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Foreword

Following engagement with partners through a review group in 2014, the Scottish Health Council focused the Participation Standard assessment on feedback and complaints in 2014-2015, and it was agreed that we should do so again for 2016-2017. This has enabled NHS Boards to readily demonstrate where they have made improvements, review their progress, and identify where further action is needed.

Feedback and complaints are extremely important for NHSScotland, and for patients and carers who access healthcare services. Not only do they provide a route for people’s views about their experiences, whether positive or negative, to be heard, they also provide a rich source of intelligence for healthcare staff and Board members to understand what needs to be considered in order to make improvements in healthcare delivery.

Involving patients and the public in this assessment process reflects the need for this to be a partnership approach. The levels that NHS Boards have been assessed at indicate which stage they have reached in the improvement cycle, and this will help them to consider how to move to the next level. As in 2014-2015, it is encouraging that Boards have been able to provide good examples to demonstrate the work that they have done in this area, and there are some examples which are captured in section 5 of the report which will enable learning to be shared.

There are two areas which we think would benefit from further attention by NHS Boards. Firstly, there continues to be a need to involve patients and the public meaningfully in reviewing how themes emerging from feedback and complaints data can be used to improve healthcare services. Secondly, NHS Boards must redouble their efforts to provide sufficient numbers of relevant people to be contacted for verification purposes in relation to their Participation Standard self-assessment submissions. The low numbers of people providing feedback in section 6 is disappointing, and we strongly urge improvement from all NHS Boards in this aspect in any future Participation Standard activities.

Whilst it was not the focus of this report, there are positive indications that NHS Boards have worked well in adopting the new NHSScotland model complaints handling procedure since April 2017, and a solid foundation has been laid in ensuring the experiences of people using services will directly shape their continued development.

Pam Whittle CBE
Chair, the Scottish Health Council
1 Executive Summary

Background

NHS Boards are required to ensure that people have a say in decisions about their care and in the development of local health services. The Scottish Health Council’s Participation Standard\(^1\) provides a way of measuring how well NHS Boards do this. It is one of the commitments set out in the Scottish Government’s Better Health, Better Care: Action Plan to develop a “mutual NHS” where health services meet the needs and preferences of individuals.

The Participation Standard measures three things:

- how well NHS Boards focus on the patient
- how well NHS Boards involve the public, and
- how NHS Boards take responsibility for ensuring they involve the public.

The third round of self-assessment reports, in 2014-2015, was based on NHS Boards’ Feedback, Comments, Concerns and Complaints annual reports. This provided a baseline for complaints and feedback handling, offering the opportunity to demonstrate improvement in the levels attained in any future assessment. The Participation Standard assessment process detailed in this report for 2016-2017 shows the further progress that has been made since then.

Process

Between July and September 2017, NHS Boards’ complaints and feedback annual reports and self-improvement assessments were reviewed by the Scottish Health Council performance analysts. Following an initial analysis, NHS Boards were contacted and asked to submit further evidence, or provide some clarification of examples they had provided in their reports. Following agreement of levels, final letters and individual Board reports were sent out in November and December 2017.

Key findings

There has been an increase in feedback provided by the public to NHS Boards using web-based forms or social media as well as the online feedback tool Care Opinion.

There has been a general improvement in engaging and gathering feedback from seldom heard and equalities groups. Specific types of engagement or tools used to undertake this engagement include Talking Mats (which are used to help people with additional communication needs), engaging through third sector user groups and advocacy organisations as well as Citizens Advice Scotland’s Patient Advice and Support Service (an independent service that supports people to make complaints and provide feedback to NHS Boards).

\(^1\) [www.scottishhealthcouncil.org/standard.aspx](http://www.scottishhealthcouncil.org/standard.aspx)
NHS Boards published complaints and feedback information in many ways including on their web pages, via social media and on hospital information notice boards, for example in the format ‘You said, We did’.

A number of NHS Boards emphasised that they have increased verbal acknowledgements of complaints. They identify this change as helping to clarify, with the complainant, the issues to be addressed and ascertain how they would like to receive feedback. Some Boards reported other approaches, such as establishing relationships, earlier conversations and clarifying expectations, in attempting early resolution.

The majority of NHS Boards highlighted training which was undertaken through NHS Education for Scotland’s online Learnpro e-learning complaints and feedback training modules as well as bespoke training and using materials from the Scottish Public Services Ombudsman.

Several NHS Boards described the training and preparation undertaken for the implementation for the new NHSScotland model complaints handling procedure including updating governance procedures and staff awareness of the duty of candour principles.

NHS Boards highlighted a number of areas where improvement was made as a result of complaints and feedback, however, only seven Boards could demonstrate this with evaluation findings and only one Board reached level 4, demonstrating improvement based on evaluation findings.

