and welcome feedback in all its forms.

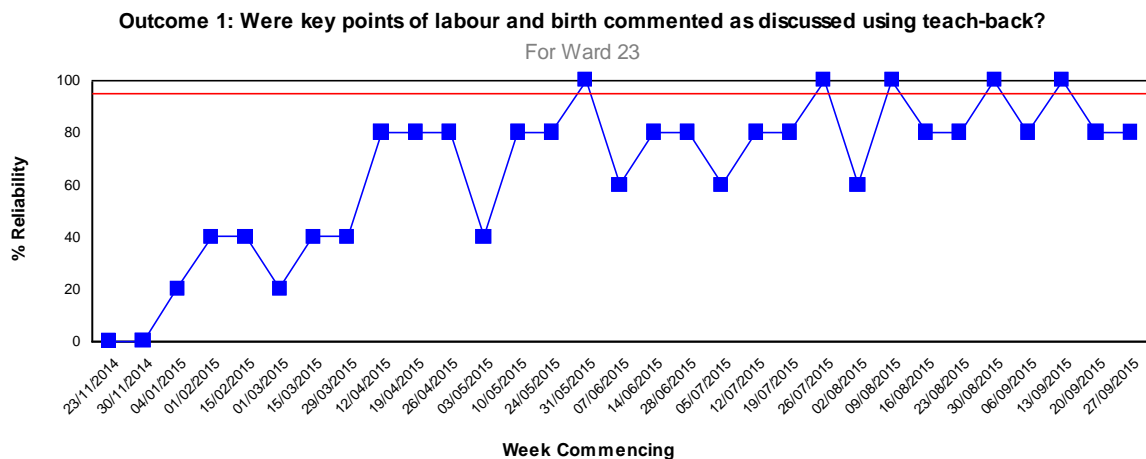
4.2 Our **Person-Centred Health & Care (PCHC) Strategic Prioritised Plan** was approved by our Board in June 2014. Since then we have worked hard to raise awareness of the aims of the plan and what we need to do to achieve these. Across Lanarkshire 24 teams have been undertaking tests of change to improve our person-centred approach to care. The following brief examples demonstrate the positive impact that is being made in a number of teams:

- **Maternity Test Team**

The Scottish National Maternity Survey 2013 reported that a significant number of mothers did not feel involved in their **care during labour**. If women are not afforded the opportunity to plan for, discuss and be given information about their care options in a way they understand, then they can be left traumatised and dissatisfied with their birth experience.

The test team therefore trained staff in the use of **‘Teach Back’** to enhance the conversation with women in the immediate postnatal period; and developed a process to check back with women as to their understanding. Examples of improvement against the key measures are shown below.



