

*talk*

*welcome*

*connect*

*apologise*

*improve*

*explain*

# Listening and Learning

**How Feedback, Comments, Concerns and  
Complaints Can Improve NHS Services in Scotland**

April 2014

*act*

*support*

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## Foreword



Listening to what people say about the NHS and learning from that experience is vital if we are to achieve the safe, effective and person-centred care envisaged by the Healthcare Quality Strategy published in 2010. The importance of this was recognised by a new legal right for people to give feedback, make comments, raise concerns and make complaints about NHS services introduced by the Patient Rights (Scotland) Act 2011. This legal right was accompanied by new duties on NHS Boards with guidance setting out how these should work in practice. This report provides a flavour of the progress that has been made since the new legal right and duties were introduced and highlights areas where more effort is needed.

People can't exercise their right to give feedback or make complaints if they don't know that this right exists. It is clear from views that the Scottish Health Council gathered from across Scotland that many people don't know about this right or about the support available to them, for example, through the Patient Advice and Support Service. A more proactive approach is needed, not just to raise awareness of opportunities to give feedback or make complaints, but also to demonstrate that these views will be both welcomed and acted upon. Different people will have different preferences and needs in terms of giving their views and the NHS must operate flexibly in order to respond to these and to provide people with accessible information and a range of appropriate opportunities and support to have their say.

NHS Boards across Scotland have responded in various ways to the new duties placed upon them to gather, respond to, and use feedback, comments, concerns and complaints to improve their services. Whilst the Scottish Health Council heard clearly from Boards about their commitment to this agenda, they all identified areas where they needed to get better. This report draws on the themes emerging from what the Boards told us, and sets out a number of recommendations to help them move forward. From Board members with governance responsibilities, to front line staff delivering healthcare services, everyone must understand their roles and contributions in gathering and acting on what people say, and receive appropriate training to enable them to carry out these roles. Where there are examples of good and innovative practice, these must be shared in order that everyone may benefit.

The Scottish Health Council is grateful to everyone who contributed to this review and hopes that people will find this report to be useful and informative. We hope we can help put the recommendations into practice and contribute to creating a truly listening and learning NHS in Scotland.

**Pam Whittle CBE**

**Chair, Scottish Health Council**

# 1. Introduction and policy background

## Introduction

This report sets out findings and recommendations that are designed to help NHSScotland improve how it listens to what people say about their experiences of using healthcare services. These findings and recommendations have been informed by:

- visits to all 21 of Scotland's NHS Boards to hear about how they gather and listen to feedback, comments, concerns and complaints and learn from this to improve the services they provide, and
- views gathered from patients and the public about their knowledge of how to share their experiences with the NHS and their preferences for doing so.

## Background and policy context

Empowering people to be at the centre of their care and listening to them, their carers and families is a shared priority for the Scottish Health Council, NHSScotland and the Scottish Government. There has been an increasing focus on the need for feedback, comments, concerns and complaints to be encouraged and valued as a vital source of information about what is working well, or not working well, in services and enabling identification of necessary improvements.

In Scotland there have been a number of developments that have contributed to this change in approach including: the Patient Rights (Scotland) Act 2011; associated revised Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health Care Services CEL 8 (2012); and the national roll-out of Patient Opinion across NHS Boards. Additional impetus has come from the Francis Inquiry<sup>1</sup>, the Keogh Review<sup>2</sup>, the Berwick report<sup>3</sup> and the Clwyd Hart Report<sup>4</sup>. These reports highlighted that genuinely listening to people and responding to their concerns is vital in terms of improving the quality and safety of care and that failure to do so can have dire consequences.

The importance of listening and responding to feedback is also reflected in recent Healthcare Improvement Scotland reports, for example the Rapid Review of the

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<sup>1</sup> The Mid-Staffordshire NHS Foundation Trust Public Inquiry – chaired by Robert Francis QC - <http://www.midstaffpublicinquiry.com/report>

<sup>2</sup> Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report, Professor Sir Bruce Keogh, KBE, July 2013

<sup>3</sup> Berwick review into patient safety, Aug 2013, Department of Health - <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

<sup>4</sup> A review of the NHS hospital complaints system: putting patients back in the picture, Clwyd & Hart, Department of Health, October 2013

Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire<sup>5</sup> and Learning from adverse events through reporting and review: A national framework for NHSScotland<sup>6</sup>. Internationally, the use of information provided by people with direct experience of services to inform improvement has also been highlighted by the Institute for Healthcare Improvement.

In 2012/13, for the first time, NHS Boards were required to produce an annual report which included information on how feedback, comments, concerns and complaints had been used for the purpose of service improvement. In January 2014, the Scottish Health Council published an analysis of the key themes in these reports - Review of NHS Boards' Annual Reporting on Feedback, Comments, Concerns and Complaints 2012/13<sup>7</sup>.

It was clear that some NHS Boards did not produce the required information in those reports, some produced what was required and others had gone beyond this to provide a fuller account of feedback, comments concerns and complaints in their Board services. It was difficult to ascertain a true picture of NHSScotland's progress in this area and so following publication of that report, the Scottish Health Council met with key staff from each NHS Board to discuss their annual report and consider the findings in more detail. Discussion also included broader approaches to listening to and learning from feedback, comments, concerns and complaints, with a view to better understanding any challenges and barriers facing Boards. The following sections of this report highlight the key findings from these discussions.

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[http://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/programme\\_resources/nhs\\_lanarkshire\\_\\_review.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/nhs_lanarkshire__review.aspx)

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[http://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/management\\_of\\_adverse\\_events/national\\_framework.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/management_of_adverse_events/national_framework.aspx)

<sup>7</sup> [www.scottishhealthcouncil.org/nhs-feedback.aspx](http://www.scottishhealthcouncil.org/nhs-feedback.aspx)

## 2. Executive summary

This report sets out the findings and recommendations that are designed to help NHSScotland improve how it listens to what people say about their experiences of using healthcare services. These findings have been informed by a review that sought to understand how well NHSScotland listens to feedback, comments, concerns and complaints and how it is learning from these to improve the services they provide and how well prepared and supported the people of Scotland are to provide this in a meaningful way.

As part of the review, the Scottish Health Council gathered views from local people. The local office network of the Scottish Health Council, with offices in every NHS Board area, puts it in a unique position to gather local public comment and feedback.

The key points from the public engagement were:

- the majority of people did not know how to give feedback or make a complaint about their local health service, and
- most people said they were not aware of the support available to help them do so.

The main barriers to giving feedback or making a complaint were identified by respondents as:

- a fear of repercussions for their own or relatives' treatment
- not knowing how to make contact or who to make contact with, and
- a lack of confidence that anything will be done.

The Scottish Health Council also visited and met with colleagues in all 21 Boards in Scotland and spoke with colleagues in the Scottish Public Services Ombudsman's office, the NHS Complaints Personnel Association Scotland (NCPAS), NHS Education for Scotland and the Scottish Government.

One important aspect of the visits to NHS Boards was the opportunity to identify achievements and areas of good practice that could be shared across NHSScotland. There were a great number of areas of good practice which will be shared fully in a variety of ways following publication of this report. A number of key examples however are highlighted throughout the detail of the report.

The insight gained and recommendations made to focus improvement activity are detailed later in the report. These focused on the following areas:

- NHS Boards' response to the 'Can I Help You?' guidance<sup>8</sup>
- how NHS Boards are encouraging and handling feedback, comments, concerns and complaints
- how learning from complaints and feedback is driving improvement in the quality and experience of care in NHSScotland

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<sup>8</sup> <http://www.scotland.gov.uk/Publications/2012/03/6414>

- training and development for NHS staff
- accountability and governance mechanisms for complaints and feedback
- future annual reporting, and
- using complaints and feedback information as part of the 'dashboard' for safety and quality.

The findings show that all NHS Boards have made some progress in responding to the aspirations of the Patient Rights (Scotland) Act 2011 and many were able to demonstrate innovative thinking and techniques in their handling of complaints and feedback. The findings also show that there is still a considerable amount of effort needed. The three most **significant learning points** that emerged to focus improvement activity moving forward are:

1. **Remove the fear factor** – There is a clear message from the public that one of the main barriers to giving feedback or making a complaint is fear of repercussions for their own or relatives' treatment. This is compounded by the level of fear and defensiveness that some staff reported when dealing with feedback, and it is clear that considerable effort should be made on transforming the culture to support staff and the public to be open and confident. This will be essential to allow NHSScotland to truly understand what needs to improve and to ensure care and services are reliably of high quality.
2. **Welcome feedback** – The shared importance that everyone places on understanding the experiences that people have of NHSScotland is clear. Given that a significant number of the public still report a lack of knowledge of the opportunities to share all types of feedback, or make a complaint, NHS Boards must widely publicise the information required to encourage and support people to openly share.
3. **Show the Improvement** – There is a necessity to learn and improve as a result of complaints and feedback. Given the challenges NHS Boards reported in closing the 'learning loop', and the reflections from some members of the public who believe nothing happens with the information they share, there must be a focus on learning from feedback, implementing the changes and informing people what improvements were made.