A majority of NHS Boards highlighted support from the Patient Advice and Support Service.

Not all NHS Boards with a prison population in their area reported on their work with prisoner complaints.

Most NHS Boards highlighted how they reported trends and themes and areas for improvement through their governance structures with many Boards reporting either to their clinical governance committee and/or Board on a regular basis as well as disseminating this information to their management teams and staff. Few Boards reported how they involved public or patient representatives in these governance structures although some did report regular patient stories at Board meetings.

Eleven NHS Boards have demonstrated improvement for section 1 (Patient Focus) of the Participation Standard with the remaining 11 Boards achieving the same level in 2016-2017 as in 2014-2015. For section 3 (Governance) nine Boards have demonstrated improvement and 13 Boards have remained the same level in 2016-2017 compared with 2014-2015. For those Boards that did not increase a level in the Participation Standard it was broadly felt that most of these Boards still showed some improvement.

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2 http://www.valuingcomplaints.org.uk/handling-complaints/complaints-procedures/nhs
Examples of good practice

Section 5 of this report highlights some examples to demonstrate the work NHS Boards have done in achieving the levels of their self-assessment which should enable learning to be shared.

Feedback from people involved in the endorsement of self-assessments

As in previous years, NHS Boards were asked to involve local patients/public representatives in endorsing and verifying their self-assessments and include a brief narrative on how people were involved. Unfortunately only 13 Boards undertook this and those that did received feedback from a very small number of patients or public (28 in total among the 13 Boards).

Of the 28 respondents, 14 had made a complaint and of these most (12) felt that their views were listened to and their questions answered (10). NHS Boards responded to 12 respondents’ complaints or feedback and in eight instances changes were made as a result of the complaint or feedback.

Ten of the 28 respondents provided views to their NHS Board on the Participation Standard self-assessment and of these respondents eight felt their contribution made a difference to the self-assessment. Nine respondents felt their Board’s self-assessment was completely accurate and two felt it was accurate to some extent.

Conclusion

Our analysis of the 2016-2017 Participation Standard has shown some improvement for complaints and feedback handling and in relation to governance structures around complaints and feedback.

However, there was a low level of people involved in the endorsement and quality assurance work of NHS Boards’ self-assessment. Should this self-assessment process be repeated we would expect a better response from Boards to involving patients and the public. This would help to strengthen the accountability and transparency of Boards’ activity in this important area, and enable their work on complaints and feedback to benefit from the input of the people they serve.

Integration of health and social care services is now well underway and the introduction of the new NHSScotland model complaints handling procedure started in April 2017. NHS Boards should ensure that the process and structure it has introduced fully meets all the requirements and that this can be demonstrated to NHS Board members so that they are assured of compliance.
2 Introduction, Background and Context

NHS Boards need to ensure that people have a say in decisions about their care and in the development of local health services. The Participation Standard is a way of measuring how well Boards do this. It is one of the commitments set out in the Scottish Government's Better Health, Better Care: Action Plan³ to develop a "mutual NHS" where health services meet the needs and preferences of individuals. The Participation Standard measures three things:

1 **How well NHS Boards focus on the patient** – people should be involved in discussions about their own treatment and care; information about treatments and local health services should be available and easily accessible; people should be treated with dignity and respect; carers should be supported; and people should be encouraged and helped to give feedback or make complaints about services.

2 **How well NHS Boards involve the public** – people should be well informed about local healthcare services; supported to get involved in making decisions about changes to services; and told how their views have been taken into account.

3 **How NHS Boards take responsibility for ensuring they involve the public** – NHS Boards should make sure their decisions take account of the views of the public; and should encourage their own members of staff to involve the public in their work.

**Background**

Rather than introducing a new range of requirements on NHS Boards, the Participation Standard was based on existing expectations about good practice in involving people, bringing these together into a single assessment framework. Since the Participation Standard was published, there have been a number of key developments which relate to involving patients and the public, including: the introduction of the Patient Rights (Scotland) Act 2011; the Public Bodies (Joint Working) (Scotland) Act 2014; and most recently, the Community Empowerment (Scotland) Act 2015.

In the first year, each NHS Board submitted a self-assessment report for 2010-2011⁴. These reports formed the basis for questions put by the Scottish Government to each NHS Board at its Annual Review in 2012.

In 2012-2013, NHS Boards were asked to focus on section 3 of the Participation Standard (Corporate Governance), and to provide examples of patient and public engagement which could be used to showcase best practice and highlight areas for improvement. Boards submitted 4-6 short summary examples and public


representatives helped to choose two case studies for each Board to expand on and submit with their final self-assessment reports for 2012-2013\(^5\).

