



NSS Annual Feedback and Complaints Report



**1 April 2022 to
31 March 2023**

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1. Executive Summary

This report provides a summary of the service user feedback received by NHS National Services Scotland (NSS) in the period from 1 April 2022 to 31 March 2023.

NSS welcomes and values feedback. This feedback ensures that our services have the maximum impact for our service users and drives continuous service and quality improvement. There are currently three main measures of regular feedback:

- Customer Engagement Index (CEI) surveys
- compliments
- complaints

To measure our service users' satisfaction, advocacy, and effort we have adopted the CEI survey. ¹The CEI is the industry - leading approach and is used across both the private and public sectors.

Across all three measures, our Central Legal Office (CLO), Practitioner and Counter Fraud Services (P&CFS), Scottish National Blood Transfusion Service (SNBTS) and Programme Management Services (PgMS) have outperformed the set targets. Procurement, Commissioning and Facilities (PCF) outperformed the target for effort but did not achieve the target for satisfaction and advocacy.

All of them having achieved high scores across all measures. Key themes in the positive feedback across all the services were:

- team behaviours
- supportive NSS staff
- the way we respond
- efficient customer focus

Digital and Security (DaS) missed the target for effort, satisfaction and advocacy. DaS has received no complaints in this reporting period and is actively working to improve the Customer Satisfaction, Effort and Advocacy scores.

The qualitative information collected will be used to improve our services and customer engagement. This is detailed further within the report.

In 2022/23 we saw an increase in the number of compliments rising to 365 compared with 2021/22 which saw a total of 268 compliments recorded. Across the services there were three key themes:

- staff
- speed of response
- quality of information/ support

¹ For details for the Customer Index and measures please refer to page 8 of the report

In 2022/23 we received 754 complaints. This compares to 743 in the previous year and represents an increase of 1.5%.

NSS resolved 93% of complex complaints received within the guidelines set out by the Model Complaints Handling Procedure (MCHP). This is a significant improvement on the previous year when only 86% were resolved within the guidelines. We have also reduced our average response time from 13.3 days to 9.8 days. The information detailed in the complaints is used to help inform and improve our service delivery and quality of user experience.

2. Introductions

2.1 Introduction to NSS

NSS is a Non-Departmental Public Body (NDPB), accountable to Scottish Ministers. NSS was established as the Common Services Agency in 1974 under The National Health Service (Functions of the Common Services Agency) (Scotland) Order 1974, with a mandate to provide national strategic support services and expert advice to Scotland's health sector, whilst maximising health impacts and cost savings.

In 2013, the Public Services Reform (Functions of the Common Services Agency for the Scottish Health Service) (Scotland) Order 2013 extended the remit of NSS enabling the provision of services to other bodies, including local authorities and government departments.

The following year, the Public Bodies (Joint Working) Scotland Act 2014 reinforced this requirement to maximise health, financial and environmental impacts by engaging with, and offering services, to the wider public sector in Scotland.

NSS continues to work closely with our partner organisations, including NHS boards and local authorities, to ensure our services align with the evolving needs of the health and social care system in Scotland.

Table 1: Key facts about NSS

Aspect	Fact
Budget:	£1,105.0million
Workforce:	3,582 Whole Time Equivalent (WTE) staff
Sites:	25
Services:	<ul style="list-style-type: none"> • Digital and Security • Primary Care Support • Specialist Healthcare Commissioning • Legal • Programme Management Services • National Procurement (which includes NHSS Assure² and ARHAI³) • Fraud prevention • Scottish National Blood Transfusion Service • Corporate services (HR, Digital and Security, Facilities, Procurement and Finance) • NHSScotland Assure • Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland • Health Facilities Scotland • Practitioner Services (providing dental, ophthalmic, medical and pharmacy services. Examples include payments to practitioners, medical registration services and prescription services)

For more information about our services, visit our website at www.nss.nhs.scot.

2.2 Introduction to the report

NSS has continued to work with the support of the Community Engagement work stream of Healthcare Improvement Scotland (formerly known as Scottish Health Council) to review and update the methods that we use to seek and gather feedback. It is recognised that as a national board delivering national services, inclusive of patient services, the approaches taken may differ from those in a territorial NHS Board and other National Boards in Scotland.

Throughout the year we have used feedback, comments, and complaints information to improve our services. The three main insight sources are Customer Engagement Index (CEI), compliments and complaints data.

² [NHS Scotland Assure | National Services Scotland](#)

³ ARHAI [Antimicrobial Resistance and Healthcare Associated Infection Scotland | National Services Scotland \(nhs.scot\)](#)

We are also committed to following best practice approaches to service user engagement and the use of industry leading practices, in particular the CEI approach and the Model Complaints Handling Procedure (MCHP).

2.3 The Model Complaints Handling Procedure

Our complaints management approach offers reassurance to complainants that their concerns are valued and will be handled appropriately. It demonstrates our commitment that complaints are actively listened to and are appropriately investigated in line with the MCHP. This approach includes learning from complaints and actions to ensure continuous quality improvement.

Engagement continues with our directorates as part of the Model Complaints Handling Procedure (MCHP) to understand the methods for obtaining and processing feedback in these business areas of NSS where no, or very few, complaints are received. All directorates of NSS review their complaints data regularly and where appropriate will implement improvement plans, where required, will be agreed, and implemented.

NSS has a different approach to the territorial board model. The quality leads from each directorate meet monthly to share learning and best practice, discuss improvement plans and identify common themes. This has been particularly effective in these areas with complaints data recorded on our online Servicenow⁴ portal – guiding staff to adopt and implement the NHS Model Complaints Handling Procedure. It has also improved complaints response times which is detailed further in the report. This model provides the overview of NSS wide complaints.

3. Service User Feedback

3.1 Encouraging and gathering feedback

At NSS, we're committed to delivering high quality services to the people of Scotland, while protecting their health and the environment, in a sustainable way. We're proud of the work that we've done and continue to do – delivering excellence in healthcare.