There are implications in these recommendations for NHS Boards, the Scottish Government and other national organisations.

The Scottish Health Council will continue to work with NHS Boards and national bodies with an interest in the recommendations in this report to help improve how NHSScotland responds to feedback, comments, concerns and complaints. This will include sharing examples of good practice across NHS Boards.

### 3. What we did

#### 3.1 Engaging with the public

The Scottish Health Council has offices in all 14 NHS Board areas which puts it in a unique position to gather views from the public across the country on a particular topic. As part of this review, the Scottish Health Council gathered views from the public between December 2013 and March 2014.

Each local office engaged with local people to ask what they knew about making a complaint or giving feedback, comments or concerns to their NHS Board.

Local staff planned their individual projects using the VOiCE<sup>9</sup> tool so that the methods could be evaluated.

Each local office has a range of contacts and, in addition to recording the experiences of the public in this review, they engaged with specifically targeted groups representing differing interests to widen the diversity of those responding. The list of groups engaged with is included in Appendix 2 of this report. It is worth noting that the groups who were engaged by the focus group method were mainly from those termed as “seldom heard” by the health service.

For each method used, standard questions were asked. A copy of these is included in Appendix 2. Taking into account that some groups would require the questions in different formats, these were made available via an online survey and on paper to allow any necessary adaptations to be made.

#### Method

The approach was to use various methods to capture both quantitative and qualitative feedback. The following methods were used.

- Online survey – chosen so that staff could easily share the questionnaire with their contacts in any NHS Board area that had access to the internet. It was expected that most people would respond in this way and the package used allows easy collation and analysis of responses, both qualitative and quantitative. All local offices either shared the link to the survey with contacts or distributed hard copies with the responses input to the online survey.
- Face-to-face – local offices in Lothian, Highland, Grampian and Tayside engaged in conversations with people in community settings, for example, libraries and supermarkets. These responses were entered onto the online survey or included in hard copy.
- Focus groups – Scottish Health Council Local Officers in Greater Glasgow and Clyde, Ayrshire & Arran, Borders, Dumfries & Galloway, Fife, Forth Valley, Lanarkshire,

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<sup>9</sup> VOiCE is planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement [www.voicescotland.org.uk](http://www.voicescotland.org.uk)

Orkney and Western Isles undertook a series of focus groups in their areas, asking the agreed questions and recording the responses.

The methods described were used in a range of settings with local staff attending meetings of groups or speaking to individuals at a range of venues. The online link to the survey was shared via local contacts.

## **Findings**

There were 674 responses in total received from the public in Scotland, 502 were received via the online survey. This included, where possible, the responses from individuals which were input by Scottish Health Council staff on their behalf. The remaining 172 responses were collected in hard copy from the focus groups or face-to-face interviews.

The percentages used in this section have been rounded and may exceed 100%. Some of the questions asked allowed for more than one response, therefore some questions may have total responses which exceed the 674 respondents. Conversely, not all respondents answered all of the questions.

The direct quotes we have included illustrate the more common themes from what people told us.

## **Summary of responses**

Respondents were asked the following questions.

### Do you know how to give feedback about your local health services?

- Overall 355 people (53%) said they did not know how to give feedback, however when looking at only the focus group feedback, 65% did not know how to give feedback.
- 200 (30%) people said they did know how to give feedback.
- 115 (17%) were not sure how to give feedback.

Comments from members of the public included:

"I have no knowledge of how to do it."

"..there should be more information on how to provide feedback at the point of access to NHS services."

"I always assumed that nobody wanted to know."

"Would go online to find out."

"Know of limited ways to do this but think that information is very scattered on how to give views."

"Letter to the Board."

When asked:

What they would like to happen as a result of having given feedback.

- 565 people (83%) would like to be told what action was taken.
- 474 people (70%) wanted to receive an acknowledgement.
- 95 people (14%) just wanted to be able to give feedback.

Further comments were made by 77 people and included:

"To feel I have been heard and action has been taken."

"Receive both acknowledgement and told result."

"We give feedback so others know how the experience was for us – good/bad. It would be nice to know no one else would be subject to negative experiences or (that they would) continue to have good experience."

"I do not want to feel penalised or victimised when I give feedback either face to face or by more formal method of feedback."

"I would just want to make staff aware and pass it on."

### Do you know how to make a complaint about your local health services?

- Overall 364 people (54%) said they did not know how to complain. From the focus group feedback alone, 72% did not know how to complain.
- 206 people (31%) said they did know how to complain.
- 98 people (15%) said they were unsure of how to complain.

Some people who made further comment on this question said they had never had to complain but would find out how to, if needed, and many expected to find information on the NHS Board website. Although the figure who said they did know how to complain is fairly high, further comments on this question indicated a wide variety of options people would use. A small minority of respondents had made a complaint and were confident they knew the process.

Comments from members of the public included:

“Where is this signposted?”

“I wouldn’t know where to phone or send an email to so I couldn’t do it.”

“In the past I may have wanted to make a complaint but didn’t have the information at the time or the frame of mind at that time to take it forward.”

“How many parts do health services break into? GP, dentist, optician, chemist, hospital etc. There’s more than one process.”

“I have never been in a position where I have needed to make a complaint.”

“There are obvious options, local councillor, MSP, MP. Could be direct to GP or write direct to provider.”

“I imagine I’d be able to complain/give feedback via their website or by asking reception staff.”

“Not confident enough to complain.”

When asked:

What would you expect to happen when you make a complaint?

People could give more than one response to this question. From the 464 online responses to the question, the most common expectations identified were as follows.

- 358 (77%) expect the complaint to be investigated, with action taken to rectify any issues identified.
- 273 (59%) expect feedback on the investigation and actions taken to be given to the complainant.
- 262 (56%) expect to receive an acknowledgement of the complaint.

These were the same expectations identified in the focus groups. In discussions with groups whose first language is not English, the expectations also included access to a translator and accessible information. Other focus groups highlighted the need for the presence of an advocate.

Comments from members of the public included:

“It is important for the person making the complaint to have impartial feedback but positive action”

“I would expect the complaint to be acknowledged within a set time period. I would expect the complaint to be investigated and I would expect a response regarding my complaint to be given to me, again within a set time period.”

“Feedback, an honest answer, details of action to be taken, accept some responsibility for what happened and a full investigation.”

Point of interest – from all the responses received the possibility of compensation depending on the severity of the complaint or medical negligence was mentioned in only one response.

When asked:

Do you know what support is available to help you provide feedback or make a complaint?

- 416 people (62%) said they didn't know.
- 138 people (20%) said they did know.
- 65 people (10%) were not sure.

Citizen Advice Bureaux or the Patient Advice and Support Service were identified as providing support by 19 respondents who used free text.

Comments from members of the public included:

“I didn’t know support was available – it would be good to be able to have support.”

“How is this advertised? How would I receive feedback?”

“No idea what is available.”

“Although I know how to do this, when I speak to other people they don’t know that the Citizens Advice Bureaux provide this support – needs to be more publicised, easily accessible and in easy read format.”

“I previously went to Citizens Advice Bureaux re other matters and was then supported by them through complaint.”

When asked:

If you want to provide feedback or make a complaint to the NHS in future, how would you prefer to do this?

From the 464 online responses:

- 172 (37%) people would do so in writing.
- 131 (28%) would use email.
- 129 (28%) would prefer to speak face-to-face.
- 81 (17%) would telephone.
- 74 (16%) would use a form on the NHS website.
- 18 (4%) would use a feedback form or card.

These responses were also reflected in the findings from the focus groups. The need for easily accessible information and access to translators was an additional issue highlighted in the focus groups.

When asked:

Do you feel there are any barriers to giving feedback or making a complaint?

442 people answered this via the online survey.

- 102 (23%) said there were no barriers.
- 83 (19%) said that a fear of repercussions was a barrier, with 11 of these highlighting repercussions from GP Practices.
- 54 (12%) said they did not know how or who to contact.
- 17 (4%) said NHS do not appear to do anything with the feedback given.
- 16 (4%) said that lack of availability of translators was a barrier.

Comments from members of the public included:

“Yes, if currently obtaining/on-going treatment, whether lying in a bed on the ward/at GP/outpatient clinic because I fear it could affect my treatment”

“Yes, not knowing where to go to give feedback and local health services could help by providing information about methods of feeding back.”

“No. Haven’t had to make a complaint and hadn’t given other feedback, but feel that there aren’t any barriers.”

“No, except perhaps a lack of information. More clarification of options would be Useful.”

As a follow up, people were asked how they thought local NHS services could help to overcome barriers

From the 442 online responses:

- 78 (18%) said that a change in staff culture would help.
- 52 (12%) said that making information public, relevant and accessible to all would help.
- 16 (4%) said having translators and easier access to their service would help.
- 10 (2%) said that an independent investigations would help.

The responses given for these two questions from the online survey reflect the discussions at the focus groups.

Comments from members of the public included:

“Real investigation - not tick box exercise. More courteous to people - should understand and appreciate cultural diversity. Ask patients/customers regularly about the service.”

