Contents

1. At A Glance 2019/20 ................................................................. 3
2. Introduction .............................................................................. 4
3. Our Services ........................................................................... 5
4. Encouraging and Gathering Feedback .................................... 6
5. Encouraging and Handling Complaints ................................. 8
6. The Culture including Staff Training and Development .......... 15
7. Improvements to NSS services ............................................... 15
8. Accountability and Governance .............................................. 16

Appendix A - Case Study

Appendix B - Feedback and Service Recommendations
1. At A Glance 2019/20

98% of complaints received in 2019/20 were resolved within 20 working days.

98% of the less complex complaints were resolved within the 5 working day target.

96% of the complex complaints were resolved within the 20 working day target.

In 2019/20 we received 426 complaints, a 13% decrease on 2018/19.

Customer satisfaction scores are on average 77%. Central Legal Office continue to be industry leaders in customer satisfaction with a score of 99%.

NSS received positive feedback and compliments about our services throughout 2019. In the Scottish National Blood Transfusion Service (SNBTS) a total of 104 compliments were received in one quarter alone.

In 2019/20 the Scottish Public Services Ombudsman (SPSO) received 4,332 complaints — out of those 3 related to NSS and were not upheld.

The NSS Twitter account has 8,000 followers and the SNBTS Facebook page has 56,750 followers. Both of these accounts provide information about our services and initiatives.
2. Introduction

This report provides the summary of the activity surrounding feedback, comments, concerns and complaints received by NHS National Services Scotland (NSS) in the period from 1 April 2019 to 31 March 2020.

Throughout the year we have used feedback, comments and complaints to improve our services and continue to actively manage and handle complaints and feedback at very high levels.

Feedback and complaints are received directly by the Strategic Business Units (SBUs), directly into the Strategy, Planning and Service Transformation SBU (formerly the Strategy and Governance Directorate) and via the online web form on the NSS website. Those submitted via the web form are routed to the generic NSS Feedback mailbox. All feedback and complaints are handled in line with the model handling complaints procedure (MCHP).

This report will be reviewed by Heath Improvement Scotland (HIS) and comments on it will be provided. These comments will be reported on in due course, together with any improvements required.

Empowering people to be at the centre of their care and listening to them, their carers and families is a shared priority for everyone involved in the NHS in Scotland. Feedback, comments, concerns and complaints provide a valued and vital source of information about service delivery and assists in identifying service improvement. This requirement has been embedded in legislation and recognised by HIS along with the SPSO, has required the NHS in Scotland to adopt a model complaints handling procedure to standardise complaints handling across the NHS and to be in line with the rest of the public sector — examples of this can be found within the report.
NSS is a national NHS Board operating right at the heart of NHS Scotland. Through our services we provide invaluable support and advice. A role that is also extended to the wider public sector. Our services include:

**Covid-19 response**
Overview, supply and distribution, manufacturing and sourcing, covid-19 testing, convalescent plasma, NHS Louisa Jordan, digital, screening and blood donation.

**Specialist healthcare**
Providing specialist clinical services, population screening, national network management services.

**National Procurement**
Strategic sourcing, commercial services, procurement services, terms and conditions, warehouse operations, supply chain, distribution, fleet management and ward product management.

**Programme management**
Portfolio management, programme and project delivery, programme assurance and programme management office.

**Facilities**
Capital projects, estate asset management, equipping services, engineering, environment and decontamination, facilities management.

**Legal**
Litigation, employment, commercial property and commercial contracts.

**Digital and Security**
Portfolio management, programme and project delivery, programme assurance and programme management office.

**Blood, tissues and cells**
Blood tissues and cells, clinical services, research, development and innovation, training, testing, quality assurance and regulatory compliance.

**Practitioner**
Pharmacy, medical dental and ophthalmic

**Counter fraud**
Fraud prevention, fraud detection, fraud investigation and more.
4. Encouraging and Gathering Feedback

We have continued to work with the support of the Community Engagement work stream (formerly known as Scottish Health Council) of Healthcare Improvement Scotland to review and update the methods that we use to seek and gather feedback. It is recognised that as a national mostly non-patient facing organisation, the approaches taken may differ from those in a territorial NHS Board and indeed other National Boards in Scotland.

NSS undertakes an annual customer engagement index exercise, which tracks customer satisfaction, customer advocacy and customer effort. This enables us to benchmark our performance against the industry standard. The survey is summarised as part of our planning approach and all parts of the organisation are required to deliver and implement a customer action plan based on the results of their surveys.