All forms of feedback about our services are welcomed and important to us. These insights help develop and shape our services based on true user needs. We strive to ensure that our service users feel valued, by doing so, we follow the principles described in the MCHP and best practice provided by the Scottish Public Services Ombudsman (SPSO).⁵

⁴ ServiceNow a cloud-based platform and solutions to deliver digital workflows

⁵ [How to handle complaints | SPSO](#)

The report does not include information on Care Opinion. NSS is registered with Care Opinion⁶ however the stories related to our national services and programmes have been the responsibility of the NHS Boards to respond to. For example in the delivery of the national breast screening programme at a local level.

3.2 Customer Engagement Index

To measure our performance across our services, NSS utilises the Customer Engagement Index (CEI). This is the industry leading methodology for tracking customer satisfaction, customer advocacy and customer effort. This also enables us to benchmark our performance against industry standards and understand where we need to improve to ensure that our services remain relevant.

To gather this data, services users are contacted either annually or following each transaction (depending on the service requirements). The survey results are then collated, analysed, and summarised. Our approach to service quality improvement, planning and customer action plans are based on survey results and the qualitative feedback provided.

In terms of quantitative measures, data is collected on satisfaction, advocacy, and effort. These can be defined as follows:

- The satisfaction score measures how products or services supplied by an organisation meet or surpass a service users' expectation.
- The advocacy, also known as the net promoter score, measures the loyalty that exists between a service provider and a consumer or service user.
- The effort score measures how much effort is required by customers to access our services and how easy they find us to work with.

The following charts detail our satisfaction, advocacy, and effort scores for 2022/23 and how our directorates have performed against set targets and industry benchmarks.

In all three measures, our Central Legal Office (CLO), Practitioner and Counter Fraud Services (P&CFS), Scottish National Blood Transfusion Service (SNBTS) and Programme Management Services (PgMS) directorates outperformed set targets. Procurement, Commissioning and Facilities (PCF) exceeded the set target for effort but did not meet the target for satisfaction and advocacy. PgMS and CLO achieved high scores across all measures.

Digital and Security (DaS) missed the target for effort, satisfaction, and advocacy. DaS has received no complaints in this reporting period and is actively working to improve the Customer Satisfaction, Effort and Advocacy scores.

⁶ [Care Opinion](#)

Figure 1: Customer satisfaction by service (set target 70%)

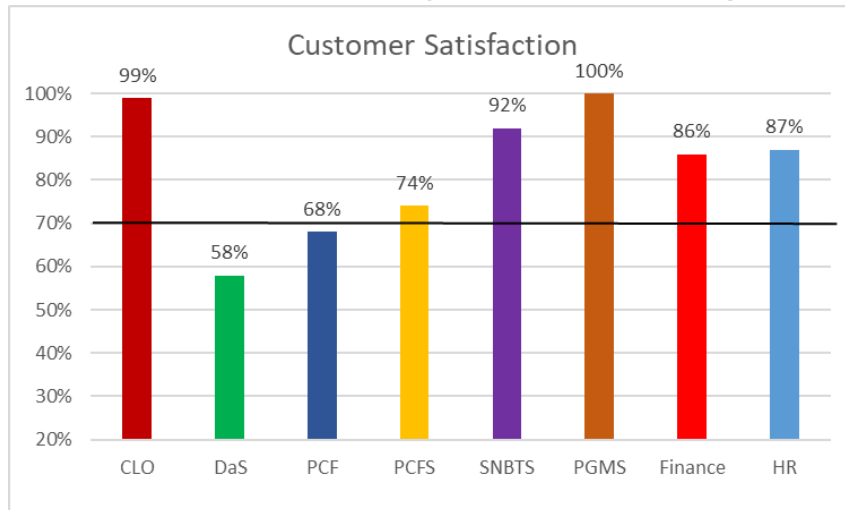


Figure 2: Customer advocacy by service (set target 100%)

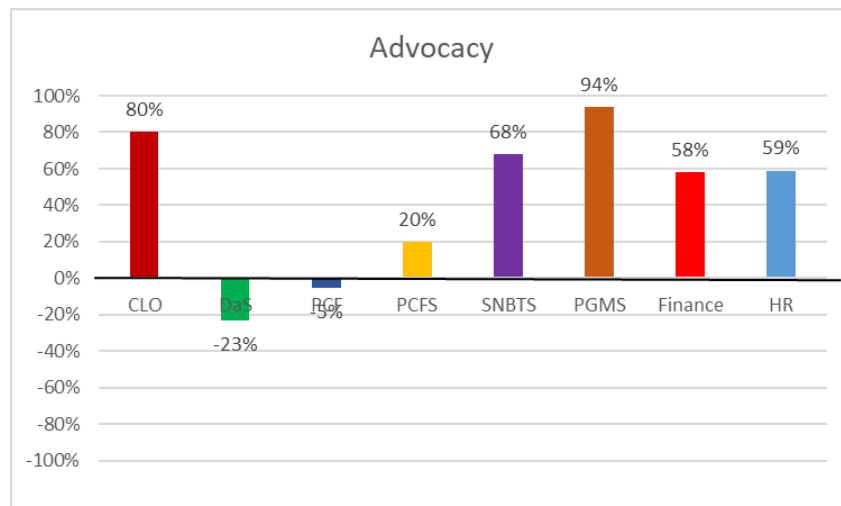
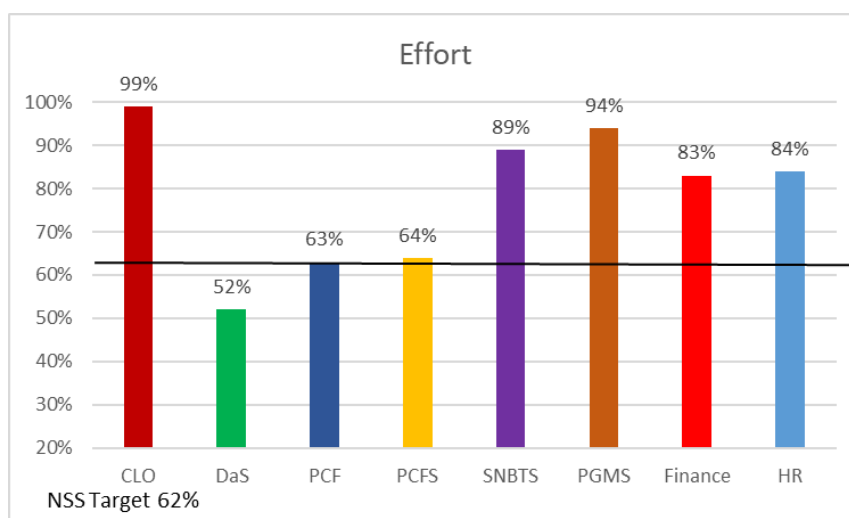


Figure 3: Customer effort by service (set target 62%)



The Customer Experience team analysed qualitative feedback received and identified survey themes, split into two areas, positive feedback, and areas for improvement.

