NHS Forth Valley

Annual Report: Feedback, Comments, Concerns, Compliments and Complaints

2015-2016
Executive Summary

The Patient Rights (Scotland) Act 2011 together with supporting legislation provides the right to give feedback, make comment, raise concerns and make a complaint about the NHS in Scotland. NHS Forth Valley has used these to drive continuous improvements to service delivery, ensuring that care is safe, effective and person centred. The organisation offers support for patients and carers through:

- **Patient Relations Team** – A person centred approach is adopted whereby when a complaint is received, the person raising the complaint is allocated a named officer throughout the process. The Team also capture feedback, comments, concerns and compliments and ensure that these are shared with the appropriate services.
- **Patient Advice and Support Service (PASS)** – They assisted 128 patients/clients, 104 of which were new clients in 2015 – 2016 with 539 enquiries
- **Alternative Dispute Resolution** – Many complaints have been resolved through meetings with staff and the complainant but no cases have yet used mediation.

Evidence of Learning from Feedback, Comments, Concerns and Complaints

The report has identified the paramount importance of listening compassionately to concerns raised by patients and families, ensuring that clinical staff are confident and equipped to respond to and resolve concerns as timely and person centred as possible. Examples of how feedback from the Patient Experience and Person Centred Health Care measures inform ongoing local improvements include:

- Continued weekly use of patient experience questionnaires to identify areas for improvement relating to the “5 must do’s”, this helps to provide NHS Forth Valley with more detailed information (The five “Must Do With Me” areas help to ensure that all of the interactions between people using services and the staff delivering them are characterised by **listening, dignity, compassion** and **respect**)

  - The development of patient focus groups for patients who have undergone Colorectal surgery
  - Introduction of alarm clocks in inpatient areas as a medication reminder for Parkinson’s patients
  - An Anticipatory Care Plan for end of life care

Reports on the numbers and themes of complaints are provided regularly to NHS Forth Valley Board. This data is included within the core performance report to the NHS Boards Performance and Resources Committee and in detail to NHS Forth Valley’s Board Clinical Governance Committee, Directorate Clinical Governance Committees, and issues are discussed daily at Staff Safety Briefs.
The total number of complaints received in NHS Forth Valley for the period 1 April 2015 – 31 March 2016 is 1047 (including complaints withdrawn/transferred elsewhere and consent not received). There is a 2.94% overall increase in complaints. However there has been a significant decrease of 6.3% in NHS Forth Valley excluding Prison Service complaints.

The table below provides further analysis of the breakdown of complaints during the year 2015/16 and a comparison to previous years:

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<th>Percentage +/-</th>
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<td>NHS Forth Valley</td>
<td>593</td>
<td>705</td>
<td>660</td>
<td>6.3% (Decrease)</td>
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<tr>
<td>Prison</td>
<td>487</td>
<td>312</td>
<td>387</td>
<td>24.0% (Increase)</td>
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General Practitioners received 159 complaints with a 20-day response rate of 83.68%.

**Complaint Themes**

Of the complaints received the main themes identified were:

- Clinical Care and Treatment
- Staff Attitude and Behaviour
- Staff Communication (Oral)

Some of the work ongoing to help avoid recurrence of these complaints includes:

- Ongoing staff training and development with the use of patient stories and increased meetings with patients and families
- Clinical reviews of care to ensure service improvements
- The ongoing review of prison healthcare services complaints process

**Scottish Public Services Ombudsman (SPSO)**

Twenty-Eight complaints regarding NHS Forth Valley were referred to the Scottish Public Services Ombudsman, who issued 16 decision letters of which 4 were upheld and 2 partly upheld, 8 not upheld, 12 complaints are still under investigation and 2 complaints whereby no investigations have been conducted.

Seeking feedback, and listening to people through many routes whilst reaching out to those we need to hear from the most, will continue to be at the heart of the way we care and design services.
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Introduction

The Patient Rights (Scotland) Act 2011 gives patients the right to provide feedback, comments, raise concerns and complain about the NHS in Scotland. The purpose of this report is to demonstrate how feedback, comments, concerns and complaints from those who use, or have contact with NHS Forth Valley, have been used to make improvements to the services we deliver, ensuring that it is not only safe and effective but also person centred.

The report is set out in five sections:

Section 1 Encouraging and Gathering Feedback, outlines the methods available across the Board to encourage and welcome feedback.

Section 2 Encouraging Feedback and Managing Complaints, in line with the ‘Can I help you?’ guidance, presents the performance and what steps have been taken to ensure a Person Centred approach is applied to the management of complaints.

Section 3 Creating a Culture, explores the work undertaken to create a Board which actively encourages and welcomes feedback, comments, concerns and complaints.

Section 4 Improvements to Services, the report will explore actions that have been taken to improve services as a result of feedback, comments, concerns and complaints.

Section 5 Accountability and Governance describes the reporting process for complaints and feedback in NHS Forth Valley ensuring that board members are given the assurance that improvements are undertaken as a result of this process.

Section 6 Next Steps, this section gives a brief detail of some of the work that we will be support over the next year.
Section 1: Encouraging and Gathering Feedback

The purpose of this section is to demonstrate the available methods used across NHS Forth Valley to encourage feedback to promote learning and to allow services to implement improvements appropriately.

NHS Forth Valley has a well established and reliable toolkit for collecting feedback, comments and concerns as mentioned throughout this section of the report. There are many examples of how we access and respond to feedback from patients, families and carers.

The National Inpatient Experience survey, patient and staff questionnaires to ascertain real time feedback and patient stories, are some examples of how we gather feedback; social media is also used including Twitter, Facebook and Patient Opinion. Use of the NHS Forth Valley website Your Health Service provides email opportunity to provide feedback.

1.1 National and Local Experience Surveys
NHS Forth Valley developed a patient experience measure which has been used to prioritise areas for improvement. The questionnaires are now being used in all of our inpatient areas including community hospitals and acute in-patient mental health areas. In each ward, five patients per week are asked for their feedback about their experience of care.

The questions include the “5 Must Do” measures from the National Person Centred Health and Care Programme (PCHC). The Senior Charge Nurses use the data to identify areas for improvement; this data is on display within the clinical areas where patients and the public can view local improvements. The data is also presented at the Forth Valley Senior Charge Nurse meeting where it is discussed and improvements shared. See page 34 for an example of the questions used.

1.2 Patient Public Partners
During 2015/16 in response to the recommendations received following the Participation Standard Assessment based on the Boards’ Annual Report 2014/2015, we have introduced dedicated Patient Public Panel (PPP) members within some of our inpatient areas. This has provided an opportunity for this dedicated group of volunteers to participate in the gathering of feedback, completion of patient experience questionnaires and being a representative for patients, families and carers within the healthcare environment.
The PPP continues to support the delivery of the Person Centred Health and Care Strategy and has mapped its fifty different activities to ensure it is closely aligned to the Local Delivery Plan.

PPP & Public Partnership Forum (PPF) members assist staff in gathering feedback on patient experience, catering, housekeeping and hospital cleanliness. Members also provide feedback and comment regarding patient information materials such as leaflets.

Additionally, PPP members participate in a wide range of local and national fora, putting forward the perspective of patients, carers and members of the public.

The PPP is progressing with its digital presence and has developed its section of the NHS Forth Valley website. There is a diary of involvement which allows members to give feedback on their activities and provides for evaluation of the PPP’s impact.

A monthly PPP newsletter is also now published on the website to allow for effective communication and raise awareness of the PPP.

1.3 Patient Stories

We actively encourage patients, carers and their families to share their stories using a range of formats; transcribed stories, digital recordings, voice-over’s, face to face interviews, filming or using more sensitive methodologies for people with communication difficulties for example emotional touch points.

NHS Forth Valley present a patient story to the Board, to raise awareness with executive and non executive colleagues. The story chosen for this meeting is reported via the Clinical Governance Balanced Scorecard and Quality report on a bimonthly basis. A patient story has been introduced at the Person Centred Health & Care Steering Group and locally during team safety briefs.

Families have provided feedback that having the knowledge their story has been shared with all levels of staff, it has provided closure and gives reassurance that staff have gained learning.

A Patient Story – Cared for with kindness and sensitivity

My mother spent 8 weeks in Forth Valley Royal Hospital from 6th July to the 30th August this year. Sadly mum passed away on the 30th August. I have already thanked the staff on the ward for the amazing care that they gave mum and I thought that they should not be the only ones to hear about it.

