

Board Meeting: 28 September 2018

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Complaints, Feedback, Comments and Concerns Annual Report 2017/18

Recommendation/action required:

The Board is asked to:

- Note the Complaints, Feedback, Comments and Concerns Annual Report for 2017/18

Author:

Sponsoring Director:

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7 September 2018

Complaints, Feedback, Comments and Concerns Annual Report 2017/18

Purpose of Paper

1. The purpose of this paper is to present the Board with the Complaints, Feedback, Comments and Concerns Annual Report for 2017/18 for noting.

Background

2. The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2017 along with the new NHS Scotland Model Complaints Handling Procedures (CHP) place a responsibility on NHS bodies to prepare and publish an annual report on feedback, comments, concerns and complaints; summarising what action has been taken to improve services or show where lessons have been learned as a result of feedback, comments, concerns and complaints received over the year.
3. NHS Boards are required to publish these annual reports and details of the publication should be sent to Scottish Government (SG), NHS Healthcare Improvement Scotland (NHS HIS) and the Scottish Public Services Ombudsman (SPSO).
4. In previous years the Scottish Health Council (SHC) have used NHS Boards' Annual Reports on Feedback, Comments, Concerns and Complaints to form the basis of the Participation Standard Self-assessment. They will be not used for this purpose this year, as SHC have advised this will be a 'development year'.
5. NHS Health Scotland (NHS HS) adopted the revised NHS Scotland Model Complaints Handling Procedure (CHP) in April 2017. The new procedure is intended to support a consistent person-centred approach to complaints handling across NHS Scotland, and bring the NHS into line with other public service sectors by introducing a distinct, five working day stage for early, and local resolution ahead of the 20 working day stage for complaint investigations.
6. The new CHP also introduced nine key performance indicators by which NHS Boards and their service providers should measure and report performance.
7. The CHP requires senior management to review complaints information at least quarterly to consider how services could be improved or policies and processes updated, and the outcomes should be "reported via the Board's governance structure to the Board of management".

Finance and Resource Implications

8. Staff time involved in the effective handling of concerns and complaints continues to be managed within existing resources. The number of NHS HS complaints and concerns received in 2017/18 increased very slightly on the previous year. We received three NHS HS complaints and six concerns, compared with no complaints and five concerns the year before. However the number of complaints received for other NHS bodies has decreased by around a quarter, or 26.5% on the previous year. We received 254 non-NHS HS complaints in 2017/18 compared with 346 in 2016/17. This reduction can be directly attributed to improvements made to complaints systems and processes to enable the complainant to reach the right place in the first instance.

Staff Partnership

9. During 2017/18 there were no staff partnership issues and none are anticipated at this time for 2018/19.

Communication and Engagement

10. The Report has been shared with colleagues in SG, NHS HIS and the SPSO as well as being made available on our website, www.healthscotland.scot.

Corporate Risk

11. Failure to handle feedback, concerns and complaints effectively may result in damage to our reputation and affect our ability to improve our products and services.

Issues Associated with Transition

12. NHS HIS is currently undergoing a review process on the future role of the Scottish Health Council. When the review has concluded they will be able to give more guidance on the focus of any future Participation Standard activity and present proposals for any changes.

Promoting Fairness

13. Complaints and concerns are monitored to identify and address any barriers to promoting fairness.

Sustainability and Environmental Management

14. There are no anticipated sustainability and environmental management implications.

Action/ Recommendations

15. The Board is asked to note the Complaints, Feedback, Comments and Concerns Annual Report for 2017/18.

Jenny Kindness

Governance Manager

7 September 2018

Complaints, Feedback, Comments and Concerns Annual Report 2017-18

Background

1. The Patient Rights (Scotland) Act as amended by the [Patient Rights \(Feedback, Comments, Concerns and Complaints \(Scotland\) Directions 2017](#) place a responsibility on NHS bodies to prepare and publish an annual report on complaints, feedback, comments and concerns; summarising what action has been taken to improve services or show where lessons have been learned as a result of feedback, comments, concerns and complaints received over the year.

Introduction

2. Boards are required to publish these annual reports and details of the publication must be sent to Scottish Government, Patient Advice & Support Service (PASS), Healthcare Improvement Scotland and the Scottish Public Services Ombudsman (SPSO).
3. NHS Health Scotland (NHSHS) receives feedback from a number of different channels. Feedback and comments can be initiated by us, for example asking a delegate to complete an evaluation form following an event, or come directly from the member of the public/service user completing a comments form on our website, contacting a member of staff or leaving a comment or 'tweet' on a social media site. We also receive complaints and concerns in writing, by email and by phone through our formal Complaints Handling Procedure (CHP) implemented in April 2017.

