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) Supported 98 new clients during 2016/2017 and dealt with 482 enquiries. (Awaiting PASS final report details)
- Alternative Dispute Resolution – Many complaints have been resolved through meetings with staff and the complainant but no cases have yet used mediation.
- The Annual report supports us to build on our principles to achieve our Person Centred Vision, enabling us to incorporate the 8 elements of Person Centred Health and Care.


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 examples below describe some of the improvements that have been made:

- Development of a Patient Information Leaflet
- Developed A follow up service to support patients and families making the transition from the Intensive Care Unit to the downstream wards.
- Developed a fracture liaison service to identify and support patients that have sustained a fragility fracture

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 2016 – 31 March 2017 is 1100 (including complaints withdrawn/transferred elsewhere and consent not received). There is a 5.34% overall increase in complaints. However there has been a significant decrease of 8.79% in NHS Forth Valley excluding Prison Service complaints.

The table below provides further analysis of the breakdown of complaints during the year 2016/17 and a comparison to previous years:

<table>
<thead>
<tr>
<th></th>
<th>Year 2014/2015</th>
<th>Year 2015/2016</th>
<th>Year 2016/2017</th>
<th>Percentage +/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Forth Valley</td>
<td>705</td>
<td>660</td>
<td>602</td>
<td>8.79% (Decrease)</td>
</tr>
<tr>
<td>Prison</td>
<td>312</td>
<td>388</td>
<td>498</td>
<td>28.35% (Increase)</td>
</tr>
</tbody>
</table>

General Practitioners received 146 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
- Waiting Times/Date of Appointment

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
- Review of waiting times for clinics.

**Scottish Public Services Ombudsman (SPSO)**

Thirty-five complaints regarding NHS Forth Valley were referred to the Scottish Public Services Ombudsman, who issued 13 decision letters. See table below detailing the decisions of the investigations carried out.

<table>
<thead>
<tr>
<th>Number of Complaints referred to SPSO</th>
<th>35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upheld</td>
<td></td>
</tr>
<tr>
<td>Partly upheld</td>
<td></td>
</tr>
<tr>
<td>Not upheld</td>
<td></td>
</tr>
<tr>
<td>Complaints currently under investigation</td>
<td>7</td>
</tr>
<tr>
<td>Number of investigations conducted</td>
<td>14</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>1</td>
</tr>
</tbody>
</table>

