

Feedback, Comments, Concerns and Complaints Annual Report 2016/17

Background

1. The Patient Rights (Scotland) Act 2011 and supporting “*Can I help you?*” guidance places 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.

Introduction

2. Boards are required to publish these annual reports and details of the publication must be sent to Scottish Government, The Scottish Health Council, 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 process.

Section 1 – Encouraging and Handling Complaints and Concerns

4. Over the year from April 2016 to March 2017, NHSHS did not receive any complaints and did not therefore require to use any form of alternative dispute resolution.
5. During this period five concerns were raised about some of our information resources including a bowel screening leaflet, the Ready Steady Toddler! Book and our cervical screening ‘flower’ campaign. All of those who contacted us received a full response to their concerns within 20 working days.
6. The member of the public contacting us about *Ready, Steady, Toddler!* Was disappointed that we did not provide information and advice on toddler sleeping problems. We responded letting them know that we are in the process of reviewing *Ready Steady Toddler* and *Ready Steady Baby*, as part of a wider redesign of our universal parenting products and that we have identified improvements including a topic on sleep as a high priority. We were able to provide assurance to the person contacting us that their comments would be addressed and invited them to give more feedback as part of the redesign process.

7. In February 2017 we responded to 3 emails raising concerns about the cervical screening 'flower' campaign. One concern was from a practice manager at a GP Surgery regarding the poster; one concern was raised by a member of the public about the tone of the campaign and concerns about some elements of the campaign, particularly the use of the word 'flower' were also made by the Scottish Sexual Health Promotion Specialists Group (SSHPS). All of those taking the time to share their views and concerns with us on the campaign and the resources associated with it were thanked for their responses. It also gave us the opportunity to share more information with them on the targeted aims of the campaign and the pre-testing and research behind our campaign design. Along with Scottish Government we have offered to share our evaluation of the impact of the campaign with the SSHPS group. We would also involve a Sexual Health Screening Coordinator in any future campaigns.
8. 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 2016/17 we received 346 complaints/concerns intended for other NHS Scotland Services, compared with 144 in 2015/16 and 129 complaints/concerns received in 2014/15. 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. Information is also available on our website to inform complainants of local NHS contact details. NHSHS is taking forward improvement work to attempt to enable the complainant to reach the right destination the first time.

The NHS Scotland Model Complaints Handling Procedure

9. As detailed in [DL \(2016\) 19](#), the Complaints Handling Procedure (CHP) "reflects the broader ambition for the NHS in Scotland to be an open, learning organisation that listens and acts when unintended harm is caused." The procedure complements the Duty of Candour and the development of a national approach to reviewing and learning from adverse events. "It is also complemented by the Apologies (Scotland) Act 2016, which is intended to encourage apologies being made, by making it clear that apologising is not the same as admitting liability."
10. NHSHS implemented the model CHP in April 2017 and have made the public-facing version of the CHP accessible on our website alongside our contact details. People wishing to raise a concern, make a complaint or give feedback can contact us by phone, in writing or using an online form.

Section 2 – Culture, including staff training and development

11. NHSHS staff directly involved in complaints handling and reporting prepared for the application of the new procedure by attending 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*.

Section 3 – Improvements to services (as a result of complaints and feedback)

12. As an organisation, we recognise the importance in demonstrating to the public that our complaints/feedback/comments have led to improvement. In 2016/17, we received no complaints therefore improvements to services have been made on the basis of feedback and comments. The below table includes examples of improvements that have been introduced to services from the feedback/comments that we have gathered from April 2016 to March 2017.

Function	Feedback/Comment	Improvement
Events	Feedback from 2016 Events Review	We created a standard evaluation form to consistently record and monitor feedback received from delegates at NHSHS events. This was introduced in September 2016 and has been used at 7 national events.
HealthyLiving Award (HLA)	Response rate of feedback forms	In 2016/17, 137 feedback forms were issued to first term awards and 21 feedback forms were returned to us (15%). As part of a three month improvement project, we are trialling the use of online feedback forms to test if we can increase our response rate.
Healthy Working Lives (HWL)	HWL new Eportfolio tool	<p>Through continuous feedback, we extended the Eportfolio tool to give customers access to more functionality such as the ability to sign up for newsletters and change system preferences. As a result of this development:</p> <ul style="list-style-type: none"> • 60% of our customers transferred to the Eportfolio to provide evidence for their next award level. 100% of Award Holders now use the system for their yearly review. All newly registered customers onto the Award Programme now use the system to build a portfolio of evidence. • We have better, more accurate and timely information on the benefits and outcomes of the Award Programme nationally, and we can engage with customers in a timelier manner with any issues they have. • We have been able to quickly update materials in line with (e.g.) legislation changes and “push” these to all our customers in a real-time manner. • Customer feedback has been very