Key themes in the positive feedback were:

- team behaviours
- how supportive NSS staff are
- the way we respond
- our efficient customer focus

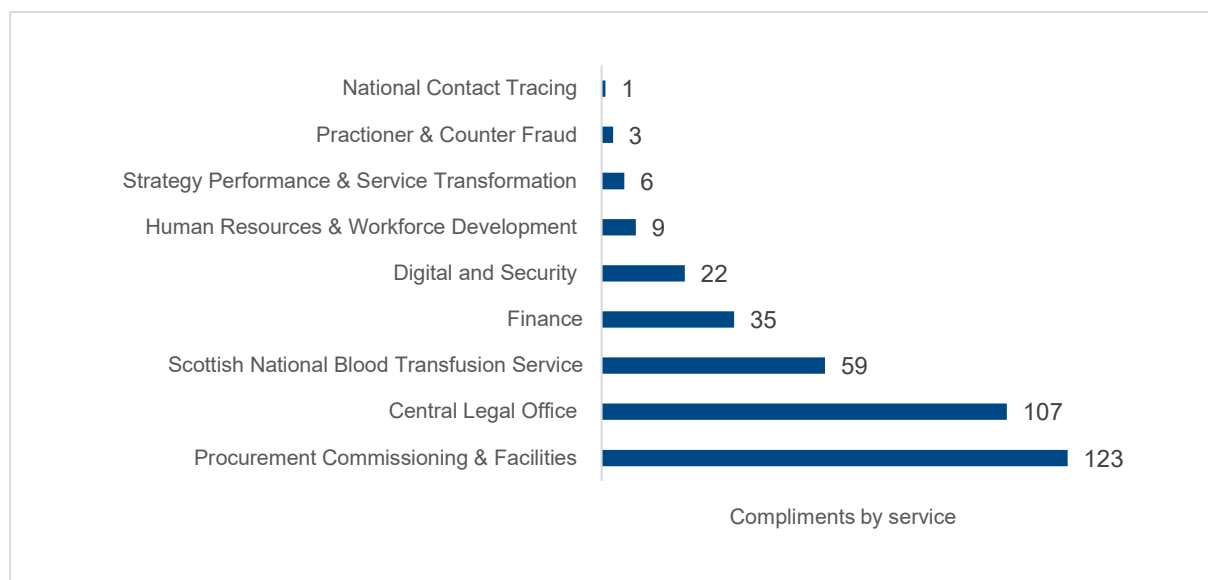
Negative feedback and suggested improvements will be used to drive quality improvement, improve service user experience, our performance and future CEI scores. Please refer to page 12 onwards for further details.

3.3 Compliments

Positive feedback enables us to understand what services and behaviours our service users value. Capturing compliments data across a large organisation with a range of different services can be challenging. This is due to the fact that our staff and services receive compliments in a range of ways and there's no mandatory reporting requirement. However, our directorates have worked together to prepare the most comprehensive data possible.

In the last year, compliments on our services were received from a wide range of organisations and individuals. Overall, there were a total of 365 compliments. This is an improvement from 268 on the previous year.

Figure 4: Number of compliments recorded by service



Key themes of our compliments are:

- staff
- speed of response
- quality of information/ support

Some examples of positive feedback we have received are detailed below which are verbatim from our service users:

3.3.1 NHSScotland Assure

“Thank you for sorting out all the oxygen equipment to allow us to go to the family events we had planned but thought it would not be possible, it has made a massive difference and we were able to go and had a great time because of your help.”

Member of the public

3.3.2 Central Legal Office

“Staff are responsive and knowledgeable within their field. They approach all matters professionally and diligently and provide a "safe pair of hands" in all aspects of what they do.” **NHS Dumfries & Galloway**

3.3.3 Digital and Security (DaS)

“The programme made great efforts to deliver rapid changes to COVID / Flu vaccination portal to improve experience for citizens.” **Scottish Government**

3.3.4 Scottish National Blood Transfusion Service

“The local service in Ninewells is hugely accessible and the staff are always friendly even in pressurised situations. We include staff in our adverse event review processes with their regular input into staff education. I see the team as extended members of our maternity team and find them a really easy service to work with.”

NHS Tayside

“We use Histocompatibility and Immunogenetics (H&I) services weekly and sometimes ask daily advice. The service we receive is wonderful. They are always available, reliable, approachable and answer our questions quickly. We feel very lucky to have them in our service.” **NHS Lothian**

3.3.5 Finance

“Fabulous service, prompt happy to discuss, resolving issues.” **Anonymous**

3.3.6 Scotland Innovates Portal

“The level of service the Diagnostics team experienced via the NHS National Services Scotland portal has been nothing short of tremendous. Just as soon as we had completed our innovation submission, we were immediately invited to discuss our entry. Furthermore, we learned more in that initial 45-minute session regarding avenues to explore, and organisations to approach with our product, than any amount of desk research would provide.

Their great counsel and assistance left us feeling confident the service will afford us the best opportunity possible to get our innovation in front of the key decision makers in Scotland most likely to find value in our offering.” **Innovation Programme Team, Diagnostics**

3.3.7 Practitioner & Counter Fraud Services

In 2023, the Scottish Infected Blood Support Scheme (SIBSS) team received a Staff Excellence Award. This award recognises their continuous positive approach to managing the concerns and needs of our scheme members. Sally Richards and her team received many thank you cards from members. They also had positive feedback in the Robert Frances QC report in 2022, where he (Robert Frances QC) highlighted the support that the Scottish Scheme had from its membership.