“These barriers are my own mostly, stress and anxiety but I also feel staff could be more helpful and unbiased. To designate a member of staff who will confidentially listen and provide unbiased feedback. They'll listen to my side not just staff.”

“There are no adverts or notices in relation to how to make a complaint or giving feedback.”

“Formal process can be off putting. Make the process less formal.”

“Provide information/posters on how to do it.”

“Language, would be good to have interpreter.”

“I felt aggrieved that there were lots of signs saying staff will not tolerate bad behaviour (quite right) but none saying the patient should not accept rude intimidating behaviour too.”

In general, it appears that people have not differentiated between giving feedback and making a complaint. People want the NHS Boards' response to both complaints and feedback to be the same, and to include:

- acknowledgement
- investigation/review/actions, and
- feedback.

It is important therefore, that, whatever system is used by an NHS Board to record feedback and complaints, it generates an **acknowledgement of feedback received**, with the opportunity to provide **further information on investigations** and actions taken as a result of the feedback or complaint.

Whether giving feedback or making a complaint, people said they wanted to do it:

- in writing
- face-to-face
- by email
- by telephone
- by online form on NHS Board's website.

### **Recommendations (Public views)**

#### **53% don't know how to give feedback. NHS Boards should:**

1. Explain what feedback is, what it will be used for and publicise widely that it is welcome.
2. Make information about the particular opportunities and methods available to share feedback clearly visible on NHS Board websites and public areas.
3. Include this information with all correspondence with patients as a matter of course.
4. Give an explanation of what to expect from each method and who to contact if necessary for advice or support.
5. Consider requests to supply information in other languages.
6. Provide information in a variety of ways to support those who may have difficulties in understanding.

#### **54% don't know how to make a complaint. NHS Boards should:**

7. Make clear, easy read information on how to complain, including the availability of support to make a complaint, highly visible on NHS Board's home page and public areas.
8. Include this information with all correspondence with patients as a matter of course.
9. Consider requests to supply information in other languages.

The main barriers to giving feedback or making a complaint were identified by respondents as being:

- a fear of repercussions for their own or relatives' treatment
- not knowing how or who to make contact with
- NHS not appearing to do anything with feedback given, and
- lack of availability of translators.

Most of these perceived barriers would likely be addressed by implementing the recommendations made in this section i.e. by demonstrating that feedback is welcomed, by publicising the "how to" complain or give feedback, by making it accessible to all, and ensuring that staff welcome this feedback. Training and empowering staff will be just as important as providing information to the public in this regard.

## **3.2 Engaging with NHS Boards and other stakeholders**

### **Method**

The Scottish Health Council carried out a series of visits between January and March 2014 to meet with key staff involved in the area of NHS feedback, comments, concerns and complaints. All NHS Boards in Scotland contributed to the findings in this review, and we also spoke with colleagues in the Scottish Public Services Ombudsman's office, the NHS Complaints Personnel Association Scotland (NCPAS), NHS Education for Scotland, and the public. The brief attached in Appendix 3 sets out the aims and objectives of the review and the areas for focusing discussion.

All NHS Boards responded positively to the request for their involvement in the review process. In all Boards there was executive leadership of review meetings with a number of visits also supported by Chief Executives, non-executive Directors and Chairs. Corporate complaints and feedback teams were present, supported by service delivery and clinical teams, support services and public partners. This enabled meaningful dialogue and a richness of information to be gathered that reflected activity at all levels in the system. Boards welcomed the review and indicated that they looked forward to receiving the findings and recommendations that will support them to focus improvement activity moving forward.

One important aspect of the visits to NHS Boards was the opportunity to identify achievements and areas of good practice that could be shared across NHSScotland and this report highlights a few of these. All Boards have made progress in responding to the aspirations of the Patient Rights (Scotland) Act 2011 and the revised guidance and many were able to demonstrate innovative thinking and techniques in their handling of complaints and feedback.

### **Findings**

The main findings and associated recommendations for focusing improvement activity are described below, and are aimed at NHSScotland as a whole rather than any particular NHS Board.

#### **NHSScotland response to 'Can I help you?' – The culture**

The 'Can I help you?' guidance' sets out the aspiration of a culture in the whole of NHSScotland that:

"...actively encourages and welcomes feedback, comments concerns and complaints. A culture that values all forms of feedback whether it is good or bad in order to learn from patients, carers and service user's experiences."

In all NHS Boards, there is a clear and visible commitment to, and understanding of, the aspirations in the guidance and most Boards can articulate what is needed at organisation, system and point-of-care levels. This will ensure they have an environment where people can provide feedback, comments, concerns and complaints that are well received, openly solicited and lead to demonstrable improvement. The reality however is that, while there are pockets of success and exemplars in all Boards, the ability to deliver this consistently and reliably remains a challenge across NHSScotland.

Examples of interventions highlighted from some NHS Boards that have the potential to transform culture include the following.

- Ownership by senior leaders in all NHS Boards.
- Explicit commitment verbalised in team briefs in two NHS Boards.
- Giving feedback the same status as complaints in relation to how both are handled. A small number of NHS Boards have invested in the growth, re-alignment and rebranding of their teams who manage feedback, comments, concerns and complaints and by doing so have demonstrated their organisational commitment.
- When leaders at senior level in some Boards walk around the areas where care is delivered in their systems to observe and check for quality and safety, they talk to service users, carers, families and staff about their experiences.
- Stories that describe the experiences of people who are using services are being shared at governance and management meetings, in a significant number of NHS Boards, to help senior staff understand how it feels to receive care in their system and to understand the impact on people when things go well or things go wrong.
- One NHS Board is using a team of volunteers as feedback champions.

Challenges most commonly reported in embedding the culture locally include the following.

- A number of NHS Boards mentioned the fact that concerns and complaints around attitude and behaviour remain one of the top three reasons for dissatisfaction among the public. This could be an indicator of a culture that struggles to have the needs of its customers as a priority.
- Although a significant number of NHS Boards report that progress has been made to help front line staff understand the value of an apology and what it means for people, they also report a level of defensiveness in some front line staff that brings a reluctance to apologise for fear of litigation or retribution. This was also attributed to a lack of understanding of the difference between apologising and admitting any type of fault.
- There remains a lack of clarity in understanding the definitions of feedback, comments, concerns and complaints that leaves staff reluctant to take ownership.
- Observations of the environments in most areas visited as part of the review showed that there is a lack of consistently visible signage and guidance/ posters/ leaflets that set out the NHS Boards' commitment to welcoming all types of feedback and describing the opportunities that it has made available to do so.

#### Significant learning point - Remove the fear factor

There is a clear message from the public that one of the main barriers to giving feedback or making a complaint is fear of repercussions for their own or relatives' treatment. This is compounded by the level of fear and defensiveness that some staff reported when dealing with feedback, and it is clear that considerable effort should be made on transforming the culture to support staff and the public to be open and confident. This will be essential to allow NHSScotland to truly understand what needs to improve and to ensure care and services are reliably of high quality.

### Bright spots in NHSScotland

- Within **NHS Lothian, NHS Fife, and NHS Forth Valley**, there are central teams of staff dedicated to dealing with all feedback and complaints. This provides one point of contact and offers ease of access, consistency and continuity for the patient or member of the public.
- The Scottish National Blood Transfusion Service within **NHS National Services Scotland** has team training days looking at such topics as staff attitude and best practice in handling complaints and feedback, and are currently developing customer standards training for staff.
- The Chief Executive in **NHS Western Isles** holds monthly coaching sessions with the staff who investigate complaints and that is resulting in improvements in the confidence and quality of responses.

Point of interest – The Nursing and Midwifery Council (NMC) began the first part of a six-month public consultation on how their proposed model of revalidation can be implemented in a variety of employment settings and scopes of practice on 6 January 2014. Revalidation is intended to be a way for nurses and midwives to show they are meeting their professional obligations and that they continue to be fit to practise. Revalidation will require nurses and midwives to demonstrate every three years, at the point of renewal of their registration, that they are meeting the Nursing and Midwifery Council's professional standards. The intention is to ensure the model, which will be launched in December 2015, is flexible and fit for purpose and is likely to include feedback from service users in a similar way to the General Medical Council's revalidation process for doctors.

## **Recommendations (Culture)**

1. The information that is captured locally within NHS Boards on complaints and concerns around staff attitude and behaviour should be analysed further to fully identify how best to focus improvements in this area.
2. NHS Boards should align the resources that they have internally allocated to dealing with the management of feedback, comments, concerns and complaints in order to ensure that there is consistency of approach and a clear message around the importance of this team to the business of the organisation.
3. Adequate resource should be allocated to ensure that the focus on delivering quality and timeliness in their processes is consistent and that the focus on driving and demonstrating improvements as a result of feedback is reliable. These local 'teams' should be configured to ensure that their responsibilities for all types of feedback are clear.
4. When senior leaders in NHS Boards walk around the areas where care is delivered in their systems to observe and check for quality and safety, they should include conversations with service users, carers, families and staff about their experiences of care and the themes that arise from feedback from people that are driving service improvement at that level.
5. The Person-centred Health and Care Collaborative currently being delivered by Healthcare Improvement Scotland has developed ideas for change that focus on helping staff at the point of care to understand how to use feedback as information to support improvement. Specific tools and ideas that will support staff to develop key skills needed to relate to their service users have also been developed. NHS Boards should focus on supporting front line teams to engage with the collaborative as an opportunity to drive transformation in culture.
6. Information must be displayed prominently in all environments of care about the organisation's commitment to hearing feedback of all types and offering guidance on how to do so. Prominence should be given to identifying the person to whom this should be raised in each area.