		<p>positive and we continue to seek this for ongoing development. We have seen growth in satisfaction ratings across 3 key areas of customer feedback related to assessment, along with an improved Net Promoter Score (NPS) which rates the service as excellent.</p> <ul style="list-style-type: none"> We have seen a drop in the volume of customers leaving the Award Programme (-32%) with paperwork being cited less frequently as the reason.
Learning and Development	Feedback has been received from Virtual Learning Environment (VLE) users and our internal web team who carried out an audit of our VLE. It was noted that navigation was a problem.	To resolve issues with navigation, we are creating a new open course page which will list all of our courses, the learning outcomes and details of joining instructions in one easily accessible place. This will also mean that links from other modules, flyers and the learning brochure can be updated with more direct navigation for participants, and improving the user experience.
Peer Reviews	Child Poverty, Health and Wellbeing e-Learning module on the VLE	Feedback from the peer review of the Child Poverty, Health and Wellbeing e-Learning module highlighted some confusion about some of the terminology used in the e-Learning module e.g. upstream, downstream, inequalities and health inequalities etc. As a result of this, the developers of the e-Learning module added pop-ups to the system, so that when the learner hovers over each term with their computer mouse, its definition is explained.
Spiceworks	We received feedback regarding the contact us page on our redeveloped website. This feedback highlighted that the addresses of our NHSHS offices in Edinburgh and Glasgow were not included on our contact page.	The feedback regarding our contact page was circulated to the relevant teams and the office locations were then added to our contact us page .

13. In 2017/18, we plan to implement a standardised tracking log feature which will record feedback, comments and concerns. This tracking tool will initially be introduced to services such as our general enquiry telephone line and general enquiry mailbox.

14. We will continue to ensure that general feedback is shared with relevant teams and that corporate level feedback is cascaded to directors. We hope that this consistent

approach to the recording and dissemination of feedback, comments and concerns will allow us to make further improvements to our services.

Section 4 – Accountability and Governance

15. All complaints and concerns NHSHS receives (including those intended for other health bodies) are recorded on a Complaints Register. When a complaint is received, the Chief Executive or an appropriate Executive Director is notified of the details. Complaints and concerns (and the outcomes of any investigations) are reported to the NHSHS board through the *Chief Executive's Update* on an at least quarterly basis, and annual complaints statistics are reported to Information Services Division (ISD) by the end of June each year.

Section 5 – Encouraging and Gathering Feedback

Social Media

16. At a corporate level, we monitor for feedback through our social media channels. Feedback and comments are included in our internal public affairs weekly review. All thematic comments and feedback are directed to relevant teams. In 2016/17, we received 3 positive comments/feedback through social media.

Corporate Inboxes

17. We receive feedback and comments from our corporate inboxes such as the General Enquiries inbox and individual team inboxes to seek and receive stakeholder and customer feedback. Comments and feedback to inboxes are usually answered within two working days.

Webmaster

18. Our webmaster inbox is monitored by our Marketing and Digital Services team. In 2016/17, approximately 60% of feedback and comments received by our Webmaster system came in as a result of the website launch in November 2016. This accounts for the greater number of feedback and comments received for our new website compared to our previous website. Overall in 2016/17, we received 24 feedback responses and 8 comments from our webmaster inbox.

Website

19. An important channel through which we receive comments and feedback is the [Your Comments](#) form on our website.
20. Feedback and enquiries are redirected to Health Scotland's General Enquiries mailbox; complaints are forwarded to NHSHS's Governance Manager. In 2016/17, NHSHS did not receive any comments, feedback, concerns or complaints from its website. Feedback forms submitted from our website were intended for other NHS organisations.
21. Feedback and comments relating to our website are received via direct email links or online feedback forms on NHSHS sites. Comments and feedback applicable to the website are actioned directly, jointly with internal teams who own the relevant content.

External Stakeholder Survey

22. In September 2016, NHSHS asked some of its key customers and partners what they thought of its products and services and the organisation using a stakeholder satisfaction survey.
23. The survey went out in September and was issued to 435 of our customers and 266 partners. We received 142 responses (a 20.3% response rate). The customer sample is majorly comprised of Healthy Living Plus Award and Healthy Working Lives Awards customers.
 - Of those who responded, the average response rate for overall satisfaction was 7.7 out of 10. However, customers rated us higher than partners (8.2 and 6.9 respectively).
 - 54% of customers who responded scored us a 9 or 10 indicating they would definitely recommend us to a colleague.
 - PDF downloads and online viewing were rated as the most useful methods for both customers and partners. 50% of customers rated face-to-face contact as the next best method.
24. We have limited consistent or comprehensive data on our customers' perceptions of our products and services. In 2015/16, we started rolling out a Net Promoter Score (NPS) approach to gathering customer satisfaction data. The NPS is an internationally recognised benchmark for customer satisfaction. Scores range between -100% and +100%. Achieving 0 is considered a good score, any rating over 50% is seen as excellent.
25. The overall NPS score for NHSHS was +24, with comments indicating satisfaction with our products and services. NHSHS has reviewed the results of the 2016 External Stakeholder Survey and has identified three themes to focus on for 2017/18:

