

Review of NHS Boards' Annual Reporting on Feedback, Comments, Concerns and Complaints 2012/13

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Executive Summary

Introduction

This report reflects an analysis of NHS Boards' annual reports which covers the period 1 April 2012 to 31 March 2013. This is the first 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 Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012.

Analysis of annual reports

The reports from the NHS Boards vary significantly in terms of both format and content, with some focusing on providing only the minimum information required and other Boards reporting significantly beyond this requirement.

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

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

Most NHS Boards submitted additional information not required by the guidance and this helped to add context and understanding of how Boards collate and use feedback, comments, concerns and complaints. This included the following information which gave reference to:

- how feedback can be submitted
- Patient Opinion
- Family Health Service Complaints
- Scottish Public Services Ombudsman
- Patient Advice and Support Service
- details of complaints upheld
- comments on staff training
- plans to improve feedback process
- equalities and health inequalities
- comment on barriers or challenges, and
- prisoner complaints.

Conclusions and next steps

Some NHS Boards did not produce all the required information, some produced what was required and other Boards went beyond this to provide a fuller account of feedback, comments, concerns and complaints on their Board services. In future it may prove useful to develop a framework for how NHS Boards report this information.

The Scottish Health Council will meet with staff from each NHS Board to discuss their annual report as well as to consider the findings in this report. Examples of good practice and common challenges will be highlighted and shared. The findings from these discussions will be published in April 2014 and considered by the Scottish Government with the aim of ensuring that NHS Boards across Scotland consistently listen to and learn from feedback, comments, concerns and complaints.

Introduction

This report summarises a comparison of the content of NHS Boards' annual reporting on feedback, comments, concerns and complaints and draws out key themes and learning from the reports.

This is the first year that there has been a requirement on NHS Boards to produce an annual report on their use of feedback, comments, concerns and complaints. The requirements are set out in the 'Can I Help You?' good practice guidance, issued with Chief Executive Letter CEL 8 (2012) and stem from The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012.

The requirements mainly asked NHS Boards to give information on complaints and it is therefore unsurprising that these are given greater prominence in the reports than feedback, comments and concerns.

The reports from the 21 NHS Boards vary significantly in terms of both format and content, with some focusing on providing only the minimum information required and other Boards reporting significantly beyond this requirement.

It should be noted that where an NHS Board has not reported information, this does not indicate that collation of this information or the process does not actually take place. For example, where we report on the number of Boards who have not reported on what action they have taken to improve services as a result of complaints, this does not imply that no action has been taken; only that this has not been reported.

This report reflects an analysis of reports published by NHS Boards which covers the period 1 April 2012 to 31 March 2013. There may have been progress in the use of feedback, comments, concerns and complaints since those reports were published which will not be reflected in this report.

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.

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

Background and policy context

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 intelligence 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 Inquiry¹, the Keogh Review², the Berwick report³ and the Clwyd Hart⁴ 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. Internationally, the use of patient experience data for improvement has also been highlighted by the Institute for Healthcare Improvement⁵.

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 Patient Focus and Public Involvement responsibilities. Patient Focus and Public Involvement means putting the patients at the heart of services and ensuring that the public have the opportunity to be involved in the design and delivery of health services. The Scottish Health Council has an interest in how Boards demonstrate that there are a range of opportunities for people to give their views about healthcare services and how Boards demonstrate they are listening to, and acting on, those views.

NHS Boards are required to encourage feedback, whether good or bad, to 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.

Complaints data

To put this review of NHS Board reports into context we have provided a brief overview of complaints data across NHS Boards in Scotland (on pages 10, 11, 12, 13 and 18 of this report) and this is extracted from the data published by the Information Services Division, which is part of NHS National Services Scotland. The Information Services Division provides health information, health intelligence, statistical services and advice that supports the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making. The complaints statistics referred to in this report derive from the latest Information Services Division report on complaints 'NHS Complaints Statistics Scotland 2012/13' published in September 2013⁶.

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

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

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

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

⁵ <http://www.ihl.org/Pages/default.aspx>

⁶ <http://www.isdscotland.org/Health-Topics/Quality-Indicators/Publications/2013-09-24/2013-09-24-Complaints-Report.pdf?65319460631>

Review of required information contained in NHS Boards' annual reports

This section reviews the information that is required of NHS Boards as highlighted in section 3.19 of the guidance 'Can I Help You?'. All 21 (14 territorial Boards and seven national Boards) of Scotland's NHS Boards were required to provide this information.

