

Review of NHS Boards' Annual Reporting on Feedback, Comments, Concerns and Complaints 2013–2014

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Executive Summary

Introduction

This report reflects an analysis of NHS Boards' annual reports which covers the period 1 April 2013 to 31 March 2014. This is the second year that there has been a requirement on all 21 NHS Boards to produce an annual report on their use of feedback, comments, concerns and complaints. This requirement stems from 'The Patients Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012'¹, and the 'Can I help you?' guidance².

Twenty NHS Boards submitted a report for 2013-14, the exception being NHS Health Scotland, which advised that the required information would be included in its Annual Review Report to be posted on its website at the end of 2014. The twenty NHS Boards are listed in Appendix 1.

Following on from the analysis of the first annual reports and the work undertaken by the Scottish Health Council, resulting in the publication of 'Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland'³ in April 2014, it was agreed that it would be helpful for NHS Boards to have clearer guidance for the second annual reports.

The 'Complaints and Feedback – Annual Reports – Guidance Notes' was issued by the Scottish Government in May 2014, and is intended to help NHS Boards produce more structured, comparable annual reports that are accessible to the public and more comprehensively describe their use of feedback, comments, concerns and complaints to drive continuous improvement.

This review includes the findings on NHS Boards' reporting against both the 'Can I help you?' guidance and the 'Complaints and Feedback – Annual Reports – Guidance Notes'.

Analysis of annual reports

Similar to the reports in Year 1, the reports from NHS Boards vary significantly in terms of both the format and content, with some focusing on providing only the minimum information required whilst others reported significantly beyond the requirements.

The majority of NHS Boards provided the information that is required, as highlighted in section 3.19 of the 'Can I help you?' guidance, which included:

- number of complaints received
- alternative dispute resolution
- response within 20 working days
- key complaint theme
- action to improve from complaints, and
- action to improve from feedback.

¹ http://www.sehd.scot.nhs.uk/mels/CEL2012_07ssiC.pdf

² <http://www.scotland.gov.uk/Publications/2012/03/6414>

³ http://www.scottishhealthcouncil.org/publications/research/listening_and_learning.aspx#.VL-UbMtyYdU

The majority of NHS Boards also submitted information in line with all of the recommendations in the 'Complaints and Feedback – Annual Reports – Guidance Notes', covering:

- encouraging and gathering feedback
- encouraging and handling complaints
- the culture, including staff training and development
- improvements to services (as a result of complaints and feedback), and
- accountability and governance.

The Key Findings

Encouraging and gathering feedback

In general, NHS Boards gave a description of the methods they used to encourage feedback, and several of the reports provided examples of good practice. Most also gave a description of what they do to make people feel that their feedback is welcome, however most did not refer to how successful the methods described are in reassuring people that their feedback is welcome.

In future reports, an evaluation of the methods used could be included. This could also be a significant factor in the test of a culture of how staff actively welcomes feedback.

Most NHS Boards specifically referenced their equality work as part of their reporting mechanisms and some expanded on the work they have undertaken in this important area. For example, NHS Tayside has recognised the need to interview patients whose first language is not English in their post discharge telephone survey and it has been agreed to pilot this approach using the translation service.

In future reports, evidence of evaluation and improvement plans as a result of the feedback received could demonstrate significant developments as suggested in the 'Complaints and Feedback – Annual Reports – Guidance Notes'.

Although NHS Boards reported their process for publicising their feedback methods, there were few examples of informing people of what to expect when they give feedback. As the reporting of this work becomes more embedded, it is likely that evaluation of the activities would provide answers as to the suitability of the methods used for target audiences.

In terms of the local support available to help people give feedback, most NHS Boards made reference almost exclusively to the Patient Advice and Support Service⁴. There are some exceptions to this, with the NHS National Waiting Times Centre and the State Hospitals Board for Scotland, for example, referencing wider advocacy support. In future, Boards could consider acknowledging the support given by the Third Sector and, in particular, advocacy organisations.

⁴ www.cas.org.uk

In future, where volunteers have been engaged to assist with feedback, NHS Boards could also consider referencing their volunteer strategies in this section. The NHS National Waiting Times Centre has given an example of how they engage volunteers in complaints and feedback.

In relation to recording of all feedback, comments and concerns, NHS Boards gave a description of their basic structures in this area and, as reported in 'Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland', some Boards have begun to record feedback, comments and concerns in Datix (a web-based patient safety software for healthcare risk management applications) to assist with reporting and capturing improvement from all of these sources. It would be useful for Boards to demonstrate how improvement ties in with governance processes in future reports.

Encouraging and Handling Complaints

Complaints statistics are available from the latest Information Services Division report on complaints 'NHS Complaints Statistics Scotland 2013/14' published on 25 November 2014⁵. The information reflects the period from 1 April 2013 to 31 March 2014. In line with the 'Can I help you?' guidance, the Information Services Division report includes details of:

- the number of complaints received
- the number of complaints where alternative dispute resolution was used
- whether the response period of 20 working days was complied with, and
- a summary of the key themes of complaints received.