The Scottish Health Council has worked with stakeholders to consider how the Participation Standard should evolve to incorporate recent developments, including the agreement to focus on feedback and complaints in the 2014–2015 Participation Standard self-assessments and that this would be the first of a minimum of two cycles based on complaints and feedback. As the focus was different from previous Participation Standard self-assessments, it was agreed that the 2014–2015 self-assessment would provide the baseline for complaints and feedback handling, and further self-assessments would offer the opportunity to demonstrate improvement.

The Scottish Health Council’s review of NHS complaints handling (commissioned by the Scottish Government) reported in April 2014. The subsequent report ‘Listening and Learning – How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland’ (April 2014)\(^6\) made a number of recommendations relating to complaints.

The third round of self-assessment reports, in 2014-2015\(^7\), was based on NHS Boards’ Feedback, Comments, Concerns and Complaints annual reports. It was clear from the information that Boards submitted, and the feedback we received at the end of the process, that Boards welcomed the opportunity to review approaches and highlight any gaps in their processes and systems for handling complaints and feedback, and to demonstrate how these had led to improvement.

In line with established NHS Participation Standard procedure, 2015-2016 year was an improvement year and no formal assessment was carried out. NHS Boards focused on delivering the improvements identified in the 2014-2015 assessment. While there was no Participation Standard assessment process that year, Boards were able to use their 2015-2016 Feedback, Comments, Concerns and Complaints annual reports to demonstrate how they had used learning to improve how complaints and feedback were handled.

In their 2016-2017 self-assessment NHS Boards were asked to ensure that their annual reports included sufficient information to allow them to self-assess against the Participation Standard levels and enable the Scottish Health Council’s review of these levels, with an emphasis on how people have been involved in the work of the Board.

This Participation Standard Overview report is the second cycle based on complaints and feedback.

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\(^6\) [www.scottishhealthcouncil.org/listening.aspx](http://www.scottishhealthcouncil.org/listening.aspx)

Context - level of complaints in NHS Scotland 2016-2017

To give some context to the level of complaints in NHSScotland the following extract from Information Services Division on NHS complaints statistics for 2016-2017\(^8\) is given below, comparing 2015-2016 complaint statistics with 2016-2017:

- NHSScotland complaints increased by 10% to 23,507 in 2016-2017.
- In NHSScotland overall six complaints were made per 10,000 contacts (which represents 0.06% of all contacts). Contacts include: hospital admissions; outpatient appointments; A&E attendances; visits to GP and nurses; dental and ophthalmic treatments.
- Hospital and community health services complaints increased by 9% to 14,703 in 2016-2017.
- Family health services complaints increased by 14% to 7,660 in 2016-2017.
- Special Boards/national and support organisations complaints decreased by 8% to 1,144 in 2016-2017.
- When comparing 2015-2016 to 2016-2017, the number of prison complaints has increased by 26%.
- Response times have remained steady over the last five years. In 2016-2017 72% of hospital and community health services complaints were dealt with within 20 days, 91% of family health services complaints were dealt with within 20 days and 88% of Special Boards/national and support organisations complaints were dealt with within 20 days.

\(^8\) NHS Complaints Statistics, 2016/17, Information Services Division, National Services Scotland, p4 and p11
https://www.isdscotland.org/Health-Topics/Quality-Indicators/Publications/2017-10-03/2017-10-03-Complaints-Report.pdf
3 Process

Review process for 2016–2017

In their 2016–2017 self-assessments, NHS Boards were asked to describe how people have been involved in the work of the Board, for example in using themes from complaints and feedback to make improvements through:

- analysis of complaints and feedback reports and information gathered from the patient feedback process
- how the involvement of patients and the public has informed the improvement work around feedback and complaints, and
- reporting on governance arrangements relating to feedback and complaints, including accountability, clear schemes of delegation and incorporation of complaints and feedback data for improvement.

It was recognised that for some national NHS Boards, which do not provide healthcare services to patients, there are particular challenges in their reporting, due to the low numbers of complaints received. The Scottish Health Council performance analysts discussed with staff from those Boards how best to address this, mainly through showing the range of methods and approaches used to encourage and gather all types of feedback and use this for improvement, how they have developed publicity for their approaches and what people may expect when they give feedback.

The self-assessment process in 2016–2017

The Participation Standard is a self-assessment tool, used to measure four levels of progress.

Level 1 – Development (the NHS Board is developing its arrangements)
Level 2 – Implementation (the NHS Board is implementing its arrangements)
Level 3 – Evaluation (the NHS Board is evaluating its arrangements)
Level 4 – Improvement (the NHS Board has considered the results of the evaluation and is reviewing and continuously improving its arrangements)

Guidance on the self-assessment process and information on the evidence required for attainment of each level, and guidance notes on the preparation of complaints and feedback annual reports, were issued to all NHS Boards (14 territorial and eight national) in January 2017.