Indicator One: Learning from Complaints

4. As an organisation, we recognise the importance in demonstrating to the public that our complaints/feedback/comments have led to improvement. In 2017/18, we received three complaints, six concerns and one compliment.
5. The complaint that was upheld came from a parent who had received the "Healthy Happy Kids" booklet from their child's school. They were unhappy with the wording in the publication because we had not clarified we meant Type 2 diabetes, when talking about the increased risk of diseases that comes with being an overweight adult.

6. The *Healthy Happy Kids* publication has been removed from NHS HS website and a full review of the two resources in the series is currently being undertaken with professionals working in this area. We will also review the related publication (professional resource on Child Healthy Weight) to ensure that the same issue does not occur. An updated *Healthy, Happy Kids* will be shared with the person who made the complaint once the review has concluded.
7. When we received a complaint about the shingles eligibility online calculator on the Immunisation Scotland website we were able to clarify with the person raising the complaint when they would be eligible for the vaccine but their feedback also prompted us to review the website and make it clearer that age groups become eligible for the vaccine from September each year, rather than January.
8. Over the year we received a small number of concerns about the information resources we provide for screening and immunisation programmes. One concern that was raised with us related to the eligibility criteria for flu immunisation, specifically for people with multiple sclerosis (MS). We were able to provide clarity on this to the person raising the concern and we also updated the Immunisation Scotland website to make the information on entitlement clearer.
9. Another concern we received was about our promotion of breastfeeding and the impact on women that can't breastfeed. In this case we offered reassurance that we recognise that some women are unable to, or choose not to breastfeed and we understand the barriers to breastfeeding. We also offered the person raising the concerns the opportunity to engage with us on our project, *Redesigning Health Information for Parents (ReHIP)*.
10. The following improvements have been introduced to services from the feedback and comments that we have gathered from April 2017 to March 2018:
 - **Workforce Development** - We received comments via email about the 'Raising the Issue' (RTI) smoking module which stated that the introduction on the module landing page was 'very grim'. We updated the introduction to the RTI smoking landing page to make it read more positively.
 - **Workforce Development** - Feedback from course evaluation forms highlighted that there were small errors in our online modules. We checked the online evaluation forms and we updated online modules as required, such as correcting out of date hyperlinks.
 - **Healthyliving Award (HLA)** - In 2017/18, we received a low score in the HLA award survey in relation to the Employee Wellbeing Survey, which some users felt was too long in length and therefore took more time to complete. We are currently building a new survey that is due to be launched later in 2018. Following customer feedback, the new survey will be shorter and will remove some questions that are not adding value.

Indicator Two: Complaint Process Experience

11. We did not receive any feedback on the complaints service provided from the small number of complainants in 2017/18. We did however receive some positive feedback from people contacting us with misdirected complaints; thanking us for our advice, our prompt response, or for taking the time to listen to them. We also received a complimentary email from the parent of someone we gave advice to on accessing out of hours services, thanking us for helping her daughter “when she needed it most”.
12. NHSHS regularly receives complaints and concerns about treatment and services provided by other NHS organisations. Many of those contacting us tell us they are unsure of the NHS complaints process or that they have contacted us thinking we are NHS Scotland. In 2017/18 we received 254 complaints/concerns intended for other NHS Scotland services, compared with 346 in 2016/17; and 144 complaints/concerns received in 2015/16. These complaints are handled sensitively and processes are in place to redirect complainants to the appropriate person or organisation for responding to their complaint or concern. We have also improved the Information available on our website to inform complainants of local NHS contact details to help enable the complainant to reach the right destination the first time.