3.3.8 Contractor Payments

“Payments are made appropriately and on time. Fantastic relationship with PSD colleagues – any issues resolved via a phone call and truly a great service.”

Pharmacy Contractor

“The payments service from PSD is excellent. Individuals who we link into are very helpful and accommodating, they always do what they can to help, e.g., great

support with correcting errors, regardless of on whose side the fault was, or support if deadline was missed to still make the payment.” [Ophthalmic Contractor](#)

3.4 Introduction to NSS complaints

Between 1 April 2022 and 31 March 2023, NSS received 754 complaints. This compares to 743 in the previous year and represents an increase of 1.5%.

Every complaint we receive is valued, fully investigated in line with the MCHP and where relevant, improvement plans are put in place.

A total of six complaints were referred to the Scottish Public Services Ombudsman (SPSO) in 2022/23. Out of those six, one complaint was upheld. This is compared to no complaints reported to SPSO in 2021/22 and three complaints being reported during 2020/21, one of which was upheld.

In 2022/23 we resolved 93% of the stage 2 complaints within the guidelines. This compares to 86% of stage 2 complaints in the previous year. Additionally, the average response time for closing stage 2 complaints is now 9.8 days compared to 13.3 days from the previous year. This has been driven by the team providing training, guidance, and support to all directorates, and an increased focus by the directorates.⁷ The MCHP requires stage 2 complaints to be investigated and resolved within 20 working days.

In 2022/23, complaint numbers were higher in Quarter 1 to Quarter 3 than in the previous year. Complaints in Quarter 4 were significantly lower than in the previous financial year.

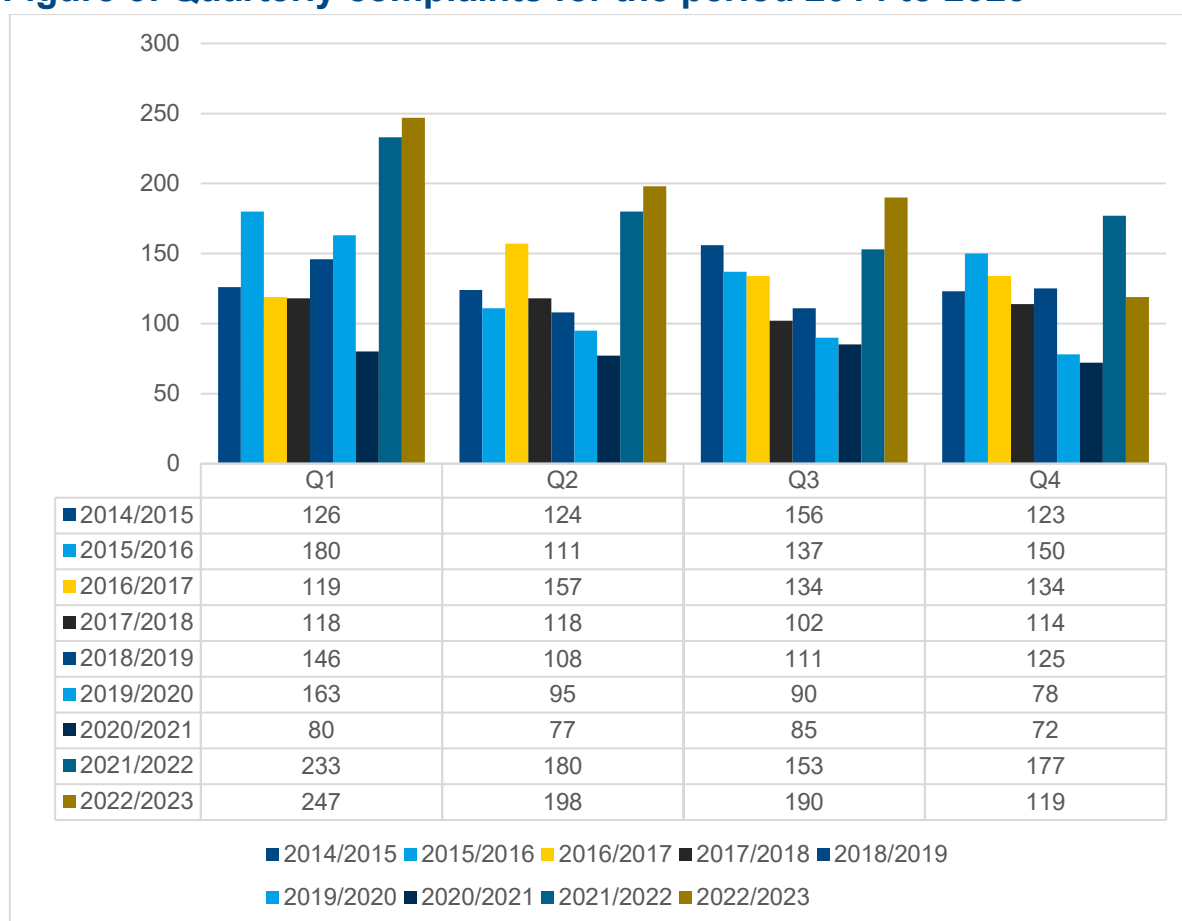
⁷ [The Model Complaints Handling Procedures | SPSO](#) defining the 2 stage process

Table 2: Total quarterly and cumulative totals for 2022/23 with a comparator with 2021/22

	Quarterly Total 22/23	Cumulative Total 22/23	Quarterly Total 21/22	Cumulative Total 21/22
Quarter 1	247	247	233	233
Quarter 2	198	445	180	413
Quarter 3	190	635	153	566
Quarter 4	119	754	177	743

The quarterly data shows that our complaints remain at similar levels and a further analysis is provided further on in the report.

Figure 5: Quarterly complaints for the period 2014 to 2023



We continue to commit to the requirements set out in the NHS MCHP. Our policy is that we acknowledge complaints within three working days, resolve less complex complaints within five working days and resolve more complex complaints within the 20 working-day timescale.⁸ In Quarter 1, we didn't achieve our Key Performance.

⁸ [Stage 2 Complex Complaints](#)

Indicators (KPIs) for less complex complaints by 0.2 of a day. This is highlighted in table 3.