Prior to submission of the self-assessments, and in line with previous years, NHS Boards were asked to involve public participants in endorsing their self-assessments. Most Boards undertook this in a variety of ways. For example, some Boards met with patient and public groups and some spoke with individuals who had made a complaint. This engagement was carried out either face to face or by email.

As the focus for the 2016-2017 Participation Standard is the same as the 2014-2015 self-assessment, it was agreed that the 2014–2015 self-assessment would provide a
baseline for complaints and feedback handling, and that the 2016-2017 self-assessment would be an opportunity to demonstrate progress made over the two-year period since the initial submission. Once again, using the information in the Feedback, Comments, Concerns and Complaints Annual Reports for 2016–2017, and with a focus on how local people were involved, NHS Boards were asked to self-assess against section 1 (Patient Focus) and section 3 (Governance) of the Participation Standard.

To attain the **developing level (level 1)** for section 1 (Patient Focus), NHS Boards were asked to describe and, if asked, be able to provide supporting evidence of how they had developed:

- a range of methods and approaches used to encourage and gather all types of feedback including compliments and complaints, with a particular focus on how well these worked with equalities groups
- systems to enable early resolution of complaints
- publicity for their approaches and what people may expect when they respond or give feedback
- training and development for staff to enable them to respond appropriately to feedback and concerns, including early resolution, and
- processes which demonstrate improvement of services as a result of complaints and feedback.

To attain the **developing level (level 1)** for section 3 (Governance), NHS Boards were asked to describe and, if asked, be able to provide supporting evidence of how they had:

- developed their accountability and governance mechanisms to learn and take action from complaints and feedback across the NHS Board systems, including independent contractors, aligning this, where possible with other sources, for example adverse events, and
- reported trends, themes and any areas for improvement through their governance structures to provide assurance to the NHS Board Non-Executive members that improvements can be systematically and reliably demonstrated.

In each section, self-assessments could be used, where appropriate, to demonstrate how the work described at the developing levels had been **implemented (level 2)**, **evaluated (level 3)**, and **improved (level 4)**.

Between July and September 2017, NHS Boards’ complaints and feedback annual reports and self-assessments were reviewed by the Scottish Health Council performance analysts. Following an initial analysis, NHS Boards were contacted and asked to submit further evidence, or provide some clarification of examples they had provided in their reports. Following agreement of levels, final letters and individual Board reports were sent out in November and December 2017.
4 The Findings

Participation Standard Section 1 (Patient Focus) – handling complaints and feedback

A large range of feedback methods are described by NHS Boards to gather compliments, concerns and complaints. This includes paper and electronic surveys, feedback boards, compliment cards and suggestion boxes. There were a number of Boards that highlighted real time patient feedback either through staff undertaking ward rounds or by involving volunteers to facilitate feedback from patients.

As in the Participation Standard 2014-2015 there has been an increase in feedback methods using web-based contact forms and social media (mainly Facebook and Twitter) while NHS Ayrshire & Arran use a Quick Response (QR) Code which leads the user to a feedback form online from a smartphone or tablet. The more bespoke online feedback platform, Care Opinion, was used extensively by NHS Boards to gather feedback (and report improvements) with NHS Grampian using its ‘Monkey’ interface to encourage feedback from children.

Some NHS Boards highlighted their use of engagement structures to support feedback mechanisms, for example through public engagement networks or public partner networks to encourage feedback from specific consultations.

The 2014-2015 Participation Standard National Overview report highlighted that there was a lack of engagement with seldom heard groups and little mention of equalities work in general. However, this time round there has been a general improvement in this area with many Boards highlighting how they have actively sought feedback from this section of the population. Again, a variety of approaches were highlighted to engage feedback from diverse sections of the population, including the use of Talking Mats; using a range of engagement structures and interfacing with community and third sector organisations to support feedback, including advocacy; the use of interpreting services (including British Sign Language) for those whose first language was not English as well as Video Relay Interpreting Services for people who are profoundly deaf. Citizens Advice Scotland’s Patient Advice and Support Service was also mentioned.

NHS Boards publicised complaints and feedback information in many different ways including social media (Facebook and Twitter) and Care Opinion posts also show how Boards respond to feedback. Individual Board websites promoted online information resources which explain how to make a complaint or give feedback as well as what to expect when someone responds. Other popular approaches are hospital information boards, for example, in the style of ‘You Said, We Did’ leaflets in wards as well as information mats at bedside tables.