Public Involvement Improvement Project

13. The Public Contacts Improvement Project (PCIP) was a 90 day project which commenced on the 27 June 2017. The aim was to review and make changes which would lead to improved processes, ensuring anyone contacting NHSHS is directed to the appropriate contact as quickly as possible, while reducing the volume of general enquiries, complaints, concerns and Freedom of Information (FOI) requests which are not intended for us.
14. Changes made during and after the project included; the introduction of a welcome message on the general enquiries telephone line; the removal of NHSHS details on various websites as a point of contact for all complaints across the NHS in Scotland and changes to our own website.
15. The impact of these changes included:
 - Reduced number of calls received daily via the general enquiries line from 9 to 4
 - Reduced number of messages left on the corporate voicemail from 3 per day to approximately 1 per week
 - Reduced number of misdirected complaints received weekly from 9 to 3
 - Reduced number of emails received weekly via the general enquiries mailbox from 16 to 7
 - People contacting Health Scotland are now directed to the correct contact quicker.
16. Since the 90 day project ended on the 19 September 2017, the reduced volume of calls, emails, complaints and FOIs received has been sustained, with the exception

of a slight increase in calls during February 2018. A review of the qualitative data for this period suggests this is likely to be a seasonality upturn linked to flu season.

Generic Mailbox Review

17. We receive feedback and comments from our generic inboxes such as individual team inboxes to seek and receive stakeholder and customer feedback.

18. In 2017/18, NHSHS carried out a review of the usage and governance of generic mailboxes. There were 116 generic mailboxes reviewed as part of the project (excluding the generic Health Scotland mailbox which was revised separately as part of the Public Involvement Improvement Project). Of the 116 generic mailboxes operating within NHSHS:

- 47% of mailboxes were identified as communicating only externally, e.g. The Scottish Public Health Network (ScotPHN)
- 26% were used for internal communication only e.g. Knowledge Skills Framework (KSF)
- 25% communicated with both NHSHS staff and externally, e.g. Library requests.
- The majority of mailboxes (72%) were reviewed at least daily, with a further 12% being covered by Spiceworks.

19. The 2017/18 Generic mailbox review identified a number of findings, which included:

- The majority of mailboxes have a defined purpose and are viewed by managers as useful and contributing to efficient and effective working.
- The majority of e-mails received by mailboxes with a defined purpose are relevant to that purpose, in contrast to the generic Health Scotland mailbox and phonenumber.
- Respondents reported the majority of mailboxes receive e-mails every day and are monitored daily. Those monitored less frequently tend to be used less regularly. However regular monitoring did not transfer into responses to the contact e-mail, with a response rate of 55% at one week.
- 24 mailboxes have been closed. A further 14 generic mailboxes receive less than 1 e-mail/week, offering the potential for a further reduction in number.

20. NHSHS staff requesting generic inboxes are encouraged to strategically analyse the need for generic inboxes and to determine if they add value to the work of organisation. In 2018/19, NHSHS will continue to review its use of generic mailboxes.

Indicator Three: Staff Awareness and Training

21. NHSHS staff directly involved in complaints handling and reporting attend relevant training and events, such as the national conference event on Feedback and Complaints and Duty of Candour held in March 2017. Online resources such as the SPSO's Valuing Complaints website (<http://www.valuingcomplaints.org.uk>) and

SPSO News, the monthly news briefing from the Scottish Public Services Ombudsman have also been useful. Staff will be made aware of the new procedure through updates on our intranet, *The Source*.

Indicator Four: The total number of complaints received

22. In 2017/18 NHSHS received 3 complaints.

Indicator Five: Complaints closed at each stage

- 3 complaints, or 100% of complaints received were closed at stage one, within 5 working days
- 0 complaints were closed at stage two, within 20 working days
- 0 complaints were closed at stage two after escalation.

Indicator Six: Complaints upheld, partially upheld and not upheld

- 1 complaint was upheld at stage one, 33.33% of complaints closed at stage one
- 1 complaint was not upheld at stage one, 33.33% of complaints closed at stage one.
- 1 complaint was partially upheld at stage one, 33.33% of complaints closed at stage one.

Indicator Seven: Average times

- Complaint 1 – 4 working days
- Complaint 2 – 2 working days
- Complaint 3 – 1 working day

23. The average time taken to respond to a complaint was 2.3 days.

Indicator Eight: Complaints closed in full within the timescales

24. All complaints received were closed in full within the timescales. 100% of complaints received were closed at stage one within 5 working days.

Indicator Nine: Number of cases where an extension is authorised

25. NHSHS did not make any requests to extend the timescales for responding to a complaint in 2017/18.

Encouraging and Gathering Feedback

26. NHSHS actively encourages feedback from its service users, such as the general public and stakeholders, including both its customers and partners. As an organisation we record feedback, comments and concerns through various functions which allow us to make further improvements to our services. All complaints are forwarded to the NHSHS Complaints Manager, who manages the resolution of complaints in line with the NHS Model Complaints Handling Procedure which was adopted by NHSHS in April 2017.