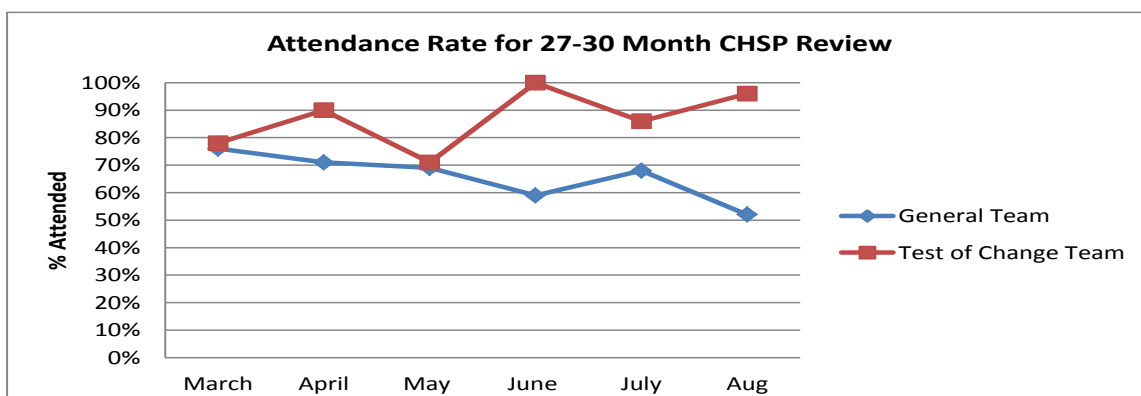


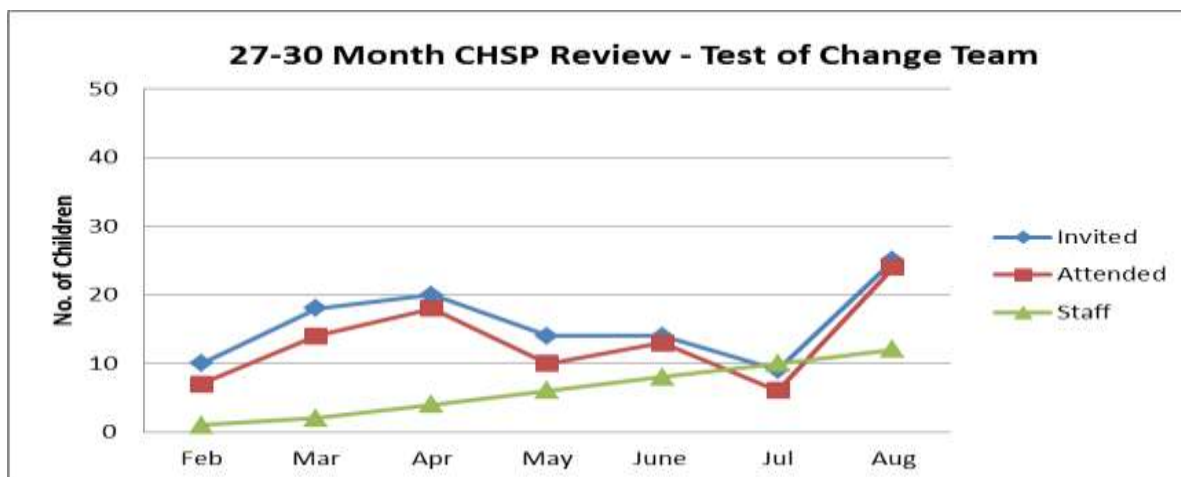
The team is continuing to refine and develop this new approach, based on feedback from women and staff. Involving the **birth partner** in the debriefing is something that is seen as important but not always achieved - again this will be developed as a further improvement. There is a great deal of enthusiasm within the team and other wards in the maternity unit at Wishaw General Hospital are keen to test the approach in their own areas. The team has presented its work at a UK maternity conference and has been announced as finalists in the Royal College of Midwives Annual Awards “better births” category.

- **Early Years – Health Visiting Test Team**

A universal 27-30 month **child health surveillance assessment** was introduced in 2013. The purpose of this was to ensure that any delay in the child’s development was picked up and acted on early. There was significant variation in attendance rates at these assessments, resulting in not all children being afforded the opportunity for assessment or in delays in this assessment being carried out.

As families had not been able to influence the timing of appointments, a more **flexible approach** was introduced. Evidence of improvement is shown below, comparing the results of the work of the test team and the general team (where no choice of appointment time is given).





As a result of these changes many more children are being assessed at their scheduled appointment with few 'did not attends' (DNAs). There has been **100% positive feedback** from parents on their experience of the shared approach to agreeing appointment times that meet their needs and those of their children.

While only a few staff within the health visiting team initially tested this approach, this has now been rolled out to all members of the Airdrie health visiting team.

- **National Person-Centred Health & Care Programme**

Following changes at national level, all NHS Boards in Scotland were invited to submit bids to Healthcare Improvement Scotland (HIS) for monies to support local person-centred projects. We were selected as one of three **successful bids** and we are working with HIS to design an improvement project using multi-source feedback to drive improvement. Two teams have volunteered from the acute hospitals and one team from each of the Health & Social Care Integration teams. We were also selected as one of two Boards to test 'right-time' feedback and are co-designing with HIS how we might test feedback from patients within two weeks of their care episode.