Information required for the annual 2012/13 report includes:

- numbers of complaints received
- number of complaints where alternative dispute resolution was used
- whether the response period of 20 working days was complied with
- a summary of the key themes of complaints received
- a summary of what action has been taken to improve services as a result of complaints, and
- a summary of what action has been or is to be taken to improve services as a result of feedback, comments and concerns.

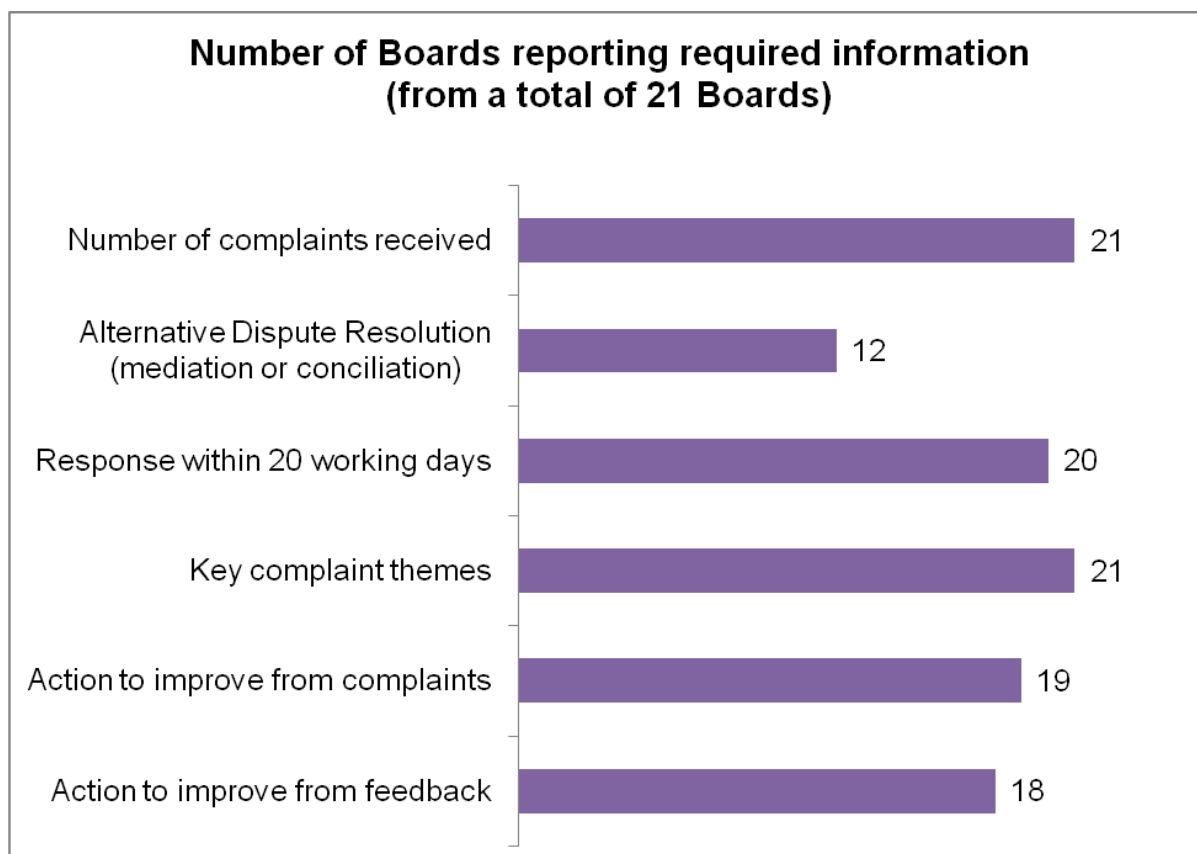
Accessibility of reports

It is a requirement that the reports published by NHS Boards must be easily accessible to members of the public and available in alternative formats as requested.

There was frequent use of tables to describe data and information in the reports and many used the tables for the Information Services Division reporting format. However, some NHS Boards have helped to summarise the information in a more user friendly way by using pictures, graphs, and charts in their reports. Some Boards submitted their report in the style of a formal governance report while others such as the Scottish Ambulance Service, NHS Tayside, NHS Borders and Golden Jubilee National Hospital developed bespoke reports clearly with the public in mind. The Scottish Ambulance Service also included links to podcasts describing case studies to enhance the information in its report.