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.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td><strong>Section 1</strong></td>
<td>Encouraging and Gathering Feedback</td>
<td>6</td>
</tr>
<tr>
<td>1.1</td>
<td>National and Local experience Surveys</td>
<td>7</td>
</tr>
<tr>
<td>1.2</td>
<td>Patient Public Partners Engagement</td>
<td>7</td>
</tr>
<tr>
<td>1.3</td>
<td>Patient Stories &amp; Case Studies</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>• Case Study – Mrs &amp; Mrs G</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A Patient Story – My NHS</td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>Patient Opinion</td>
<td>12</td>
</tr>
<tr>
<td>1.5</td>
<td>Post Boxes</td>
<td>15</td>
</tr>
<tr>
<td>1.6</td>
<td>Changes made as a result of feedback</td>
<td>18</td>
</tr>
<tr>
<td>1.7</td>
<td>Social Media</td>
<td>20</td>
</tr>
<tr>
<td>1.8</td>
<td>Implementation of Web Based Safeguard System</td>
<td>21</td>
</tr>
<tr>
<td>1.9</td>
<td>Prisoners Health Care</td>
<td>23</td>
</tr>
<tr>
<td>1.10</td>
<td>Compliments</td>
<td>25</td>
</tr>
<tr>
<td>1.11</td>
<td>Transforming Care at the Bedside – In patient Experience Survey</td>
<td>27</td>
</tr>
<tr>
<td>1.12</td>
<td>Case Study – NHS Forth Valley Shaping the Future</td>
<td>29</td>
</tr>
<tr>
<td>1.12</td>
<td>Case Study – Evaluation of Positive First Impressions &amp; Communication Training</td>
<td>31</td>
</tr>
<tr>
<td><strong>Section 2</strong></td>
<td>Encouraging Feedback &amp; Managing Complaints</td>
<td>32</td>
</tr>
<tr>
<td>2.1</td>
<td>NHS Forth Valley and Clinical Services Directorate (CSD) A Person Centre Approach to Managing Complaints</td>
<td>32</td>
</tr>
<tr>
<td>2.2</td>
<td>Number of Complaints and response times</td>
<td>33</td>
</tr>
<tr>
<td>2.3</td>
<td>Prisoners Complaints</td>
<td>33</td>
</tr>
<tr>
<td>2.4</td>
<td>Management of Complaints – Improved Performance</td>
<td>33</td>
</tr>
<tr>
<td>2.5</td>
<td>Scottish Public Services Ombudsman</td>
<td>34</td>
</tr>
<tr>
<td>2.6</td>
<td>Themes from Complaints</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>• Clinical Care and Treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff Attitudes and Behaviours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Waiting Times and Date of Appointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• General Practitioners</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Themes from GP Practice Complaints</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pharmacists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Opticians</td>
<td></td>
</tr>
<tr>
<td><strong>Section 3</strong></td>
<td>Creating a positive culture</td>
<td>45</td>
</tr>
<tr>
<td>3.1</td>
<td>Values Based Staff Recognition Scheme</td>
<td>46</td>
</tr>
<tr>
<td>3.2</td>
<td>Leadership and Management Development &amp; Resources</td>
<td>46</td>
</tr>
<tr>
<td>3.3</td>
<td>Values Based Reflective Practice</td>
<td>46</td>
</tr>
<tr>
<td>3.4</td>
<td>Senior Charge Nurse Balanced Scorecard</td>
<td>47</td>
</tr>
<tr>
<td>3.5</td>
<td>Staff Teaching &amp; Development – New Model Complaints handling Procedure</td>
<td>49</td>
</tr>
<tr>
<td><strong>Section 4</strong></td>
<td>Improvements to Services</td>
<td>50</td>
</tr>
<tr>
<td><strong>Section 5</strong></td>
<td>Accountability 7 Governance</td>
<td>64</td>
</tr>
<tr>
<td><strong>Section 6</strong></td>
<td>Next Steps</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Appendix 1 – Person Centred Governance Structure</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Appendix 2 – Patient Rights Governance Structure</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>Glossary of Terms</td>
<td>69</td>
</tr>
</tbody>
</table>
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 six 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 supporting 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 19 for an example of the questions used.
1.2 Patient Public Partners

As part of a pilot project, Patient Public Panel Members (PPP) members were invited to support patients to complete in-patient experience surveys and gather feedback from patients. Following an evaluation of the pilot, where we spoke to staff, patients and the volunteers this is now being extended to all wards areas in Forth Valley Royal Hospital.

We are actively recruiting Patient Experience Volunteers. It is our aim by the end of 2017, that all ward areas in Forth Valley Royal Hospital will have a Patient Experience Ward Volunteer providing support to patients, families, carers who wish to give feedback about their health care experience.

As part of the continuing development of the Person Centred Health and Care Strategy and to support the work of the Person Centred Health and Care Steering Group and the Operational Group, NHS Forth Valley invited members of the PPP and the Public Partnership Forum (PPF) to take part in 2 Development Sessions. The aim of development sessions were to look at the what we have done in the past 12 months since the development of the Person Centred Health and Care strategy and look to what our priorities will be for the next 12 months.

The PPP continue to provide feedback and comments regarding patient information materials such as leaflets, posters and information booklets, the panel members review the information and give vital feedback to ensure documents/information for patients is presented in a way that can be clearly understood.

The public partners have also supported staff to carry out surveys, for example during 2016 the Public Partnership Forum (PPF), supported the Musculoskeletal Team who were reviewing their services. They carried out surveys across NHS Forth Valley, asking patients what they thought about the services being provided, and what could be done to improve the service.

Additionally, PPP and PPF 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.