The Customer Experience Team has analysed the qualitative feedback received through the annual customer satisfaction survey. Themes from the survey relating to external customer feedback are split into two areas – positive feedback and areas for improvement.

1) We received positive feedback on team behaviours, how supportive we are, the way we respond and our efficient customer focus.

2) Areas that customers have asked us to improve include being more consistent, better clarity regarding roles, offering tailored support, providing more up to date information, communication, simplification and online services.

The following charts detail our customer satisfaction, customer advocacy and customer effort score for 2019/20 and how our services have performed against the NSS target. In all three of these areas NSS has exceeded the industry standards for the public sector as determined by The Institute of Customer Service in their annual UK Customer Satisfaction Index (UKCSI).
The Central Legal Office (CLO) regularly achieves customer satisfaction scores in the high 90’s and in 2019/20 achieved 99%. They have developed an engagement approach over a period of time that allows them to capture and act on feedback in a way that is positively received by clients.

Each September CLO issues a Client Survey to capture feedback and comments, with each return read and reviewed by the CLO Director. If any of the comments contain constructive feedback or concerns that need to be addressed, the Director discusses it sensitively with the Head of the Department it relates to. A decision is then made about how best to follow up and resolve any concerns – which may involve contacting the person who made the comment. CLO believe it is important to encourage honest feedback and not to make the person who gave it feel uncomfortable. Additionally, the Director also visits clients on a regular basis to discuss any additional feedback and/or points they want to raise.

Please see Appendix B for more details on the outcomes of the NSS Customer Engagement Index exercise.

Our strategic business units continue to monitor all feedback and are recording compliments received.

The themes for positive SNBTS feedback focus on the good attitude, professionalism and compassionate care and attention given to donors by the donor services teams at the donor sessions. The themes for PCF focus on the hard work of teams in the National Distribution Centre and Health Facilities Scotland, while the work of Health Protection Scotland and their vaccine information is also recognised.

The suggestions provided by blood Donors range from the opportunity to donate and waiting times to parking at donor session venues out in the community.

5. Encouraging and Handling Complaints

The way we respond to complaints means that the complainants feel that their complaints will be valued and handled appropriately and that the organisation will take on board what they have to say. This report outlines the complaints received in the following NSS Strategic Business Units and Directorates:

- Scottish National Blood Transfusion Service (SNBTS)
- Procurement, Commissioning and Facilities (PCF)
- Practitioner and Counter Fraud Services (PCFS)
- Public Health and Intelligence (PHI); (now part of PHS)
- Central Legal Office (CLO)
- Human Resources and Workforce Development (HRWD)

Engagement continues with those SBUs as part of the model complaints handling procedure to understand the methods for obtaining and processing feedback in these areas of NSS where no or very few complaints are received. Different areas of NSS will feature in the quarterly reports and improvement plans, where required, will be agreed.

Three NSS complaints have been referred to the Scottish Public Services Ombudsman (SPSO) in 2019/20 none of them were upheld.

In 2019/20 NSS resolved 98% of complaints received and the average response time was 9.8 days. The figure below highlights how many people are using social media to follow us and provide feedback to us. The report shows that the interaction on Facebook and Twitter remains at the same levels as reported in 2018/19.
The number of complaints NSS received in 2019/20 has decreased from the 2018/19 period (490). In 2019/20 NSS received a total of 426 complaints which is a decrease from the previous year of 13%.

This decrease could be attributed in part to the new complaints system (using the ServiceNow platform) which was implemented on 1st April 2019. This gives real-time recording for complaints, feedback or concerns and as such there has been a significant improvement in the time taken to respond to these complaints.

We are also seeing an overall reduction in complaints regarding the opportunity to donate and waiting times. Donors appear to be more understanding about the changes to the collection programme in line with demand and the queue management system has now been embedded in Edinburgh and Glasgow community sessions over the reporting period for this annual report.

NSS SBUs have fully implemented the NHS MCHP and will continue to handle complaints in accordance with this guidance.