Required information from NHS Board annual reports

The following chart shows how many of Scotland's 21 NHS Boards produced the required categories of information in their reports.



Number of complaints received

All NHS Boards provided information on the number of complaints they received during 2012/13 and 13 Boards provided the previous year's data for comparison. Most Boards reported in a similar format in which they report complaints statistics to Information Services Division in tabular form.

The Information Services Division statistics show there was a 13% rise in Hospital and Community complaints received with 9,161 in 2012/13 compared to 8,117 in 2011/12. This follows a rise of 15% between 2010/11 and 2011/12. The largest percentage increase in the number of complaints received between 2011/12 and 2012/13 was for NHS Lothian (25%). NHS Borders and NHS Tayside had similar increases (both 23%). NHS Fife was the only territorial NHS Board to have a reduction in number of complaints with 5% less.

The Information Services Division received feedback from NHS Boards as to why the increase in complaints is happening. A range of possible reasons were cited including the following:

- the introduction of the Patient Rights (Scotland) Act 2011 has increased public awareness of the right to complain due to changes in legislation
- NHS Boards are proactively increasing awareness of the complaints procedure and encouraging feedback
- NHS Boards are responding to rising patient numbers
- more media attention
- more ways to feedback, including digital methods of communication
- incorporation of Prison Healthcare Service complaints, and
- a numbers of NHS Boards have made improvements to their data collection processes, improving recording.

Alternative dispute resolution

The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012 also require relevant NHS bodies to consider and make provision for alternative dispute resolution services such as mediation or conciliation to help resolve complaints where this is considered appropriate and agreed by the parties involved.

Some types of complaint are not easily resolved through written correspondence. Mediation or conciliation (referred to as alternative dispute resolution) can be an effective tool in resolving dissatisfaction and can defuse problems before they escalate. Where parties agree, alternative dispute resolution can be used to facilitate communication between the complainant and the NHS body or health service provider they are complaining about, helping all concerned to get to the underlying issues.

The Scottish Government has contracted with the Scottish Mediation Network to provide support in this area, although NHS Boards can choose to use other providers should they wish.

Only 12 Boards acknowledged that alternative dispute resolution was available to complainants in their reports with seven Boards reporting some form of mediation or conciliation. NHS Fife (one case), Scottish Ambulance Service (one case), NHS Greater Glasgow and Clyde (one case), NHS Highland (two cases) and NHS Tayside (one case) used alternative dispute resolution within Hospital and Community services. NHS Borders (two cases) and NHS Dumfries and Galloway (22 cases) also used alternative dispute resolution within their Family Health Services.

Response within 20 working days

All NHS Boards, with the exception of NHS Grampian, reported the proportion of complaints that were responded to within 20 working days. The Information Services Division report on complaints 'NHS Complaints Statistics Scotland 2012/13' shows that the percentage of complaints dealt with within the national target of 20 working days was 61%, slightly lower than that achieved in 2011/12 (65%). This ranges from 36% in NHS Tayside and NHS Grampian to 95% in NHS Lanarkshire in 2012/13. Eight Boards improved their proportion of complaints dealt with within 20 working days; they were NHS Borders, NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Tayside, NHS Western Isles, the Scottish Ambulance Service and NHS National Services Scotland.