The 'Complaints and Feedback – Annual Reports – Guidance Notes' asked NHS Boards how they ensure that people who have made a complaint can be involved to the level they wish. In responding to this point, most Boards emphasised that the level of support given by the complaints officers and teams, and the range of methods available to complainants, provided a means of establishing their desired level of involvement. Some Boards have said that this is being reviewed through their action plans and the progress will be reported as part of the Participation Standard in 2014-15.

Most NHS Boards said that they consider that they encourage early resolution and ownership of the complaint. Boards frequently referenced their training and support of staff in this area and stated their commitment to the principle of early resolution and ownership.

Most NHS Boards stated that they focus on quality by having robust processes and procedures as part of their Clinical Governance information and dashboards, but there was little specific information provided in the annual reports. However, it is hoped that the recommendations from the 'Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland' report will encourage further effort and commitment in this area in future.

⁵<https://isdscotland.scot.nhs.uk/Health-Topics/Quality-Indicators/Publications/2014-11-25/2014-11-25-complaints-Report.pdf?19128054381>

NHS Boards have described how they consider that they have, in part, measured complainant satisfaction with elements of the complaints process. NHS Forth Valley has reported that it has measured complainant satisfaction and is developing an action plan using the feedback from the responses and NHS Dumfries and Galloway described its aim to pilot the Patient Association Complainant Satisfaction Survey.

Few NHS Boards were able to demonstrate that, other than reporting statistics from independent contractors; they were monitoring and evaluating the learning across all relevant settings. NHS Greater Glasgow and Clyde, however, provided detailed information from their independent contractors, including outcomes arising from the issues described. They also provided case studies which were helpful in telling the story of the issues described.

Most NHS Boards described how their processes are linked through dashboards and other Clinical Governance Information. For example, many Boards identified improvements through working with Healthcare Improvement Scotland as part of a national approach to learning from adverse events, and many Boards also mentioned the recommendations from the 'Francis Inquiry'⁶ in relation to complaints and how their policy and strategy had and would continue to be influenced by this. It is acknowledged that this work is ongoing and is part of many Boards' action plans. Specific examples from Boards to integrate and evaluate their approaches should be part of future annual reports.

The culture, including staff training and development

The 'Can I help you?' guidance aims to help NHS Boards "develop a culture that values all forms of feedback whether it is good or bad in order to learn from patients', carers' and the service users' experiences."

This section, for most NHS Boards, provided significant challenges on what information to provide, and how to report it, in order to comply with the guidance. In their annual reports some Boards reported only a few paragraphs of narrative whilst others acknowledged this work, made reference to work that had already taken place, and provided information on future plans.

In particular, few NHS Boards provided information in response to describing any challenges they had experienced in embedding a culture that "actively encourages and welcomes feedback, comments, concerns and complaints", or to how they had responded to any challenges identified. Most Boards, however, were able to provide information on their plans to support staff and the public, enabling them to be more open and confident in relation to giving and receiving feedback. The information gathered by asking members of the public and staff how confident they feel with the plans that the Boards describe, could be reported as part of monitoring and evaluating activity for this section.

In relation to staff training and development plans, many NHS Boards referred to the e-KSF system and the resulting information this provides. e-KSF is a competence framework to support personal development and career progression

⁶ The Mid-Staffordshire NHS Foundation Trust Public Inquiry – chaired by Robert Francis QC - <http://www.midstaffspublicinquiry.com/report>

within the NHS. It applies to all staff except Board members, doctors and dentists. All Boards have this information and it would be a useful source of information for this section in future reporting.

Many NHS Boards' referenced plans for leadership as the main cultural driver for change but an acknowledgement of plans for all staff would have been helpful in demonstrating how cultural change for all staff is progressing in staff training and development plans.

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

All 20 of the NHS Boards that submitted an annual report provided a summary of both the actions taken to improve services as a result of complaints, and the actions taken to improve services as a result of feedback, comments and concerns.

The level of detail provided regarding the improvements made was varied. Some NHS Boards submitted a great deal of detail on the feedback and complaints received and the action taken, including the improvements made, while some provided a bullet point list, and others summarised their approach.

NHS Boards were asked to say what steps they had taken, or have planned, to ensure that the focus on learning and improvement is recognised as the main outcome from the process of dealing with feedback, comments, concerns and complaints. The majority of Boards responded to this point, with several clearly documenting how they use the learning from complaints and feedback to identify themes and ensure the dissemination of key learning points and responses to inform staff.

Ten NHS Boards provided information on how the learning from complaints and feedback is brought together with learning from other sources. In the main, the link to adverse events was mentioned by these Boards.

The majority of NHS Boards provided examples of the improvements made as a result of feedback and complaints, but very few described how these improvements have been highlighted to the public. 'Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland' highlighted that one of the main barriers to giving feedback or making a complaint identified by the public, was "a lack of confidence that anything will be done". In future reports, to help address this issue, it will be important for all Boards to demonstrate how improvements made as a result of feedback and complaints are highlighted and fed back to the public.

Accountability and governance

Of the 20 NHS Boards that submitted an annual report, 18 included a description of the governance arrangements for its complaints process. In many cases it was not clear if this included feedback. For future reporting it would be helpful to see this process in a more visual format, for example in a flow chart format.