## **Encouraging and handling feedback, comments and concerns**

All NHS Boards shared information during the visits on how feedback can be captured about the care and services they provide. Our previous analysis reports that a wide range of methods and mechanisms are in place and this was evidenced during Board visits with all Boards providing multiple approaches, some systematic and some bespoke to individual areas.

The use of Patient Opinion as an independent platform for sharing people's experiences is beginning to grow and there are a number of initiatives locally encouraging its use. These are at early stages but will be shared nationally.

Opportunities to ensure people were aware of the methods and the support available to help them was varied and not available in all environments.

The opportunities for people to provide feedback, both freely offered and actively solicited, are increasing. However, there were few examples of the availability and uptake of support and assistance for those who may need it. In addition, there was little evidence of targeted approaches to capturing feedback from people from groups that are prone to discrimination, are harder to reach or from “seldom heard” groups.

Datix is the electronic system used in most NHS Boards to record and manage complaints. A number of Boards have also begun to record feedback, comments and concerns in Datix to assist with reporting and capturing improvement. Some Boards use Excel databases for this and one Board is using Safeguard. The access to these systems to staff at all levels is patchy although some Boards have devolved access to the point of care to support ownership and learning while others rely on small central resources to capture and input on behalf of teams. This area was reported consistently as a huge challenge and there was a lack of clarity on how much and what to record and report.

Challenges still exist in NHS Boards on the level of data that is required to demonstrate whole systematic approaches to ensure there is learning and improvement, without becoming steeped in unnecessary detail.

Increasingly, as part of local performance reporting processes, NHS Boards are reporting feedback, comments and concerns alongside complaints, to a variety of management and governance committees, to offer the complete ‘feedback’ story. This is not yet reliably done although Boards believe that the Annual Reports on Complaints and feedback required as part of the Patient’s Rights (Scotland) Act 2011 will drive the solution to this locally.

#### Significant learning point - Welcome feedback

The shared importance that everyone places on understanding the experiences that people have of NHSScotland is clear. Given that a significant amount of the public still report a lack of knowledge of the opportunities to share all types of feedback or make a complaint, NHS Boards must widely publicise the information required to encourage and support people to openly share.

#### **Bright spots in NHSScotland**

- **NHS Tayside** promotes and encourages feedback in a range of ways, including patient experience surveys, Patient Opinion, photo boards in wards to help identify who is in charge, local methods and opportunities for feedback through their public partners and the Your NHS Tayside portal, as well as care rounds and daily conversations with patients and families.
- **NHS National Waiting Times Centre Board** has empowered their volunteers to capture real-time feedback from the patients, families and carers who use their hospital services and the information gained from this feedback is used to drive improvements in the quality and experiences of care.
- **NHS Fife** promotes Patient Opinion through the use of posters and banners displayed consistently in the majority of environments.
- To help encourage feedback, **NHS Orkney** has introduced the use of badges to identify who people should give feedback to and ‘Hello-my-name-is-...’ badges/stickers for staff to encourage good first impressions and relationship building.

## **Recommendations (Encouraging and handling feedback, comments and concerns)**

1. NHS Boards should review and evaluate the efficacy and availability of mechanisms to capture feedback, focusing on support requirements and equal opportunities for all and identifying their 'suite' of approaches that meets the needs of everyone.
2. The Person-centred Health and Care Collaborative should showcase the best practice approaches to learning from all types of feedback, that NHS Boards highlighted as having led to demonstrable improvement and that were harvested as part of this review.
3. The Scottish Health Council will continue to identify and share emerging methods and tools that support the capture of feedback in their Participation Toolkit, particularly in relation to seldom heard and equalities groups.
4. NHS Boards must widely advertise opportunities and approaches that exist locally for giving feedback, comments, concerns and complaints, including what to expect when they give feedback to ensure they are accessible to all, and must raise awareness in the public of the support available locally.
5. Systems that support the recording of feedback, comments and concerns must exist at all levels and should be integrated with the recording of complaints and other information that offers learning for improvement, for example adverse events and other incidents.

## **Encouraging and handling complaints**

Review visits in every NHS Board involved detailed discussions about the management of complaints. While all Boards recognised the added value of the 'Can I help you?' guidance, particularly in relation to the modelled complaints process and their own progress towards the aspirations set out in legislation, a significant number of Boards reported it as quite lengthy and not succinct. Evidence of that is clear in the variations found across the country in terms of the management of complaints, the level to which service users, carers and families are involved in the management of complaints and the compliance with timescales and reporting across all Boards. While progress towards standardisation is clear, there is still a gap.

This is further described by comments from the Scottish Public Services Ombudsman who highlighted increases in the number of complaints referred to their office by people using health services. The Scottish Public Services Ombudsman also highlighted the increasing number of complaints that his office upholds on behalf of patients, raising questions about the differences in decision making between NHS Boards and his office.

### Focus on the needs of people

Complainants are now becoming more engaged in the process of managing their complaints through early discussion with complaints staff about their complaint and an explanation of what they can expect to happen, but this is not happening in all areas

and is not always to the level complainants may wish.

The focus on early resolution is clearer in some NHS Boards than others and on a number of visits it was reported that staff are increasingly equipped and able to handle and resolve these issues locally within three days.

The investigation of complaints is handled by different people in different areas. Some NHS Boards have identified investigation champions who are developed and supported. Others devolve the process through senior managers to teams. Increasingly, Boards report that the same investigation process undertaken for serious adverse events is being used for the investigation of complex complaints to ensure good outcomes and that learning and improvement opportunities are maximised.

Two NHS Boards are testing initial approaches to measuring 'complainant satisfaction' with the complaints process.

### Recording

Reliable systems are in place to record information about the management of complaints. Datix is most widely used across the country and there were no significant expressions of dissatisfaction with that system.

Opportunities to ensure people were aware of the process to complain and the support available to them when doing so was varied and not available in all environments.

### Timescales

The majority of NHS Boards, particularly territorial Boards, report challenges at times in complying with the 20 working day target for responding to complaints. This is predominantly due to increasing levels of complexity in investigating properly and the desire to involve people to the level they wish, both of which take more time and greater co-ordination to deliver effectively. When asked about their ability to demonstrate the quality of their complaints process alongside the compliance with timescales, no Board could do so consistently although all described a commitment to focusing on quality alongside timeliness.

### Data and statistics

A considerable amount of the information collected and reported to the Information Services Division around complaints was felt to add little value in relation to the quality of the complaints procedure and most NHS Boards felt it led to simply recording the information rather than focusing activity on improvement.

### Primary care

Particular challenges were highlighted in relation to the ability to truly understand the learning resulting from feedback, comments, concerns and complaints received from people in primary care independent contractor settings. These are mainly due to complexities arising from independent contractor status and their level of independence in relation to local reporting and accountability with some groups of Family Health Service Providers.

Those areas that could demonstrate more transparency had focused on relationship building and networking. Some NHS Board staff reported that they had made contact with Patient Participation Groups in GP practices and had used that forum as a place to discuss and raise awareness of the concept of feedback and complaints as data for improvement. Others had made progress through direct discussions with Family Health Service Providers.

### Prisoner complaints

In 2012/13, responsibility for delivering healthcare services in Scottish prisons transferred to the NHS. The management of feedback, comments, concerns and complaints received from prisoners about those healthcare services became the responsibility of NHS complaints handling staff at the same time. Initially that change caused some confusion around the ability to resolve these issues locally and timeously for prisoners. This resulted in significant numbers of complaints about, for example, access to medication which fed into the NHS process, resulting in protracted waits for prisoners.

Following some initial attempts to resolve that challenge and dialogue between NHS and prison service staff around local resolution, many complaints teams report that the volume of prisoner complaints received in NHS Boards is reducing again and they believe early resolution for prisoners at local level is increasing.

Particular challenges still exist around the expectations of prisoners in relation to complaints, although conversations were not detailed and further evaluation in that sector would be required to focus improvement moving forward.

### Support to complain

The Patient Advice and Support Service came into effect on 1 April 2012. The service is managed by Citizen's Advice Scotland and delivered by local Citizens' Advice Bureaux in each territorial NHS Board area.

The purpose of the Service is to provide free, inclusive and accessible, confidential advice and support to patients and other members of the public in relation to NHSScotland. In particular, the Service promotes an awareness and understanding of the rights and responsibilities of patients and advises and supports people who wish to give feedback, make comments, raise concerns or make a complaint about treatment and care provided by the NHS in Scotland.

The Service also assists people to deal with other issues that may be impacting on their health and signposts them and raises awareness of the availability of other support services such as advocacy, translation and interpreting services, as well as other communication support and mediation.