Table 3: Handling complaints – our response times

	Q1 2022/ 2023	Q2 2022/2023	Q3 2022/2023	Q4 2022/2023	Annual 2022/ 2023	Annual 2021/ 2022
Average response time against target response time of five working days (less complex)	5.2	4.5	3.3	3.1	4.3	4.7
Average response time against target response time of 20 working days (more complex)	9.7	8.7	9.7	10.1	9.8	13.3
% responses within target (20 working days)	94%	92%	93%	92%	93%	86%
Number of responses out with target (20 working days)	15	15	13	10	53	55

3.5 Referrals to the Scottish Public Services Ombudsman

A total of six complaints were referred to the Scottish Public Services Ombudsman (SPSO) in 2022/23. Out of those six, one complaint was upheld. This is compared to no complaints reported to SPSO in 2021/22 and three complaints being reported during 2020/21, one of which was upheld. The nature of the referrals relates to communication and improvements have been implemented as a result on the recommendations provided by the SPSO. To protect confidentiality the report cannot go into the detail of the one complaint upheld.

The next section looks in more depth at the complaints by directorate and the improvements implemented as a result.

Directorate Complaints

3.5.1 Scottish National Blood Transfusion Service (SNBTS)

In 2022/23 there were 100,602 active blood donors in Scotland with 174,403 attendances, who have all given blood within the last year - less than 4% of the eligible population of people aged 17-70. Existing donors can continue beyond 70 if they are regular donors. In 2021/22 there were 97,777 active blood donors with 172,686 attendances. This year SNBTS received 265 complaints. Complaints remain low as a proportion of attendances.

Table 4: SNBTS donor complaints

Type of Complaint	Q1 2022/2023	Q1 2021/2022	Q2 2022/2023	Q2 2021/2022	Q3 2022/2023	Q3 2021/2022	Q4 2022/2023	Q4 2021/2022
Opportunity to donate	15	3	11	3	9	8	13	5
Donor selection	31	5	18	7	9	6	8	2
Opening hours	0	0	0	1	2	0	0	0
Staff attitude and behaviour	9	7	10	16	10	10	6	14
Waiting times	2	2	3	1	6	0	0	1
Donor communications	14	10	8	7	1	2	1	5
Documents and records	3	2	1	1	9	3	4	0
Health and Safety	3	3	5	5	5	5	1	1
Bruising/adverse events	2	7	0	5	2	2	4	3
New regulatory change	0	0	4	0	5	0	4	0
Special redesign/change/ disruption	1	0	1	6	0	0	0	0
Special needs (DDA)	1	0	1	0		1	0	0
Vexatious	0	0	0	0	0	0	0	0
Voluntary organiser attitude and behaviour	0	0	0	0	0	0	0	0
Facilities (incl. parking)	0	0	0	0	0	0	0	3
Legal claim	0	0	0	0	0	0	0	0
Appointment Availability	11	10	8	8	13	10	13	12
Donor web portal	2	10	2	10	2	1	4	2

Table 4 shows the number of complaints SNBTS has received from blood donors.

The number of complaints in Q1 relating to donor selection and communication increased. This corresponded with changes to the blood donation policy and associated communication. Across the year we also saw an increase in the number of complaints relating to the opportunity to donate. Since COVID pandemic there are a number of areas that SNBTS no longer visit due to changes in the collection footprint and a reduction in demand, SNBTS review the session programme annually, taking difficult evidence-based decisions to meet the changing needs of patients whilst maximising ability meet demand. Overall, the number of complaints remains a low proportion of the number of donor sessions per year.

Table 5: SNBTS staff attitude and behaviour complaints 2022/23 and 2021/22

	Q1 2022/ 2023	Q1 2021/ 2022	Q2 2022/ 2023	Q2 2021/ 2022	Q3 2022/ 2023	Q3 2021/ 2022	Q4 2022/ 2023	Q4 2021/ 2022
Staff attitude and behaviours	9	7	10	16	10	10	6	14
Voluntary organiser attitude and behaviour	0	0	0	0	0	0	0	0
TOTAL	9	7	10	16	10	10	6	14

This year there have been 35 complaints relating to staff attitudes and behaviours and is a decrease of 25.5% from 47 for 2021/22. This was driven by the Donor and Transport Services unconscious bias training and the customer standards training was refreshed in towards the end of financial year 2021/22.

3.5.2 Procurement, Commissioning and Facilities (PCF)

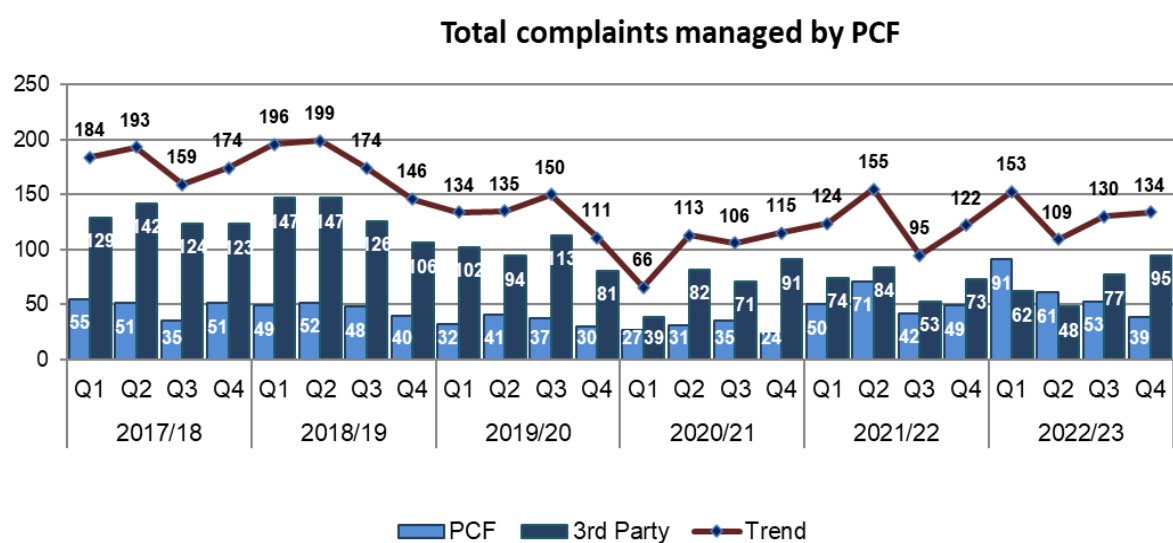
Within PCF, the volume measure relates to National Procurement and most of the complaints relate to National Procurement.