A number of NHS Boards emphasised that they have increased verbal acknowledgements of complaints which they identify as helping to clarify, with the complainant, the issues to be addressed and ascertain how they would like to receive feedback. Some Boards reported other approaches, such as establishing
relationships, earlier conversations and clarifying expectations, in attempting early resolution.

The majority of NHS Boards highlighted training which was undertaken via NHS Education for Scotland’s online Learnpro e-learning complaints and feedback training modules. The total number of NHS staff across all Boards completing the modules during 2016-2017 was just over 5,000 (see table below). Many Boards also highlighted local training delivered by their person-centred teams or patient relations teams. For example, NHS Fife delivered ‘Good Conversations’ training around personal outcomes, NHS Forth Valley delivered First Impressions training, NHS Grampian delivered training to their outpatient administrative staff and NHS Greater Glasgow and Clyde highlighted that it delivers person-centred induction training to new staff. NHS Highland and NHS Lothian stated that they used Scottish Public Services Ombudsman materials for training and NHS Tayside has held staff sessions which share learning from adverse events.

Whilst outwith this reporting timescale, the new NHSScotland model complaints handling procedure has been implemented from 1 April 2017. A number of NHS Boards acknowledged this and stated that they were training and preparing for its implementation. This included updating governance procedures and raising staff awareness of its requirements and some Boards also highlighted they were raising awareness of the duty of candour9.

Table 1: Total number of NHSScotland Staff that have received Complaint and Feedback Training 2016-2017

<table>
<thead>
<tr>
<th></th>
<th>Module 1 Valuing Feedback</th>
<th>Module 2 Encouraging Feedback and using it</th>
<th>Module 3 NHS Complaints &amp; feedback process</th>
<th>Module 4 The Value of apology</th>
<th>Module 5 Managing difficult behaviour</th>
<th>Module 6 Investigation skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Staff</td>
<td>5,053</td>
<td>4,961</td>
<td>4,919</td>
<td>4,909</td>
<td>4,921</td>
<td>452</td>
</tr>
<tr>
<td>(all Boards)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

Source: NES Feedback, Comments and Concerns Annual Report 2016-17, p48-49

NHS Boards highlighted a number of areas where improvement was made as a result of complaints and feedback, however, only seven Boards could demonstrate this with evaluation findings and only NHS Fife reached level 4, demonstrating improvement based on evaluation findings.

A few themes emerged in the improvement element of section 1 including that a number of NHS Boards are now systematically collating and reporting feedback using a single system (mainly Datix) leading to an improvement in the recording of data on feedback and complaints. A few Boards also highlighted that they were developing procedures for the implementation of the new complaints system. Several Boards have also developed real time dashboards for feedback and complaints.

A majority of NHS Boards highlighted the support from Patient Advice and Support Service.

Prisoner complaints have increased considerably in recent years yet not all NHS Boards with a prison population in their Board area reported on their work on prisoner complaints.

Being candid promotes accountability for safer systems, better engages staff in improvement efforts, and engenders greater trust in patients and service users. A handful of NHS Boards highlighted work on the forthcoming duty of candour principles which are likely to be implemented in 2018.

**Participation Standard Section 3 (Governance)**

Most NHS Boards highlighted how they reported trends and themes and areas for improvement through their governance structures with many Boards reporting either to their Clinical Governance Committee and/or Board on a regular basis as well as disseminating this information to their management teams and staff. Few Boards reported how they involved public or patient representatives in these governance structures although some did report regular patient stories at Board meetings.

Some NHS Boards highlighted how they are gathering complaint and feedback information at a systems level (mainly through use of Datix or other electronic systems) and reviewing the themes that emerge from the data. A few Boards highlighted that they provide real time complaint and feedback dashboards.

**Levels Agreed**

Table 2, overleaf, shows the final levels agreed with NHS Boards following review of their self-assessments. Using the Participation Standard self-assessment from 2014-2015 to provide a baseline, it was agreed that this year’s self-assessment would be an opportunity for Boards to demonstrate the improvements they have made in involving people in their complaints and feedback processes and the governance structures which support the processes.

All NHS Boards had systems and processes in place for handling complaints, but following on from the ‘Can I help you?’ guidance and the publication of the ‘Listening and Learning – How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland’ (April 2014) report, there is now a greater emphasis on welcoming and using feedback to demonstrate improvement, as well as how this is reported through Boards’ governance structures.

This year, most NHS Boards provided examples of new initiatives for handling complaints and inviting feedback which are being trialed in various areas of the Board, and which they intend to adopt if these prove successful. The levels that Boards have agreed in 2016-2017 indicate which stage they are at in the improvement cycle, and this will help them to consider how to move to the next level, for example moving from level 1 (developing) to level 2 (implementing).
Table 2 below shows each NHS Board with their assessed level for section 1 and section 3 of the Participation Standard for both 2014-2015 and 2016-2017. For section 1, 11 Boards have demonstrated improvement with the remaining 11 Boards achieving the same level in 2016-2017 as in 2014-2015. For section 3 (Governance) nine Boards have demonstrated improvement and 13 Boards have remained the same level in 2016-2017 compared with 2014-2015.