Function	Theme	Planned actions
Results from External Stakeholder Survey 2016	Stakeholder identification	As part of our planning process, we need to ensure that our staff are clear as to who our stakeholders are and can easily identify them.

Results from External Stakeholder Survey 2016	Improving stakeholder communication	From questions around 'working with us' and 'satisfaction with communication', feedback tells us that we do not communicate consistently, we are not always proactive, and can be seen as not always consistently supporting our customers/partners – we don't always stay connected.
Results from External Stakeholder Survey 2016	Creating usable knowledge	As a knowledge organisation, we will improve our consistency in providing knowledge in a more usable format for our customers and partners, so they can turn it into action at local level.

26. Findings from our External Stakeholder Survey and planned improvements are reported to the NHSHS board.

Feedback forms, surveys, peer review and focus groups

27. 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

28. The total number of delegates who received an invitation to evaluate one of our events in 2016/17 is 1070. Of those, we received 282 responses. An average of 89% rated our events positively. (Positive ratings are defined as: 'Good', 'excellent' or 'would recommend'.)
29. As part of the 2016 Events Review, it was agreed that we would develop a standard evaluation form to consistently record and monitor feedback received from delegates at NHSHS events. We introduced our new evaluation form in September 2016 and the form has been used at 7 national events.

Healthyliving Award

30. Healthyliving award (HLA) provide feedback forms to all newly awarded sites. Between April 2016 and March 2017 – 137 feedback forms were issued to first term awards and 21 feedback forms were returned to us (15%). As part of a three month improvement project, we are trialling the use of online feedback forms to see if we might increase our response rate.
31. On the rating scores used for these feedback forms ratings generally tend to be highly positive ranging from 4-5 (ratings are scored as 1= poor and 5 = excellent). We have a process in place to address ratings of 3 or below. Where comments are directed to a particular area, we follow these up with the named contact with a view

to improving our practice. As an example of this, we received a concern from a customer who noted that it took 6 weeks before they received their HLA Award Certificate. We contacted the customer directly and identified that the delay had not been caused by an error in our processing but due to a closure of their premises.

32. The HLA feedback forms go out to all new and renewing sites. The renewing sites are customers who are retaining the award beyond the first term. In 2017-18 we will consider how we continue to engage with and receive feedback from our renewing sites without reverting to the existing forms. A new form with relevant questions will be developed and piloted.

Healthy Working Lives award

33. For each Healthy Working Lives (HWL) award issued, the customer receives a feedback survey to complete. The survey gathers feedback on the support received to achieve an award, the way the programme is delivered and the impact of the award. In 2016/17, the feedback survey received an NPS of 62.5% which is considered “excellent”.
- Of 98 questionnaires that were issued, we received 48 responses (49%)
 - 87.5% of respondents stated that they had a healthier, more motivated and productive workforce
 - 23% stated they had reduced accidents and work-related ill health
 - 19% had both improved absence rates and reduced costs of sickness absence.
34. The survey results are held in the HWL database, and we run reports periodically and analyse results. The HWL award team receive the individual survey results as they are submitted, allowing the programme to act on any suggestions/recommendations in a timely manner. The individual feedback has been used to identify and resolve specific issues for customers as well as identifying areas for systemic improvements (e.g. introduction of online resources/tools).
35. Our Health and Work function also 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:
- Advice line – 1 day after making an enquiry
 - Award – 1 day after achievement of an award at any level
 - Training – 2 days after attending a training/awareness session
 - Occupational Health Services (OHS) visits – 2 months after the visit took place (this is to allow time to take appropriate action).
36. 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.
37. The customer feedback survey was issued to almost 1,700 people who have used HWL services in the year to March 2017, with 37% of recipients responding. These returns as shown in the table below, continue to show high levels of satisfaction across all HWL services. Each HWL service scored consistently in the excellent range on the NPS.