The frequency of formal reporting of complaints and feedback to their internal governance committees varied between NHS Boards from a monthly report to

annual reporting. Several Boards noted that information on complaints and feedback is sent on a weekly basis to their Chief Executive or other responsible officer.

There were no good examples of how non-executive Directors were supported to seek assurance that improvements were systematically and reliably demonstrated. However, a variety of ways in which non-executive members were involved in the governance of complaints and feedback were described by some NHS Boards.

Five NHS Boards specifically mentioned that non-executive members had undertaken the Scottish Public Services Ombudsman/NHS Education Complaint Masterclass training, and a few Boards mentioned future plans for increased involvement of non-executive members in their complaints processes and governance. We look forward to seeing what progress can be demonstrated in 2014-2015 annual reports.

Introduction

The Scottish Health Council is part of Healthcare Improvement Scotland and has a role to support, ensure and monitor how NHS Boards carry out their responsibilities to involve patients and the public. This includes looking at how Boards demonstrate that there are a range of opportunities for people to give their views about healthcare services and also demonstrate how they are listening to, and acting on, those views.

Listening to what people say about the NHS and learning from that experience is critical in ensuring that healthcare services are safe, effective and person-centred. NHS Boards in Scotland are required to produce an annual report on their use of feedback, comments, concerns and complaints, demonstrating how they learn from this and use it to improve healthcare services. This requirement stems from the 'Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012'.

In January 2014, the Scottish Health Council produced an analysis of NHS Boards' first annual reports on feedback, comments, concerns and complaints for the period April 2012 to March 2013. This was followed by 'Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland' which was published by the Scottish Health Council in April 2014. This report sets out findings and recommendations that were designed to help NHS Scotland improve how it listens and responds to people's experiences of using healthcare services.

In line with a recommendation from 'Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland', guidance was issued by the Scottish Government in May 2014 to help NHS Boards produce more structured, comparable annual reports that are accessible to the public and more comprehensively describe their use of feedback, comments, concerns and complaints to drive continuous improvement. The guidance helped shape Boards' annual reports for the period April 2013 to March 2014. This report provides an analysis of those annual reports.

The Scottish Health Council hopes that this review of NHS Boards' reports will be helpful in providing a perspective on how they have responded to the new requirements placed upon them, and in identifying potential areas for improvements in future reporting.

Background

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. This means developing a culture of openness and transparency in NHSScotland that actively welcomes feedback and complaints as a vital source of information on what is, and is not, working well in providing healthcare services, and offering a powerful driver for improvement.

In Scotland there have been a number of developments that have focused on strengthening the use of feedback and complaints in NHSScotland. These developments include the Patient Rights (Scotland) Act 2011⁷ and associated revised Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health Care Services CEL 8 (2012)⁸. Elsewhere in the UK, the Francis Inquiry, the Keogh Review⁹, the Berwick report¹⁰ and the Clwyd Hart¹¹ Report all 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. Internationally, the use of patient experience data for improvement has also been highlighted by the Institute for Healthcare Improvement¹².

NHS Boards are required to: encourage feedback, whether good or bad; publicise their feedback and complaints processes; and to produce an annual report showing the learning and improvement from feedback, comments, concerns and complaints including those received for their independent contractors.

⁷ <http://www.gov.scot/Topics/Health/Policy/Patients-Rights>

⁸ http://www.sehd.scot.nhs.uk/mels/CEL2012_08.pdf

⁹ Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report, Professor Sir Bruce Keogh, KBE, July 2013

¹⁰ Berwick review into patient safety, Aug 2013, Department of Health - <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

¹¹ A review of the NHS hospital complaints system: putting patients back in the picture, Clwyd & Hart, Department of Health, October 2013

¹² <http://www.ihl.org/Pages/default.aspx>

Encouraging and Gathering Feedback

The available methods in use across the Board area to encourage feedback and any significant developments in the use of feedback this year

All 20 NHS Boards that reported gave a description of the methods they used to encourage feedback, and several of the reports described methods that could be seen as examples of good practice.

NHS Grampian collect and use real-time feedback in a variety of ways, including “improvement trees”, where wall stickers are used in paediatric wards to gather patient, family and visitor feedback.

There was variation, however, in the reporting of innovative approaches that could be seen as a ‘significant development’ in the use of feedback, and although the majority of NHS Boards described their processes; the evidence of significant developments, on the whole demonstrated little difference from last year’s reports.

In future reports, evidence of evaluation and improvement plans as a result of the feedback received could demonstrate significant developments.

NHS Greater Glasgow and Clyde describe working with the Neurological Alliance of Scotland (NAS) which provided training for patient and carer representatives in partnership with local Boards to enable them to participate in their Board area as “Neurology Voices”. A Voices group now meets regularly and was involved in a walk round of the outpatient department at the Southern General Hospital in order to identify areas for improvement and gain an understanding of the patient experience within the environment. Following the walk round, the service responded with some quick short term actions as well as initiating a longer-term plan to address access issues. The Voices group continues to be involved in discussions about service improvement using its access to those who can influence change to provide a patient voice in service delivery and improvement.