For those NHS Boards that did not increase a level in the Participation Standard it was broadly felt that most of these Boards still showed some improvement.

**Table 2: NHS Board and Participation Standard levels 2014/15 and 2016/17**

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Section 1 2014/15</th>
<th>Section 3 2014/15</th>
<th>Section 1 2016/17</th>
<th>Section 3 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>NHS Dumfries and Galloway</td>
<td>2</td>
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<td>2</td>
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<tr>
<td>NHS Education for Scotland</td>
<td>2</td>
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<td>2</td>
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<tr>
<td>NHS Fife</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
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<tr>
<td>NHS Forth Valley</td>
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<td>2</td>
<td>3</td>
<td>3</td>
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<tr>
<td>NHS Grampian</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>NHS Greater Glasgow and Clyde</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Healthcare Improvement Scotland</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>NHS Health Scotland</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>NHS Highland</td>
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<td>NHS Lanarkshire</td>
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<td>3</td>
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<td>NHS Lothian</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>NHS National Waiting Times Centre</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
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<tr>
<td>NHS National Services Scotland</td>
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<td>NHS Orkney</td>
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<tr>
<td>Scottish Ambulance Service</td>
<td>3</td>
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<td>NHS Shetland</td>
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<tr>
<td>The State Hospital</td>
<td>2</td>
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<td>2</td>
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<tr>
<td>NHS Tayside</td>
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<tr>
<td>NHS Western Isles</td>
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</tr>
<tr>
<td>NHS 24</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
5 Sharing the Learning

One of the aims of the Participation Standard process and reporting is to share information on progress being made by NHS Boards. These examples, which Boards reported, will be useful not only to other Boards, but also to patients and members of the public.

Further examples will be available through NHS Boards’ complaints and feedback annual reports and Participation Standard review reports which will be published on their websites.

The following examples of good practice reported by NHS Boards were highlighted and are themed below under the recommendations from the Scottish Health Council’s Listening and Learning report.

Public views

The Scottish Health Council previously noted that NHS Ayrshire & Arran used a variety of methods to gather feedback, for example Quick Response (QR) codes and freephone information points. In 2016-2017, NHS Ayrshire & Arran reported the use of Quick Response (QR) codes, which link directly to a feedback form, was expanded and tested with a range of service users and staff. The recently launched eye-catching ‘Write…Type…Talk…’ resources all include the QR code as well as other information on how to give feedback. This new resource has the ability to scan all written feedback, ensuring that it is merged and considered with other feedback gathered electronically. It is able to be adapted by individual units or departments for their own surveys with the information fed back directly not only to them but also through the governance structures. A future use under consideration is to develop the system to be used by children and people with a learning disability.

NHS Ayrshire & Arran made good use of Care Opinion with 370 stories posted in 2016-2017, an increase of 27% on the previous year. These stories have been read 110,532 times. In each hospital and in busy areas such as the Emergency Department, NHS Ayrshire & Arran provide “infopoints”. These are areas set aside with an available freephone and information on how and who to call to provide feedback or make a complaint. These “infopoints” have been redeveloped to include the telephone number for Care Opinion, with 64 calls to Care Opinion being made through these in the reporting year.

NHS Tayside, with support from Healthcare Improvement Scotland’s person-centred healthcare programme, has been testing the use of right time patient feedback. Right time feedback is locally defined as ‘telephone administered surveys of patients by volunteers up to two weeks post discharge from hospital”. Within this test NHS Tayside has been using the Patient Picker Experience 15 (PPE 15) survey tool when contacting patients for the feedback.

During 2016-2017 NHS Tayside has been able to implement the use of right time patient feedback using PPE 15 within six inpatient wards. In addition, NHS Tayside now has 10 trained volunteers who are able to gather right time patient feedback
using the tool. Some of the volunteers are continuing to ‘buddy’ others and are supervised until fully competent and confident to interview patients.

NHS Tayside reported that they have appointed a temporary patient feedback co-ordinator who has been instrumental in supporting the growth of the real time patient feedback process. The post aimed to establish that all inpatient areas can gather, report and act on patient feedback, and to evaluate the results.

NHS Tayside has reported positive impacts such as training volunteers to conduct telephone surveys and to engage with staff on how to spread the improvement. It will also be exploring how existing resources can be realigned to have a suitable method for routine collection and sharing of care experiences.