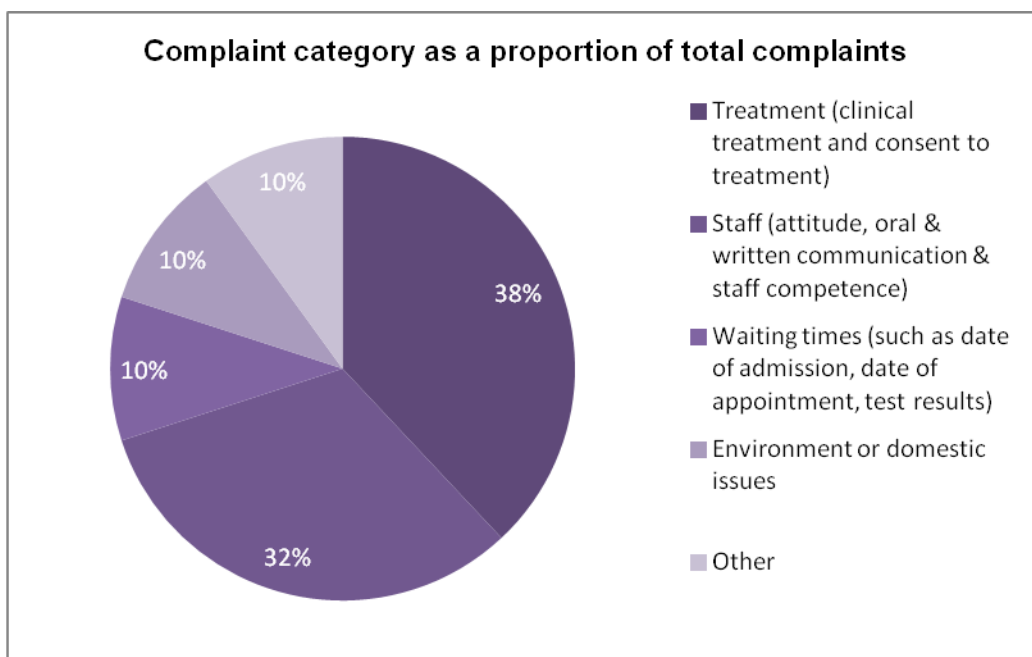
Key complaint themes

A summary of key themes of complaints was reported, to a greater or lesser extent, by all NHS Boards. The reporting of complaint themes was more straightforward for territorial Boards with Special Boards experiencing some difficulty due to the lower number of complaints and the different nature of their work.

In 2012/13 there were 9,161 complaints in territorial NHS Boards about Hospital and Community services which spanned 12,956 issues. According to the Information Services Division report 'NHS Complaints Statistics Scotland 2012/13', 90% of issues raised in 2012/13 relate to four broad categories:

- treatment (issues such as clinical treatment and consent to treatment)
- staff (issues such as attitude, oral and written communication and staff competence)
- waiting times (issues such as date of admission, date of appointment, test results), and
- environment/domestic issues.

Nine territorial NHS Boards reported 'clinical treatment', 'communication' and 'staff behaviour' as the top three issues. Twelve territorial NHS Boards reported 'clinical treatment' as their most complained about category.



Below is a brief summary of key complaint issues for Special Boards⁷:

- the top three issues reported by the Scottish Ambulance Service were ‘staff attitude and behaviour’, ‘delayed response (ambulance control centre)’ and ‘clinical assessment’
- the top three issues reported by NHS 24 were ‘inappropriate outcome/referral’, ‘length of call’ and ‘length of time to call back’
- the State Hospitals Board for Scotland’s top three issues raised were around ‘patient privacy/dignity’, ‘clinical treatment’, and ‘patient property/expenses’, and
- the Golden Jubilee National Hospital’s key complaint issues were clinical treatment and waiting times.

Action taken to improve services from complaints

NHS Boards were asked to provide a summary of what action has been taken to improve services as a result of complaints. All Boards, with the exception of NHS Ayrshire & Arran and NHS Grampian, provided examples of this.

The level of detail of the improvements made in NHS Board reports varied. Some Boards provided bullet point responses and some submitted case studies. Some of the improvements made were based on individual complaints while NHS Forth Valley and NHS Fife, for example, targeted improvement at addressing the complaint themes ‘clinical treatment’, ‘communication’, and ‘waiting times’. Some Boards such as NHS Highland cited their Scottish Public Services Ombudsman cases that were upheld and reported the improvements based on recommendations from the Ombudsman.

The following summaries of examples of improvement are highlighted to give a flavour of how NHS Boards approached this:

- NHS Fife highlighted the Caring Behaviours Assurance System for staff which encourages teams to reflect on issues relevant to the ward or department. The process involves patients and their relatives and enables staff to consider the importance of staff attitudes and behaviours.
- NHS Lothian reported a number of improvements including Care Rounding in Acute Hospital Sites. The NHS Board also included actions taken to improve the complaints process including reviewing the investigative process, producing a new complaints booklet and also medical revalidation⁸; whereby medical staff are required to have details of complaints they were involved in to be part of their appraisal process.
- NHS Forth Valley highlighted improvements designed to improve discharge from hospitals, and mandatory communication training for consultants has been delivered which will form part of their clinical objectives and job plans as well as revalidation. NHS Forth Valley also highlighted a review of their complaints process which involved feedback from patients and carers about their experience

⁷ Special Health Boards support territorial NHS Boards by providing a range of important specialist and national services. Special Health Boards are the Golden Jubilee National Hospital, NHS 24, NHS Health Scotland, NHS National Services Scotland, the Scottish Ambulance Service, the State Hospitals Board for Scotland and NHS Education for Scotland.