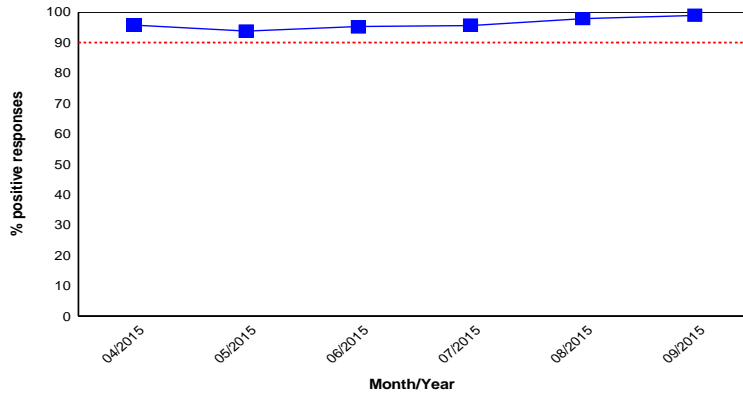
In addition to this we successfully submitted a bid to the **Leading Better Care Programme Board** to further align its work with the person-centred care programme. As a result a senior nurse and nurse practitioner will be working on this until the end of March 2016.

- **Must Do With Me's**

Whether or not our services are person-centred can only be judged by the people who use them. We have therefore been using the five "**Must Do With Me's**" (MDWMs) to measure our success. Real-time or point of care feedback is routinely sought in our acute, paediatric and maternity wards; and work is progressing with the community-based test teams to develop their care experience feedback programmes.

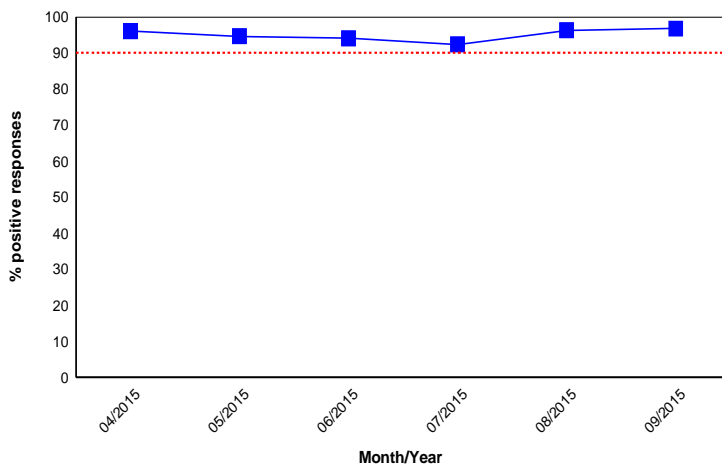
A target of achieving 90% compliance across each of the 5 MDWMs was set and has been met across all acute test teams and across the wider acute hospital wards. The aggregated results from all acute wards are given below:

MD01: Do staff always take account of the things that matter to you?



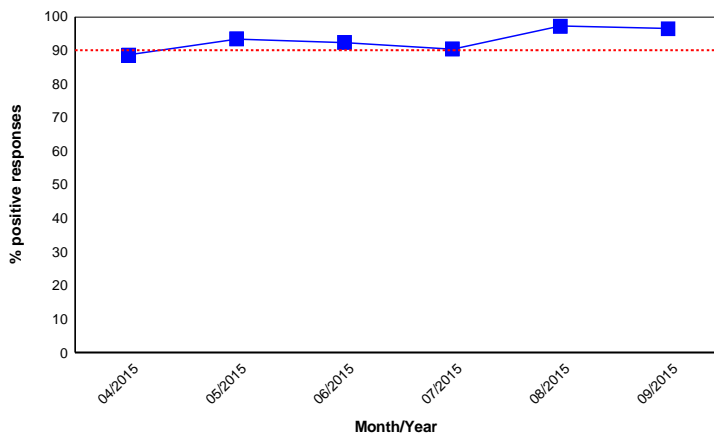
	No. of questions	No. positive	% positive
Apr-15	229	219	96%
May-15	317	297	94%
Jun-15	272	259	95%
Jul-15	249	238	96%
Aug-15	321	314	98%
Sep-15	278	275	99%

MD02: Do you feel that staff took account of the people that matter to you and how much you wanted them to be involved in your care or treatment?