What is done to help people feel that their feedback is welcome

Most of the 20 NHS Boards gave a description of what they do to make people feel that their feedback is welcome, however most Boards did not refer to how successful the methods described are in reassuring people that their feedback is welcome.

Most NHS Boards referred to ‘Patient Opinion’ and some also listed improvements that had taken place as a result of the use of this method.

In future reports, an evaluation of the methods used could be included. This could also be a significant factor in the test of a culture of how staff actively welcomes feedback.

NHS Lothian has an initiative called “Involving People Framework 2014-2017” where it is proposed that a series of workshops be held by NHS Lothian involving staff and people from communities and organisations across Lothian. This group will inform NHS Lothian’s ongoing involving people activity and also the requirements for emerging partnership infrastructure. One of the workshops will be based on the Customer Relations and Feedback Team and how people are encouraged to feedback their issues.

How feedback is obtained from equalities groups, including approaches to proactively engage with particular groups

Most NHS Boards specifically referenced their equality work as part of their reporting mechanisms. Some Boards expanded on the work they have undertaken in this important area.

NHS Tayside has recognised the need to interview patients whose first language is not English in their post discharge telephone survey. The Feedback Workstream, which is responsible for providing governance for all patient feedback-related work across NHS Tayside, has agreed to pilot this approach using the translation service.

NHS Education for Scotland also referenced how their plans and engagement activity involved their key stakeholders and how they use the information to improve their services.

NHS Education Scotland describes how their Corporate Engagement and Intelligence Gathering Process encourages feedback from colleagues in government, across health and social care and in the Third Sector. The information is used to improve educational services with the stakeholders identifying the top priorities. The annual corporate plans outline the activities, targets and measures of impact assessment to support these priorities, as well as other national health and social care policies to improve outcomes, reduce inequalities and address important areas such as older people, dementia, mental health and children and young people.

In general, it would be useful in future to have more reference to communications strategies and evaluation of their effectiveness as NHS Boards frequently describe their processes but not how effective they are. Some Boards made reference to Equality Outcomes and this information was useful for the purposes of the annual report.

How the feedback methods are publicised and how people know what to expect when they give feedback

All 20 NHS Boards described in detail the range of methods used including reference to online website, email, social media methods, Patient Opinion, face-to-face contact, comments cards, 'Your Care Experience Tool', suggestion boxes, and volunteer quality walk rounds.

Most NHS Boards reported their process for publicising their feedback methods but there were few examples of informing people of what to expect when they give feedback. As the reporting of this work becomes more embedded, it is likely that evaluation of the activities would provide answers as to the suitability of the methods used for target audiences.

NHS Forth Valley uses 'Your Care Experience' toolkit which allows bespoke questionnaires to be developed and a tailored approach to responding to feedback and recording required actions for example, in the development or reconfiguration of services.

The local support available to people who wish to give feedback and how this is publicised

Most NHS Boards made reference almost exclusively to the Patient Advice and Support Service in the reporting of this in their annual reports. There are some exceptions to this, with, for example, the NHS National Waiting Times Centre and the State Hospitals Board for Scotland, referencing wider advocacy support.

In this section NHS Boards could consider acknowledging the support given by the third sector and in particular advocacy organisations. This would be relevant in building a fuller picture of equality groups and how they are supported as part of collaborative working with the NHS.

NHS Boards could consider their volunteer strategies in this section. For example the NHS National Waiting Times Centre has used volunteers to support members of the public in giving feedback.

NHS Fife describes how their Patient Advice and Support Service (PASS) is promoted on hospital sites as well as in the community, on the website and in correspondence. A Carer and Patient Information Point has been set up in the Acute Hospital setting. PASS team members host regular sessions and display promotional materials and are on site to support individuals to provide feedback or make a complaint. It is planned to evaluate this work during 2014/15.

NHS National Waiting Times Centre describes volunteer quality walk rounds. A group of volunteers have been trained to visit wards and departments to discuss the quality of care from both a patient and staff perspective. Using volunteers who are members of the public or former patients reduces formality, allowing staff and patients to speak more freely. This information is used to track the impact of improvement initiatives.

What has been done so that the recording of feedback, comments and concerns exists locally and across the Board in a streamlined way

All NHS Boards gave a description of their basic structures in this area. As reported in the 2014 'Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland' report, some Boards have begun to record feedback, comments and concerns in Datix (a web-based patient safety software for healthcare risk management applications) to assist with reporting and capturing improvement from all of these sources.

How feedback is used alongside other information to identify opportunities for improvement

The involvement methods most NHS Boards described were 'Must Do with Me', 'You said, we did' style reporting, 'Your Care Experience' toolkit and case studies. The Critical Incident Review process was referenced by the majority of Boards as a vehicle for improvement. It would be useful to link how improvement ties in with governance processes in future reports.

Encouraging and Handling Complaints

In line with the 'Can I help you' guidance, this section must include:

- the number of complaints received
- the number of complaints where alternative dispute resolution was used
- whether the response period of 20 working days was complied with, and
- a summary of the key themes of complaints received.