The service is available in all NHS Boards in Scotland but information and awareness about the service remains varied. The recent appointment of a National Marketing manager for the Patient Advice and Support Service will support improvements in awareness raising and uptake locally.

## Bright spots in NHSScotland

- Several NHS Boards now aim to contact the complainant on the day their complaint is received, and to respond to all straightforward complaints within three days. Where complaints are more complex, further contact is made and letters of explanation are sent to keep the complainant updated.
- Some early work has been done in **NHS Forth Valley** to measure complainant satisfaction with their experience of the process. Complainants took part in a telephone survey and the information gathered from them will be used to influence changes in the complaints process, with feedback given to those who took part.
- In **NHS Highland** adult social care complaints are dealt with in the same way as health complaints through a central complaints location.

## Recommendations (Encouraging and handling complaints)

1. The Complaints Standards Authority has developed a number of modelled complaints processes across other areas of the public sector. As experts in that area, they should lead on the development of a more succinctly modelled, standardised and person-centred complaints process for NHSScotland, in collaboration with the public, NHS Boards and the Scottish Health Council. This should build on the requirements in the guidance and legislation but articulate more clearly the outcomes expected and the indicators and measures that will demonstrate quality alongside timeliness.
2. Explicit reference should be made in that process to address the following.
  - Assist the staff managing feedback, comments, concerns and complaints to better understand the definitions of each.
  - Ensure that service users, carers and families can be involved to the level they wish.
  - Encourage early resolution and front line ownership.
  - Ensure that the focus on improvements as a result of the learning from all types of improvement is clear.
  - Ensure that the processes for complex complaints are integrated with the management of serious and adverse events.
  - Focus on quality alongside timeliness.

The recognition that the Integration of Adult Health and Social Care has begun and the differences in the management of complaints that exist between health and social care will have to be addressed.

3. The model should be tested and evaluated in one territorial NHS Board and one national Board before being incrementally spread across NHSScotland.
4. A national approach to measuring complainant satisfaction with their experiences of the complaints process should be developed to help demonstrate the quality of the complaints process and the value it is adding for people as well as measuring

the impact in terms of change and improvement. The Scottish Health Council could work with the Patient Advice and Support Service and NHS Boards to agree how this will be tested and spread across the country.

5. NHS Boards hold the contract that supports independent contractors in their area and as a result will hold them to account. Boards should work with all independent contractors locally to monitor how feedback is used to drive improvements and to actively manage any challenges that arise. This includes offering people a point of contact in the Board team who can offer advice and support to people and contractors.
6. Awareness of the role and availability of the Patient Advice and Support Service/Advocacy/Mediation should continue to be raised locally and nationally.
7. Further, targeted activity should aim to truly understand the challenges that exist in ensuring equity of the management of feedback, comments, concerns and complaints for prisoners.
8. The National Dataset that is collected about complaints and feedback locally and reported nationally to Information Services Division should be reviewed and refreshed in line with a newly modelled process to ensure that the focus is on demonstrating learning and improvement alongside effective processes.

### **How learning from feedback, comments, concerns and complaints is driving improvements in the quality and experiences of care in NHSScotland**

The aim of the 'Can I help you?' guidance was:

“To help support relevant NHS bodies and their health service providers (which include Primary Care Service Providers) in handling feedback, comments, concerns and complaints. This will help develop a culture that actively encourages and welcomes feedback, comments, concerns and complaints. A culture where all staff, who can potentially be the first point of contact, value all of the views expressed whether these are good or bad in order to learn from peoples' experiences and make improvements. A culture where people feel comfortable about expressing their views of the NHS without fear of this affecting the treatment or service they receive or their relationship with the health care provider.”

A significant area for focusing questions during NHS Board visits was on the ability of Boards to demonstrate that feedback received from people had been considered fully for learning and any opportunities for improvement had been acted upon.

The dialogue was rich and all NHS Boards clearly understand that the views expressed in all types of feedback provides a wealth of management information that can be used to inform service improvement, share good practice and reduce the sustaining numbers of complaints about the same issues.

The challenge highlighted in a significant number of NHS Boards was that, while they are increasingly focusing effort on the ability to demonstrate that the necessary improvements have taken place, it remains difficult to do so consistently and reliably.

Most believe that the culture change is supporting local teams to realise the importance of improvement as a result, but the ability to capture all of it and report reliably is where systems are falling down.

A number of NHS Boards reported the use of Datix to monitor and record these improvements although this was sporadic and reported as 'not robust'. A number of local and bespoke approaches exist in Boards.

One NHS Board has aligned the information that comes into the system from any route that indicates dissatisfaction or harm into one 'Reducing Harm' action plan that allows improvement activity to be focused most appropriately and monitored easily. It is early days but the Board has reported that it has a greater sense of the job at hand.

Increasingly, NHS Boards are realising the importance of aligning learning from feedback, comments, concerns and complaints with learning from safety incidents and adverse events. This offers a robust opportunity to focus on learning and improvement and minimising the likelihood that these incidents will recur. It was not easy to ascertain the links with local Quality Improvement Teams and their work plans during visits. It is clear from conversations and the frank dialogue had with staff that they would welcome further support aimed at increasing reliability in this area.

#### Significant learning point - Show the Improvement

There is a necessity to learn and improve as a result of complaints and feedback. Given the challenges NHS Boards reported in closing the 'learning loop' and the reflections from some members of the public who believe nothing happens with the information they share, there must be a focus on learning from feedback, implementing the changes and informing people what improvements were made.

#### **Bright spots in NHSScotland**

- **NHS Tayside** and **NHS Fife** have introduced approaches to ensure that learning is captured from a number of sources (adverse events/complaints and feedback/staff experience) that focuses improvement planning in a streamlined way.
- **NHS Greater Glasgow and Clyde** is testing an approach called 'themed conversations' and demonstrating the capture of themes for improvement from people using services. The process includes reflection, measurement and improvement approaches.

## **Recommendations (Improvement)**

1. The cultural recommendations previously described will support the ownership and learning aspirations required to support this.
2. The national approach to implementing a system to support learning and improvement arising from the management of serious and adverse events locally is being finalised by Healthcare Improvement Scotland. Once implemented and embedded, this should include the learning captured from feedback, comments, concerns and complaints as an integral part, to support a single approach to learning and improvement as a result of any type of feedback or incident/event that has an impact on people. Healthcare Improvement Scotland and the Scottish Health Council will work to understand the best approach to ensuring this is aligned.
3. Quality Improvement capacity and capability building in NHS Boards should involve explicit links to the use of complaints and feedback as rich source of data for improvement.
4. NHS Boards should continue to raise awareness of the focus on learning and improvement as the main outcome from the process of dealing with feedback, comments, concerns and complaints.

## **Training and development for staff who provide NHS services**

While locally and nationally developed training and development opportunities are made available and being undertaken in some areas, few NHS Boards reported significant completion numbers and none have mandated this for staff due to pressure of other mandatory training requirements.

Positive examples of training highlighted include the following.

- NHS Education for Scotland e-Learning modules – to date around 3,000 members of NHS staff have undertaken these modules via Learnpro and evaluation is positive.
- Scottish Public Services Ombudsman Power of Apology Training – evaluating well.
- Locally developed Customer Care Programmes are available in some NHS Boards. These provide structure and training.
- Clear investment in some areas in skills and confidence for point-of-care leaders.
- Training for GP Practice Managers.
- Master classes for executive and non-executive Board members on corporate governance and responsibility.

Challenges most commonly reported in training staff include the following.

- Time dedicated to support training is limited.
- Where training is undertaken, there is still a lack of confidence in putting knowledge into practice.

The range of training made available recently via NHS Education for Scotland and the Scottish Public Services Ombudsman has been extremely helpful and supportive to NHS Boards and independent contractors in enabling them to ensure their staff can respond to feedback and complaints and use this as a means of delivering service improvements. The blended learning approach taken of e-learning, master classes and face-to-face training has enabled learning right across organisations from the boardroom to the ward or clinic and also for individual practice.

To maximise the impact of ‘Can I Help You?’ guidance, a blended learning approach would appear to be the most beneficial in assisting all necessary executives, non-executives and staff to understand what is expected of them and what they need to do to respond to and act upon feedback and complaints.

One of the main challenges identified during the review was the lack of confidence in putting knowledge into practice and this means that staff would require support from managers, supervisors and team leaders to enable them to do this.

#### **Bright spots in NHSScotland**

- Training programmes for individuals and teams are available across **NHS Tayside** and **NHS Ayrshire and Arran**, with communication and customer care skills being a requirement for most staff groups. The NHS Education for Scotland/Scottish Public Services Ombudsman e-learning for feedback and complaints is also available to all staff, and SPSO Investigation Skills training is run on a monthly basis.
- In **NHS Lanarkshire**, the introduction of a blended learning module to help put the knowledge of complaints and feedback handling ‘into practice’ is evaluating well.

#### **Recommendations (Training and development)**

NHS Boards and independent contractors should ensure the following.