Every single member of staff on ward A31 was absolutely outstanding. Given the length of mums stay, I think almost every member of nursing and auxiliary staff had input into my mum’s care. They truly went above and beyond what might be expected.
I don't live near the hospital, it is a 100 mile round trip. My two small children and I made this trip almost every day for 8 weeks. The staff were brilliant with the children, they made sure that my children were given ice creams and little treats and they always made time to chat with them, and I know this meant an awful lot to my mum. The staff always kept my mum immaculate and if she wasn't able to eat herself or go to the loo, they were always on hand to help with a big smile.

I phoned into the ward almost every day to check on mum before coming in, and although I know that the staff are sometimes a little overstretched, they never sounded grumpy and always updated me with kindness and sensitivity.

As mum was weakening and coming closer to passing away, the nurses sat with mum almost nonstop as they knew she was frightened. This made everyone, including mum, feel so much better.

After mum died, the nurses called to tell us the news and reassured us that two of them sat with her as she slipped away. The staff asked if we would like to come in to see mum. We decided that we would and again their dedication shone through. Mum was immaculate, her hair was brushed, her skin was moisturised, the bed was made neatly over her, with my dad's blanket over her legs and feet. They had placed a little rose bud on her pillow and had put her jewellery in little organza bags at the side of her bed, this was so comforting to the family.

I could go on and on but I think you will understand how much we appreciated the level of care our whole family received from the staff of A31, at what was a very challenging time.

This story was shared with the clinical team who displayed the story during staff briefs. Staff found this very rewarding.

1.4 Patient Opinion
NHS Forth Valley continues to use Patient Opinion as part of a range of methods to measure and fulfil our commitment under the Patient Rights (Scotland) Act 2011 and work on the early resolution of concerns. Patient Opinion is an effective mechanism to support and enable staff to listen, learn from and initiate improvements based on direct feedback.

During 2015/2016 NHS Forth Valley has received a total of 90 stories via Patient Opinion with 109 responses, which have been read 36,447 times.
Some examples of stories received, shared with staff and service improvements made as a result of this feedback include:

“First class care from Minor Injuries Department”
I took my 6 year old son to the Minor Injuries Department at Stirling Community Hospital. He had a deep skelf in his hand which needed to be taken out. The nurse who dealt with him was fabulous. She was very focused on him, asking him questions, engaging him in his care and letting him make choices, which was great. This put him mind at ease and let him feel in control. Following the treatment he was given a choice of certificates and stickers (even an extra sticker for his little brother) which he could not wait to take with him to school the following day to show his friends. First class service!

“Nurse didn’t introduce herself!”
Went for consultation at Forth Valley Royal Hospital. New specialist nurse came and got me from waiting room and was there during my consultation. At no point did she introduce herself. I feel when you go for any appointment all parties in the room should introduce themselves if they have never met you after all they are privy to your personal consultation. I know I am not unique and this happens in other departments but it is just not good manners!
“Admission to intensive care made that bit easier”
I cannot thank the staff members of Forth Valley Royal Hospital Intensive Care Unit enough. I normally attend Edinburgh Royal Infirmary but whilst visiting my boyfriend who lives in Falkirk I suffered a severe allergic reaction to prawns. I was admitted as an inpatient to the hospital and unfortunately due to my condition worsening had to be transferred to Intensive Care.

Despite having been an inpatient in Intensive Care before this was still a very traumatic experience however the staff could not have been any more fantastic. They were constantly there no matter what I required and answered any questions I had. They are all lovely and do an amazing job. They do not receive enough recognition for what they do and I wish there was some other way I could thank them for what they did for me.

They try to make your stay as easy as possible. They are very flexible on visiting hours which definitely helps get you through being in Intensive Care. They cannot do enough for you and I can't fault them in any way. They always ensure you have what you need and nothing is too much.

Thank you so much for helping me. You are all amazing at what you do and I will be forever grateful.

“Brief account of my recent experiences in Cardiology”
Presented with unstable angina (I had stents fitted in 2004 and had led a normal, very active life since then). I spent most of a day in AAU where I had a heart attack. I was then transferred to the Cardiology Ward where I remained for several days before being taken to Edinburgh Royal to have a stent restored to perfect functioning.

I am now enjoying Rehab with the wonderful staff at The Peak in Stirling, and look forward to leading an even more active life in the company of the Healthy Hearts brigade.

My purpose in writing this is to record my gratitude for the care and the kindness I received in the Cardiology Department at Forth Valley Royal Hospital. I cannot imagine how it could have been improved upon. I could name names but I could not possibly risk forgetting somebody leaving her out. And I include in this the auxiliaries AND the cleaning staff and the ladies who brought the tea round. ALL contributed to a heart-warming experience. How can I thank you enough.
1.5 Post-boxes – Feedback Cards

The introduction of post-boxes across inpatient areas and departments have provided an additional feedback mechanism. Patients, staff, families and carers are invited to complete the feedback cards. These are collected by the staff in the areas and displayed to demonstrate service changes and improvements made from feedback under the banner "You Said, We did".

The feedback cards were designed consulting with the Forth Valley Disability Reference Group. See page 12 an example of the questions used on the feedback cards.
An example of a feedback card

Ward/Department/Service _____________________ Date ___________________

Q1. Are you a? (Please circle)
Patient   Carer   Friend   Relative   Visitor

Q2. How would you rate the care you have received? (Circle)

Very Poor   Poor   Good   Very Good   Excellent

Q3. Please rate the friendliness of the staff (Circle)

Very Poor   Poor   Good   Very Good   Excellent

Q4. Please rate the cleanliness of the facility (Circle)

Very Poor   Poor   Good   Very Good   Excellent

Q5. Please tell us about your experience

Q6. Is there anything we could do to improve your experience?

If you wish to be contacted please leave daytime contact details

_________________________________________________________________

_________________________________________________________________
Examples of feedback received from the cards include:

“All staff are very nice and caring. Children’s play room is AWESOME. The staff and facilities made our stay so much more pleasant, couldn’t wish for better care.”

“The care has been wonderful, from the tea lady, nurses doctors, rehab team, everyone is just brilliant.”

“Excellent care. Staff who care and give their all to get patients back on their feet and home. I think the service is above and beyond efficient, and are always being improved upon.”

“Very good experience. Nurses and dentists were very helpful and explained everything in detail.”

“Fine, much better than expected, I was nervous beforehand, I was very well looked after.

“From the young man on the front desk to the two girls on the outpatient desk my experience was very pleasant and I went from feeling nervous to feeling comfortable.”

![Breakdown of Feedback Themes 2015/16](chart.png)
1.6 Changes made as a result of feedback

- A review is underway to change the information leaflet provided to those patients attending the breast clinic
- Changes made to the room layout within the breast clinic to suit patient needs
- Hearing loops repaired within the Minor Injuries Unit at Stirling Community Hospital
- A review is taking place to improve the environment within the quiet room in the Spiritual Care Centre
- Patients are continually updated on waiting times within the Ophthalmology clinic to ensure that they are informed
- Improved signage at Clackmannanshire Community Hospital
- Relative focus groups continue within the community hospitals to provide a forum with staff to capture feedback and discuss any concerns
- Displaying feedback within the clinical areas and departments from patients, families and carers
- Patient Feedback discussed weekly in theatres during the safety huddle
- Improved staff communication via the Patient Public Panel member within the inpatient areas in relation to individual patient needs including those with a disability
- Playlist for Life introduced to patients diagnosed with dementia
- Training delivered on the Butterfly scheme to ensure consistency of use
- Mental health liaison staff now document within the clinical notes and the Multi Disciplinary Team board, the dementia diagnosis to avoid unnecessary patient and late moves within clinical areas
- Daily input within the acute assessments areas from the dementia champions
- Repair of TV’s within inpatient and outpatient areas
- Ward A12 have introduced extra snacks and drinks following feedback from patients with diabetes
- Continuity of Care – Ward A12 following Learning from Complaints Training session and feedback from staff have implemented changes across the ward to ensure better continuity of care for patients.
- Following a complaint, care bundle booklet which contains bedrails assessment, distributed for use within Community Hospitals has been reviewed and updated
- To reduce the noise at night in Ward B11, the patient buzzer system on to quiet mode to ensure patients can have a restful night and not be disturbed by the loud buzzers
- Following feedback from patients, the sluice room door on ward B11 closing mechanism was changed to a slow close to reduce the bang when the door is closing.

1.7 Implementation of the Web Based Safeguard System

Considerable progress has been made in relation to the recording of Feedback, Comments, Concerns, Compliments and Complaints to produce robust reports to influence service changes and improvements. Whilst this is managed centrally, wards and departments including the prison service can input data locally. This also
encourages ownership within clinical teams. Feedback cards are widely available for patients, families and carers to complete. The graph below demonstrates the number of concerns, and the top three themes, during 2015/16, 760 concerns have been received.