Website

27. With the launch of healthscotland.scot in November 2016, we have added a [feedback form](#) at the bottom of every content page to allow users to give us feedback and note comments/concerns directly. We included functionality that allowed us to see what page the user was on when they provided the feedback. Any feedback/comments/concerns received on our website are sent to the Marketing and Digital services team via a Spiceworks helpdesk system, which are then disseminated to the appropriate staff member/team. This process allows us to manage feedback on the new corporate website which helps us improve communication with internal staff on improvements and resolution of issues related to the site. In 2017/18, we received 35 tickets from our website which were made up of:

- **13 technical issues** - There were several instances where users were finding issues with the search function specifically being able to search by date. Most of the technical feedback however was focused on broken links appearing in pages.
- **12 content issues** - Feedback relating to content was quite varied in the past year with tickets raised for issues such as spelling mistakes, missing information that the user felt would be appropriate to the overall page content and navigational feedback.
- **10 misdirected feedback** - Examples of misdirected feedback included one user asking for their medical and dental records from the early 1990's to the present day, a user that was unhappy at the strategic direction and implementation of policies within the NHS, and a user who was trying, unsuccessfully, to book a place on a seminar.

28. For both Technical and Content feedback, where applicable the notice was passed onto the relevant team member to action and close the ticket. Where the website user left contact details (this is optional) we responded to their feedback, the misdirected feedback tickets with no contact details were noted and closed.

Social Media

29. At a corporate level, we monitor for feedback through our social media channels which include Twitter and Facebook. Feedback and comments are included in our

internal public affairs weekly review. All thematic comments and feedback are directed to relevant teams.

30. NHSHS encourage stakeholders to follow its Twitter account in order for us to promote evidence and thought leader content, however dialogue or service-focused tweets are not always received by the organisation. In 2017/18, we received no direct feedback or comments by Twitter. As part of our Impact Reporting, we are able to measure the level of engagement that a tweet receives from the audience indicating the percentage of people who saw a tweet and interacted with the content. Our average engagement rate on Twitter this year was 1.1%, an improvement on 2016/17 (1.0%).
31. In 2017/18, feedback was received via Facebook for our Healthyliving award (HLA) and Healthy Working Lives (HWL) programmes. This feedback related specifically to individual posts, which contained a mix of both positive and negative comments. For example one post on the HWL page received the comments “useful link for DG Dairy Women Feedback” as well as “would be much healthier if I could leave the NHS”.

External Stakeholder Survey

32. In September 2017, we issued the NHSHS External Stakeholder Survey to some of our key customers and partners to ask what they think of some of our products, services and of NHSHS as an organisation. The aim of the survey was to understand the extent to which the organisation is meeting and/or exceeding key stakeholder's needs and expectation as well as gaining insight into stakeholders' perceptions of the organisation in terms of reputation and credibility.
- High Impact and High Influence (HIHI) stakeholder lists and customer lists were identified for each strategic priority by the respective delivery commitment lead. The HIHI stakeholder contacts were used as the baseline for the 2017 stakeholder survey partner list.
 - The survey was issued to 1,453 of our customers and 285 partners in September 2017. We received 380 responses (a 21.9% response rate).
 - We obtained further qualitative detail from 10 tele-depth interviews with 5 partners and 5 customers.
33. The key findings from the results of the 2017 External Stakeholder Survey highlighted that:
- The overall satisfaction with NHSHS was 7.85 out of 10 compared to 7.73 in 2016. Customers rated us higher than partners (Customers 7.94 and Partners 7.36 out of 10).
 - The overall score for the likelihood of customers and partners to recommend NHSHS was 8.05 out of 10 (compared with 7.91 in 2016).
 - The Organisational and strategic priority Key Performance Indicator (KPI) targets for 2017 were set for the Customer and Partner survey results. The customer results met 7 out of 8 KPIs set for 2017 and partners met 5 out of 8 KPIs.

34. We received feedback from respondents about what NHSHS does well, including:

- 'NHS Health Scotland staff are friendly/approachable'
- 'NHS Health Scotland is a good source of information/knowledge'
- 'NHS Health Scotland offers good resources/material/posters/leaflets'
- 'NHS Health Scotland is supportive/helpful/there when we need them'

35. The survey and tele-depth interviews highlighted some key areas for improvement:

- Better communication/keeping customers and partners informed
- More flexibility/recognise business realities
- Better format of our resources/relevance
- Explain what we do/have a more clearly defined role.