1. Time and access to available training is prioritised for staff that provide direct services for patients in the first instance followed by those in support positions.
2. Quality Improvement capacity and capability building in NHS Boards involves explicit links to the use of complaints and feedback as rich source of data for improvement.
3. NHS Education for Scotland/Scottish Public Services Ombudsman online e-learning modules are recognised as an essential basic training requirement for all staff providing direct services for patients as a priority.

4. Power of Apology training is made a priority for those staff with responsibility for managing, co-ordinating and contributing to complaints responses. Consideration should be given to central funding to support the attendance and delivery of this locally/nationally as required.
5. Training on the investigation of serious or complex complaints is aligned and integrated with the recommendations for training in relation to serious and adverse events.

NHS Education for Scotland should:

6. Undertake a rapid evaluation of the use of the training and blended learning approach they have developed and prepare a proposal for Scottish Government that would support roll out of the training across NHSScotland including independent contractors and their staff.
7. Ensure that the new Complaints Investigation Skills e-learning module is publicised and disseminated across NHSScotland for staff who are investigating complaints including those who are involved in preparing and writing complaints responses. This may include the provision of face-to-face training to supplement the e-learning, where necessary.

## **Accountability and governance mechanisms for complaints and feedback within NHS Boards**

Legislation sets out specific roles and responsibilities for the management of complaints and all NHS Boards have responded by identifying those. The responsibility of others across the healthcare system is less clearly articulated. As part of the review, the Scottish Public Services Ombudsman office suggested that schemes of delegation and clear responsibilities for all staff involved would add further value to the quality of the complaints process and ensure individuals' levels of accountability were clear and deliverable.

All NHS Boards described their reporting processes for complaints and feedback. Mechanisms were varied through a variety of governance routes and sub-committees to the Board. The routes through committees varied, as did the amount and level of information shared. Some Boards have aligned complaints and feedback reporting with sub-committees which govern all other domains of clinical quality while others focus these reports through person-centred care or public involvement committees. A few Boards describe complaints and feedback information as reported to all sub-committees of their Board, including staff governance, with relevant information highlighted.

The non-executive Directors who participated in discussions described increasing levels of awareness among their peers around the need for assurances on the quality and timeliness of managing complaints but also the need to ensure that learning was captured and improvement demonstrated. All were less confident around the latter and would welcome support and development to gain greater confidence to seek assurance that improvements can be systematically and reliably demonstrated.

NHS Education for Scotland/the Scottish Public Services Ombudsman ran a number of development sessions for senior executives and non-executive Directors of NHS Boards. These development sessions were aimed at supporting senior executives and non-executive Directors to raise awareness of the importance of complaints and feedback as data for improving the care and experiences for people who use their services, and were reported by them as having had significant impact. The sessions would be welcomed if repeated.

Three NHS Boards reported having included development sessions at Board/committee or unit team level that involved the Scottish Public Services Ombudsman or his office staff.

### **Recommendations (Accountability and governance within NHS Boards)**

1. The roles set out and defined in legislation relating to complaints and feedback should be complemented by further descriptions for all levels of staff, supported by clear schemes of delegation.
2. The current round on non-executive Director recruitment in NHSScotland should be used as a test bed for the inclusion of induction information on complaints and feedback and testing approaches to developing skills in the non-executive cohort that bring confidence in seeking assurance that NHS Boards are reliable learning organisations.
3. All NHS Boards should consider seminars/development sessions with the Scottish Public Services Ombudsman office in 2014-2015.
4. NHSScotland master classes should be re-run in 2014-2015 and consideration given to a tailored version for middle managers.
5. The Participation Standard self-assessment process that will be undertaken in future years should include measurement of progress made by NHS Boards relating to these recommendations.

### **Accountability and governance mechanisms for complaints and feedback at national level**

During conversations with NHS Boards about local accountability and governance processes, a number of Boards expressed the view that the complementary contribution of national organisations and agencies to the reporting of and learning from feedback, comments, concerns and complaints was not clear to them. All Boards recognised the knowledge and experience in relation to both the subject and the improvement agenda that existed within these organisations. However, they felt that opportunities to engage nationally and collectively with them in a more cohesive way would be of benefit.

The organisations specifically referred to were:

- the Scottish Health Council/Healthcare Improvement Scotland

- the Scottish Public Services Ombudsman
- NHS Education for Scotland, and
- Information Statistics Division of NHS National Services Scotland

### **Recommendations (National governance)**

1. The National Complaints Personnel Association Scotland (NCPAS) is currently working to refresh their remit and membership in line with the developing environment around feedback, comments, concerns and complaints. The organisations listed above should work to support that group, where needed and requested, in order to ensure opportunities to maximise learning nationally are realised. This could include the ability to benchmark and agree strategies for learning from nationally available data and information.

### **Annual reporting of the use of feedback, comments, concerns and complaints**

As previously described, 2012-2013 was the first year that NHS Boards were asked to produce Annual Reports that showed how information captured from feedback, comments, concerns and complaints was driving improvements in the quality of care and experiences in their Board area. Initial analysis showed a variety of approaches, formats and level of content in each and the review sought to understand what would be helpful to Boards to support them to 'tell a more complete story' in subsequent reporting years.

There was a strong consensus among NHS Boards that the development of some central guidance to support them from 2013-2014 onwards would be welcome. The guidance should focus on:

- content
- accessibility
- format
- learning and improvement, and
- exemplars from the first round of reviews

### **Recommendation (Annual reporting of the use of feedback, comments, concerns and complaints)**

1. Guidance is needed to support NHS Boards produce Annual Reports that demonstrate how they meet the aspirations of the Patient Rights (Scotland) Act 2011. This should be produced by the Scottish Government in partnership with the Scottish Health Council and representatives from NHS Boards for immediate distribution to support the 2013-2014 reporting process and beyond.

## **Complaints and feedback information as part of the ‘dashboard’ for safety and quality**

There is a commitment in Scottish Government and in NHSScotland to deliver reliable high quality services to every person, every time they access healthcare. It is therefore becoming increasingly important that NHS Boards are able to produce information that fulfils all of their reporting requirements in an aligned format to offer the necessary levels of assurance to their Boards. Information on complaints and feedback that is considered in isolation will minimise opportunities to focus improvement efforts and resources in the most appropriate places for greatest impact.

With this in mind, we discussed with NHS Boards their ability to produce information on complaints and feedback that showed alignment with other information as part of the broader ‘dashboard’ for quality and safety. All Boards recognised the need to do so and a significant number have taken steps to produce reports that allow this to happen in a visible way. A number of local ‘dashboard’ systems have been developed that will support this information to be managed and made visible from department to Board level and these are already being used to inform improvement conversations at team and organisational leadership levels.

The burden of reporting against a growing number of targets remains a challenge for Boards and they would welcome support to refine the key components of that ‘dashboard’ nationally and to explore the best and most suitable systems to manage that information locally.

### **Recommendations (Safety and quality)**

1. Locally developed systems and approaches to providing ‘dashboard’ information should be highlighted and shared nationally.
2. The use of complaints and feedback as data for improvement should be reliably incorporated into measurement plans for Quality Improvement Programmes locally and nationally.

## 4. Next Steps

The Scottish Health Council appreciates the feedback provided by everyone who took part in this review including representatives from NHS Boards across Scotland (both territorial and national), members of the public and representatives of voluntary organisations and local community groups. We appreciate the willingness to share views and opinions as well as the opportunity for full and frank discussions.

The input and views received from everyone have helped us to get an understanding of the changes introduced by the Patient Rights (Scotland) Act. Through this report we have identified strengths, achievements and good practice that will now be shared across Scotland to drive improvement in the quality and experience of care in each NHS Board, both in terms of improved handling and use of feedback, comments, concerns and complaints, and producing Annual Reports.

This report will be shared with those who took part in the review as well as the Scottish Government, NHS Boards' Chief Executives and Executive Leads.

The Scottish Health Council will continue to work with NHS Boards and national bodies with an interest in the recommendations in this report to help improve how NHSScotland responds to feedback, comments, concerns and complaints. This will include sharing examples of good practice across NHS Boards.

### Recommendations

#### Recommendations (Public views)

NHS Boards should:

1. Explain what feedback is, what it will be used for and publicise widely that it is welcome.
2. Make information about the particular opportunities and methods available to share feedback clearly visible on NHS Board websites and public areas.
3. Include this information with all correspondence with patients as a matter of course.
4. Give an explanation of what to expect from each method and who to contact if necessary for advice or support.
5. Consider requests to supply information in other languages.
6. Provide information in a variety of ways to support those who may have difficulties in understanding.
7. Make clear, easy read information on how to complain, including the availability of support to make a complaint, highly visible on Board's home page and public areas.
8. Include this information with all correspondence with patients as a matter of course.

#### Recommendations (Culture)

1. The information that is captured locally within NHS Boards on complaints and concerns around staff attitude and behaviour should be analysed further to fully identify how best to focus improvements in this area.
2. NHS Boards should align the resources that they have internally allocated to dealing with the management of feedback, comments, concerns and complaints in order to ensure that there is consistency of approach and a clear message around the importance of this team to the business of the organisation.
3. Adequate resource should be allocated to ensure that the focus on delivering quality and timeliness in their processes is consistent and that the focus on driving and demonstrating improvements as a result of feedback is reliable. These local 'teams' should be configured to ensure that their responsibilities for all types of feedback are clear.