An online platform for handling complaints in ServiceNow has been developed in 2019/20 and training provided to complaint leads in the NSS SBUs. This portal allows leads to input their data as they receive it. Further development of the platform was needed towards the end of 2019 to meet the needs and requirements of Procurement, Commissioning and Facilities (PCF) and in particular the National Distribution Centre (NDC). Further testing and development took place, however, due to the pandemic this was unable to go live as planned.
Table 1 Quarterly and cumulative totals for 2019/20 with a comparator with 2018/19

<table>
<thead>
<tr>
<th></th>
<th>2019/20 Quarterly Total</th>
<th>2019/20 Cumulative Total</th>
<th>2018/19 Quarterly Total</th>
<th>2018/19 Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>163</td>
<td>163</td>
<td>146</td>
<td>146</td>
</tr>
<tr>
<td>Q2</td>
<td>95</td>
<td>258</td>
<td>108</td>
<td>254</td>
</tr>
<tr>
<td>Q3</td>
<td>90</td>
<td>348</td>
<td>111</td>
<td>365</td>
</tr>
<tr>
<td>Q4</td>
<td>78</td>
<td>426</td>
<td>125</td>
<td>490</td>
</tr>
</tbody>
</table>

Figure 2 Quarterly and cumulative totals for 2014/15, 2015/16, 2016/17, 2017/18, 2018/19 and 2019/20

Quarterly Totals for Complaints Received 2014 - 20

<table>
<thead>
<tr>
<th>Year</th>
<th>2014/15 Q1</th>
<th>2014/15 Q2</th>
<th>2014/15 Q3</th>
<th>2014/15 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>126</td>
<td>124</td>
<td>156</td>
<td>123</td>
</tr>
<tr>
<td>2015/16</td>
<td>180</td>
<td>111</td>
<td>137</td>
<td>150</td>
</tr>
<tr>
<td>2016/17</td>
<td>119</td>
<td>157</td>
<td>134</td>
<td>134</td>
</tr>
<tr>
<td>2017/18</td>
<td>118</td>
<td>118</td>
<td>102</td>
<td>114</td>
</tr>
<tr>
<td>2018/19</td>
<td>146</td>
<td>108</td>
<td>111</td>
<td>125</td>
</tr>
<tr>
<td>2019/20</td>
<td>163</td>
<td>95</td>
<td>90</td>
<td>78</td>
</tr>
</tbody>
</table>
NSS continues to commit to the requirements set out in the new NHS MCHP. NSS policy is to acknowledge complaints within 3 working days; resolve less complex complaints within 5 working days and resolve more complex complaints within the 20 working day timescale.

In 2019/20 NSS continued to meet the KPI requirements set out in the NHS MCHP. There have been no significant changes to the average response times and these remain in line with the previous year. There has been an improvement in handling complaints overall with very low numbers (2) falling into the category “outwith response target”.

Table 2 Handling Complaints – NSS Response times

<table>
<thead>
<tr>
<th>2019/20</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>2018/19</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April-June</td>
<td>July-Sept</td>
<td>Oct-Dec</td>
<td>Jan-Mar</td>
<td>Comparison</td>
<td>Comparison</td>
</tr>
<tr>
<td>Average Response Time against Target Response Time of 5 working days (less complex)</td>
<td>3.25</td>
<td>2.85</td>
<td>2.50</td>
<td>2.50</td>
<td>3.25</td>
<td>Not measured</td>
</tr>
<tr>
<td>Average Response Time against Target Response Time of 20 working days (more complex)</td>
<td>11.04</td>
<td>10.50</td>
<td>12.50</td>
<td>9.50</td>
<td>11.04</td>
<td>15.09</td>
</tr>
<tr>
<td>% responses within target (20 working day)</td>
<td>97%</td>
<td>97%</td>
<td>94%</td>
<td>100%</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>No. of responses out with target</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

NSS continues to receive complaints and feedback from complainants that are in relation to other NHS Boards and primary care providers. This has been proactively managed in relation to the new website (as detailed in previous annual reports), and continues to be highlighted to other Boards via the NHS Complaints Managers and in the National Network.

This section looks in more depth at the areas of reported complaints.

Scottish National Blood Transfusion Service

SNBTS is in contact with over 300,000 donors each year and the numbers of complaints they receive remains low.