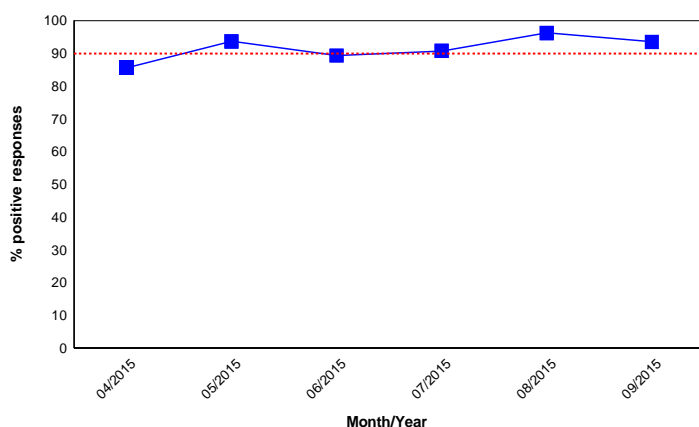
	No. of questions	No. positive	% positive
Apr-15	229	220	96%
May-15	317	300	95%
Jun-15	272	256	94%
Jul-15	249	230	92%
Aug-15	321	309	96%
Sep-15	278	269	97%

MD03: Did you have all the information and support you needed to help you make decisions about your care and treatment?



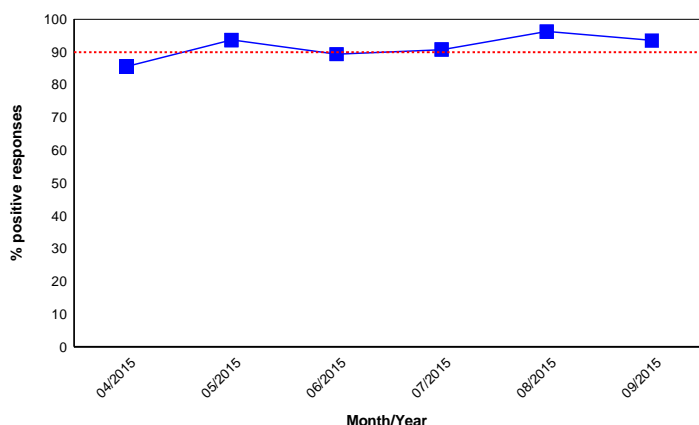
	No. of questions	No. positive	% positive
Apr-15	229	203	89%
May-15	317	296	93%
Jun-15	272	251	92%
Jul-15	249	225	90%
Aug-15	321	312	97%
Sep-15	278	268	96%

MD04: Have you been able to speak with the staff you wanted to when you wanted to?



	No. of questions	No. positive	% positive
Apr-15	229	215	94%
May-15	317	307	97%
Jun-15	272	258	95%
Jul-15	249	236	95%
Aug-15	321	315	98%
Sep-15	278	277	100%

MD05: Have you been involved in discussions about your care or treatment as much as you wanted to be?



	No. of questions	No. positive	% positive
Apr-15	229	196	86%
May-15	317	297	94%
Jun-15	272	243	89%
Jul-15	249	226	91%
Aug-15	321	309	96%
Sep-15	278	260	94%

- We have continued to refine our patient feedback mechanisms over the last six months so that we can show the improvements we have made in the five MDWMs and in patient experience overall. This included thinking about how we can better analyse and learn from the valuable qualitative feedback we receive.
- Our '**Your voice, valuing feedback**' programme has continued to support to enhance their skills in responding to feedback. 404 staff have completed the feedback and complaints e-learning modules and 73 participated in face-to-face sessions.
- We also continued to deliver **awareness training** on how to respond to feedback and complaints at medical and nursing staff induction programmes. The training is adjusted to suit each staff group and takes account of their feedback.

4.3 More than 90 staff have now been trained in how to **respond online** to stories posted on Patient Opinion, some of whom have also completed WebEx (online) training.