4. When senior leaders in NHS Boards walk around the areas where care is delivered in their systems to observe and check for quality and safety, they should include conversations with service users, carers, families and staff about their experiences of care and the themes that arise from feedback from people that are driving service improvement at that level.
5. The Person-centred Health and Care Collaborative currently being delivered by Healthcare Improvement Scotland has developed ideas for change that focus on helping staff at the point of care to understand how to use feedback as information to support improvement. Specific tools and ideas that will support staff to develop key skills needed to relate to their service users have also been developed. NHS Boards should focus on supporting front line teams to engage with the collaborative as an opportunity to drive transformation in culture.
6. Information must be displayed prominently in all environments of care about the organisations commitment to hearing feedback of all types and offering guidance on how to do so. Prominence should be given to identifying the person to whom this should be raised in each area.

### **Recommendations (Encouraging and handling feedback, comments and concerns)**

1. NHS Boards should review and evaluate the efficacy and availability of mechanisms to capture feedback, focusing on support requirements and equal opportunities for all and identifying their 'suite' of approaches that meets the needs of everyone.
2. The Person-centred Health and Care Collaborative should showcase the best practice approaches to learning from all types of feedback, that NHS Boards highlighted as having led to demonstrable improvement and that were harvested as part of this review.
3. The Scottish Health Council will continue to identify and share emerging methods and tools that support the capture of feedback in their Participation Toolkit, particularly in relation to "seldom heard" and equalities groups.
4. NHS Boards must widely advertise opportunities and approaches that exist locally for giving feedback, comments, concerns and complaints, including what to expect when they give feedback to ensure they are accessible to all and must raise awareness in the public of the support available locally.
5. Systems that support the recording of feedback, comments and concerns must exist at all levels and should be integrated with the recording of complaints and other information that offers learning for improvement, for example adverse events and other incidents.

## Recommendations (Encouraging and handling complaints)

1. The Complaints Standards Authority has developed a number of modelled complaints processes across other areas of the public sector. As experts in that area, they should lead on the development of a more succinctly modelled, standardised and person-centred complaints process for NHSScotland, in collaboration with the public, NHS Boards and the Scottish Health Council. This should build on the requirements in the guidance and legislation but articulate more clearly the outcomes expected and the indicators and measures that will demonstrate quality alongside timeliness.
2. Explicit reference should be made in that process to address the following.
  - Assist the staff managing feedback, comments, concerns and complaints to better understand the definitions of each.
  - Ensure that service users, carers and families can be involved to the level they wish.
  - Encourage early resolution and front line ownership.
  - Ensure that the focus on improvements as a result of the learning from all types of improvement is clear.
  - Ensure that the processes for complex complaints are integrated with the management of serious and adverse events.
  - Focus on quality alongside timeliness.
3. The recognition that the Integration of Adult Health and Social Care has begun and the differences in the management of complaints that exist between health and care will have to be addressed.
4. The model should be tested and evaluated in one territorial NHS Board and one national Board before being incrementally spread across NHSScotland.
5. A national approach to measuring complainant satisfaction with their experiences of the complaints process should be developed to help demonstrate the quality of the complaints process and the value it is adding for people as well as measuring the impact in terms of change and improvement. The Scottish Health Council could work with the Patient Advice and Support Service and NHS Boards to agree how this will be tested and spread across the country.
6. NHS Boards hold the contract that support independent contractors in their area and as a result will hold them to account. Boards should work with all independent contractors locally to monitor how feedback is used to drive improvements and to actively manage any challenges that arise. This includes offering people a point of contact in the Board team who can offer advice and support to people and contractors.
7. Awareness of the role and availability of the Patient Advice and Support Service/Advocacy/Mediation should continue to be raised locally and nationally.
8. Further, targeted activity should aim to truly understand the challenges that exist in ensuring equity of the management of feedback, comments, concerns and complaints for prisoners.

9. The National Dataset that is collected about complaints and feedback locally and reported nationally to Information Services Division should be reviewed and refreshed in line with a newly modelled process to ensure that the focus is on demonstrating learning and improvement alongside effective processes.

### **Recommendations (Improvement)**

1. The cultural recommendations previously described will support the ownership and learning aspirations required to support this.
2. The national approach to implementing a system to support learning and improvement arising from the management of serious and adverse events locally is being finalised by Healthcare Improvement Scotland. Once implemented and embedded, this should include the learning captured from feedback, comments, concerns and complaints as an integral part, to support a single approach to learning and improvement as a result of any type of feedback or incident/event that has an impact on people. Healthcare Improvement Scotland and the Scottish Health Council will work to understand the best approach to ensuring this is aligned.
3. Quality Improvement capacity and capability building in NHS Boards should involve explicit links to the use of complaints and feedback as rich source of data for improvement.
4. NHS Boards should continue to raise awareness of the focus on learning and improvement as the main outcome from the process of dealing with feedback, comments, concerns and complaints.

### **Recommendations (Training and development)**

NHS Boards and independent contractors should ensure that:

1. Time and access to available training is prioritised for staff that provide direct services for patients in the first instance followed by those in support positions.
2. Quality Improvement capacity and capability building in NHS Boards involves explicit links to the use of complaints and feedback as rich source of data for improvement.
3. NHS Education for Scotland/the Scottish Public Services Ombudsman online e-learning modules are recognised as an essential basic training requirement for all staff providing direct services for patients as a priority.
4. Power of Apology training is made a priority for those staff with responsibility for managing, co-ordinating and contributing to complaints responses. Consideration should be given to central funding to support the attendance and delivery of this locally/nationally as required.

5. Training on the investigation of serious or complex complaints is aligned and integrated with the recommendations for training in relation to serious and adverse events.

NHS Education for Scotland should:

1. Undertake a rapid evaluation of the use of the training and blended learning approach they have developed and prepare a proposal for Scottish Government that would support roll out of the training across NHSScotland including independent contractors and their staff.
2. Ensure that the new Complaints Investigation Skills e-learning module is publicised and disseminated across NHSScotland for staff who are investigating complaints including those who are involved in preparing and writing complaints responses. This may include the provision of face-to-face training to supplement the e-learning, where necessary.

### **Recommendations (Accountability and governance within NHS Boards)**

1. The roles set out and defined in legislation relating to complaints and feedback should be complemented by further descriptions for all levels of staff, supported by clear schemes of delegation.
2. The current round on non-executive Director recruitment in NHSScotland should be used as a test bed for the inclusion of induction information on complaints and feedback and testing approaches to developing skills in the non-executive cohort that bring confidence in seeking assurance that NHS Boards are reliable learning organisations.
3. All NHS Boards should consider seminars/development sessions with the Scottish Public Services Ombudsman office in 2014-2015.
4. NHSScotland master classes should be re-run in 2014-2015 and consideration given to a tailored version for middle managers.
5. The Participation Standard self-assessment process that will be undertaken in future years should include measurement of progress made by NHS Boards relating to these recommendations.

### **Recommendation (National governance)**

1. The National Complaints Personnel Association Scotland (NCPAS) is currently working to refresh their remit and membership in line with the developing environment around feedback, comments, concerns and complaints. The organisations listed above should work to support that group where needed and requested in order to ensure opportunities to maximise learning nationally are realised. This could include the ability to benchmark and agree strategies for learning from nationally available data and information.

### **Recommendation (Annual reporting of the use of feedback, comments, concerns and complaints)**

1. Guidance is needed to support NHS Boards produce Annual Reports that demonstrate how they meet the aspirations of the Patient Rights (Scotland) Act 2011. This should be produced by the Scottish Government in partnership with the Scottish Health Council and representatives from NHS Boards for immediate distribution to support the 2013-2014 reporting process and beyond.

### **Recommendations (Safety and quality)**

1. Locally developed systems and approaches to providing 'dashboard' information should be highlighted and shared nationally.
2. The use of complaints and feedback as data for improvement should be reliably incorporated into measurement plans for Quality Improvement Programmes locally and nationally.

**Specific groups engaged with by Scottish Health Council staff during the Listening and Learning Project 2014**

Care Homes for the Elderly  
Carers Groups, Young Carers, Male Carers  
Chinese Older People Group  
Citizen Advice Bureaux  
Community Councils  
Community Groups  
Condition Specific Support Groups (Parkinson's, Stammering, etc)  
Deaf and Hearing Impaired  
Ethnic Student's Group  
Ethnic Women's Group  
Gypsy Traveller Community (including young people from the community)  
Learning Disability Groups  
LGBT group  
Locality Planning Group  
Long Term Conditions Group  
Mental Health User Group  
Older People  
Patient Partnership Group  
Patient Representative Groups  
Playgroups  
Public Partnership Forums  
Self Advocacy Group  
Third Sector Groups  
Trans People Group  
University and College Students  
Victim Support Groups  
Youth Group Leaders

**Questions asked via the online survey, face-to-face and at focus groups.**

Q1 Do you know how to give feedback about your local health services?

