


Complaints, Feedback, Comments and Concerns Annual Report 2018/19

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This resource may also be made available on request in the following formats:



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NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

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 2018/19, we received one complaint and 15 concerns.
5. The complaint we received was about the wording of our recruitment advertisement that had appeared in the British Medical Journal (BMJ) for a senior management post, the Head of Evidence for Action. The complainant was concerned that by

stating that we welcomed applications from women we would discourage male and non-binary applicants from applying for the post, and that our action was therefore discriminatory. Whilst the complaint was not upheld the complainant also gave us feedback that they had found it difficult to find the complaints information and contact form on our website.

6. We reviewed access to our complaints pages on our website (www.healthscotland.scot) and found it straightforward to access by clicking on the 'contact us' link on the website. We did notice however that when using the search function, the complaints information page appeared as the fourth option, rather than the first. Our web and digital team did some work to improve the user experience by pushing up the Complaints page when users type "complaints" into the search bar, and the Complaints page is now the first option.
7. 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 the shingles vaccine. We were able to respond with more information about the phased catch-up programme, and give the person reassurance about when they would be eligible. We also responded to a concern relating to the image used on the MenACWY leaflet. We offered the person raising the concern more information on how the image was sourced and why it was chosen, and told them that the leaflet was designed to accompany a one-year catch-up vaccination programme which had completed.
8. In February six people got in touch to raise their concerns about the advice we had given for sleep problems in Ready Steady Toddler! We advised those getting in contact that the publication includes a number of techniques to help settle toddlers not getting enough sleep into a night-time routine. We also let them know that Ready, Steady Toddler! Is currently being reviewed with our parent and expert advisory groups and that their comments would be taken account of in the new version of the resource.
9. In the autumn we were contacted by two people concerned that they had received a Healthy Working Lives mailing from us, when they had not signed up to this service. We investigated and found that colleagues in their organisations had signed up to

communications from us and supplied the email addresses. As a consequence of these concerns we made some improvements to our processes by amending Adviceline call scripts for handling calls when the email address supplied does not match the contact name. This will help to ensure that individuals are aware they have been signed up to our communications.

Indicator two: Complaint process experience

10. We did not receive a great deal of feedback on the complaints service experienced by the small number of complainants in 2018/19. As detailed in paragraph 6, we made an improvement to the search function of our website as a result of feedback received from someone who found our complaints information difficult to access. We also received 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.
11. 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 2018/19 we received 120 complaints/concerns intended for other NHS Scotland services, compared with 254 in 2017/18; and 346 complaints/concerns received in 2016/17. 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.
12. 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 and this has contributed to the reduction in the number of 'misdirected complaints' received over the year.

Indicator three: Staff awareness and training

13. NHSHS staff directly involved in complaints handling and reporting attend relevant training and events. Online resources such as the SPSO's Valuing Complaints website (www.valuingcomplaints.org.uk) and SPSO News, the monthly news

briefing from the Scottish Public Services Ombudsman, are also useful in keeping up to date with developments. Staff new to complaints handling have received peer support and training over the year and have attended safeTALK 'suicide alertness' training.

Indicator four: The total number of complaints received

14. In 2018/19 NHSHS received one complaint.

Indicator five: Complaints closed at each stage

15. In 2018/19 the breakdown of complaints closed was:

- one complaint was closed in total
- 0 complaints, or 0% of complaints closed, were closed at stage one, within five working days
- one complaint, or 100% of complaints closed, 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

16. In 2018/19 the breakdown of complaints upheld, partially upheld and not upheld was:

- 0 complaints were upheld at stage one, 0% of complaints closed at stage one
- 0 complaints were not upheld at stage one, 0% of complaints closed at stage one
- 0 complaints were partially upheld at stage one, 0% of complaints closed at stage one
- 0 complaints were upheld at stage two, 0% of complaints closed at stage two
- one complaint was not upheld at stage two, 100% of complaints closed at stage two.

Indicator seven: Average times

17. The average time taken to respond to a complaint was five working days.

Indicator eight: Complaints closed in full within the timescales

18. The complaint received was closed in full within the timescales. 100% of complaints received were closed at stage two within 20 working days.

Indicator nine: Number of cases where an extension is authorised

19. NHSHS did not make any requests to extend the timescales for responding to a complaint in 2018/19.

Encouraging and gathering feedback

20. 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.

General enquiries telephone line

21. In response to staff feedback about the management of external telephone calls, NHSHS introduced a corporate telephone number to improve the way these queries are handled. A representative from each directorate is responsible for picking up calls on the corporate number via a monthly rota. Since the telephone number was launched in 2018, 631 calls have been received.

22. Calls to the corporate telephone number are recorded and categorised to allow NHSHS to ensure they are being dealt with appropriately. Staff responsible for answering the calls are equipped with a script, advice phrase cards for sensitive enquiries and key contacts to allow signposting and improve transfer to the correct individual or organisation.

Healthyliving award (HLA)

23. 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, three online customer feedback forms were developed. They included: HLA renewal, HLA Plus and HLA Plus renewal.