In line with the 'Complaints and Feedback – Annual Reports- Guidance Notes' issued to NHS Boards in May 2014, this section should also include the steps which have been taken to:

- ensure that people who have made a complaint can be involved to the level they wish
- encourage early resolution and ownership of the complaint
- focus on quality alongside timeliness in handling complaints
- measure complainant satisfaction with the process
- understand the learning resulting from complaints
- consider ways in which the review of identified complaints is linked with the Board's approach to the management of serious and adverse events, and
- work with local independent contractors to monitor how complaints and feedback are used to drive improvements; future actions required to ensure that these processes are robust should be outlined.

NHS Boards were asked to ensure the annual reports are easily accessible to the public, are written in plain English and are available in alternative formats as required. The **Scottish Ambulance Service** in their public facing report simplifies the data to make it easy to read.

Complaints data required in line with 'Can I help you?' guidance

Complaints statistics are available from the latest Information Services Division report on complaints 'NHS Complaints Statistics Scotland 2013/14' published on 25 November 2014. The information reflects the period from 1 April 2013 to 31 March 2014. The purpose of this report is to summarise the information given in the Boards' annual reports. A comprehensive analysis of the complaints data given to the Information Services Division is available through the link referenced at footnote 5 of this report.

The following chart shows how the 20 NHS Boards produced the required categories of information in their reports.

Number of NHS Boards reporting required information (from a total of 20 Boards)	
Number of complaints received	20
The number of complaints where Alternative Dispute Resolution was reported	14
Whether the response period of 20 working days was complied with	20
A summary of the key themes of complaints	20

In summary, all 20 NHS Boards reported on the number of complaints received.

Fourteen of the 20 NHS Boards reported on Alternative Dispute Resolution, however numbers were very low and in eight Boards who reported the number was nil. Six Boards made no reference to Alternative Dispute Resolution. It is recommended that it is made clear in future reporting that even if uptake is 'nil', this should be reported.

The Patients Rights (Scotland) Act 2011 introduced a right to complain and raised awareness of the possible use of mediation services in resolving complaints. The Scottish Mediation Network supports the Alternative Dispute Resolution process for the NHS in Scotland which covers conciliation and mediation services.

However, NHS Dumfries and Galloway reported that although they did not use Alternative Dispute Resolution to resolve any complaints they received, Family Health Service Contractors in their Board area reported using some form of Alternative Dispute Resolution in the handling of 39 complaints in 2013-14.

Most NHS Boards reporting on Alternative Dispute Resolution described variable progress and some stated there was progress in using the approach – see example below.

NHS Orkney attempted to resolve one case using a mediator from the Scottish Mediation Network. However the feedback from the session from both parties was mixed.

All 20 NHS Boards reported on whether the response period of 20 working days was complied with.

All 20 NHS Boards reported their key themes. Some Boards reported comprehensively in this area and gave detailed information.

The issues raised through complaints are summarised by the Information Services Division and published annually. For NHS Boards the majority of issues raised in

2013-2014 concerned 'Treatment', followed by 'Staff', then 'Waiting times' and 'Environment and domestic'. These top four issues have been consistently reported since 2009/10.

For Family Health Services, the most prevalent issues raised were 'Treatment', followed by 'Staff' then 'Delays/Waiting times' and 'Environment/domestic'.

'Staff' issues relate mainly to staff attitude/behaviour/communication. 'Treatment' issues relate to clinical care and treatment. 'Delays/Waiting times' issues are concerned with waiting times for and/or delays in appointments.

'Environment/domestic' issues relate to access and service.

NHS Ayrshire and Arran provided a breakdown of their complaint themes and also included the themes that had arisen on feedback, comments and concerns.

Summary of response to 'Complaints and Feedback – Annual Reports – Guidance Notes'

Ensure that people who have made a complaint can be involved to the level they wish

Most NHS Boards gave a description of the process and mechanisms that they currently use or are planning to ensure that people can be involved to the level they wish.

In responding to this point, most NHS Boards emphasised that the level of support given by the complaints officers and teams and the range of methods available to complainants, provided a means of establishing their desired level of involvement.

Some NHS Boards have said that through their action plans this is being reviewed and the progress will be reported as part of the Participation Standard in 2014-15.

Encourage early resolution and ownership of the complaint

Most NHS Boards said that they consider that they encourage early resolution and ownership of the complaint. Boards frequently referenced their training and support of staff in this area and stated their commitment to the principle of early resolution and ownership.

NHS Ayrshire and Arran state that a revised process to support early engagement and frontline resolution has been successfully tested within acute services. Feedback from people raising concerns has been positive and learning will inform an organisational re-launch of the approach to listening and learning from feedback.

NHS National Waiting Times Centre has found that early intervention and communication with the person has allowed them to resolve their concerns to their satisfaction in almost half of the recorded concerns.

Focus on quality alongside timeliness in handling complaints

Most NHS Boards stated that they focus on quality by having robust processes and procedures as part of their Clinical Governance information and dashboards, but there was little specific information provided in the annual reports.

However, it is hoped that the recommendations from 'Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland' will encourage further effort and commitment in this area in future.