Table 3 Donor Complaints in relation to staff behaviour in the Scottish National Blood Transfusion Service 2019/20

<table>
<thead>
<tr>
<th>Type of Complaint</th>
<th>Q1</th>
<th>Same qtr 18/19</th>
<th>Q2</th>
<th>Same qtr 18/19</th>
<th>Q3</th>
<th>Same qtr 18/19</th>
<th>Q4</th>
<th>Same qtr 18/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Attitude and Behaviour</td>
<td>12</td>
<td>8</td>
<td>8</td>
<td>17</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Voluntary Organiser Attitude and Behaviour</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>12</td>
<td>8</td>
<td>8</td>
<td>17</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

The above table shows the number of complaints NSS has received from blood donors in relation to staff attitude and behaviours at 40 for 2019/20. This is an increase of 4 from 36 for 2018/19 and an increase of 8 from 32 in 2017/18. This is an important area for NSS as it one of our few public facing services. It is important for NSS’ reputation that donors always feel welcomed and valued. Facebook and Twitter followers who post comments expressing dissatisfaction with the service are encouraged to contact SNBTS directly or complete an online complaints form.
The table below highlights the categories of complaints received in SNBTS.

### Table 4 SNBTS 2018/19 and 2019/20 number of complaints received

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Opportunity to donate</td>
<td>24</td>
<td>62</td>
<td>4</td>
<td>30</td>
<td>8</td>
<td>23</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>2 Donor Selection</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>3 Opening Hours</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Staff Attitude &amp; Behaviour</td>
<td>12</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>10</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>5 Waiting Times</td>
<td>1</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>6 Donor Communications</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>7 Documents and Records</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>8 Health &amp; Safety</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9 Bruising</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10 New Regulatory Change</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11 Special Redesign/ change/ Disruption</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12 Special Needs (DDA)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13 Vexatious</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14 Voluntary Organiser Attitude &amp; Behaviour</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15 Facilities (incl. Parking)</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>16 Legal claim</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17 Appointment Availability</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>18 Donor Web Portal</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>1</td>
<td>*</td>
</tr>
</tbody>
</table>

*Please note the web portal was launched at the end of the reporting year, therefore there is no data for those quarters.

SNBTS has introduced the Donor Web Portal (DWP) within the centres; this enables the donors to make an appointment by email, using a donor online account, or by phoning to book an appointment 6 weeks in advance of a session. This allows SNBTS to be more responsive to the transfusion needs of the patients in Scotland by booking donors whose blood group we particularly need. As hospital demand can change, and patients may need a specific blood group at a specific time, this change allows us to ensure hospitals receive the blood groups that they need on any given day. Our system carefully balances the supply of blood with the changing demand for patients.

As table 4 demonstrates there continued to be a number of complaints relating to staff attitudes and behaviours. SNBTS rolled out specific values and behaviours and customer approach training in line with rolling out phase 2 of the DWP to the community sessions.
In 2019/20 there was a rise in the number of bruising related complaints. A short life group has been convened and is working to develop training material.

There has been an increase in appointment availability complaints due to the planned reduction in session availability in order to match demand.

**Procurement, Commissioning and Facilities**

Within PCF, the majority of complaints relate to National Procurement, simply due to the nature of the logistics part of the business.

**Table 5 National Procurement complaints managed by PCF — NDC Complaints**
<table>
<thead>
<tr>
<th>Type of Complaint</th>
<th>Q1</th>
<th>Same qtr 18-19</th>
<th>Q2</th>
<th>Same qtr 18-19</th>
<th>Q3</th>
<th>Same qtr 18-19</th>
<th>Q4</th>
<th>Same qtr 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product Quality</td>
<td>37</td>
<td>112</td>
<td>38</td>
<td>122</td>
<td>42</td>
<td>101</td>
<td>30</td>
<td>70</td>
</tr>
<tr>
<td>Service</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transport Issues</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Late/Wrong/No Delivery</td>
<td>11</td>
<td>9</td>
<td>6</td>
<td>9</td>
<td>15</td>
<td>8</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Supply Issues</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Wrong/Confusing/Missing Information</td>
<td>1</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>5</td>
<td>-</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Price</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>I.T/Systems</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Product Unsuitably Packed (H&amp;S Issues)</td>
<td>5</td>
<td>16</td>
<td>3</td>
<td>11</td>
<td>15</td>
<td>11</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>-</td>
<td>18</td>
<td>1</td>
<td>18</td>
<td>1</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>147</td>
<td>68</td>
<td>147</td>
<td>98</td>
<td>126</td>
<td>81</td>
<td>106</td>
</tr>
</tbody>
</table>

National Procurement (NP) monitors their complaints closely and where an adverse trend is identified, they will work with the supplier, and where appropriate the NHS Board, to develop and agree a recovery, corrective action and improvement plan. As part of any containment, corrective or preventative action process, NP will issue a product alert or recall notice to NHS boards.