- National Procurement 99.43%
- Specialist Healthcare 0.57%
- NHSScotland Assure 0%.

The National Distribution Centre (NDC) handled 4,644,929 orders in 2022/23.

The 2023/24 report will provide a breakdown of the separate services following the changes to the internal ways of working and the separation out of PCF in April 2022.

Figure 6: Total PCF complaints



The volume of complaints over the last few years have remained consistently low as a proportion of overall service. A decrease is evident in Q1 of 2020 which was a result of the COVID-19 pandemic. The complaint figures have remained consistent, whilst the scope of the service provision has increased with the introduction of supplying the wider social health and primary care services.

In 2022/23, PCF received 244 complaints relating to their service. The number of complaints reported in this year has increased from 212 in 2021/22, representing an increase of 15%.

Table 6: National Procurement (excluding third party)

Type of complaint	Q1 2022/ 2023	Q1 2021/ 2022	Q2 2022/ 2023	Q2 2021/ 2022	Q3 2022/ 2023	Q3 2021/ 2022	Q4 2022/ 2023	Q4 2021/ 2022
Product quality/ out of date products	36	26	26	38	18	15	19	27
Service	0	0	0	0	0	0	0	0
Transport issues	0	0	0	2	0	0	0	0
Late/ wrong/ no delivery	19	6	10	14	12	10	6	25
Supply issues	0	3	1	1	0	2	0	0
Wrong/ confusing/ missing Information	2	0	5	4	1	2	2	0
Price	0	0	0	1	0	0	0	0
IT/ systems	0	0	1	1	0	0	1	4
Product unsuitably packed (Health and Safety) issues	0	2	0	2	0	2	0	0
Other	34	37	18	21	22	22	11	17

The most common type of complaints was for product quality/out-of-date products. This accounted for 99 complaints (40.6% of all complaints).

To improve customer experience:

- improvements to the national distribution centre equipment e.g., cages
- NHS Forth Valley deliveries changed from pallets to cages
- Operations Multi-Site Rapid Improvement Group formed
- regular Complaints Champions team meeting established
- Procurement, Commissioning and Facilities (PCF) Customer Feedback Portal was launched
- Complaints investigation training relaunched

In addition, National Procurement (NP) closely monitor complaints received and where an adverse trend is identified, will work with suppliers, and relevant NHS boards, to develop and agree a recovery, corrective action, and improvement plan. As part of any

corrective and preventative action (CAPA) plan, NP will issue a product alert or recall notice to NHS boards.

3.5.3 Practitioner and Counter Fraud Services (P&CFS)

Practitioner and Counter Fraud Services (P&CFS) received 13 complaints in 2022/23. This compares to 38 complaints in 2021/22. The number of complaints has significantly reduced as contractor payment levels have recovered to pre-pandemic state. For example, during the COVID-19 pandemic contractors services such as dentists and opticians were 'stood down' resulting in 'top-up' payments being received rather than 'actual' payments. This legislation was set out by Scottish Government. The complaints were mainly around the amount being paid.

Table 7: Complaints breakdown by service area for 2022/23

Service area	Number of complaints	Upheld	Partially upheld	Not upheld
Contractor finance	4	1	2	1
Dental	1	1	0	0
Medical	8	2	2	4
Total	13	4	4	5

3.5.4 Central Legal Office (CLO)

Central Legal Office (CLO) received one complaint in 2022/23. This compares to one received in 2021/22. CLO have processes for managing complaints that relate to specific legal matters through the Scottish Legal Complaints Commission.

3.5.5 Strategy Performance and Service Transformation – National Contact Centre

NCC received 186 complaints which represented a 22% reduction compared to 2021/2022 period. During 2022/2023 NCC delivered a number of services including Contact Tracing and Border Monitoring and continued support to the Covid and Flu vaccination programmes, with some residual Lateral Flow testing and Warm Scottish Welcome support.

Table 8: NCC Complaints Data

NCC	Number of complaints	Upheld	Partially upheld	Not upheld
2022-2023	186	27 (14%)	17 (9%)	142 (77%)
2021-2022	237	55 (23%)	12 (12%)	152 (65%)

Table 9: Yearly Call comparison split between NCC workstreams

Helplines	2022/2023	2021/2022
Vaccination	910k	3,020k
Covid Status	267k	627k
Contact Tracing	37k	480k
Testing	2k	11k
Warm's Scottish Welcome	5k	N/A
Pulse Oximetry Monitoring	1k	N/A
Outbound across NCC	305k	70k
Total Call Interactions	1,527k	4,208k

During the period of 2022-2023, 1.2 million calls were received across all of NCC service areas including, in addition in incoming call, 305 thousand outbound calls were made.

186 Complaints represent <0.0002% of call interactions across NCC compared to <0.00006% in the previous year

As part of continuous quality improvement within NCC, redevelopment to the call quality review process was implemented. All call agents, both NCC staff and the commercial contractors have a sample of calls reviewed against a calibrated 'call quality review,' constructive feedback is provided to improve the quality of the call. This informs the quality improvement of scripts and FAQs used by the call agents. Regular review meetings are held with NCC staff and all contractors to ensure a consistent approach and the same level of quality.

3.5.6 Human Resources (HR)

Human Resources (HR) received a small number of complaints, five in total during 2022/23 on a range of issues. There were a number of positive lessons learnt as a result of the complaints. Actions that were taken forward include:

- additional training provided to ensure consistency of knowledge across the team regarding extension to sick pay
- HR Connect improvements to aid user navigation extension to sick pay information

- review of the long service award process
- review of wording used within the initial response to ServiceNow enquiries
- review and amendment of automated responses for completed/ closed calls

3.5.7 Digital and Security (DaS)

Digital and Security (DaS) provide external digital shared services, desktop IT, networking, web hosting and information security to other NHSScotland boards, specifically Public Health Scotland and Healthcare Improvement Scotland.