A breakdown of top 3 themes from concerns are:

- Clinical Treatment
- Waiting Time/Date of Appointment
- Staff Communication (Oral)

The graph below demonstrates that 218 comments received from the prison service were in relation to **Problems with Medication**. Improvements had been made locally as a result of this and include:

- Advertising reordering process for pharmacy
- Referrals to supporting clinical teams such as Addiction Services to support medication changes
- Health care notice board placed within the prisoner halls to improve communication
1.8 Focus Groups for Prisoners Receiving Healthcare

Prisoner focus groups continue within HMP Glenochil and it is planned that during 2016/17 these will be introduced within HMP & YOI Cornton Vale & HMYOI Polmont. Prisoners are invited to meet with healthcare staff to discuss any concerns, provide feedback and discuss services changes/improvements which could be made. Here are some examples of feedback received and the changes made from this:

- Introduction of a prisoner spokesperson called a Patient Relations Representative in each flat/section
- A senior Scottish Prison Service Manager attends the focus group meeting
- Consent obtained from the prisoner if they wish to include a third person health care professional during a consultation
- GPs now consult with prisoners regarding medication changes
Clinical areas and departments continue to receive compliments in a number of ways these include cards, chocolates, letters and emails. Staff display these within their areas and report the positive impact it has on them as employees. Compliments are captured on the electronic Safeguard system. Below are some of quotes from compliments received:

I would like to thank the nursing staff and others at Bo’ness hospital for the support they gave to the family, especially my mother during that last few weeks of her life.

I would like to say thanks to the ward sister and her staff for the excellent care. They went above and beyond the call of duty. They are a credit to the hospital.

I would like to thank all staff and domestics and housekeepers for the care and attention during my stay in hospital.

I would like to thank all the staff of Ward B21 for looking after me throughout my illness. The dedicated nursing care day and night has been tremendous. I could never have come through it without you, I really appreciate all that you have done for me, and I renew my grateful thanks to a wonderful team of hard working, professional and compassionate people.

Over the past months you have combined professional care with warmth and understanding.

Fantastic and friendly people.

I would like to say thanks to the ward sister and her staff for the excellent care. Went above and beyond that call of duty. They are a credit to the hospital.

Thank you for looking after me and a big thank you for all your hard work and care after the birth of our son.

Thank you for looking after me and you are all great.

I renew my grateful thanks to a wonderful team of hard working, professional and compassionate people.
During 2015/2016 1036 compliments were captured on Safeguard. The graph above details the top 5 themes.

1.10 Transforming Care at the Bedside (TCAB) – In-Patient Experience Survey
Each week patients are asked to complete our patient experience questionnaire, which is entered into our Leading Better Care database, results are shared at ward level with teams. As this data is locally owned action plans are held at ward/clinical level.

The table below demonstrates patient experience results for 2015/2016, highlighting that:

- 96% of patients were welcomed to the ward
- 95% of patients had privacy when care was being delivered
- 95% of patients feel staff listened carefully to them
- 93% of patients were overall happy with their care in hospital
In Patient Experience Feedback 2015 - 2016
**Colorectal Unit – Improving Patient Care**

**What were the issues?**
Staff within the Colorectal Department were keen to find out from patients what was good about the care they provided and what they could do to enhance the patient journey.

**What did we do?**
Organised a focus group inviting patients that had undergone Colorectal Surgery to attend a focus group. The aim of the focus group was to ask patients about their experience when going through the different stages which include:

- Diagnosis Stage
- Pre Surgery
- Enhanced Recovery
- Post surgery
- Follow-up after discharge from hospital

The feedback from the focus group was very positive, following the discussion the patients highlighted some issues that would help to enhance their care journey, this included:

- Found it difficult to take in everything at their initial consultation, would leave the consultation and forget what was said.
- Improved communication with district nursing team following discharge, not all patients would receive contact from district nursing
- Peer support group for stoma patients would be useful
- Post surgery information

**What difference did we make?**
- Introduced an open clinic to support patients following their initial consultation
- Designed patient information that is tailored to individual patients need
- Patients being discharged following surgery are given direct access to front door Consultant to contact should they have any complications.
- All patients after discharge are contacted after 24 hours by the Colorectal Nursing team
- District Nursing staff follow up all Colorectal patients within 7 days following discharge, this can be by telephone or a visit to the patients home
- Follow up clinic has been set up inviting patients 1 week prior to their surgery to come and meet and discuss with staff any queries, worries they have about their surgery. This clinic is supported by a multi disciplinary team of staff.

**What was key to our improvement?**
Involving patients in the review and asking patients what was important to them, they were able to give good examples of what was good about their experience, the patients also gave suggestion of how their journey could have been improved.
What are we going to do next?

- Set up peer support group for stoma patients
- Review patient information leaflets
- Re-visit the patient focus group to carry out a review of the changes made
- Recall Group Sessions - inviting patients and their families back to the clinic following a period of time from surgery and treatment to discuss their journey
Section 2: Encouraging Feedback and Managing Complaints

This section in line with the ‘Can I help you?’ guidance contains the number of complaints received and the number responded to within the 20 working day target, followed by an analysis of the key themes and a summary of the actions taken to improve services as a result of complaints.

For ease of reference, this section is divided into those complaints received about NHS Forth Valley Acute and Community Health Partnership services, followed by complaints about services provided by independent contractors.

The total number of complaints received in Forth Valley Acute and Community Health Partnerships for the period 1 April 2015 – 31 March 2016 is 1047. There is a 2.94% overall increase in complaints.

On further analysis of the rise in complaints compared to 2015/16 a breakdown of the complaints received is detailed below:

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</tr>
</tbody>
</table>

General Practitioners received 159 complaints with a 20-day response rate of 83.68%.

2.1 NHS Forth Valley Acute and CHP - A Person Centred Approach to Managing Complaints

Over the past year, a significant amount of work has been undertaken to ensure that patients and carers are at the heart of the complaints procedure and that they feel supported throughout the process, particularly when the complaint is of a distressing nature.

A number of improvements have been made to our complaints handling to ensure that the experience is person centred for patients, families and carers. The Patient Relations Officers (PRO) leading the investigation are now contacting the individual making the complaint to introduce themselves, making an apology for the experience the person has endured and agree the areas to be investigated. They will also advise the person of the likely timescales and agree how we will keep in touch throughout the process. The offer of a meeting is also discussed with the complainant at this stage.
2.2 Numbers of complaints and response times
The following chart shows the numbers of complaints received by NHS Forth Valley for the past 5 years. This is reflective of the overall increase in complaints across the Public Sector in Scotland.

![Forth Valley Complaints Numbers: Service Comparisons by Years](chart)

2.3 Prisoners Complaints
NHS Forth Valley has a large prison population providing healthcare to three prisons in our board area: HMP & YOI Cornton Vale, HMP Glenochil and HMYOI Polmont. Over the past year we have noted an increased number of complaints of 23.7%.

Changes in prison population, robust evidence based and persistent complainants have been contributing factors to the increase in complaints. A dedicated patient relations team remains in place to carry out local resolution. Prisoner focus groups remain in place.

In March 2016, NHS Forth Valley agreed to participate in a Prisoner Health Compliant research with the Scottish Government, these results will be published with any recommendations by the autumn of 2016. Early indications from the study have revealed what has been described as good practice within the prisons in Forth Valley.

2.4 Management of Complaints - Improved Performance
The table below describes the improvement in achieving the 20 day target during 2015/16. Daily meetings continue with the Patient Relations Team and the clinical directorates to discuss all live complaints, reopened cases, concerns, SPSO requests/recommendations, any meetings planned with patients, families and carers and any learning identified as a result of a complaint. The purpose of these meetings is to identify early, any potential delays with a view to putting in place processes to resolve any issues identified. Detailed reports are provided to the clinical directorates which are reported through their local governance structures.
The following table details our activity and performance for 2015/16. NHS Forth Valley achieved 85.59% in relation to the 20 day target.