**Practitioner and Counter Fraud Services (PCFS)**

PCFS received 23 complaints in 2019/20. These related to service delivery and complaints received from patients and practitioners. The themes identified are summarised as follows:

- Delay in getting prior approval decision on dental treatment and length of time taken to get the approval.
- Patients making complaints in relation to patient registration and questions on the form.
- Patients making complaints about being removed from GP practices and/or the GP practice they have been assigned to.
- Patient and practitioner complaints that they had been accused of fraud.
- Dentist complaining that their payment had not been paid in a timely manner.

**Central Legal Office (CLO)**

CLO receives very low numbers of complaints, there was one in 2019/20, and they have processes for dealing with those that relate to specific legal matters through the Scottish Legal Complaints Commission.

**Public Health and Intelligence (PHI)**

The complaint received by PHI in 2019/20 was related to Health Protection Scotland. This was not upheld.
6. The Culture including Staff Training and Development

NSS is committed to effective stakeholder engagement and complaints management. Key to this is staff training and awareness. A complaints handling process cannot encourage effective feedback if the organisation does not demonstrate empathy and that it is listening. NSS has undertaken specific training in the following areas:

The NSS Values programme: From 2018 and throughout 2019, NSS re-launched the NSS Values and invited everyone to bring fresh commitment and energy to creating a twenty-first century NSS culture of collaboration, innovation and compassion. This common set of values, endorsed by Staff Governance, helps us all create a better NSS community, whilst honouring the traditions and good work of our SBUs and Directorates.

The NSS Values are outlined below:

- Committed to each other
- Customer focus
- Integrity
- Openness
- Respect and care
- Excel and improve

As part of the re-launch everyone was invited to attend a values session with their teams facilitated by HR Services. The aim of the programme was that everyone will have attended a values session by 31st March 2020. Progress has been very positive with the majority of staff now having completed the values programme.

PCF has increased staff awareness of good complaints handling and categorisation over the course of the year. They have rolled out the model complaints handling procedure training across a range of their service areas, training 60 complaint handlers in 2018/19.

Across the organisation, the “How Can I Help You” online learning modules are now available to all NSS staff via the learnPro platform.

The Clinical Directorate and Strategy, Planning and Service Transformation SBU has delivered a train the trainer model for complaints to over 100 staff across NSS.

7. Improvements to NSS services

The following areas have introduced improvements to their services as a result of the feedback and complaints they received.

In Customer Engagement and Development, having received feedback regarding the NSS Publications page, changes have been made to ensure that the documents that the members of the public were searching for have been placed in a section that will make them easier to find.

As a result of feedback from equality organisations and donors who are deferred, SNBTS has improved the donor selection criteria on their website and in donor information leaflets. SNBTS has engaged with key equality organisations at local level to influence their information and improve relationships and the knowledge of donors and the wider public. In SNBTS they have improved donor experience and reduced waiting times by the introduction of appointment slots which allows the donor to present at an allotted time rather than waiting in a queue with “walk-in donors”.

As a result of complaints received by Health Protection Scotland (HPS) in relation to the publications for the school vaccine programme HPS reviewed the publication and modified the wording in the communication.
The executive lead for Feedback and Complaints is the Director of Strategy Planning and Service Transformation, who is supported by the Head of Equality and Engagement. The team aim to ensure visibility of feedback and complaints is at the highest level in the Board in order that performance and risk can be assessed and mitigated.

NSS has a clear reporting timeline for complaints. Quarterly feedback and complaints reports are presented to the relevant sub committees of the NSS Board as detailed in the diagram below. Each Committee carries out a scrutiny role in relation to the report. The sub-committees will address their areas of interest and receive details about the themes and trends. For example, the NSS Staff Governance Committee will discuss the feedback and complaints in relation to staff. The Board is provided with the full report, therefore, has complete overview of all complaints and feedback received.

In developing key performance indicators for NHSScotland in relation to the forthcoming Model Complaints Handling Procedure, it was recommended that quarterly reporting was retained. Three specific indicators relating to learning, complaint process experience and staff training were developed in order that learning could be demonstrated and improvements shown. These indicators are qualitative in nature, and may be difficult to benchmark. However, they are fundamental to understanding how an organisation performs in this area.

