

**LANARKSHIRE NHS BOARD
QUARTERLY PERFORMANCE REPORT – PERIOD TO 30 JUNE 2010**

SUBJECT: ANNUAL COMPLAINTS REPORT 2009/10

LEAD: C SLOEY

1. Purpose

NHS Lanarkshire operates a complaints procedure that complies with national guidance and with Statutory Directions, issued under cover of HDL (2005) 15.

The Statutory Directions require each NHS body to prepare reports at annual intervals for the purposes of:

- a) monitoring the arrangements made for dealing with complaints;
- b) considering the volume of complaints; and
- c) monitoring the remedial action taken following the investigation of complaints.

The Guidance also states that the Board should receive a quarterly report on complaints and complaints handling: this is achieved through the Operating Management Committees.

2. Content

Reports have been compiled in relation to complaints about services managed by the Acute Services Division and by the CHPs. They set out details of the volume of complaints, both formal and informal, received; the issues raised; the time taken to respond; the outcomes; complaints considered by the Scottish Public Services Ombudsman; and actions taken in response to complaints. Where possible, comparative historical data are given and any trends highlighted. The CHP report also gives an indication of complaints about Family Health Services received by the Board.

3. Performance

The national complaints guidance specifies two performance indicators for complaints handling: the percentage of complaints acknowledged within 3 working days and the percentage of complaints replied to within 20 working days.

Performance against the acknowledgement indicator was 100% for the Acute Services Division and 99% for the CHPs. 99% of complaints about Acute Services were replied to within 20 working days, 91% for CHP services. The latter figures compare with the national average of 68% in 2008/09.

4. Approval and Consideration of Reports

The annual complaints reports are considered and approved by the Acute Division and by the CHP management teams. They are also discussed at a range of Divisional and Board groups and committees prior to approval being sought from the Board. A schedule setting out this process is attached. To ensure learning and awareness, these reports are also considered by various operational groups.

Consideration and Approval of Annual Complaints Reports 2009/10

1. Acute Services Division
 - Divisional Management Team: 10 08 10
 - Operating Management Committee: 27 07 10
 - Acute Clinical Governance & Risk Management Committee: 23 07 10

2. CHP North
 - Management Team: 12 08 10
 - Operating Management Committee: 01 09 10
 - Joint CHP Clinical Governance & Risk Management Group: 11 08 10

3. CHP South
 - Management Team: 28 07 10
 - Operating Management Committee: 23 08 10
 - Joint CHP Clinical Governance & Risk Management Group: 11 08 10

4. Clinical Governance Steering Group: 13 09 10

5. Risk Management Steering Group: 09 08 10

6. Clinical Governance Committee: 16 08 10

7. Lanarkshire NHS Board: 25 08 10

FURTHER DETAILS:

Full report available from / at:	Shona Welton, Head of Patient Affairs
Managed by:	Operating Management Committees (3)
Governance Committee	Operating Management Committees (3) and Board