⁸ Medical revalidation is the process by which all doctors with a licence to practise in the UK will need to satisfy the General Medical Council, at regular intervals, that they are fit to practise and should retain that licence.

of the complaints process. This was conducted via a telephone survey supported by the Scottish Health Council local office.

- The Scottish Ambulance Service reviews complaints that demonstrate a risk to patient safety and a Serious Adverse Event Review framework has been introduced to ensure serious issues are investigated, prompt remedial actions taken and learning is shared.
- Among many other actions and improvements, NHS Lanarkshire highlighted that customer care training will be rolled out for staff within the staff reception team at one of their health centres.
- NHS Greater Glasgow and Clyde reported that over 70 local service improvements were highlighted via the Scottish Public Services Ombudsman and included updating and revising their Clinical Guidance/Protocols and Standard Operating Procedures as well as improving communication with patients, carers and families.
- NHS Orkney highlighted a number of improvements including Care Rounding which involves documentation of interactions within a defined timeframe, for example, two-hourly checks on patients' condition such as fluid intake and pressure relief.

Action taken to improve services from feedback, comments or concerns

Eighteen NHS Boards provided information in their reports about what action they took to improve services from feedback, comments or concerns they received; NHS Dumfries and Galloway, NHS Grampian and NHS Highland did not provide this information. Again, as with improvements made as a result of complaints, the level of detail is extremely varied. The following gives a brief summary of some of the improvements Boards reported in response to feedback, comments and concerns.

- NHS Tayside reported a range of improvements based on national methods for feedback (national Patient Experience Surveys and Patient Opinion) including the introduction of photo boards in wards to help identify who is in charge, measures taken to identify noise and implement changes to reduce it, and the availability of online booking for some GP Practices. NHS Tayside also highlighted local methods and opportunities for feedback which included their public partners' network and online stakeholder portal Your NHS Tayside. Improvements from these activities included improved car parking and access to services at Perth Royal Infirmary and change to the presentation and content of the NHS Tayside website. NHS Tayside also identified improvements from local patient, carer and family feedback, for example care rounds and daily conversations with patients and families.
- Some of the improvements reported by NHS Ayrshire & Arran included a review of arranging appointments at outpatient clinics, steps taken to ensure cigarette bins/containers are regularly emptied, and relocation of smoking shelters. Following a survey conducted by South Ayrshire Public Partnership Forum about the information needs of older people at the time of discharge, 'Leaving hospital – your personal logbook' was designed. This provides information about the discharge process and will allow patients to record information that is important to them.
- NHS Borders reported revisions to patients' lunchtime menu following feedback, changes to the patient appointment reminder system, and an agreed

communication pathway between staff at NHS Borders and NHS Lothian when the patient's treatment is managed across both NHS Boards.

- NHS Fife reported improvements from a range of feedback and comments including: change in letter format; development of patient information leaflets; resolution of maintenance issues and an increase in the number of car parking spaces. NHS Fife also reported the use of “you said, we did” boards which led to the introduction of a hot drinks trolley in one ward and availability of televisions and a day room which patients have welcomed.
- NHS Western Isles highlighted actions and improvements following analysis of their national Inpatient Experience survey results. These changes included ‘Intentional Rounding’ (which is a similar approach to care rounds) introduced onto all wards in Western Isles Hospital, and the production of a book to help patients with communications difficulties to communicate more easily and effectively with staff.
- The Golden Jubilee National Hospital reported improvements based on its feedback mechanisms including: changes made to patient menus after a review from the Chief Dietician; training to enhance volunteers’ knowledge of advocacy⁹ awareness to enable them to signpost the service to patients; as well as environmental improvements to the hospital.
- NHS 24 highlighted individual staff learning which is recorded in a learning log which covered the following themes:
 - call control
 - initial assessment of callers
 - reminders in relation to strict adherence to process
 - importance of accurate record keeping, and
 - reminders of importance of listening skills.