<table>
<thead>
<tr>
<th></th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total ytd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Complaints rec’d</td>
<td>68</td>
<td>83</td>
<td>96</td>
<td>81</td>
<td>109</td>
<td>93</td>
<td>85</td>
<td>80</td>
<td>62</td>
<td>89</td>
<td>96</td>
<td>105</td>
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<td>awaiting consent</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>consent not received</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
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<td>6</td>
</tr>
<tr>
<td>transferred elsewhere</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>withdrawn</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>32</td>
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<tr>
<td>Complaints actual</td>
<td>61</td>
<td>76</td>
<td>91</td>
<td>76</td>
<td>105</td>
<td>92</td>
<td>84</td>
<td>78</td>
<td>58</td>
<td>86</td>
<td>96</td>
<td>103</td>
<td>1006</td>
</tr>
<tr>
<td>Complaints not responded (exc transferred, withdrawn &amp; no consent)</td>
<td>61</td>
<td>76</td>
<td>91</td>
<td>76</td>
<td>105</td>
<td>92</td>
<td>84</td>
<td>78</td>
<td>58</td>
<td>86</td>
<td>96</td>
<td>103</td>
<td>1006</td>
</tr>
<tr>
<td>in 20 days</td>
<td>50</td>
<td>64</td>
<td>78</td>
<td>63</td>
<td>88</td>
<td>70</td>
<td>76</td>
<td>74</td>
<td>52</td>
<td>80</td>
<td>82</td>
<td>84</td>
<td>861</td>
</tr>
<tr>
<td>21 To 25 Days</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>13</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>65</td>
</tr>
<tr>
<td>26 To 30 Days</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>33</td>
</tr>
<tr>
<td>Over 30 Days</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td>1</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>10</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>% responded in 20 days</td>
<td>81.97</td>
<td>84.21</td>
<td>85.71</td>
<td>82.89</td>
<td>83.81</td>
<td>76.09</td>
<td>90.48</td>
<td>94.87</td>
<td>89.66</td>
<td>93.02</td>
<td>85.42</td>
<td>81.55</td>
<td>85.59</td>
</tr>
</tbody>
</table>

2.5 Scottish Public Services Ombudsman

NHS Forth Valley works closely with the Scottish Public Services Ombudsman (SPSO) and recently held a study day provided by them on "Dealing with Difficult Behaviours" for frontline staff, service managers and the Patient Relations team.

The following table shows the number of complaints about NHS Forth Valley, referred to the SPSO in 2015-2016.

<table>
<thead>
<tr>
<th>1 April 2015 – 31 March 2016</th>
<th>No of Complaints at Ombudsman</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Notification received that an investigation is being conducted</td>
<td>28</td>
</tr>
<tr>
<td>(b) Notification received that an investigation is not being conducted</td>
<td>2</td>
</tr>
<tr>
<td>(d) Decisions Letters received</td>
<td>14</td>
</tr>
</tbody>
</table>

It should be noted that the SPSO issued 14 decision letters, upheld 4 cases and partly upheld 2 of these during 2015/16. In addition to the 28 complaints referred to the SPSO, 2 concerns were referred to the SPSO during 2015/16.

The Ombudsman issues a decision letter if:-

- The organisation accepted there were failings, have apologised and taken action to prevent the problem from happening again;
- From the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure);
- The Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.
**SPSO Recommendations**

The following is a brief synopsis of recommendations made by the SPSO from investigations conducted and changes that have now been implemented.

<table>
<thead>
<tr>
<th>SPSO Recommendations</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Ombudsman recommends that the Board ensures that the staff members who considered whether to action the GP referral reflect on their actions and discuss the complaint in their next appraisal.</td>
<td>A discussion between the General Manager of the Surgical Directorate, and the staff members involved in the process, concentrating on the impact the delay has had on the patient. The General Manager of the Surgical Directorate will work with the Head of Health Record Services a process in place which advises at an early stage, if they are requested, to carry out elective procedures for residents out with NHS Forth Valley.</td>
</tr>
<tr>
<td>The Board to assure the SPSO what systems are in place to allow staff to track the formal results of investigations like an x-ray.</td>
<td>This matter has been discussed with clinicians. In particular, an email has been circulated to NHS Forth Valley’s consultants in Ageing &amp; Health, reminding them to view and action any formal radiology report over and above the scan itself. An excel spreadsheet is in place for recording results and this helps prompt and remind staff of any radiology results.</td>
</tr>
<tr>
<td>The Board to ensure that all staff involved in the complaint are made aware of the findings of the investigation and reflects on them to inform their future practice and to consider the introduction of an information leaflet for relatives explaining the procedure when a patient dies in hospital.</td>
<td>An email was forwarded to all trainee medical staff informing them of the findings, including a copy of the final SPSO report and recommendations. Medical staff have been asked to reflect on this and discuss at their next appraisal.</td>
</tr>
<tr>
<td>The Board reminds staff</td>
<td>A letter was sent to all GPs, medical staff, and nursing</td>
</tr>
</tbody>
</table>

Within NHS Forth Valley, NHS Scotland Bereavement packs are provided to all families following the death of a loved one in hospital. This pack includes information for families on the procedures involved when a patient dies in hospital and has been updated to include information about the new Death Certificate arrangements. NHS Forth Valley also currently uses a “Record of Last Offices and Care Following Death” checklist.
involved the requirements of the General Medical Council (GMC) and the Nursing & Midwifery Council (NMC) guidance on record keeping and in particular with regard to protecting patients’ confidential information.

staff from the Medical and Nursing Directors to advise of the investigation of an adverse event in NHS Forth Valley, commented on deficiencies in clinical note keeping and highlighted the crucial importance of maintaining accurate contemporary records. Keeping clear, accurate, legible and up to date signed notes, including date and time, is a vital professional responsibility as emphasised by both the General Medical Council in its "Good Medical Practice" and by the Nursing and Midwifery Council, and an important contribution to improving patient safety.

The Senior Charge Nurse (SCN) for Ward B21/B22 has discussed the case with all staff members at the daily ward safety brief. The SCN shared the updated NMC code of conduct, “The Code” with all staff, specifically highlighting the section relating to documentation.

The Board ensures that staff are reminded of the importance of good and timely communication with relatives where patients have sustained a fall and/or injury while in hospital.

The Senior Charge Nurse (SCN) for Ward B21/B22 has discussed the case with all staff members at the daily ward safety brief. She has raised awareness of the importance of good, effective communication with relatives and patients, and that their choice of words can have both a negative and a positive effect.

The Board provide confirmation that the Psychiatrist has completed a specialist training programme in communication style and technique.

The Psychiatrist attended the enhanced communication skills course on the 8th March 2016.

Asked the Board bring the GMC document on confidentiality to the Psychiatrist’s attention and that they consider whether training on information governance is required.

An email communication was also sent to all Psychiatrists within NHS Forth Valley, to remind them of the GMC document on confidentiality on the 2nd February 2016. All Psychiatrists have to complete Information Governance training as part of their mandatory training on the LearnPro eLearning system.
2.6 Themes from Complaints
The following chart shows the top three themes for complaints by month for 2015-2016.

As can be seen, the top three themes are ‘clinical care and treatment’, ‘staff attitude and behaviour’ and ‘staff communication (oral).

Clinical Care and Treatment
It is always difficult when it has been identified that care has gone wrong, particularly when this involves clinical care and treatment. When care does go wrong, it is essential that we learn and avoid similar happenings in the future, and to restore public confidence in our service.

Senior Charge Nurses complete Balanced Scorecards to display the level of improvements in all wards. The Balanced Scorecard (see page 34 for example of balance score card) measures compliance with a number of key quality indicators. The ward quality boards display the data and how patient feedback is used to drive forward quality improvements at ward level.

Meetings with patients, families and carers have increased to allow clinicians to explain clinical care and treatment whilst adopting a culture of openness and transparency.

A review of care can be undertaken internally or an external review can be requested to ensure organisation learning and service improvements.

Staff Attitudes & Behaviours

Day-to-day interactions
Complaints have shown us that it is not usually the difficult conversations that we get wrong - it is often our day to day communication with patients and relatives that we
can improve. As well as dealing with issues on an individual basis at the time of the complaint, we are working to improve communication across the organisation.

Our **Positive First Impressions & Communication** training re-enforces our commitment to provide a welcoming, safe, clean, well organised and maintained environment. The core elements of this training is to emphasise the importance of providing a positive first impression by demonstrating the unacceptable behaviours received from patient feedback. Values Based Reflective Practice is an integral part of this training. Effective Communication for Health (EC4H) training for senior medical and nursing staff is also available.

NHS Forth Valley, in conjunction with Macmillan Cancer Research, used real ‘case studies’ from a range of complaints about communication in a range of settings, including out-patient reception and consultations with doctors, to produce an interactive communication training DVD. This shows staff the distress that can be caused by poor communication. It then allows them to discuss what they have seen followed by the same situation played out where the interaction between staff and the patient was positive.

**SAGE and THYME Training**
The SAGE and THYME training has been designed to support staff to become skilled in dealing with people in distress. This training enables staff to recognise psychological distress, avoid causing psychological harm, and communicate honestly and compassionately. SAGE and THYME training is available to all staff. However, when a complaint has identified a particular training need, the SAGE and THYME Facilitators will work with those teams.