Service	Number issued	Responses	Overall satisfaction (1-5)	Net Promoter Score (NPS)
Advice line	143	19	4.3	66.67%
Award	98	45	4.6	62.22%
Training	1,380	552	4.3	66.85%
OHS visits	72	10	4.6	80.00%

38. Health and Work have also used customer feedback in development of new tools and services. One recent example of this is the development of online tools for the Healthy Working Lives Award. This was initially prompted by feedback on the system mentioned above where numerous customers had asked for online solutions to help them achieve the award.
39. HWL brought together a range of customers and former customers of the award programme; Advisers from local health boards (the main interface with customers at that time); and the supplier of our management information system.
40. With all these stakeholders involved, we were able to clearly articulate the desired outcome for each party and the processes required to deliver these. With our customers' input we were able to develop a test portal within 5 months which was used to test and refine every aspect of the new Eportfolio tool. Through continuous feedback we extended the system to give customers access to more functionality such as sign up for newsletters and change system preferences. This project has been shortlisted for a prestigious National Award sponsored by the Cabinet Office.

Learning and Development

41. Learner feedback forms are issued at the end of each learning session, for 2016-17 we received 15,169 feedback forms (consistent with 15,000 in 2015/16). 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. Face to face feedback forms are received from our mental health and suicide prevention courses which include:

- Applied Suicide Intervention Skills Training (ASIST)
- SafeTALK,
- Scottish Mental Health First Aid (SMHFA) - including the Young People programme (YP).

Focus Groups

42. In some project areas we have introduced a focus group function to allow our customers and partners to contribute to our work.
43. In developing our corporate strategy, a Strategic Framework for Action for 2017-22, we proactively engaged key stakeholders using feedback to inform and develop our strategic priorities. Examples of engagements with our key stakeholders include:

- We organised 1:1 engagements with our high impact and high influence stakeholders.
- As part of the Voluntary Action Scotland (VAS) annual conference, we held a focus group on our new corporate strategy.
- We commissioned the Community Health Exchange (CHEX) to undertake focus groups, surveys and engagement sessions with the community led health sector.
- We also facilitated focus groups with key stakeholders on our strategic priorities to inform and develop our delivery plan.

44. The [Redesigning Health Information for Parents](#) (ReHIP) improvement project has parent engagement as a fundamental part of the project. We have been developing a new co-production approach which is testing the feasibility of involving our end users at all stages of strategy development and product design, rather than merely towards the end of these processes, for example at the pretesting stage with a near final product. In 2016/17, 330 parents from across Scotland were consulted about their information needs and views on our existing products through a combination of focus groups and surveys. The resulting insights have been used to inform content prioritisation and the channel mix strategy which is proposing a 'Digital First but not only' approach.

45. In 2017/18, learning from the process has informed the next phase of the project and we will work with a further 100 parents during the design and development phase of the project, particularly focussing on parent groups with poor health outcomes. Learning from the project will be shared with other teams to establish a level of best practice for the organisation.

Peer review

46. We work with subject matter experts who provide peer review feedback to validate the quality of products and services, for example our learning resources.

47. In 2016/17, we worked with the Child Poverty Health and Wellbeing steering group to gain feedback on our Child Poverty, Health and Wellbeing e-Learning module on the VLE. The Child Poverty Health and Wellbeing steering group consisted of key staff from a number of NHS boards, local authorities and higher education institutions. The group also had representatives from national third sector organisations who had a direct remit for tackling poverty.

48. The peer review was carried out through the use of Lime Survey which is a tool that we use for capturing feedback. The standard peer review questions were used to populate the survey and each reviewer was given access to the module. At the end of the review period we were able to download all the responses into a spreadsheet, which allowed us to easily view all comments along with who made them.

Spiceworks

49. The Spiceworks helpdesk system has been implemented to allow us to manage feedback on the new corporate website which helped improve communication with internal staff on improvements and resolution of issues related to the site. Spiceworks manages enquiries from all Learning and Development team websites through one channel. The Spiceworks system is currently used to manage external feedback from our Marketing and Digital Services team.

50. With the launch of healthscotland.scot in November 2016, the Marketing and Digital Services team have added a [feedback form](#) on the bottom of every content page to allow users to give us feedback directly. We included functionality that allowed us to see what page the user was on when they provided the feedback.
51. We ask users on the feedback form to select whether they were a practitioner or decision/policy maker (our two target audiences) or other. This is mainly for reporting purposes. This feedback then gets sent to us via Spiceworks. We categorise the feedback into what type of feedback it is, if they are a practitioner, decision/policy maker or other, and who in the Digital Services team it's been assigned to. We then either close the ticket if it is purely feedback (which we then discuss with the relevant team when it comes to reviewing their pages), or we forward on to the relevant team to fix if it is an issue. From November 2016 to March 2017, we received 59 tickets from our website which were made up of:
- 5 technical issues
 - 51 content issues, and
 - 3 misdirected feedback.

Jenny Kindness, Governance Manager
Toni Shirley, Senior Strategic Development Officer

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