DaS provides business as usual service management and continuous quality improvement for major national digital services including the Community Health Index, GP Patient Referral System, the eESS HR system and the COVID-19 / Flu vaccine scheduling system, amongst others.

Additionally, DaS provides strategic consultancy, delivery management and assurance on major national delivery programmes including eRostering, Child Health, SNOMED CT⁹ and GPIT.¹⁰

DaS has received no complaints in this reporting period. DaS is actively working to improve the Customer Satisfaction, Effort and Advocacy scores.

DaS has implemented a portfolio-based delivery and governance model which will make the design and delivery of solutions and service more user-centric and provide a single point of escalation for quality control and assurance activity across each portfolio of projects and services.

DaS are also implementing more 'real-time' data collection for its services, reducing reliance on the single annual survey. This will provide DaS with more actionable insight and enable responses to issues sooner with a view to improving these scores.

3.5.8 Finance

Outcomes from surveys conducted in 2020 and 2021 were below expectations and did not meet the agreed target. To address this the finance leadership prioritised service improvement and a range of quality improvement initiatives which have been delivered over the last two years.

In 2022 Finance achieved or exceeded targets set for all three of the customer satisfaction scores.

⁹ [ISD Services | Terminology Services and Clinical Coding | SNOMED CT Resources | ISD Scotland](#)

¹⁰ [GP-IT Re-provisioning – Primary Care Informatics \(scot.nhs.uk\)](#)

Finance has successfully implemented the following:

- ensured that customer issues identified in the survey were promptly addressed by the appropriate teams, by contacting customers and actively resolving customer concerns, improved their overall satisfaction with the finance services
- valuable feedback received from customers through the survey was shared with the finance teams. This feedback helped improve understanding of specific areas and allowed for continuous quality improvement, learning and development
- conducted regular deep-dive sessions to analyse complaints and feedback received from customers. This enabled the finance team to identify recurring issues, understand underlying causes, and implement appropriate measures to address them effectively
- complaint reduction and increasing customer satisfaction were key drivers incorporated into all staff personal objectives. This helped prioritise these aspects and ensured a focused effort towards improving the overall customer experience.
- the senior management team (SMT) placed a heightened emphasis on customer feedback. Regular discussions and quarterly reviews were conducted at SMT level on post query report to ensure that the voice of the customer was considered in decision-making processes.
- training delivered to Public Health Scotland (PHS) staff to improve understanding and knowledge of the purchase order process

Through the combined effect of these initiatives, finance has improved their scores and met the target set for the survey. This has also positively impacted customer satisfaction and strengthened customer relationships.

All teams across finance have been involved in delivering these improvements and great progress has been made in increasing the customer satisfaction scores.

The Net promoter score has increased by over 29 points shifting an overall negative view of finance to an overall positive view. The customer satisfaction score has increased from 18% to 71%, exceeding the set target.

3.5.9 Practitioner and Counter Fraud Services (P&CFS)

Of the four complaints upheld, the lessons have been learned and improvements made are:

- Subject Access Request (SAR) – applicant was not happy with the method they received their response/ information. Process changed to check and confirm with applicants before releasing the information.
- Dental payment (COVID-19 payment) – complainant was not happy about the length of time it was taking to resolve a payment issue. Investigation revealed that this had happened due to a miscommunication between two members of staff. Staff were made aware, and the process was reviewed.
- Scottish Dental Reference Service (SDRS) – patient complained about the time it took to get an answer from the SDRS appointments telephone line. The process was reviewed, and a staff timetable/rota was implemented to avoid this happening in the future.
- Subject Access Request (SAR) – an applicant had concerns with an email trail that was amongst the data they had received from their SAR request. It referred to an email conversation that had taken place between a member of staff from their General Practitioner (GP) practice and a P&CFS staff member. The complaint was referred to the Information Governance Manager to review the medical process. A discussion had taken place between manager and the member of staff concerned. A communication was issued reminding staff to respect patient privacy and confidentiality.

4. Improvement Activity

4.1 Good practice

Understanding the views and experiences of our service users continues to be a powerful way to ensure that our services are fit for purpose and deliver value added benefit for the people of Scotland. To welcome and respond to feedback and complaints ensures that our service users feel valued.

To continue our commitment to the Customer Engagement Index (CEI) survey and the Model Complaints Handling Procedure (MCHP) all directorates of NSS will feature in the quarterly reports and agreed improvement plans will be adopted and implemented as part of the quality improvement service model.

There is no centralised complaints team in NSS, therefore the quality leads from each directorate meet monthly to ensure best practice, discuss improvement plans and to look for common themes.

4.2 Improvement activity

To value all feedback, both positive and negative is a key driver in developing service plans and informing quality improvement activities.

To improve the quality of the feedback we receive from our service user surveys, some of our directorates now collect feedback throughout the year following the delivery of specific services. Digital and Security (DaS), Human Resources (HR), and Finance have now adopted this approach. However, this approach is not appropriate for all our directorates to adopt.

The online platform for handling complaints in the ServiceNow service portal has been further developed in 2022/23. All directorates now record complaints using this one platform. NSS dashboards are now available to monitor complaints activity across the organisation. Training on the online portal has been provided to complaint leads across the organisation.

However, real-time monitoring and reporting of complaints will not be possible as some directorates are not able to record and update the system in real time due to nature of the service and lack of access to the online tool or secure internet connection in some locations where they interact with service users. For example, if a complaint were to occur in a mobile blood donation unit in a remote location the complaint could not be logged in the moment if there is no secure internet access.

The NSS directorate and service complaint leads meet on a monthly basis to discuss good practice, share learning, and are provided with tools, guidance, and templates to ensure that there is a consistent approach across NSS. The meetings provide the NSS leads with an opportunity to network and creates a community of interest for those leading on complaints reporting for their area.

4.3 Accountability and Governance

The executive lead for feedback and complaints is the Director of Strategy, Performance and Service Transformation (SPST), who is supported by the Customer Engagement team.