36. Feedback and findings from this survey are also consistent with some of the findings from the 2017 NHSHS Self-assessment.

Feedback forms, surveys, peer review and focus groups

37. Forms and surveys are a major channel for the organisation to seek feedback from our stakeholders and customers. Below are examples of areas where we capture feedback via these channels.

Events

38. A total of 19 events were run by NHSHS from 1 April 2017 – 31 March 2018. From those events, evaluations were carried out on 8 instances. The total number of delegates who received an invitation to evaluate one of our events in 2017/18 is 1,251. Of those, we received 293 responses with 83% of delegates rating our events positively.

Healthy Working Lives (HWL) services

39. Health and Work have an e-survey to encourage feedback on key aspects of the Healthy Working Lives (HWL) services. This survey is issued to customers at key trigger points:

- **Adviceline** – the day after making an enquiry
- **Award** – the day after achievement of an award at any level
- **Training** – 2 days after attending a training/awareness session
- **Occupation Health & Safety (OHS) visits** – 2 months after the visit took place (this is to allow time to take appropriate action)

40. The surveys take the form of a questionnaire with a limited number of questions on a 5 point scale. There are also some additional questions relevant to each service and a free text box to allow for specific comments to be made.

41. These returns as shown below, continue to show high levels of satisfaction across all HWL services. NHSHS has adopted the Net Promoter Score (NPS) which is an internationally recognised benchmark for customer satisfaction. Scores range between -100% and +100%. Achieving 0 is considered a good score, any rating over 40% is seen as excellent. Each HWL service scores consistently in the excellent range.

- **Adviceline** - of the 154 questionnaires issued, 26 responded with a 4.19% satisfaction rating and an NPS of +61.5%.
- **Award** - 97 questionnaires were issued and 50 responded with a 4.65% satisfaction rating and an NPS of +56%.
- **Training** - A total of 1,620 questionnaires were issued and 580 responded with a satisfaction rating of 4.24% and an NPS of +63%.
- **Occupation Health & Safety (OHS) visits** –58 questionnaires were issued with 13 responded scoring a 4.42% satisfaction rating and an NPS of 100%.

42. Health and Work have also used customer feedback in development of new tools and services. Recent examples of this include:

- We introduced a customer handbook to guide customers through the Award Journey was created along online tutorials.
- We have implemented a yearly review of all Training Courses (face to face and Virtual Learning Environment (VLE)). This will ensure that all training materials are reviewed and updated at least annually and take customer feedback into consideration as part of the process.
- We launched the Healthy Working lives new website in March 2018. The new website allows customers to create accounts and book onto training, complete forms and log enquiries with us all electronically.
- We continue to feed our customers feedback and comments from the survey into the work we do with our partners around service promotion.
- We also introduced digital award certificates.

Healthyliving award (HLA)

43. Healthyliving award (HLA) provide feedback forms to all newly awarded sites. Previously, HLA only received customer feedback via a paper- based feedback form, the HLA Standard Award form. Following data analysis, we identified that between April 2015 and April 2017, the HLA Standard Award feedback form had a low return rate of 11.92% (a total of 93 feedback forms received). Improvement work began, which aimed to increase the number of feedback forms received from the HLA holders by the introduction of an online customer feedback form. In August 2017, we developed and introduced three online customer feedback forms, which include:

- HLA renewal
- HLA Plus
- HLA Plus renewal.

44. As of March 2018, the number of customer feedback responses are :

- **Paper - Based:** From April –November 2017, there were 31 paper based feedback forms received. Paper based forms are still being received from previous sent to sites.
- **Online-** From May 2017- March 2018, there were 49 online feedback forms received.

45. The above figures illustrate an increase in the number of feedback forms received, however further analysis work is required to look at return rates. The improvement work has allowed an additional impact to that set out in the original improvement objective, whereby the HLA Team are now able to receive feedback at each level of a customer's award journey.

Learning and Development

46. Learner feedback forms are issued at the end of each learning session, for 2017/18 we received 14,009 feedback forms (lower than the 15,169 forms received in 2016/17). All feedback is collated, analysed and reported through the relevant channels. The feedback is used to allow us to maintain a high level of quality delivery to participants nationally.

47. In 2017/18, a survey and needs assessment was completed on the need for resources on dealing with people with housing issues. As a result, a short life working group was set up in order to create a learning resource for frontline staff in hospitals and GP surgeries. This is to better equip staff in dealing with people who have housing issues or homeless people.

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7 September 2018