Measure complainant satisfaction with the process

Most NHS Boards have described how they consider that they have, in part, measured complainant satisfaction with elements of the complaints process. NHS Forth Valley has reported that it has measured complainant satisfaction and is developing an action plan using the feedback from the responses.

NHS Forth Valley carried out a telephone survey of complainants in May 2013, with the support of the Scottish Health Council and, as part of the ongoing evaluation, carried out a further telephone survey in January 2014. These surveys were entirely anonymous and all the feedback received was non-identifiable to NHS Forth Valley. It was agreed by some complainants that the Scottish Health Council could retain their details so that changes and improvements made could be fed back to them.

NHS Dumfries and Galloway will be commencing a pilot of the Patient Association Complainant Satisfaction Survey. It asks complainants to rate different aspects of the complaints process – were they kept informed, were they made to feel comfortable throughout the process? This survey will track results to see if improvements to the complaints handling have the desired effect

Understand the learning resulting from complaints received relating to each area of the Board, including from people in primary care/independent contractor settings

Most NHS Boards described their processes and some gave many examples of the learning across their reporting areas. However, few Boards were able to demonstrate that, other than reporting statistics from independent contractors, they were monitoring and evaluating the learning across all relevant settings.

NHS Greater Glasgow and Clyde provided detailed information from their independent contractors, including outcomes arising from the issues described. They also provided case studies, helpful in telling the story, from GP practices, pharmacies, dental practices and optometrists. One GP case study described how telephone access to the practice had been improved. “We had a number of patients commenting on the amount of time it took to get through on the telephone. Also, the last patient experience survey showed patients were not able to get through easily on the telephone. We took this on board and contacted our telephone supplier. We have since installed a dedicated prescription line and added four lines to our telephone system. We have also increased the number of staff at our busiest times.”

Consider ways in which the review of identified complaints is linked with the Board’s approach to the management of serious and adverse events

Most NHS Boards were able to describe how their processes are linked through dashboards and other Clinical Governance Information. For example, many Boards identified improvements through working with Healthcare Improvement Scotland as part of a national approach to learning from adverse events.

It is acknowledged that this work is ongoing and is part of many NHS Boards’ action plans and the specific examples from Boards to integrate and evaluate their approaches should be part of future annual reports.

Many NHS Boards also mentioned the recommendations from the Francis Report¹³ in relation to complaints and how their policy and strategy had and would continue to be influenced by this.

NHS Lanarkshire, as a result of the review of the safety and quality of care for acute patients, undertaken by Healthcare Improvement Scotland, has given a detailed description of how they have linked their processes to provide assurance in future.

¹³ <http://www.midstaffpublicinquiry.com/report>

Work with local independent contractors to monitor how complaints and feedback are used to drive improvements. Future actions required to ensure that these processes are robust should be outlined

Most NHS Boards reported their statistics in this area but few were able to reference how this information is being used to drive improvements.

However, some NHS Boards did acknowledge that a more robust process could be developed, and it will be important for them to consider their quality assurance in this important area.

NHS Lanarkshire's Primary Care Group is reviewing the information received from individual Family Health Service contractors to identify any trends and issues that need to be addressed. This will include actions to be taken to improve services for the future.

The culture, including staff training and development

The 'Can I help you' guidance aims to help NHS Boards “develop a culture that values all forms of feedback whether it is good or bad in order to learn from patients', carers' and the service users' experiences.”

This section should ideally include information on:

- any challenges experienced in embedding a culture that “actively encourages and welcomes feedback, comments, concerns and complaints”
- how the Board has responded to these challenges
- plans to support staff and the public, enabling them to be more open and confident in relation to giving and receiving feedback
- staff training and development plans

This section, for most NHS Boards, provided significant challenges on what information to provide, and how to report it, to comply with the Scottish Government guidance stated above. In their annual reports some Boards reported only a few paragraphs of narrative whilst others acknowledged this work, made reference to work that had already taken place and provided information on future plans.

Any challenges experienced in embedding a culture that “actively encourages and welcomes feedback, comments, concerns and complaints”

Few NHS Boards gave direct information in response to this, although some provided information indirectly. For example, action plans were described which may have been in response to challenges but this was not made explicit.

Some NHS Boards referenced in their reports that their response to the Francis Report had been a driver for change. It would be useful in future reporting for Boards to directly detail what challenges they have experienced and their response to them.

The State Hospitals Board for Scotland gave an overview of the challenges they had experienced in embedding a culture change, for example in relation to low staff morale. They listed current and future measures on how they were attempting to be assured that the active encouragement of a culture that welcomes feedback, comments, concerns and complaints would be implemented.

NHS Lanarkshire aims to have further targeted activity to understand the challenges that exist in ensuring equity of the management of feedback, comments, concerns and complaints for prisoners. They also state they have plans to evaluate this activity.

How the NHS Board has responded to these challenges

The lack of explicit detail of what the challenges were has meant that very few NHS Boards were able to demonstrate how they had responded to this section.

NHS Dumfries and Galloway mentioned its use of Values Based Reflective Practice to “assist staff to reconnect with their core values and motivation, reflect on their attitudes and behaviours, enhance their person-centred practice, deepen their relationship with colleagues and develop their resilience and well-being at work.”