4.4 In our Annual Report for 2014/15 we included examples of things we had done to improve how we **handle and respond to complaints**. We had started by looking at: the recommendations of the Francis Report; the Patient Rights (Scotland) Act 2011; and what we had learned from national complaints Masterclasses. We then developed an action plan to respond to the HIS Rapid Review Report in December 2013. Here are some of the things we did in the first half of 2015/16:

- Our senior **Executive team continued to review** of a sample of complaints on a monthly basis along with the teams who had responded to these complaints. Monthly audits of complaints by an external company were replaced in June 2015 by **peer audits**. Through these two approaches senior staff have reviewed how well we are responding to complaints.
- One of our aims is to achieve a 10% reduction by December 2015 in the number of people who **return** to us dissatisfied with the response they have received to their complaint. Our baseline for 2014/15 was 166.

The SHC Lanarkshire office carried out a **survey** on our behalf in May and June 2015, speaking to people to find out what they thought of the reply they had received to their complaint. We jointly presented the results of the survey at the PRF meeting in August 2015 and received some very helpful feedback. We identified some improvement actions we could take, including:

- Revising the Feedback section of our website
- Revising the templates for the letters we send to people when we are acknowledging their complaint

We will report back to the PRF in November 2015. We also plan to repeat the survey early in 2016.

5. Improvements to services (as a result of feedback and complaints)

5.1 The following is a selection of the actions we took **in response to feedback**:

Patients and the public said....	What we have done
The seating is uncomfortable and unsuitable in waiting areas for patients attending rehabilitation appointments	Reviewed and replaced some of the seating to meet the needs of service users
Lack of support for perinatal mental health.	Involved public partner in appointing staff to the Perinatal Mental Health Team

Lack of information for carers	Updated our Carers Information Pack and introduced “Someone depends on me” emergency card for carers
We (expectant mothers) want understandable information about our birthing experience from our midwife	Introduced the post-delivery briefing project
I don’t understand why I need to see a dietitian having been diagnosed with cancer	Reviewed and introduced plain English information and changed the methods for encouraging people to access dietetic services
We want information in a way we can understand (Joint Replacement patients)	“Joint School” invites past patients to share lived experience with attendees
There’s a gap in Community Nursing cover between day and night shifts	Integrated Community Support Teams provide seamless cover
We want to know as much as possible about what is happening with our baby (Neonatal Unit)	Invite parents to attend the ward round and introduced daily communication cards
Improve your appointment scheduling. Improve the information available about foot care	Introduced a centralised booking service Developed information resources about foot care

5.2 Some of the actions we take **in response to complaints** might appear to be small but they can make a big difference to patients, their relatives and carers. The following are examples – big and small - of what we have done:

- Patient information leaflets on ectopic pregnancy and on renal biopsy were to be update
- The pharmacy issued a Safety Brief alert regarding sustained release medications and abbreviations used
- Staff were reminded of the need for robust clinical documentation
- The wording of appointment letters was reviewed in relation to information about appointment times
- Staff would be given clarity on the legal rights and responsibilities of parents/guardians in terms of decision-making when there are conflicting opinions
- Chairs in a waiting room were reconfigured and the radio was to be replaced with a television screen
- We reviewed the flexibility in the booking system for a treatment room
- A reflective learning session took place to learn lessons from a drug error

- 5.3 We displayed improvements on our “We are listening to you” posters to let patients, relatives, carers and visitors know that we have **taken account** of what they have told us.
- 5.4. The following are examples of changes made by FHS contractors to improve their services:
- Following a missed referral a GP Practice will now advise patients that, if they have not received communication from the hospital within 6 weeks, to contact the Practice
 - A GP Practice has reviewed the blood result process undertaken and calls are to be made in the afternoon to alleviate duplicate calls to patients. Staff training and communication was also undertaken to highlight issues. In addition, a meeting was held with the District Nursing Team to ensure an adequate supply of dressings in the Practice
 - Following a complaint a meeting was held with a member of staff at a GP Practice to facilitate reflection. This covered “going back to basics” and talking about attitudes
 - A GDP holds a regular meeting involving role play and open discussions about how to deal with difficult situations
 - A GDP Practice devised a leaflet on service information for pregnant patients
 - Staff at a Pharmacy were provided with additional training on a new computer system to improve the accuracy of records
 - At a Pharmacy, the dispensing practice was modified and refresher training was given
 - An Opticians has implemented a new policy following a delay with an order.