**Complaints Training for Staff**
This includes Early Resolution, the Power of Apology, the complaints process, the role of the Patient Relations Team, the Patient Rights (Scotland) Act 2011 and is available to all staff across NHS Forth Valley including medical trainees and student nurses.

Within their existing training programme the Associate Medical Director has included communication training for medical staff which will form part of clinical objectives and job plans, as well as, revalidation.

**Customer Care Training for Staff**
NHS Forth Valley is committed to improving patient experience and in 2016 has invested in a Values Based Customer Services Professional (CSP) Award/Certificate Programme. NHS Forth Valley is being set up as a new approved centre for the running of this programme.
End of Life Care

End of life care continues to be recognised as a priority in NHS Forth Valley. Ensuring compassionate care for those who are nearing the end of life and preparing those who are important to them for the impending loss is the responsibility of all staff that care for dying patients across the organisation.

The identified priorities for 2016-2017 in education include: DNAPCR (once updated policy is available from SG), Recognising Dying and Pain and Symptom Control. There has also been a review of the management of McKinley Syringe Pumps that included them becoming part of the Equipment Tracking system in March, improving access to pumps as there is now always one available.

Poor communication with patients and those important to them is the main theme of complaints. Through reflective practice that focuses on the consequences and impact of poor communication and in the provision of formal, evidence based education programmes such as Sage and THYME and Effective Communication for Health (EC4H), staff are supported to improve their communication skills.

The Hospital Palliative Care Team has provided education in palliative and end of life care in the acute setting on an ongoing basis. Education is also delivered in many formats across the organisation from one to one teaching, shadowing and small groups at ward based level to presenting at seminars.

The Cancer and Palliative Care Facilitator supports staff in the community regarding education in end of life care and provide support in Care Homes as required, working closely with Strathcarron Hospice. Topics embrace the principles of good palliative and end of life care and comply with recommendations in the new Strategic Framework for Action (SFA) in Palliative and End of Life Care (SG 2015). Creating a culture of learning from complaints by encouraging reflective practice is advocated. A work plan is being devised by the Clinical Leads in Palliative Care in accordance with the SFA by cross referencing of the local Palliative Care Strategy. This will be endorsed by the Managed Clinical Network (MCN) in Palliative Care and the Palliative Care Strategy group. A shared clinical leadership is adopted in Forth Valley that supports compliance with national policy.

Waiting Times and Cancellations (Out-patients)

Measures that we put in place during 2015/2016 have resulted in a reduction in the number of complaints relating to this category.

Themes from complaints by department

Our directorates and departments undertake regular reviews of complaints within their areas to identify themes and areas for improvement. These are discussed at the directorate clinical governance meetings with the Person Centred and Patient Relations Manager. Action plans are put in place to rectify areas identified, staff use information as a learning tool to enhance practice and service delivery.
**Independent Contractors**
Independent contractors include General Practitioners, Dental Practices, Ophthalmic Practices and Community Pharmacies. We are currently working with the independent contractors to collate the required information and more detailed information will be provided in future reports.

**General Practitioners**
In Forth Valley there are 55 GP Practices, the total number of complaints received for 2015/16 is 159 with a 20 day response rate of 83.68%.

We have received 34 responses from 55 practices across Forth Valley.

**Themes from GP Practice complaints**

![GP Themes 2015/16](chart)

The following information gives an example of the range of actions and improvements reported by GP practices.

**Attitude, behaviour and communication**
As can be seen from the chart above, the majority of complaints are about attitude, behaviour and communication. As well as discussing the situation with individuals concerned, a number of practices have provided additional training for staff. Complaints are also an integral part of the GP appraisal process.

**Clinical care and treatment**
A project set up through the CHP Quality Improvement Group to consider Significant Adverse Events and concerns across the primary and secondary care interface. This will start with a pilot group of practices working with acute services.
**Dental Practices**

In Forth Valley there are 45 Dental Practices, the total number of complaints received for 2015/16 is 19 with a 20 day response rate of 78.94%.

We have received 30 responses out of the 45 dental practices across Forth Valley.

![Dentist Themes 2015/16](image)

**Community Pharmacies**

In Forth Valley there are 76 Community Pharmacies, the total number of complaints received for 2015/16 is 21 with a 20 day response rate of 85.7%.

We have received 27 responses out of the 76 pharmacies across Forth Valley.

The following table describes the pharmacy complaints themes:

![Pharmacy Themes 2015/16](image)
Actions taken by Pharmacies following complaints:

**Accuracy of Dispensing**
Incidents are investigated to determine what caused the incident and measures were put in place to prevent a reoccurrence. Dispensing Standard Operating Procedures (SOPs) are received as part of the investigation process.

**Staff Attitude and Behaviour**
Individual training needs reviewed and extra support and training provided where necessary to ensure customers receive a service of the highest possible standard.

**Ophthalmic Practices**
In Forth Valley there are 52 Ophthalmic Practices, the total number of complaints received for 2015/16 is 0.

We have received 7 responses out of the 52 opticians we have across Forth Valley. Recognising this poor response we will continue to remind practices of their responsibilities under the Patient Rights Act Scotland (2011).

**Linking complaints with serious and adverse events (SAE), clinical care and treatment**
Those complaints which are graded as red complaints due to complexity are shared with the Head of Clinical Governance. This demonstrates collaborative working in identifying issues that may lead to consideration of a SAE analysis. We also use information from complaints to identify potential issues that may require further review/action.
Section 3: Creating a Positive Culture

NHS Forth Valley continues to embed a culture that values all forms of feedback whether it is positive or negative in order to learn. The Board last year launched their Values and Behaviours for Success, the foundation of which is Person Centred Care. Staff from across the organisation helped to develop a set of local values and associated behaviours.

These local values incorporate the NHS Scotland values and highlight the issues that really matter. How we share and live these values is important for both the staff working in NHS Forth Valley and our service users. The values include:

- Be Person Centred
- Be Respectful
- Be Supportive
- Be Ambitious
- Have Integrity
- Be a Committed Team member

NHS Forth Valley is committed to working in partnership with staff, maximising the potential for staff and staff side organisations involvement in the delivery of our services. We want every member of staff to feel supported and confident, to role model these values in the way we work and treat each other.

Our values will be embedded in our leadership and management competencies, recruitment processes, our people policies and procedures, our induction, our learning, education and training programmes, our Knowledge and Skills Framework (KSF) personal development plan system and our staff recognition scheme.

To embed these values staff have developed a Respect and Dignity Pledge as part of the wider Respect and Dignity Campaign for patients, families and carers. The pledge to patients within NHS Forth Valley is that they are treated always with respect and dignity at all times and given the highest standard of care.

Recognising that everyone has the right to be treated with respect and dignity and professionals see this as a key component of their role within healthcare. Values Based Reflective Practice (VBRP) is a method of reflecting on practice, the aim of which is to help staff provide the care they came into the service to provide.

3.1 Values Based Reflective Practice (VBRP)

The use of Values Based Reflective Practice (VBRP) is well established in NHS Forth Valley and there are currently 12 facilitated groups regularly meeting across the organisation.
The Spiritual Care team have also been involved using VBRP to work with ward staff in dealing with complaints. The use of reflection in identifying the key issues emerging from complaints has been significant and initial feedback from members of staff who have used this model of reflection has been positive.

The Spiritual Care Team, in conjunction with the Patient Relations Team, have also been involved in facilitating training in ‘Positive First impressions and Communication’ using the VBRP model. VBRP is a method of reflecting on practice, the aim of which is to help staff provide the care they came into the service to provide.

3.2 Senior Charge Nurse Balanced Scorecard
Complaints, concerns and feedback forms part of the Senior Charge Nurse “balanced scorecard” which is used across the organisation. Themes and the learning from complaints are shared with other Senior Charge Nurses and their teams to drive and enhance quality improvement within their areas.

As highlighted earlier in the report we actively seek feedback from patients, families and carers using a range of patient feedback mechanisms that support understanding the patient’s perspective.