The other indicators developed were quantitative in nature and relate to the number of complaints received, how many are upheld, and how many are dealt with in the stated timescales. It is hoped by having consistent indicators that Boards can benchmark performance and increase learning from each other.

Hierarchy of Governance arrangements in NSS for Feedback and Complaints Reporting:
Appendix A
Case Study; Person Centred Transfusion

The following case study demonstrates how using feedback can improve our services and more importantly bring huge benefits to patients and their families.

A patient, who lived on a small remote island, required palliative care which included regular transfusions of red blood cells and platelets. To receive these, the patient had a five-hour return journey to hospital so it was decided that if the products could be administered at home this would be of great benefit.

The practicalities of home transfusion were scoped by the SNBTS transfusion practitioner, local general practitioner (GP), lab manager and consultant haematologist. An action plan was put into place.

Data loggers were sent via the proposed route to ensure the products would be safe when transported and complied with product storage regulations. The GP and district nurse carried out the required blood transfusion training, and completed the relevant paperwork and polices.

Once the patient and his family were fully briefed, the treatment began.

The patient received the platelets and latterly red cells in his own home, which were transported safely within Medicines and Healthcare Products Regulatory Agency (MHRA) guidelines. The GP and district nurse felt fully supported and confident to give the products. Previously the patient had to travel to hospital for six years, latterly twice per week. With this project the patient received the remainder of his treatment in the comfort of his own home, where he died peacefully.
Appendix B

External Customers — Feedback and Service Recommendations
CLO — Customer feedback and suggestions

Scores:

Customer Satisfaction: 99% (Target: 70%)
Advocacy: 84% (Target: 1%)
Customer Effort: 100% (Target: 62%)

Positive Feedback
- Team (professional, pleasant, accessible, approachable, helpful & supportive)
- Responsive & timely
- Quality of service
- Positive experience of service

Areas for Improvement
- Customers requested that staff changes be communicated more widely and to have a key contacts and teams promoted so that customers know who fits in where

Customer Requirement
- Improved consistency across all areas
- Clear, transparent and accessible contact lists that outline services and capabilities
- Review capabilities based on unsupported needs
PCF (NSD) — Customer feedback and suggestions

Scores:

- **Customer Satisfaction**: 83%
  - Target: 70%
- **Advocacy**: 27%
  - Target: 1%
- **Customer Effort**: 81%
  - Target: 62%

Positive Feedback

- Team (professional, pleasant, accessible, approachable, helpful & supportive)
- Responsive & timely
- Quality of service
- Good working relationships

Areas for Improvement

- Responsiveness: customers requested more consistency needed in response times across the organisation.
- Liaison: customers commented on changes introduced without adequate consultation.
- Funding: comments related to lack of funding for NSD generally and on the effect on service quality, and on ability to provide equipment in some services

Customer Requirement

- Improved contact with clinicians
- A greater emphasis on how commissioned services are monitored (quality, effectiveness, value for money etc).
PCF (NP) — Customer feedback and suggestions

Scores:

Customer Satisfaction: 83% (Target: 70%)

Advocacy: 12% (Target: 1%)

Customer Effort: 80% (Target: 62%)

Positive Feedback

- Good service, meets customers’ needs
- Responsive
- Efficient

Areas for Improvement

- City Centre Of Excellence: customers commented that that staff could have a better knowledge understanding of how boards work.
- Strategic Sourcing: More regular updates on who key contacts are as contracts can often run for a number of years and more consistent response to telephone calls and email

Customer Requirement

- Clarity of role and services offered (COE)
- Truly understanding customer needs and experience.
- Customer Journey Mapping would be helpful.
- A greater emphasis on consistency and focus on being more effective at communication.
PCF (HFS) — Customer feedback and suggestions

Scores:

- **Customer Satisfaction**: 75% (Target: 70%)
- **Advocacy**: 3% (Target: 1%)
- **Customer Effort**: 75% (Target: 62%)

**Positive Feedback**
- Good service, supportive, good communication.
- Advice, customer focus, effective, responsive

**Areas for Improvement**
- Simplification: Customers commented on the need to simplify the tender process and for HFS to score mandatory questions.
- Best Practice: customers requested improved identification and dissemination of best practice and more help to embed better approaches to working practice.