All NSS complaints are reviewed in the directorates, the Executive Management Team (EMT) meetings and the complaints reports are scrutinised at the Audit and Risk Committee.

Staff related complaints are integrated into the people report presented to our Staff Governance Committee. The EMT receive the performance figures against the NHS Model Complaints Handling Procedure Key Performance Indicators. The Audit and Risk Committee receives the annual report.

Those relating to clinical services or the professional behaviour/ practice of NSS clinical staff are reviewed by the Clinical directorate team. The Clinical Governance Committee (CGC) review clinical complaints.

Figure 7: Hierarchy of governance arrangements for feedback and complaints reporting



5. Appendices

5.1 Appendix One: summary of customer feedback and suggestions

Table 9: Central Legal Office (CLO) Customer Engagement Index (CEI) results

CEI measure	CEI score	Feedback type	Feedback
Satisfaction	99%	Positive	Expertise timely responses Teams (accessible, approachable, and professional) Quality of advice
Net promoter	80%	Improvement	More commercial approach
Effort	99%	Requirement	

Table 10: Digital and Security (DaS) Customer Engagement Index (CEI) results

CEI measure	CEI score	Feedback type	Feedback
Satisfaction	58%	Positive	Professional courteous and responsive staff providing prompt service
Net promoter	-23%	Improvement	Capacity, variable customer focus and systems
Effort	52%	Requirement	More responsive and shorter resolution times

**Table 11: Procurement, Commissioning and Facilities (PCF)
Customer Engagement Index (CEI) results**

CEI measure	CEI score	Feedback type	Feedback
Satisfaction	68%	Positive	Helpful, open approachable staff, responsive timely service, expert advice
Net promoter	-5%	Improvement	Engagement on commissioning process, stock quality processes
Effort	63%	Requirement	Greater clarity on role of organisation, scope, and key contacts

**Table 12: Practitioner and Counter Fraud Services (P&CFS)
Customer Engagement Index (CEI) results**

CEI measure	CEI score	Feedback type	Feedback
Satisfaction	74%	Positive	
Net Promoter	20%	Improvement	
Effort	64%	Requirement	

Table 13: Scottish National Blood Transfusion Service (SNBTS) Customer Engagement Index (CEI) results

CEI measure	CEI score	Feedback type	Feedback
Satisfaction	92%	Positive	Accessible, professional, and collaborative staff, efficient service
Net promoter	68%	Improvement	Linking up systems, timeliness of responses
Effort	89%	Requirement	Improved reporting

Table 14: Programme Management Services (PgMS) Customer Engagement Index (CEI) results

CEI Measure	CEI Score	Feedback Type	Feedback
Satisfaction	100%	Positive	Professional, responsive, quality service. Expert project & programme management resources, providing capacity to deliver rapid progress and high-quality outputs
Net Promoter	94%	Improvement	Continued growth of service design capabilities
Effort	94%	Requirement	Data analytics skills

5.2 Appendix two: Scottish Government performance indicator form. NSS submission 2022/23

NHS National Services Scotland (NSS)

Annual Report on Feedback and Complaints Performance Indicator Data collection 2022/23

Performance Indicator Four:

4. Summary of total number of complaints received in the reporting year

4a. Number of complaints received by the NHS territorial board or NHS special board Complaints and Feedback team	754
4b. Number of complaints received by NHS Primary Care service contractors (<i>territorial boards only</i>)	n/a
4c. Total number of complaints received in the NHS board area	754

NHS board – sub-groups of complaints received

NHS board managed Primary Care services:	
4d. General Practitioner	n/a
4e. Dental	n/a
4f. Ophthalmic	n/a
4g. Pharmacy	n/a
Independent Contractors - Primary Care services:	
4h. General Practitioner	n/a
4i. Dental	n/a
4j. Ophthalmic	n/a
4k. Pharmacy	n/a
4l. Total of Primary Care Services complaints	n/a
4m. Total of prisoner complaints received (<i>Boards with prisons in their area only</i>)	n/a
Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.	

Performance Indicator Five

5. The total number of complaints closed by NHS boards in the reporting year (*do not include contractor data, withdrawn cases or cases where consent not received*).

Number of complaints closed by the NHS board	Number	As a % of all NHS board complaints closed (not contractors)
5a. Stage one	335	44.4
5b. Stage two – non escalated	416	55.2
5c. Stage two – escalated	3	0.4
5e. Total complaints closed by NHS board	754	(Should = 100%)

6. Complaints upheld, partially upheld, and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS board at stage one
6a. Number of complaints upheld at stage one	136	40.6
6b. Number of complaints not upheld at stage one	169	50.4
6c. Number of complaints partially upheld at stage one	30	9.0
6e. Total stage one complaints outcomes	335	(Should = 100%)

Stage two complaints

	Number	As a % of all complaints closed by NHS Boards at stage two
Non-escalated complaints		
6f. Number of non-escalated complaints upheld at stage two	212	51.0
6g. Number of non-escalated complaints not upheld at stage two	105	25.2
6h. Number of non-escalated complaints partially upheld at stage two	99	23.8
6j. Total stage two, non-escalated complaints outcomes	416	(Should = 100%)

Stage two escalated complaints

	Number	As a % of all escalated complaints closed by NHS boards at stage two
Escalated complaints		
6k. Number of escalated complaints upheld at stage two	2	66.7
6l. Number of escalated complaints not upheld at stage two	1	33.3
6m. Number of escalated complaints partially upheld at stage two	0	0.0
6o. Total stage two escalated complaints outcomes	3	(Should = 100%)

Performance Indicator Eight

8. Complaints closed in full within the timescales

This indicator measures complaints closed within five working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS boards at each stage
8a. Number of complaints closed at stage one within five working days.	273	42.1
8b. Number of non-escalated complaints closed at stage two within 20 working days	372	57.4
8c. Number of escalated complaints closed at stage two within 20 working days	3	0.5
8d. Total number of complaints closed within timescales	648	(Should = 100%)

Performance Indicator Nine

9. Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the Complaints Handling Procedure (CHP) timescale, where an extension was authorised.*

	Number	As a % of complaints closed by NHS boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	0	0 %
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	0	0 %
9c. Total number of extensions authorised	0	

***Note:** The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.