Q2 What would you like to see happen when you give feedback?

Q3 Do you know how to make a complaint about your local health services?

Q4 What would you expect to happen when you make a complaint?

Q5 Do you know what support is available to help you provide feedback or make a complaint?

Q6 If you want to provide feedback or make a complaint to the NHS in future, how would you prefer to do this?

Q7 Do you feel there are any barriers to giving feedback or making a complaint?  
How can local health services help to overcome these barriers?

### **Briefing Note for NHS Boards regarding Scottish Health Council review on the management of complaints and feedback in NHSScotland**

#### **Introduction**

This document provides NHS Boards in Scotland with information to help design and co-ordinate visits planned by Scottish Health Council staff for early in 2014, as mentioned in letter from Scottish Government in December 2013, to discuss the management of feedback, comments, concerns and complaints. These visits will form part of the country-wide review of Complaints and Feedback in NHSScotland that was announced in Parliament in November 2013 and that will report findings and make recommendations for the way forward in spring of 2014. The review is aimed at understanding the current national picture in relation to complaints and feedback and to use this information to share and spread good practice and to identify areas of focus for improvement moving forward.

#### **Background**

Empowering people to be at the centre of their care and listening to them, their carers and families is a shared priority for NHSScotland and the Scottish Government. There has been an increasing focus within healthcare services on the need for complaints and feedback (and other experiences of people using services) to be encouraged, recognised and valued as a vital source of information about what is working well, or not working well, in services and enabling identification and implementation of necessary improvements. There is also a growing recognition of the benefits for users of NHS services to be an integral part of the process of managing complaints and feedback, both in terms of trust and confidence but also to support health and wellbeing, self-management and autonomy.

Drivers in Scotland have included: the Patient Rights (Scotland) Act 2011; associated revised Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health Care Services (CEL8) 2012; and the national roll-out of Patient Opinion across NHS Boards. Additional impetus has come from across the UK in the Francis Inquiry, the Keogh Review, the Berwick report and the Clwyd Hart Report – all of which clearly highlighted that genuinely listening to people, and responding to their concerns, is critical in terms of improving the quality and safety of care - and that failure to do so can have dire consequences.

The visits aim to build on a recent analysis of the first year of Board Annual Reports on Complaints and Feedback from 2012-2013, published in January of 2014 and available on the following website at [www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)

#### **Aims of the visits**

The aim of these visits will be to:

- Discuss the Complaints and Feedback Annual Reports from 2012-2013.
- Ascertain NHS Boards understanding of the changes introduced by the Patient Rights Act/guidance and aspirations related to these.

- Understand how NHSScotland has responded to the changes.
- Identify strengths/achievements and good practice that can be shared.
- Agree areas where barriers/challenges/weaknesses exist and improvements can be made.
- Discuss what each NHS Board area is doing to encourage feedback, comments, concerns and complaints.
- Discuss how findings and learning from complaints and feedback is driving improvements in the quality and experiences of care in each NHS Board.
- Identify what would help each NHS Board to 'tell a better story' in future – both in terms of producing Annual Reports and improving handling/use of feedback, comments, concerns, complaints for improvement.

### **Team involvement in the visits**

Jacki Smart, Person-centred Care Advisor from Healthcare Improvement Scotland and Liz Taylor, Planning and Performance Manager from the Scottish Health Council will be the visiting team. They would very much like to meet with the following groups or representatives from Board teams while there to capture a broad range of information from across each area and at all levels within the system. Local staff and leads will know best how to share this information and so this is not prescriptive or exhaustive.

- Executive team member with responsibility for feedback and complaints
- Feedback and Complaints Managers/Officers and those staff who manage related systems and processes
- Non-executive Director of the Board/sub-committee of the Board who can discuss governance and accountability
- Front line staff with good practice examples to share or information around challenges that will inform way forward
- Public partners/volunteers directly involved in supporting the process
- Other relevant stakeholders as appropriate.

As it may be difficult logistically to meet everyone together, the visiting team will work flexibly to meet with individuals in their own areas or people as a group if easier over the course of the visit.

Running alongside these visits, the Scottish Health Council will also gather views from members of the public, in order to understand their awareness of the opportunities for providing feedback and making complaints, and to gauge their preferences for doing so. Findings and recommendations from that process will also be published in spring 2014.

### **Areas of focus for conversation**

As an aide memoir the following will shape conversations but is not exhaustive.

- The involvement of people in both the management of complaints and feedback and the changes that result from them

- Logistics including infrastructure, resources, training, staff engagement
- Complaints processes-capture, recording, reporting and learning from including prisoner and independent contractor/family health practitioner complaints
- Capture, recording, reporting and learning from feedback, comments and concerns including methods, tools, ownership, team ownership
- Accountability and governance
- Complaints information as part of the 'dashboard' for safety and quality
- Evaluation.

### **What happens after the visits?**

The Scottish Health Council team will prepare a written account of the discussions and conversations had on each visit and will send it back to Executive Leads within 10 working days for factual accuracy checks. It will then be used to inform the development of a publication sharing the findings from the overall review and making recommendations that the Scottish Government will consider moving forward. It is expected that these findings and recommendations will be discussed with Board Chief Executives and Board Chairs in May of 2014.

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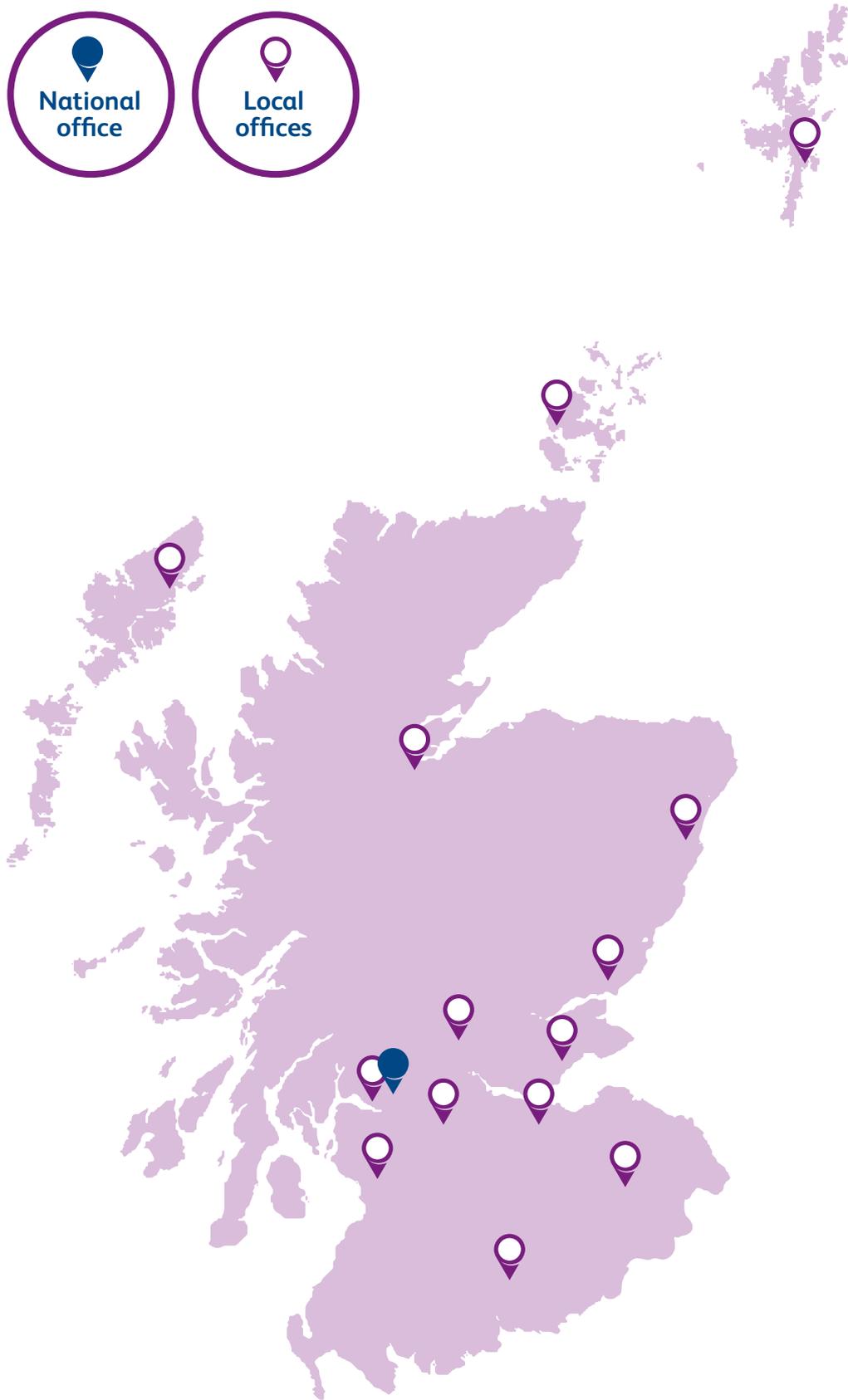
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