NHS Fife stated how they have connected the work around feedback and complaints to the Significant Adverse Event Review process. This promotes the importance of open and honest communication and early involvement of patients and carers. The Patient Relations team support staff in the process of this engagement which is often seen as challenging.

Plans to support staff and the public, enabling them to be more open and confident in relation to giving and receiving feedback

Most NHS Boards provided information on their plans to support staff and the public.

The information gathered by asking members of the public and staff how confident they feel with the plans that the NHS Boards describe, could be reported as part of monitoring and evaluating activity for this section.

Staff training and development plans

In this section most NHS Boards listed examples of training that had been provided rather than referencing any specific training and development plans.

Many NHS Boards referred to the e-KSF system and the resulting information this provides. e-KSF is a competence framework to support personal development and career progression within the NHS. It applies to all staff except Board members, doctors and dentists. All NHS Boards have this information and it would be a useful source of information for this section.

Many NHS Boards referenced plans for leadership as the main cultural driver for change but an acknowledgement of plans for all staff would have been helpful in demonstrating how cultural change for all staff is progressing in staff training and development plans.

NHS Greater Glasgow and Clyde has comprehensively listed its plans for staff training and development by area and have included the numbers of uptake across staff groups.

Improvement to Services (as a result of complaints and feedback)

In line with 'Can I help you?' guidance, this section must include:

- a summary of what action has been taken to improve services as a result of complaints, and
- a summary of what action has been taken or is to be taken to improve services as a result of feedback, comments and concerns.

Summary of action taken to improve services as a result of complaints, feedback, comments and concerns

All 20 NHS Boards provided a summary of both the actions taken to improve services as a result of complaints, and of the actions taken to improve services as a result of feedback, comments and concerns.

The level of detail provided regarding the improvements made was varied. Some NHS Boards submitted a great deal of detail of the feedback and complaints received and the action taken, including the improvements made, while some provided a bullet point list, and others summarised their approach.

The following examples illustrate some improvements made as a result of feedback received.

NHS Ayrshire and Arran described improvements made in relation to identification of staff and communication with staff. "Wearing visible identification has been made a priority for all staff and is monitored in an organisational customer care audit twice a year. Many ward areas have a dedicated member of staff who 'meets and greets' families and carers at visiting times."

NHS Shetland found that over half of the feedback received in 2013-14 was in relation to the day surgery unit – two were positive, but most were comments about how busy the unit was and the long waits for procedures after arriving at the beginning of a theatre session. As a result of this, work has been done to improve both verbal communication with patients and the printed information given to them, to explain why there can sometimes be a wait. Some minor changes have also been made to increase the space in the unit which helps manage the flow of patients through the unit and keep within agreed appointment times.

As a result of complaints received, the following improvements have been made by NHS Western Isles.

NHS Western Isles has, wherever possible, rescheduled clinics at Western Isles Hospital to accommodate patients from the Southern Isles, and has alerted other Boards to travel issues. They are currently negotiating with potential providers to provide a local Rheumatology Service, and the Paediatric Managed Clinical Network is mapping services to develop a model to enable certain specialist conditions to be managed at home, ensuring a clear pathway for patients.

Following a review of how NHS National Services Scotland responds to complaints, they reported as follows.

NHS National Services Scotland has recognised the need to be more person-centred, recognising the individual situation and acknowledging the difficult time that the complainant has experienced. A root cause analysis has been carried out, and, as a result of this, the learning will shape how the service will respond in future and the learning will be rolled out across all services in National Services Scotland.

The 'Complaints and Feedback – Annual Reports – Guidance Notes' also asked NHS Boards to include information on three further areas.

What steps the Board has taken, or has planned, to ensure that the focus on learning and improvement is recognised as the main outcome from the process of dealing with feedback, comments, concerns and complaints. (This should include details of how monitoring, assurance and improvement support are provided in respect of continuous improvement in quality of response.)

NHS Forth Valley provided the example of a system introduced in the Women and Children's Unit, where a unit database is in place to ensure that all complaints received are investigated and reviewed for key themes and responded to within the specified time limit. Complaints have also been identified as a standing agenda item on the monthly team leaders' meeting within the unit. Staff reported the benefits of receiving feedback about the actions and outcomes of complaints received by the Unit, which encourages self appraisal and practice development. They also indicated that they would be more proactive in challenging colleagues' practice where they identified inappropriate behaviour.

Where possible, describe how the learning is brought together with learning from other sources, e.g. adverse events, to provide an integrated approach to improvement planning.

Ten NHS Boards provided information on how the learning from complaints and feedback is brought together with learning from other sources. In the main, the link to adverse events was mentioned by these Boards.

NHS Highland reported: "Within the Board we are focusing on ensuring that we are learning from both adverse events and complaints. A number of events have already been held to discuss the findings and share learning from both incidents and complaints and plans are being developed for further events. We are also in the process of working with Healthcare Improvement Scotland on how to measure improvement from feedback as part of the Person Centred Care Collaborative."