The monthly PPP newsletter continues to be published on the website to allow for effective communication and raise awareness of the PPP, and also emailed to a wide number of staff across the organisation.
To recognise and to celebrate the work that our public partners provide, an event was held in December 2016 inviting public and volunteer representatives from across NHS Forth Valley. This gave our public partners and volunteers an opportunity to talk about what they do and also to share their experiences, the difference that it makes to them but also the impact that having their support has on staff, patients, carers and families they come in contact with.

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.

During 2016, NHS Forth Valley introduced the use of case studies to the Board, this gave the opportunity for executive and non executive colleagues to see the patient journey from beginning to end and how feedback from the patient and their family has been used to make improvements for the patient but also the staff both in the hospital and the community and shows the difference this had made to the patient and their family.

Staff within the Mental Health wards at Forth Valley Royal Hospital, have been using patient stories to improve the patient experience and also use the stories for staff training and development. Through the use of patient stories staff have gained a better understanding of how patients feel about their condition, and why they behave in the manner that they do. This has led to staff having a better understanding of their patient’s condition and they have been able to change their practices to enhance the patient experience.

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.
See below an example of a case study presented and a further example of a Patient Story can also be found on page 10, both stories were presented to NHS Forth Valley Board.

Case Study

**Background**

Mrs G contacted NHS Forth Valley through Patient Opinion, following her husband’s recent stay in Forth Valley Royal Hospital.

Mrs G is a full time carer for her husband, who in 2015 suffered a stroke, this left him with a left sided weakness, poor mobility, and it also affected his memory. Since the stroke Mr G has been fitted with a catheter, which can cause him to have numerous kidney infections, which can result in him being admitted to hospital quite regularly. During the past year alone Mr G has been admitted to FVRH at least 7 times.

In August 2016 Mr G was admitted to hospital suffering from a severe kidney infection which required intravenous antibiotic treatment, he was in hospital for a week, his family visited daily. The family were very pleased with the care and treatment that he received. The difficulty came when Mr G was discharged, nobody had explained to Mrs G the possible side effects the medication could cause, which included diarrhoea, which she was not prepared for.

**Concerns Raised**

Communication could have been better, Mrs G was having to repeat herself regularly, especially when Mr G was being moved from one ward to another, and when speaking with different medical staff. This can be very frustrating especially as Mr G can be in hospital regularly.

Better communication on discharge from the hospital, giving more information about possible side effects of the medication.

**What we did to help......**

Having spoken with the family, the Person Centred Team wanted to make things easier for Mr & Mrs G. Staff visited the family and discussed the use of the “Getting to Know, Me Document”. The document has been designed to help staff support patients, families and carers.

Staff invite the patient and their family to complete the document giving as much detail as they want to share. During the visit the staff supported the family to complete this document, and were able to give detailed information about Mr G, not just about his health conditions but also his family, his likes and dislikes, foods he preferred.

Feedback from Mrs G was also shared with the ward, the Senior Charge Nurse contacted Mrs G to discuss the concerns raised, and also spoke about how she would use the feedback with the staff, to inform/improve patient care and communication.
Outcome
Since completing the document Mrs G has been in touch to talk about how the document has proved to be helpful. As yet Mr G has not been back into hospital, however he does have regular visits from Community Nursing Staff and also has carers come in throughout the day to provide support. Mrs G has shared the document with the staff, this has helped reduce the stress of constantly repeating herself about her husband’s condition and medication needs. The added benefit of the document is that Mrs G has complete control of the document and can update the document herself, when there are any changes required to be made.

getting to know me
This information will help staff to support you. It will help us get to know you, understand who and what is important to you, and how you like things to be.
We invite you, your family, friends and carers to complete this information with as much detail as you want to share with us.
Please ask a member of staff if you need any help to complete this information.

my name: my full name & the name I prefer to be called

the person who knows me best:

home, family & things that are important to me:
your family, friends, pets or things about home

I would like you to know:
anything that will help the staff get to know you, perhaps things that help you relax or upset you

my life so far: this may include your previous or present employment, interests, hobbies, important dates & events
Patient Story

My Journey ......My NHS
I have been compelled to write to you because the NHS has been taking a bit of a kicking in the news recently. So I thought I would to take the time to write about my experience of the NHS and in particular Forth Valley Royal Hospital.