Examples of these mechanisms include capturing ‘real time patient experience feedback’ within all inpatient areas, emotional touch points and the use of Patient Opinion and patient stories.
**NHS Forth Valley Strategic Balanced Scorecard - NHS Board Performance Dashboard April 2016**

<table>
<thead>
<tr>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Performance Status</th>
<th>Direction of Travel</th>
</tr>
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<td><strong>Safe</strong></td>
<td><strong>Operational Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WR</td>
<td>Hospital Standardised Mortality Ratio</td>
<td>Dec-15</td>
<td>Green</td>
<td>▼</td>
</tr>
<tr>
<td>WR</td>
<td>Adverse Events</td>
<td>Dec-15</td>
<td>Green</td>
<td>▼</td>
</tr>
<tr>
<td>LDP</td>
<td>Staphylococcus Aureus Bacteremia</td>
<td>Apr-16</td>
<td>Red</td>
<td>▼</td>
</tr>
<tr>
<td>LDP</td>
<td>Clostridium difficile</td>
<td>Apr-16</td>
<td>Green</td>
<td>▼</td>
</tr>
<tr>
<td>WR</td>
<td>Community Hospital Hand Hygiene</td>
<td>Apr-16</td>
<td>Green</td>
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</tr>
<tr>
<td>WR</td>
<td>10 Patient Safety Essentials</td>
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<td>WR</td>
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<td>WR</td>
<td>Communications: Surgical Brief and Pause</td>
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<td>Mar-14</td>
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<td>Intensive Care Unit (ICU) Daily Safety Audit</td>
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<td>WR</td>
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<td>Early Warning Scoring</td>
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<td>WR</td>
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<td>Feb-16</td>
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<tr>
<td>WR</td>
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<td>▼</td>
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<td><strong>LKP1</strong></td>
<td><strong>Operational Outcomes</strong></td>
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<td></td>
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<tr>
<td>LKP1</td>
<td>Staff Directly Responsible</td>
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<td>Amber</td>
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<tr>
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<td>Child Healthy Weight</td>
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<td>LKP1</td>
<td>Early diagnosis &amp; treatment in first stage of cancer</td>
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<td>15 week Referral to Treatment</td>
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<td>15 week Treatment Time Guarantee</td>
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<td>15 week Outpatient wait</td>
<td>Apr-15</td>
<td>Red</td>
<td>▼</td>
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<td>Outpatient Unavailability</td>
<td>Apr-16</td>
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<td>▼</td>
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<td>Diagnostic 63 day wait</td>
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<td>Amber</td>
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<td>Apr-16</td>
<td>Amber</td>
<td>▼</td>
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<tr>
<td>LDP</td>
<td>Cancer 62 day target</td>
<td>Mar-16</td>
<td>Amber</td>
<td>▼</td>
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<tr>
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<td>Cancer 31 day target</td>
<td>Mar-16</td>
<td>Amber</td>
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<td>Mar-15</td>
<td>Green</td>
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<tr>
<td>LDP</td>
<td>IVP treatment within 12 months</td>
<td>Apr-06</td>
<td>Green</td>
<td>▼</td>
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<tr>
<td>LDP</td>
<td>% A&amp;E waits &lt; 4 hours</td>
<td>Apr-06</td>
<td>Amber</td>
<td>▼</td>
</tr>
<tr>
<td>LDP</td>
<td>Access to child &amp; adolescent mental health services</td>
<td>Apr-16</td>
<td>Red</td>
<td>▼</td>
</tr>
<tr>
<td>LDP</td>
<td>Psychological Therapies</td>
<td>Apr-16</td>
<td>Red</td>
<td>▼</td>
</tr>
<tr>
<td>LDP</td>
<td>48 hour access to GP team</td>
<td>2013/14</td>
<td>Green</td>
<td>▼</td>
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<tr>
<td>LDP</td>
<td>Advance booking to GP Practice Team</td>
<td>2013/14</td>
<td>Amber</td>
<td>▼</td>
</tr>
<tr>
<td>LDP</td>
<td>MRI waits</td>
<td>Mar-15</td>
<td>Grey</td>
<td>▼</td>
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<tr>
<td><strong>Effective and Efficient</strong></td>
<td><strong>Operational Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>LDP</td>
<td>Finance</td>
<td>Apr-16</td>
<td>Amber</td>
<td>▼</td>
</tr>
<tr>
<td>LKP1</td>
<td>Non-Clinical Staff Costs</td>
<td>Apr-15</td>
<td>Green</td>
<td>▼</td>
</tr>
<tr>
<td>LKP1</td>
<td>Reduction in Primary Care Prescribing costs</td>
<td>Jan-15</td>
<td>Green</td>
<td>▼</td>
</tr>
<tr>
<td>LKP1</td>
<td>Delayed discharge &gt;14 days</td>
<td>Apr-14</td>
<td>Green</td>
<td>▼</td>
</tr>
<tr>
<td>LKP1</td>
<td>Delayed discharge &gt;72 hours</td>
<td>Apr-14</td>
<td>Grey</td>
<td>▼</td>
</tr>
<tr>
<td>LKP1</td>
<td>Bed days lost due to delayed discharge</td>
<td>Apr-16</td>
<td>Red</td>
<td>▼</td>
</tr>
<tr>
<td>LKP1</td>
<td>A&amp;E attendance</td>
<td>Apr-16</td>
<td>Amber</td>
<td>▼</td>
</tr>
<tr>
<td>LKP1</td>
<td>Long Term Conditions</td>
<td>Mar-16</td>
<td>Green</td>
<td>▼</td>
</tr>
<tr>
<td>LKP1</td>
<td>Pre-Arrived Care Plans</td>
<td>Mar-16</td>
<td>Green</td>
<td>▼</td>
</tr>
<tr>
<td>LKP1</td>
<td>Outpatients 'Did Not Attended'</td>
<td>Apr-15</td>
<td>Green</td>
<td>▼</td>
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<tr>
<td>LKP1</td>
<td>Emergency Bed Days Patients 75+</td>
<td>Nov-15</td>
<td>Amber</td>
<td>▼</td>
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<tr>
<td>LKP1</td>
<td>Energy Consumption</td>
<td>May-15</td>
<td>Grey</td>
<td>▼</td>
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<tr>
<td>LKP1</td>
<td>CO2 emissions</td>
<td>May-15</td>
<td>Amber</td>
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</tr>
</tbody>
</table>

*Senior Charge Nurse Balanced Scorecard*
3.3 Staff Teaching and Development

Further work is being explored to develop a bespoke complaints teaching package for NHS Forth Valley. Using learning materials from NHS Education For Scotland (NES) and the SPSO the Patient Relations Team will not only support staff in receiving feedback, comments and concerns but also enhance investigation skills in relation to complaints.

Additional Learn-Pro modules are available to further enhance the toolkits for staff in receiving feedback, comments, concerns and complaints these include:

- The Value of Feedback
- Encouraging Feedback and Using It
- NHS Complaints and Feedback Handling Process
- The Value of Apology
- Difficult Behaviour
- Complaints Investigation Skills
Section 4: Improvements to Services

NHS Forth Valley recognises the importance of demonstrating to patients, families and carers that their feedback, comments, concerns and learning from complaints have led to service improvements.

By adopting a Person Centred approach, the clinical directorates have undergone a number of improvements. These include, sharing action plans that have been developed as learning from complaints.

The Person Centred approach to managing complaints, mentioned earlier in the report, with a designated Patient Relations Officer as the key contact throughout the process, ensuring regular updates are provided throughout the complaints journey.

Some further examples of how NHS Forth Valley is using feedback to improve services:
Example 1 Endoscopy

The Endoscopy Department at Forth Valley Royal Hospital have developed a feedback form designed for their patients which allows continuous service improvements. The feedback is discussed at team meetings and improvements have included:

- That all patients receive an aftercare leaflet providing details on fasting, post-sedation care and follow-up information.
- Patient safety brief now carried out in the procedure rooms.
- A Patient Comfort Score leaflet to record the patients comfort levels during the procedure has been introduced.
- Improved communication with patients and families if any delays occur.
- Promotion of how to raise a concern/complaint within the unit is displayed for patients and families in attempt to achieve early resolution.
- Introduction of Patient Opinion within the unit to gain additional feedback about the service.
- Increased recovery time as patients had felt rushed following a procedure.
Example 2 Bereavement Care – Women & Children’s Directorate

The Woman & Children’s Directorate as a result of feedback have continued to develop their bereavement support service. The team have made service improvements which have included:

- The Bereavement checklist has been amended
- Remembering Little Stars project. The remembering little stars map is a memorial to children loved and lost. Families can post messages and visit their memoriam online at the Forth Valley website: [http://nhsforthvalley.com/health-services/az-of-services/maternity/bereavement/](http://nhsforthvalley.com/health-services/az-of-services/maternity/bereavement/)
- The development of the memorial tree to allow families to place a remembrance leaf with a message engraved with their babies name and date of delivery.
Example 3 Person Centred Health & Care Strategy

Developed in 2015/2016 the Person Centred Health & Care Strategy sets out our vision for Person Centred Health and Care in NHS Forth Valley. It describes our drivers for developing the strategy and builds on our principles for achieving our vision from Patient Focus Public Involvement (PFPI). A plan for delivery has been developed to support this strategy and how it will be monitored and reviewed.