The majority of NHS Boards provided examples of the improvements made as a result of feedback and complaints, but very few described how these improvements have been highlighted to the public. Some Boards mentioned the use of 'Patient Opinion', where Boards can respond to the opinions posted and, where changes in practice have been identified, inform the person posting their story what changes have occurred.

'Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland' highlighted that one of the main barriers to giving feedback or making a complaint identified by the public, was "a lack of confidence that anything will be done". In future reports, to help address this issue, it will be important for all NHS Boards to demonstrate how improvements made as a result of feedback and complaints are highlighted and fed back to the public.

Accountability and Governance

Please describe the reporting processes for complaints and feedback and how NHS Board non-executive Directors are supported to seek assurance that improvements can be systematically and reliably demonstrated.

Of the 20 NHS Boards that submitted an annual report, 18 included a description of the governance arrangements for its complaints process. In many cases it was not clear if this included feedback. For future reporting it would be helpful to see this process in a more visual format for example in a flow chart format.

NHS 24 gave an example of how they have considered “future proofing” their governance structures. When any additional service is developed by NHS 24, the governance of complaints and feedback is an essential part of the process.

All NHS Boards mentioned the requirement to submit complaints figures to the Information and Statistics Division (ISD). The frequency of formal reporting of complaints and feedback to their internal governance committees varied between Boards from a monthly report to annual reporting.

Several NHS Boards noted that information on complaints and feedback is sent on a weekly basis to their Chief Executive or other responsible officer.

NHS Borders states that: “Weekly updates on feedback and complaints are shared across all NHS Borders services. A local quality dashboard for each clinical area is shared on a monthly basis.”

NHS Fife is moving towards a single approach to reporting across the Board area. A regular “Health check” agenda item now features at the Board which includes safe, effective and person-centred data. This information is prioritised at the start of the Board meeting with a dedicated 30-minute slot which sets the tone for the remainder of the Board meeting. This demonstrates the consistent reporting which seeks to bring together the range of feedback mechanisms, rather than a simple focus on complaints.

There were no clear examples of how non-executive Directors were supported to seek assurance that improvements were systematically and reliably demonstrated. However, a variety of ways in which non-executive members were involved in the governance of complaints and feedback were described by NHS Boards.

NHS National Waiting Times Centre said that: “Board non-executive Directors participate in quality walk rounds within the hospital, listening to patients and families. This information is shared with staff. Non-executive Directors chair the Volunteer Forum and the Person Centred Committee and attend various events where patient and family voices are heard.”

Five NHS Boards specifically mentioned that non-executive members had undertaken the Scottish Public Services Ombudsman/NHS Education Complaint Masterclass training.

NHS Lanarkshire highlights that: “Reports on the feedback received from patients, their relatives and carers are given to Board non-executive Directors at the Care Assurance Board. Reports on complaints are given to the three Operating Management Committees (OMCs) every quarter. These committees are chaired by non-executive Directors.”

A few NHS Boards mentioned future plans for increased involvement of non-executive members in their complaints processes and governance and it will be encouraging to see what progress can be demonstrated in 2014-2015 reports.

Conclusions and Next Steps

The 'Complaints and Feedback – Annual Reports – Guidance Notes' may have provided limited opportunity to influence the writing of NHS Boards' 2013-14 annual reports, but it is hoped that this will be built on for the 2014-15 annual reports.

As detailed in this report, many examples of good practice in handling feedback and complaints were found in the annual reports, but there are also areas where improvements can be made and demonstrated in next year's reports. These are particularly in the areas of

- evaluation of feedback mechanisms and the feedback received
- 'closing the loop' by feeding back to the people making a complaint or providing feedback and letting them know what difference their feedback or complaint has made
- establishing their satisfaction with the process
- enabling a culture across all service areas that encourages feedback and complaints

In addition, the links to improvements made from the information gathered from complaints and feedback, and clearly demonstrating how NHS Boards - including non-executive members - are assured that this information is leading to overall improvement will be an essential part of future reporting.

It has been agreed that next year's NHS Boards' annual reports will form the basis for the Participation Standard self assessment in June 2015, allowing the annual reports to be reviewed and the levels agreed. This will also mean that progress on how feedback, comments, concerns and complaints can lead to improvements in NHS services in Scotland can be reviewed and reported in subsequent years.

Appendix 1

The following 20 NHS Boards submitted an annual report for on their use of feedback, comments, concerns and complaints for 2013-14.

- NHS Ayrshire & Arran
 - NHS Borders
 - NHS Dumfries & Galloway
 - NHS Fife
 - NHS Forth Valley
 - NHS Grampian
 - NHS Greater Glasgow & Clyde
 - NHS Highland
 - NHS Lothian
 - NHS Lanarkshire
 - NHS Orkney
 - NHS Shetland
 - NHS Tayside
 - NHS Western Isles
-
- NHS Education for Scotland
 - NHS National Services Scotland
 - NHS National Waiting Times Centre
 - NHS 24
 - Scottish Ambulance Service
 - State Hospitals Board for Scotland

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- بلغة برايل
- بلغات أخرى

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- বড় হরকে
- অডিও টেপ বা সিডি-তে
- ব্রেইলে, এবং
- অন্যান্য ভাষাতেও জানাতে পারি

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