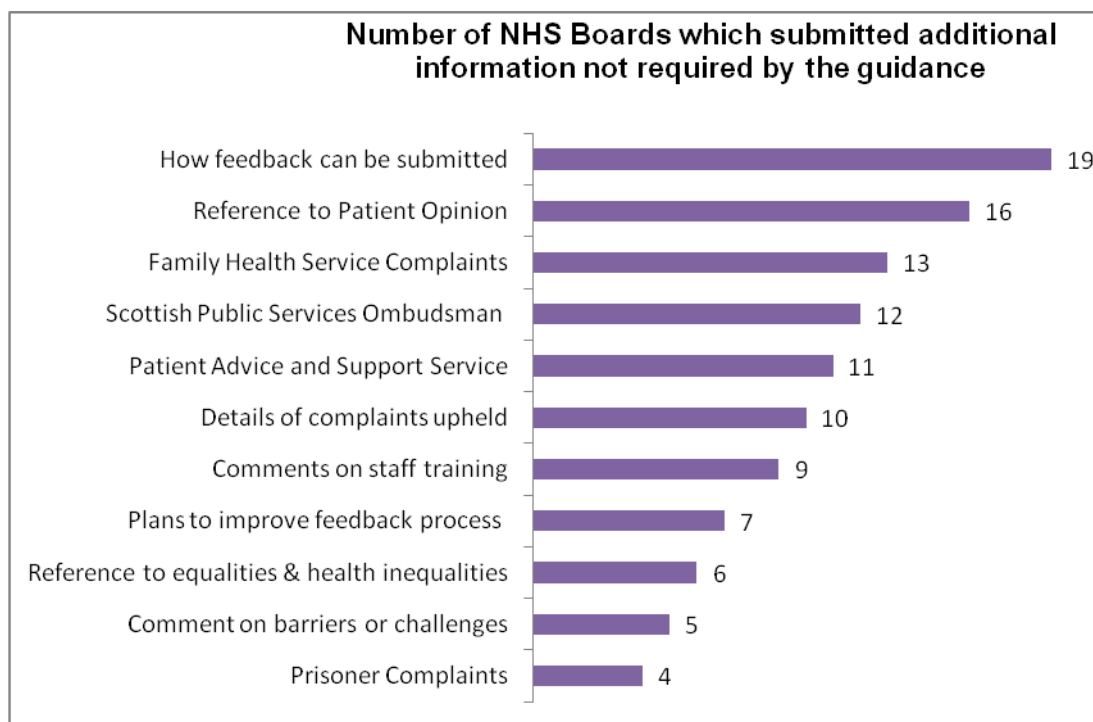
Organisational learning from feedback was also highlighted by NHS 24 and included:

- amendments to processes to ensure patients receiving palliative care are managed timeously
- queue prioritisation, and
- improved patient journey for dental patients to facilitate the provision of cross boundary out-of-hours clinic availability.

⁹ Advocacy is a way to help people have a stronger voice and have as much control as possible over their own lives by helping someone to get the information they need to make real choices about their circumstances and supports the person to put their choices across to others.

Additional information provided by NHS Boards

This section of the report reviews additional information from NHS Boards' annual reports which was not required as part of the guidance but helped to add context and understanding of how Boards collate and use feedback, comments, concerns and complaints. This information included the following issues highlighted in the chart below.



Examples of how feedback can be submitted to NHS Boards

Almost all NHS Boards (19) stated how feedback can be made on their services. Some Boards went in to some detail while others gave a bullet list of feedback mechanisms. Some Boards such as NHS Lothian, NHS Greater Glasgow and Clyde, NHS Tayside and NHS Ayrshire & Arran were able to quantify their feedback, with NHS Ayrshire & Arran breaking feedback down into categories as well as recording the tone of feedback (positive, neutral or negative).