**Customer Requirement**
- Mandatory questions should be scored by HFS, only provide information that is important from the customers’ point of view. Customer Journey Mapping would be helpful.
- A greater emphasis on identifying and embedding best practice nationally.
P&CFS (CFS) — Customer feedback and suggestions

Scores:

- **Customer Satisfaction**: 89%
  - Target: 70%

- **Advocacy**: 25%
  - Target: 1%

- **Customer Effort**: 81%
  - Target: 62%

### Positive Feedback
- Supportive and effective service
- Workshops and briefings
- Professionalism and regular communication

### Areas for Improvement
- Support: customers suggested more targeted support for fraud prevention and improvement in links to online learning and accessibility of training for remote boards

### Customer Requirement
P&CFS (Pharmacy) — Customer feedback and suggestions

Scores:

Customer Satisfaction: 82% (Target: 70%)
Advocacy: 25% (Target: 1%)
Customer Effort: 81% (Target: 62%)

Positive Feedback:
- Trusted partner, deliver on what they promise
- Responsive and courteous
- Quality of advice and effective at handling queries

Areas for Improvement:
- Timely payments of high value items.
- Simplicity of process
- Online reporting

Customer Requirement: 81%
**PHI — Customer feedback and suggestions**

**Scores:**

- **Customer Satisfaction:**
  - Score: 89%
  - Target: 70%

- **Advocacy:**
  - Score: 41%
  - Target: 1%

- **Customer Effort:**
  - Score: 86%
  - Target: 62%

**Positive Feedback**

- Team (professional, pleasant, accessible, approachable, helpful & supportive)
- Responsive & timely
- Professionalism and Expertise
- Guidance Resources

**Areas for Improvement**

- Advice: Customers suggested access to improved information and expert personnel in some areas (as a small organisation with a large agenda).
- Contact: Better out of hours support and information to help to find the right person to contact.
- Website: customers commented that the website needs to be more user friendly with better access to guidance.

**Customer Requirement**

- Better access to advice and guidance from a clinically informed position
- Finding the right person to contact quickly
- Straightforward signposting to the most up to date guidance or review document
SNBTS (Manufacturing) — Customer feedback and suggestions

Scores:

Customer Satisfaction: 83%
Target: 70%

Advocacy: 58%
Target: 1%

Customer Effort: 92%
Target: 62%

Positive Feedback:
- Team (helpful & easy to work with)
- Meeting needs of customers

Areas for Improvement:
- Notifications/Substitutions: customer commented on the amount of substitution in orders. Notification around stock challenges is not always well communicated.
- Ordering: comment on the supplying the quantity of platelets requested. Communication: Lack of a website makes finding up to date information difficult. Need an improved process and technology for emergency requests

Customer Requirement:
- Investigate the potential to improve both these processes, through process mapping or 5 why’s approach.
- Electronic methods for making urgent requests
- Up to date contact information / website
SNBTS (Patient Services) — Customer feedback and suggestions

Scores:

**Customer Satisfaction**
- 100%
- Target: 70%

**Advocacy**
- 64%
- Target: 1%

**Customer Effort**
- 88%
- Target: 62%

Positive Feedback
- Team (helpful & knowledgeable)
- Quality of service
- Responsiveness
- Communication

Areas for Improvement
- Transport: customer commented on transport issues between Oban and Glasgow and another customer commented on the difficulty in ensuring delivery of samples at the RIE.
- Ordering / Requesting: comments on the lack of an electronic process for orders.
- Reporting: Comments on the ability to access requests online to make the process more timely and to avoid unnecessary telephone calls chasing up.

Customer Requirement
- Investigate the potential to improve transportation.
- Investigate the potential to improve turnaround times or manage customer expectations through the provision of clear and transparent processes.
- Review online capabilities for reporting and ordering via connected systems.
- Review capabilities.
PGMS (Manufacturing) — Customer feedback and suggestions

Scores:

- **Customer Satisfaction**: 100% (Target: 70%)
- **Advocacy**: 69% (Target: 1%)
- **Customer Effort**: 94% (Target: 62%)

**Positive Feedback**
- Professional and supportive service
- Project management expertise
- Flexible and responsive

**Areas for Improvement**
- Junior PM role: Customer suggested creating a Junior PM role to bridge the gap between support roles on a band 5 and a PM role at band 7.
- Local recruitment: Customer comment on the ability to recruit locally to improve continuity of support.
- Capacity and resources: Suggestion that increased capacity is need to meet short notice requirements

**Customer Requirement**