- The strategy was developed with our patient public partners.
- One of the 8 strategic elements within the strategy is Patient & Public Involvement and Feedback.
- The commitment described is that “We will have effective engagement with our patients and public in designing, developing and improving services using a wide range of methods.
- There are 4 strategic aims attached to Patient and Public Involvement:

1. To ensure that there are robust reporting mechanisms in place to capture feedback, comments, concerns, compliments and complaints.
2. To provide NHS Board assurance that learning from complaints is measurable and also fed back to patients and public how we have learned and used the learning to influence change.
3. Supporting and developing staff to receive feedback in a positive way and to work with those in their care to improve the services they provide.
4. Involve patients and the public using wide and varied methods of capturing feedback so they are involved in service change, redesign and improvement of care health and wellbeing.

![Diagram showing various aspects of the strategy and patient centred care](image)
Example 4 Cardiology

The Cardiology ward at Forth Valley Royal Hospital have implemented learning and changed practice following a complaint. This was in relation to the delays experienced by a patient with Parkinson’s Disease in the timely administration of their medications. Actions taken to improve care include:

- Staff education in the importance of timely medication
- Alarm clocks in place for those patients requiring medication out with regular drug rounds
- Involvement of patients in their care to remind staff of the need to administer at dedicated times
- A proposed trial using mobile phones is being developed
- An evaluation is ongoing of this project to roll out across the organisation
Example 5 Tree of Me Ward A12 Forth Valley Royal Hospital

Ward A12 at Forth Valley Royal Hospital have won a Macmillan award with a tool they developed called the “Tree of Me”.

The project adopted the principles of person centred care “5 must do with me”, “
- What matters to me?
- who matters to me?
- Nothing about me without me
- Personal Care
- What information do you need?

Patients are given the choice on whether they wish to participate. On completion, a discussion takes place with staff to talk through and manage expectations. In particular the staff can focus on areas which cause anxiety. Family members have fed back that have found the tree useful as they can participate in their loved ones care.
#hello my name is....................

In February 2015 the Scottish Government announced the support of the #hello my name is... campaign. The aim of the campaign is to promote to staff across NHS Scotland the importance of introducing themselves to patients and families.

The #Hello my name is... campaign was developed by Kate Granger, who is a doctor and also a terminally ill patient. Following a hospital stay in August 2013 with post-operative sepsis, Kate observed that many of the staff looking after her did not introduce themselves before delivering care. The campaign is to encourage and remind healthcare staff about the importance of introductions in healthcare.

In Forth Valley to support the campaign and also to support the reduction in complaints in relation to staff attitude and behaviour we launched the #hello my name is campaign....

There were a number of events that took place across NHS Forth Valley including

- Pledge Wall – staff from across the organisation signed a pledge to introduce themselves to patients
- Official Launch of the campaign at nurses day with presentation from Kaye Adam, highlighting to staff the importance of introducing themselves to patients and their families
- #hello my name is ....now used as part of the Positive First Impressions and Communication campaign
- An evaluation of the campaign is to be carried out to monitor the difference the campaign has made

Example 6
The team of B12 developed an anticipatory care plan following a complaint in relation to end of life care within the ward. This included poor communication, poor record keeping, lack of escalation and actions taken in response to a high early warning score. Following meetings with families with a similar complaint, action was taken to improve care for patients.

**Hospital ACP**  
(Anticipatory Care Plan)

Suitable for patients with irreversible chronic respiratory failure and/or multiple co-morbidities

Patients who may benefit from an HACP when admitted to hospital include those with:

- Severe frailty, completely dependent for ADLs
- Progressive / end stage organ failure with or without multiple co-morbidities
- Advanced cancer (not receiving potentially curative treatment)
- Progressive incurable illness e.g. Dementia, MS, MND who are in the final stages of their illness
- Refractory abnormal observations e.g. GCS <5, BP <60 systolic, Sats <85% in which a diagnosis of dying has been confirmed and documented

- HACP should be used concurrently where a DNACPR order is being put in place.
- HACP should be used when making a Palliative Care referral.

Discussion with the patient and their family (wherever possible) regarding this Plan is important. Information in an existing ACP / KIS / Palliative Care Summary should be sought and respected. Thereafter, having assessed the patient, their medical history and prognosis, indicate the agreed decision(s) by ticking the relevant box:

- FOR FULL ESCALATION, INCLUDING CPR
- DO NOT ATTEMPT CPR*

Now consider and indicate the most appropriate care option(s) below (circle YES / NO). Changes can be made at any time later if necessary.

- ROUTINE BLOOD TESTS
- ARTERIAL BLOOD GAS ANALYSIS
- ANTIBIOTICS
- PREDNISOLONE
- NON-INVASIVE VENTILATION (BiPAP)
- TRANSFER TO HIGH DEPENDENCY UNIT
- ICU / POSSIBLE MECHANICAL VENTILATION
- OTHER (please state)
Example 8 – Intensive Care Unit

The Intensive Care Team within Forth Valley Royal Hospital in response to a complaint caused due to poor communication between medical staff and nursing staff have designed a document - Personal Care Plan for the last days and hours of life in Critical Care.

The family of patient following the end of life care pathway were advised that medication was due to be withdrawn from the patient. Due to failure in communication the medication had not been withdrawn, there was also a lack of consistency in who was administering medication:

Following the complaint, a document was designed in the form of a care plan, this ensures

- Improved communication between medical and nursing staff
- Improves the continuity of care for patient following the end of life care pathway

Next Steps

Over the coming months a form is to be designed for the nursing staff
Example 9 – Bannockburn Medical Centre

In May 2015, NHS Forth Valley took over Bannockburn Medical Practice as a 2C practice. A number of changes have taken place to enhance services for patients.

With this in mind the staff were keen to gather feedback from patients, families and carers accessing services. A feedback wall was set up in the main reception area to encourage patients to leave feedback, along with a “You Said, we did” area to show how the feedback has been used to inform services.

Feedback Wall, Bannockburn Health Centre

Detailed below are some examples of improvements made as a result of Feedback, Comments, Concerns or Complaints

Improvement 1 – Triage System
Following complaints received regarding the initial triage system, all calls that came into the practice had to go through an Advanced Nurse Practitioner (ANP) to be allocated an appointment to the appropriate healthcare professional and patients reported that they were unable to book routine appointments.

Following a review, the practice has now changed their appointment system to enable patients to be able to book routine appointments without having to go through triage. If the patient requires a same day urgent appointment, this is managed through the Nurse led triage ensuring that patients are seen by the most appropriate health professional.
Improvement 2 – Palliative Care
Following feedback from the wife of a patient who was receiving palliative care, highlighted to staff that her husband had seen several GP’s and felt that there was no continuity in his care.

All patients following the palliative care pathway are now allocated a named GP to ensure continuity of care.

Improvement 3 – Telephone System
Patients were informing us that they were finding it difficult to get through to us on the telephone, sometimes having to wait for about an hour to get through to a telephonist.

A system has now been installed through the telephone system that enables staff to view the waiting times for patients to get through to a telephonist, and also a recording informs the caller where they are in the queue.

Improvement 4 – Call Recording
Feedback was received from patients that they were spoken to in a manner which was not appropriate, or given the wrong information etc.

A call recording system has been installed, and is used for training purposes, this also ensures that patients are being given the correct information. It also gives an opportunity for training to be adapted to particular areas of concern.
**Learning from Significant Adverse Events**

Significant Adverse Event briefings are being held as part of the complaints process to ensure learning is gained where appropriate, and both, medical and nursing staff are asked to reflect on their learning and discuss their reflections at their next appraisal or Personal Development Plan (PDP)/Knowledge and Skills Framework (KSF) review.

The final letter and the complaint letter are sent to staff asking for their actions and learning, and to include their actions within the appropriate paperwork for PDP/KSF documentation. In addition, staff are asked to feedback to the Associate Medical Director and the Head Nurse within one month of receipt of the letters. Staff actions are recorded on a spreadsheet and stored on the shared drive, where other staff can access for learning.

Staff safety briefs are held at each handover. Following a complaint, Senior Charge Nurses use the safety brief to discuss the issues which led to the complaint and to reinforce the importance of adherence to policy and the standards required. Also at the hospital safety brief, staff are asked to share any concerns in order to achieve early resolution and avoid potential complaints.

**Enhancing Access to Services**

The Forth Valley Information Group (FVIG) was formed to provide a patient reference group to inform a two year learning disability anticipatory care project. One strand of the project was the provision of accessible written health information leaflets, based around the health topics discussed in a Keep Well health assessment.