24. Since moving to a digital-only format in 2018, the return rate has improved with returns for each award noted below:

- HLA 0%
- HLA Renewal 16%
- HLA Plus 36%
- HLA Plus renewal 14%

25. The total return rate for 2018/19 is 12.72%, an increase of 0.8%. The team plan to focus on the further improvements in 2019/20.

Healthy Working Lives services

26. 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** – two days after attending a training/awareness session
- **Occupation health and safety (OHS) visits** – two months after the visit took place (this is to allow time to take appropriate action).

27. The surveys take the form of a questionnaire with a limited number of questions on a five-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.

28. These returns, as shown below, continue to show high levels of satisfaction across all HWL services. NHSHS has adopted the Net Promoter Score (an internationally recognised standard) as the consistent measure for customer feedback, and each HWL service scores consistently in the excellent range.

- **Adviceline** – of the 218 questionnaires issued, 45 responded with a 4.73% satisfaction rating and an NPS of +84.09% (NPS improved by 22.59%)
- **Award** – 94 questionnaires were issued and 35 responded with a 4.69% satisfaction rating and an NPS of +71.43% (NPS improved by 15.43%)

- **Training** – A total of 1,913 questionnaires were issued and 646 responded with a satisfaction rating of 4.29% and an NPS of +67.76% (NPS improved by 4.76%)
- **Occupation Health & Safety (OHS) visits** – 64 questionnaires were issued and seven responded scoring a 4.86% satisfaction rating and an NPS of 85.71% (NPS decrease by 14.29% due to lack of returns).

Virtual Learning Environment (VLE)

29. Participants reported navigation difficulties between the five e-learning modules of the Stop Smoking suite soon after its launch. A course structure and clearer instructions on navigation were posted on the course landing page to address this issue. Positive feedback was received on the clarity of the instructions. There have been no further enquiries on this issue since.

30. We upgraded our VLE platform this year that resulted in a change in the look, feel and site navigation. Concerns were raised relating to issues with familiarity of the new layout, rather than technical issues. Assistance was given to users where required. Complaints have not continued beyond the settling in period.

31. As a result of the VLE upgrade, concerns were raised regarding fullness and accuracy of statistical reporting. A technical solution was identified and put in place by 'How to Moodle' (VLE host). This was tested and has resolved the issue.

Mental health and suicide prevention course management

32. We received constructive feedback from trainers regarding errors in training materials orders which impacted negatively on local delivery of courses. We reviewed our internal processes and took a range of actions to address this:

- Increased staff resource to process unusually increased orders driven by high demand for the courses
- Approached web services to develop a plan to address the technical issues with the online ordering portal
- Set up a shared telephone number for trainers to be able to reach the Workforce Development team directly

- Issued an email apology to trainers and offered reassurance on what steps had been taken to address the issues.

33. We received feedback that some Scotland's Mental Health First Aid training for trainers applications had been missed due to the high volume of applications received. We increased staff resources to deal with the high volume of applications and, where appropriate, included the missed applications for consideration with future training for trainers opportunities.

Social media

34. Our average engagement rate* on Twitter this year was 0.1%. This was 1.0% down on 2017/18 but still on target. We are accruing significant numbers of followers every month and it is increasing our reach. This shows our tweets are relevant, timely and interesting, and continue to create an industry-standard impact among a larger following.

35. In 2018/19, specific feedback was received via the corporate Twitter account and the corporate Instagram account. On Twitter, we received critical feedback about our 2017 'Ready Steady Toddler!' resource for advice on sleeping suggesting that our advice was outdated and did not reflect child-centred attachment parenting approaches. We posted a response to show we listen, and to assure stakeholders and the public that we develop, review and update our resources in partnership with parents and other users.

36. Our Instagram page received feedback that "[Play at Work] sounds good in theory, but how exactly can this be incorporated into people's professions, in particular those who work for the NHS?". We replied to acknowledge the challenge and advise that employers could find ways to encourage participation and team work that work for them – such as when being in the same place isn't always possible. For example, the Paths for All 'step count challenge'.

* Engagement rate: Total number of times a user interacted with a **Tweet**. (Clicks anywhere on the **Tweet**, including Retweets, replies, follows, likes, links, cards, hashtags, embedded media, username, profile photo, or **Tweet** expansion).

37. When we welcomed the Food Standards Scotland 'Say no to upsizing' public campaign with the position that it is also important to encourage retailers to provide more healthy options that are affordable and visible, someone said: "Couldn't agree more...with a sprinkling of self-confidence, motivation and support to OWN that healthy choice".
38. On the Play at Work post referred to earlier, someone fed back: "I suggest part of the reason we have lost our sense of play is due to the massive generational impact of unrecognised/undiagnosed/untreated trauma". They asked to contribute to the trauma framework both as a professional and a survivor. We responded via direct message to advise contacting NHS Education for Scotland for opportunities and provided contact details. They replied to say it was helpful and thanked us.

Events

39. A total of 28 external events were run by NHSHS from 1 April, 2018 – 31 March, 2019, an increase of nine events from 2017/18, not including six staff engagement sessions to gather feedback on the formation of Public Health Scotland.
40. Evaluations were carried out on seven of the 28 external events. A total of 910 delegates attended these events and we received 312 returns. 86% of delegates completing evaluations rated our events positively. The Events team aims to work with project teams to increase the number of events evaluated in 2019/20.