**Culture**

**NHS Forth Valley** describes its Positive First Impressions and Communication training for staff. This training was developed following feedback that day-to-day communications with patients and carers could be improved. The core element of this training emphasises the importance of a positive first impression by demonstrating to staff what patients have said about behaviours they have encountered that they felt were unacceptable. The training varies according to the recent feedback received. For example, it can be about the importance of maintaining eye contact, being focused on the patient and not distracted, or even something as simple as not chewing gum. This training has evaluated well with staff and has evaluated as making a difference to the patients’ experience.

**NHS Lanarkshire** describes how it is responding as a Board to reducing the three main barriers to providing feedback on health services (noted in the Scottish Health Council’s Listening and Learning report as fear of repercussions, not knowing how to make contact and a lack of confidence that anything will be done). The Board developed a listening and learning action plan which is updated with Public Partnership Forums twice during the year.

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

**NHS 24** notes that it records all types of feedback on a data capture system, called RESPOND. This provides the facility to cross-reference cases. For example, issues received as a complaint, which are also recorded within the RESPOND system under another form of feedback (including feedback from partner NHS Boards), are looked at in their entirety to offer assurance that all learning from the incident is actioned. The outcome is included within the NHS 24 Quarterly Healthcare Quality Report, which is discussed at clinical governance meetings.

Following an evaluation, learning from adverse events is now shared with NHS 24’s Public Partnership Forum as a standing agenda item to ensure visibility of this work.
Improvement

NHS Lanarkshire noted in its Annual Report for 2015-2016 that it planned to improve how it handled and responded to complaints. It stated that one of its aims was to achieve a 10% reduction by March 2017 in the number of people who returned to them dissatisfied with the response they received to their complaint. The baseline number for 2015-2016 was 149. The total for 2016-2017 was 140, a decrease of 6%. Whilst not meeting their aim in full, this represents an example of the Board’s continued commitment to improve.

NHS Lothian appointed a non-executive director as “complaints champion” who chairs a monthly oversight group with short and medium term objectives. The membership includes NHS Lothian’s chairman, the executive nurse and medical directors, the chief quality officer and the head of patient experience. In March 2017, the Board approved a complaints improvement project which aims to look at the ways NHS Lothian learns from feedback and how this is shared across the organisation.

NHS Fife has considered how to implement a consistent approach for all complaints to incorporate the requirements of duty of candour legislation. NHS Fife considered it important to have a systematic approach to learning from complaints. As a result, the Board’s significant adverse events policy and other related documents are all being reviewed to reflect this process.

Training and development

The State Hospitals Board for Scotland has a high percentage of staff (72%) who have completed all five of NHS Education’s online complaints and feedback training modules and work is already underway to tailor training materials on the new complaints handling process to suit the unique needs of this patient group. The Board notes that the introduction of the new NHSScotland model complaints handling procedure offers an opportunity to ensure that all staff are empowered to act on feedback they receive. One of the changes already implemented to support this is an increase in the number of senior charge nurses with the intention that this will support the embedding of an active listening culture within each ward, without compromising direct patient care at the front line.

Accountability and governance within NHS Boards

NHS Grampian outlined its accountability and governance systems to learn and take action from the complaints and feedback it receives. These include a weekly feedback report on acute sector complaints, shared at the clinical risk meeting with attendees including associate and deputy medical directors, associate nurse director, head of operations, head of performance and governance, and the quality informatics manager. NHS Grampian notes that this allows for an overview of, and connections between, complaints and adverse events, linking incidents, events and outcomes. The Board works to a joint policy for the management of and learning from adverse events and feedback introduced in 2015. The Board reports that it makes good use of Datix for recording of complaints and feedback. Datix is also made available to GPs in NHS Grampian, although the level of uptake is variable.
6 Feedback on the Process

From people involved in the endorsement and quality assurance work

As in previous years, NHS Boards were asked to involve local patients/public representatives in endorsing and verifying their self-assessments and to include a brief narrative on how people were involved.

The Scottish Health Council provided NHS Boards with copies of a letter and consent forms to forward to their public contacts who had been involved in the self-assessment of the Participation Standard or in identifying service improvements as a result of complaints/feedback received. A supply of freepost labels for return to the Scottish Health Council was also sent to each Board.

- In total there were 28 responses from 13 NHS Boards, with people providing feedback to the Scottish Health Council through the mechanisms highlighted below: a short telephone interview with a member of Scottish Health Council staff (with a copy of the questions provided in advance) – 1 participant
- an online survey – 26 participants, and
- a written feedback form – 1 participant.

Feedback was received from people from the following NHS Boards and used to review Boards’ self-assessments.