The production of these leaflets has led to further requests to assist in the development of information leaflets from staff in NHS Forth Valley. They recognised that the needs of people with a learning disability, and those with poor literacy skills, were not being met by the available information. FVIG have been involved in the development of the feedback cards which have been recognised as a user friendly document by patients and families.

This work has been recognised nationally as an example of best practice and led to FVIG being used as an advisory and consultancy for national health programmes and initiatives.
Section 5: Accountability and Governance

NHS Forth Valley has the management and learning from complaints as a top organisational priority and it is contained within the Board’s Balanced Scorecard (Appendix 1).

The complaints performance is presented at each NHS Board meeting, which is in public and forms part of the Chief Executives Performance Report. Complaints, feedback and patient experience are all contained within the Person Centred section of the Board’s Strategic Balanced Scorecard.

The Complaints Performance Report is considered by the Board’s Clinical Governance Committee where a full and detailed report is presented by the Director of Nursing. The areas covered by the Complaint Performance Report are:

- Patient Relations Performance
- Monthly Trend Analysis
- Directorate Performance
- Ombudsman
- Analysis of Themes
- Patient Rights
- Patient Advice and Support Service (PASS)

A status report on complaints and feedback is reported on a weekly basis to the Chief Executive operational Group and operational teams.

A bi-monthly report is provided to NHS Forth Valley’s Board Clinical Governance Committee highlighting the numbers and themes from complaints. The Clinical Governance Committee receives reports on any SPSO decision letter which includes actions taken. Future reports will have more focus on the learning and action taken.

Regular reports on the numbers, trends and themes from complaints are provided to unit Clinical Governance groups. This data is broken down by ward and department and can be linked to significant adverse events and incidents (e.g. falls, medication errors) to identify areas where there may be problems.

The steering group for the Patients Rights (Scotland) Act 2011 is responsible for overseeing the implementation of the act and reports via NHS Forth Valley Board Clinical Governance arrangements. (See appendices 1 and 2, Governance Structure)

The table below sets out our current key areas of patient and public feedback which is reported via our clinical governance forums. The governance report will continually develop where feedback from patient’s, public and staff is actively sought.
### NHS Forth Valley Current Key Areas of Feedback

<table>
<thead>
<tr>
<th>Indicator – feedback method summary</th>
<th>Timescale</th>
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</thead>
<tbody>
<tr>
<td>National Inpatient Survey</td>
<td>Biennial</td>
</tr>
<tr>
<td>National Health &amp; Care Survey</td>
<td>Biennial</td>
</tr>
<tr>
<td>National Maternity Survey</td>
<td>1st survey</td>
</tr>
<tr>
<td>National Cancer Care Survey</td>
<td>Biennial</td>
</tr>
<tr>
<td>Participation Standard</td>
<td>Biennial</td>
</tr>
<tr>
<td>Comments, Concerns and Feedback</td>
<td>Monthly</td>
</tr>
<tr>
<td>Scottish Public Sector Ombudsman</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Patient experience of local clinical services</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Patient, family and carer stories</td>
<td>Bi Monthly</td>
</tr>
<tr>
<td>Media Communications including Patient Opinion</td>
<td>Monthly</td>
</tr>
<tr>
<td>Inpatient Questionnaires</td>
<td>Weekly</td>
</tr>
</tbody>
</table>
Section 6: Next Steps

NHS Forth Valley are continually looking for ways to further develop their feedback mechanisms. Future areas currently being explored for reporting in the 2016/17 report will include:

- Introduce further feedback mechanisms including opinion meters
- Completion of the Micro Strategy which will display all Feedback, Comments, Concerns, Complaints & Compliments locally
- Increase the number of volunteers across the organisation to assist with obtaining feedback
- Continue the roll out of the Positive First Impressions/Communication training
- Development of family focus groups within the community hospitals
- Further focussed learning events from complaints
- Continue to work with colleagues in social care to create a more integrated approach in managing achieving feedback and managing complaints
- Focussed pieces of work including the Renal Unit at Forth Valley Royal Hospital by Scottish Health Council colleagues to gain feedback on patient experience
NHS Forth Valley Person Centred Health and Care Governance Structure

NHS Forth Valley Board

Clinical Governance Committee

Clinical Governance Working Group

Person Centred Health & Care Steering Group
Led by Prof Angela Wallace
Director of Nursing
Person Centred Executive Lead

Operational Group

Care of older people in Hospital
End Of Life Care
Equality & Diversity
Bereavement
Spiritual Care
Volunteering
Patient & Public Involvement
Patient & Public Panel
Third Sector Voluntary Organisations
Communication & First Impressions

Appendix 1
NHS Forth Valley Patient Rights Steering Group
Governance Structure

NHS Forth Valley Board

Clinical Governance Committee

Clinical Governance Working Group

Person Centred Health & Care Steering Group

Patient Rights Steering Group
### Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ISD Scotland</strong></td>
<td>The Information Services Division is a division of National Services Scotland, part of NHS Scotland. ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making.</td>
</tr>
<tr>
<td><strong>5 Must Do's</strong></td>
<td>The five “<strong>Must Do With Me</strong>” areas will help to ensure that all of the interactions between people using services and the staff delivering them are characterised by <strong>listening, dignity, compassion and respect</strong>.</td>
</tr>
<tr>
<td></td>
<td>- What matters to me?</td>
</tr>
<tr>
<td></td>
<td>- Who matters to me?</td>
</tr>
<tr>
<td></td>
<td>- Nothing about me without me?</td>
</tr>
<tr>
<td></td>
<td>- What information do you need?</td>
</tr>
<tr>
<td></td>
<td>- Personalised contact</td>
</tr>
<tr>
<td><strong>Anticipatory Care Plan</strong></td>
<td>This is a document used to record a patient’s wishes for future care. Having this plan helps a patient’s family, friends, health and social care professionals to know what is important to the patient now and in the future. This information can help professionals to plan appropriate care.</td>
</tr>
<tr>
<td><strong>EC4H</strong></td>
<td>Effective Communication for Health – Training programme to support staff improve communication skills.</td>
</tr>
<tr>
<td><strong>Form 4</strong></td>
<td>Template for staff to complete giving details of actions, when responding to and significant adverse event.</td>
</tr>
<tr>
<td><strong>GMC</strong></td>
<td>General Medical Council - are an independent organisation that helps to protect patients and improve medical education and practice across the UK. They decide which doctors are qualified to work here and we oversee UK medical education and training. They set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers and take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.</td>
</tr>
<tr>
<td><strong>HMP</strong></td>
<td>Her Majesty’s Prisons</td>
</tr>
<tr>
<td><strong>HMP &amp; YOI</strong></td>
<td>Her Majesty’s Prisons &amp; Young Offenders Institution</td>
</tr>
<tr>
<td><strong>IiV</strong></td>
<td>Investing in Volunteers is the UK quality standard for good practice in volunteer management.</td>
</tr>
<tr>
<td><strong>KIS</strong></td>
<td><strong>Key Information Summary</strong> - Key Information Summary has been designed to support patients who have complex care needs or long term conditions.</td>
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<tr>
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<td>KIS allows important patient information to be shared with health care professionals in unscheduled care in the NHS 24, A&amp;E, Scottish Ambulance Service, Out of Hours, hospital</td>
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and pharmacy environments.

| **KSF** | Knowledge and Skills Framework - The NHS Knowledge and Skills Framework applies to all staff who are employed under Agenda for Change (AFC) terms and conditions. It is a tool to identify the knowledge, skills and learning and development that staff need to do their job well. The KSF is a broad framework which supports a fair and consistent approach to Personal Development Planning and Review known as PDP&R in short. |
| **MDT** | Multidisciplinary Team – members of staff from different healthcare professions with specialised skills and expertise. The members collaborate together to make treatment recommendations that facilitate quality patient care. |
| **NMC** | Nursing & Midwifery Council - regulate nurses and midwives in England, Wales, Scotland and Northern Ireland. They exist to protect the public. It is responsible for setting standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers. |
| **PCHC** | Person Centred Health & Care - Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively make informed decisions and be involved in their own health and care. It ensures that care is personalised, co-ordinated and enabling so that people can make choices, manage their own health and live independent lives, where possible. |
| **Sage & Thyme** | A communication training package, it is designed to be used as a guide to help care workers recognise and respond to peoples emotional concerns. |
| **ANP** | Advanced Nurse Practitioner, Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialled to practice. |
| **2C Practice** | A GP practice that is run by the NHS Board, as opposed to being run by GPs and/or other partners. |