The following feedback mechanisms are highlighted in the reports. This is not an exhaustive list but gives a flavour of the range of mechanisms available to Boards.

| | | | |
|---|---------------------------------------|--|--|
| National Inpatient Experience Survey | National GP Patient Experience Survey | Patient Opinion | Service User Groups |
| Viewpoint (touch screen feedback) | Citizens' Panel | Patient Advice and Support Service | Phone calls |
| Public Partners | Comments Cards | Web Portal | Thank You Audit |
| Staff Surveys | Inequalities surveys | Scottish Patient Safety Programme | Emotional Touch point tool |
| Patient feedback Cards - You Said, We Did | Online feedback | e-mail | Letter |
| Public Partnership Forums | Service user surveys | Feedback and comments via the Datix system | Patient/public involvement in service design |
| Feedback via patient advocates and carers | Verbal feedback | Facebook/Twitter | Patient Stories |

Reference to Patient Opinion

Patient Opinion¹⁰ is an online feedback tool which captures patients and carers experiences of NHS services to help NHS Boards drive improvement. The Cabinet Secretary for Health and Wellbeing announced the roll-out of Patient Opinion across all NHS Boards in March 2013, after it was piloted by ten Boards between April 2011 and September 2012.

Sixteen NHS Boards made reference to Patient Opinion in their reports. Some Boards merely mentioned it was available to use while other Boards provided details on how many stories had been posted on the Patient Opinion website relating to their Board.

Family Health Services

Family Health Services consists of General Practice, community pharmacies, dentists and ophthalmic services. The vast majority of NHS Boards provided some information on the complaints within their Family Health Services.

In total, as reported by the Information Services Division in its report 'NHS Complaints Statistics Scotland 2012/13', the number of complaints about Family Health Services in 2012/13 was 6,130. Excluding figures for Pharmaceutical and Ophthalmic complaints, which were unavailable for 2011/12, there were 4,804 complaints in 2012/13 compared to 3,538 in 2011/12; an increase of 36%. Medical complaints have increased by 39% and Dental complaints by 20%.

The complaint information from NHS Boards' annual reports on Family Health Services in some cases mirrored that of Hospital and Community Services and

¹⁰ www.patientopinion.org.uk

replicated Information Services Division information; some Boards however reported minimal information on Family Health Services. The emphasis in most Board reports was on Hospital and Community Services rather than Family Health Services. This may reflect the emphasis put on these services in the Information Services Division reporting format.

Key issues for Family Health Services were treatment, diagnosis, staff attitude, communication and prescribing.

Scottish Public Services Ombudsman

If a complainant remains dissatisfied with the response from the initial complaint process, there is recourse to the Scottish Public Services Ombudsman for individuals making complaints about organisations providing public services in Scotland.

During 2012/13, the Scottish Public Services Ombudsman dealt with 1,197 health complaints, 28% more than in 2011/12 (937 cases). In 2012/13, 52% of cases were upheld compared to 56% the previous year. The Scottish Public Services Ombudsman made 557 recommendations for redress and improvement during 2012/13.¹¹

While all NHS Boards had at least one complaints case referred to the Scottish Public Services Ombudsman, only 12 Boards reported information about referrals to the Ombudsman in their reports.

The Patient Advice and Support Service

The Patient Advice and Support Service (PASS) is delivered by the Scottish Citizens Advice Bureau (CAB) Service. The service is independent and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. It aims to support patients, their carers and families in their dealings with the NHS and in other matters affecting their health.

The service promotes an awareness and understanding of the rights and responsibilities of patients. It also 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 Patient Advice and Support Service is provided in every NHS Board area in Scotland and in 2012/13 provided services to 2,019 clients¹² across Scotland. Eleven Boards mentioned the Patient Advice and Support Service in their reports, although not all referred to the number of clients the service supported during the year and some only mentioned the service briefly.

¹¹ Scottish Public Services Ombudsman Annual Complaints Report 2012-13: Health - <http://bit.ly/SPSO-Health-Report>

¹² Patient Advice and Support Service Annual Report 2012/13, Citizens Advice Scotland, 2013 - <http://bit.ly/PASS-report>

Details of complaints upheld

Ten NHS Boards provided information on complaints upheld which is part of the information required by Information Services Division on a quarterly basis. This information states the outcome of the complaint, whether it was upheld, partially upheld or not upheld.

Statistics from Information Services Division show that while there has been a 13% increase in the number of complaints received between 2011/12 and 2012/13, the number of complaints upheld or partially upheld has increased by 17%. In 2012/13, 28% of complaints were fully upheld, 35% were partially upheld and 36% were not upheld.

Comments on staff training

Nine NHS Boards highlighted specific staff training that had recently been given, or was planned, in order to improve on feedback and complaints processes.

Programmes such as Sage and Thyme training¹³ and the NHS Education for Scotland and Scottish Public Services Ombudsman e-learning modules were highlighted, as were communications skills training. Some specific examples include:

- NHS Tayside reported that 1,250 staff have accessed and 802 staff have passed a module called 'Customer Care'.
- NHS Forth Valley reported that they have used real complaint case studies in a training DVD addressing communication issues.