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scottish Ambulance Service</td>
<td>1*</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>5</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>2</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>1</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>1</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>2</td>
</tr>
<tr>
<td>NHS Greater Glasgow and Clyde</td>
<td>2</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>2</td>
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<tr>
<td>NHS Orkney</td>
<td>2</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>2</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>1</td>
</tr>
<tr>
<td>NHS National Waiting Times Centre</td>
<td>1</td>
</tr>
<tr>
<td>NHS 24</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>

*Original response was to NHS Ayrshire & Arran, however specific content related to the Scottish Ambulance Service
The low numbers of people provided by NHS Boards to be contacted for verification purposes in relation to their Participation Standard self-assessment submissions was disappointing, and this will require to be a key focus for improvement by all Boards in any subsequent Participation Standard-related activities.

A summary of the key points from the limited respondent feedback is given below. Of the 28 respondents, half (14) had made a complaint and of these respondents most (12) felt that their views were listened to and their questions answered (10). NHS Boards responded to 12 of the respondents’ complaints or feedback and in eight instances changes were made as a result of the complaint or feedback. Some of the changes included:

- positive changes made to a voice recognition system, and
- signage addressed and patient access policy changed to take account of carer access.

Aspects of NHS Boards’ complaints systems that respondents identified as working well included:

- a willingness to listen and accept feedback
- a quick response
- ‘You said, We did’, and
- Patient Affairs staff telephone people for feedback and actively promote Care Opinion

Aspects of NHS Boards’ complaints systems that respondents identified that could be improved included:

- managers should listen to patient experience
- NHS Boards should take action and not just pay ‘lip service’
- NHS Boards should take a softer approach to welcome feedback, not just advise on how to complain, and
- better communication with the general public.

Of the 28 respondents, 10 provided views to their NHS Board on the Participation Standard self-assessment and of these respondents eight felt their contribution made a difference to the self-assessment. Nine respondents felt their Board’s self-assessment was completely accurate and two felt it was accurate to some extent.

Respondents were asked to give examples of how NHS Boards work well in engaging the public to provide their views on health and care. Comments included the following.

- “The Board works hard to get the views of minority groups.”
- “Care Opinion is well used and actioned on.”
- “Get invited to events and time allowed for people to sit in at meetings and contribute to self-assessment.”
- “Local groups are engaged to gain feedback and voluntary agencies input at local level.”
“The Board tries to get a wide spectrum of people involved.”
“The Board has participation groups for members of the public to volunteer on and these groups can suggest certain topics for discussion and feedback.”

Finally, respondents were asked if they could give suggestions on how their NHS Board could improve how it engages with the public to help them provide their views on health and care. Suggestions included the following.

- “Operate in a transparent manner and not conduct engagement as a paper exercise.”
- “Go where the people are – local community centres, social media and advertise widely.”
- Communication can always be improved.”
- "How people can be involved should be published widely.”
- “Be realistic and show what you will and can do with the feedback.”
- “Consolidate Integration Joint Board public representatives and get a proper community engagement structure.”
7 Conclusion

In 2014–2015 the Participation Standard assessment provided a baseline for complaints and feedback handling, offering the opportunity to demonstrate improvement in the levels attained in any future assessment. The Participation Standard assessment process detailed in this report for 2016-2017 demonstrates that further progress that has been made since then.

Over the last few years NHS Boards have had to respond to increased demand for their services, reconfigure services to meet more complex needs and implement health and social care integration whilst developing a culture of encouraging feedback and complaints. Boards have also seen a rise in the number of complaints.

Despite this, our analysis of the 2016-2017 Participation Standard has shown some improvement for complaints and feedback handling and in relation to governance structures around complaints and feedback.

NHS Boards provided many examples of improvement in 2016–2017, including training for staff, welcoming feedback from patients and public, demonstrating improvements made as a result of the feedback and complaints they received and in improving governance structures around complaints and feedback. The use of social media and technology has now been embedded across NHS Boards to support the gathering of feedback.

However, there was a low level of people involved in the endorsement and quality assurance work of Boards’ self-assessment. Should this self-assessment process be repeated we would expect a better response from NHS Boards to involving patients and the public. This would help to strengthen the accountability and transparency of Boards’ activity in this important area, and enable their work on complaints and feedback to benefit from the input of the people that they serve.

Some Boards have developed more creative approaches and/or made further improvements to complaints and feedback systems. Some of these are highlighted in section 5 of this report as there is much to be gained by Boards sharing and learning from each other.

Integration of health and social care services is now well underway and the new NHSScotland model complaints handling procedure was introduced in April 2017. NHS Boards should ensure that the process and structure they have introduced is fully meeting all the requirements and that this can be demonstrated to NHS Board members so that they are assured of compliance.

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- بریل کہ اور
- دیگر زبانوں میں
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