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

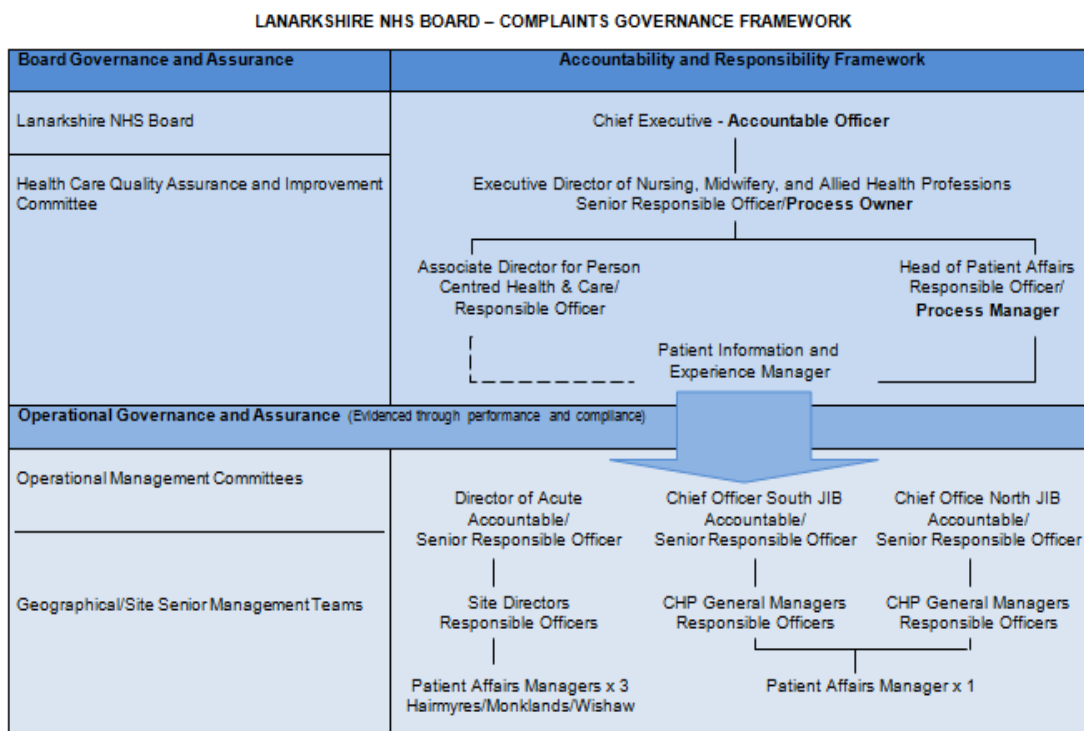
- 6.2 We revised the format of the quarterly reports for the Divisional Management Teams and the Operating Management Committees, which are chaired by **Non-Executive Directors**. These now focus much more on our achievements against our Key Performance Indicators (KPIs).
- 6.3 Anonymised summaries of **individual complaints** (where the SPSO upheld the complaint and / or made a recommendation) and the associated action plan, were considered by the Healthcare Quality Assurance & Improvement Committee, which is chaired by a non-Executive Director. The format of this report was revised to better meet the needs of the Committee.

- 6.4 In April 2015 the Executive Director for Nursing, Midwifery and Allied Health Professions (who is the lead Director for feedback and complaints) and the Head of Patient Affairs updated the **non-Executive Directors** on the arrangements in place to review and report on complaints.
- 6.5 We worked with the PPFs to develop our **Annual Report** on Feedback, Comments, Concerns and Complaints for 2014/15. It was published on 30 June 2015 and was considered by Lanarkshire NHS Board in August 2015.
- 6.7 This year the SHC's **Participation Standard** focussed on assessing the annual reports produced by NHS Boards and on reviewing the governance arrangements that NHS Boards have for feedback, comments, concerns and complaints.

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

The SHC has confirmed that we have **achieved** these levels.

- 6.8 Our framework on how we govern feedback and complaints is shown in the diagram below:



Complaints Reporting Framework – V0.4 2015-03-10