A number of improvements relating to training were highlighted in the reports and some of these have been highlighted previously in this report.

Plans to improve feedback process

Seven NHS Boards specifically mentioned that they would be reviewing their feedback mechanisms in order to improve their feedback, comments, concerns and complaints process. These Boards were NHS Ayrshire & Arran, NHS Grampian, NHS Greater Glasgow and Clyde, NHS Highland, NHS Lothian, NHS Tayside and NHS24. Some of these Boards specifically stated that they had identified priorities for improvement during 2013/14.

Reference to equalities and health inequalities

Six NHS Boards (NHS Ayrshire & Arran, NHS Fife, NHS Greater Glasgow and Clyde, NHS National Services Scotland, NHS Tayside and the Scottish Ambulance Service) made some reference to how they specifically attempt to gather feedback from equalities groups or those communities regarded as having health inequalities.

¹³ SAGE & THYME is training which guides healthcare professional/care workers into and out of a conversation with someone who is distressed or concerned. It provides structure to psychological support by encouraging the health worker to hold back with advice and prompting the concerned person to consider their own solutions <http://www.sageandthymetraining.org.uk/>

NHS Greater Glasgow and Clyde, in particular, provided evidence of this including sourcing feedback from people...

“... with poor literacy skills, chaotic lifestyles or social marginalisation requiring bespoke methodologies and additional support in order to ensure that their feedback, comments and concerns are heard.”¹⁴

Some other examples cited by NHS Greater Glasgow and Clyde included engaging people with drug or alcohol addictions to obtain their feedback on services they use, as well as those with learning disabilities and feedback from children.

NHS National Services Scotland reported that complaints are monitored to identify and address issues of equality and diversity and, where required, support and training had been provided.

Comment on barriers or challenges

Some NHS Boards mentioned challenges in collating feedback and complaints; these related to the e-learning modules which weren't accessible to all staff (NHS Grampian), the difficulty with recording compliments (NHS Orkney) and the difficulty of recording prisoner complaints (NHS Greater Glasgow and Clyde). NHS Fife acknowledged that they have no systematic approach to gathering comments and practice varies across their Board area. NHS Highland reported that not all Family Health Service independent contractors completed their complaints return.

Prisoner complaints

Responsibility for prisoner healthcare passed from the Scottish Prison Service to NHS Boards in November 2011. Recently the Ombudsman has raised concerns over the accessibility of the NHS complaints system to prisoners¹⁵. From the annual reports only four Boards (NHS Dumfries and Galloway, NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Lothian) made mention of prisoner complaints, while a total of nine territorial Boards have responsibility for prisoner population health. The main issue for complaints with prisoners (reported by both NHS Greater Glasgow and Clyde and NHS Lothian) relates to methadone prescribing.

¹⁴ NHS Greater Glasgow and Clyde's 2012/13 Annual Report on Feedback, Comments, Complaints and Concerns, p10.

¹⁵ Scottish Public Services Ombudsman Annual Complaints Report 2012-13: Health - <http://bit.ly/SPSO-Health-Report>

Conclusions

It is clear that some NHS Boards have not produced the required information, some have produced what was required and others have gone beyond this to provide a fuller account of feedback, comments concerns and complaints in their Board services.

NHS Fife, NHS Tayside, NHS Forth Valley and NHS Greater Glasgow and Clyde have all provided fuller reports than other NHS Boards. In future, it may prove useful to develop a framework for how NHS Boards should report this information with some guidance for reporting, without being too prescriptive.

It may be of use for NHSScotland to commission additional analysis of Information Services Division complaints data, as there could be the possibility to add further insight to the data.

Next steps

Following publication of this report, the Scottish Health Council will meet with key staff from each NHS Board to discuss their annual report on feedback, comments, concerns and complaints and consider the findings in this report. Discussion will also include 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. Examples of where practice is working well will be gathered and shared across the country. Common themes and challenges will also be highlighted.

The Scottish Health Council will publish its findings from this work in April 2014. The findings will be considered subsequently by the Scottish Government, with the aim of ensuring that NHS Boards across Scotland consistently listen to and learn from feedback, comments, concerns and complaints.

Acknowledgements

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