Firstly in June/July 2015 I was picked up by the bowel-screening programme and was sent to have a colonoscopy. This happened really quickly and despite having private medical insurance my immediate thought was that I could receive very good response times and service from the NHS.

My surgeon, Paul, handled the bad news that he had found a cancerous growth with a level of emotional intelligence that was impressive. The oncology team then picked up the baton providing reassurance that I was going to be looked after. When your head is so full of questions the void can be filled with a vivid imagination so it was really reassuring to have skilled individuals ready willing and able to talk and meet with me. The team has stayed with me through my challenging time showing an equal amount of emotional intelligence and the appropriate amount of empathy.

My diagnosis was to have an operation, a laparoscopy, to have the growth removed. This required a stay in hospital, the team who looked after me was absolutely fantastic. Although my recovery was short, as was my stay, I was looked after as well as I have been in any private medical stay…and I have had a few.

My post operation biopsy recommended a course of chemotherapy and this resulted in me being in and out of FVRH and the Beatson in Glasgow. Every interface with hospital staff was excellent and I have yet to meet anyone who was other than extremely welcoming, friendly and professional.

I had an adverse reaction to my chemotherapy drugs, which meant the cancer helpline frequently sent me to A&E, more as a precaution than something that was life threatening…but I guess it could have been.

As someone who has run businesses at Board level for 35 years I was amazed at how the emergency departments could handle unplanned demand and be expected to have the right capacity to cope with this unplanned and varied volume of inbound ‘customers’…and all within a tightly controlled budget.

Today I am back at work as CEO of a technology business and Chairman of a recruitment company that employs over 2000 people. So I tell my staff to imagine what it is like to run a company where demand can double on a heart beat depending on the weather, the sporting calendar or a catastrophic event. Into the bargain handling the inbound demand can be life threatening and everything you do is under a microscope leading to potential litigation and/or front-page news. Boy have I had an easy life running companies all of those years.

Now I am on bi-annual monitoring and when I returned a few months ago for my last check up I was not only welcomed by staff I was even given a hug.

So I am really disappointed that the NHS… my NHS…is criticised when I have no doubt that without that organisation and the caring professional staff, I would not be alive.

At every opportunity I tell everyone of the marvellous experience I had when I was ill. Please pass on my personal thanks to all the staff for whom I have the utmost admiration.
1.4 Patient Opinion

Patient Opinion (Changed to Care Opinion 1st May 2017) is an independent online forum and where individuals that have had a healthcare experience can share their health care story.

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.

As part of a wider piece of work to encourage feedback, we are carrying our focused pieces of work to increase the number of stories posted on patient opinion. The Person Centred Team, are working with staff in different departments/wards to encourage patients, families, carers to give feedback about their health care experience. Training is also be provided to staff about the benefits of Patient Opinion, and how it can be used as a tool for learning and sharing good practice.

Our Dementia Champions are working with Patient Opinion Staff to gather feedback from patients who are affected by dementia. Through the use of Talking Mats, staff support patients to choose pictures that express how they are feeling about their health care journey.

Feedback from NHS Forth Valley staff has been very positive and can see how this can be used with a wide range of patients in the future. See below an example of a story posted earlier this year. Visit www.careopinion.org.uk/opinions/356333 for the full story.

Posted by Essyp (as the patient), 3 months ago

I have vascular dementia and was admitted to hospital following a sub-Dural haemorrhage producing a large blood clot between my brain and skull. I was admitted for a week.

Liquid

Food

Bathroom
During 2016/2017 NHS Forth Valley has received a total of 103 stories via Patient Opinion which have been read 25,530 times, this is an increase of 13% on the number of stories posted during the same time frame in 2015 to 2016.

**Stirling Out of Hours Service**

One evening last month my 10 year old son required medical intervention for a worsening cough. I called NHS 24 who were fantastic and my son was given an appointment to be seen in Stirling Community Hospital, Out of Hours Service later. He was seen at his appointment on time, by a lovely GP who made him feel very relaxed. He was given steroids for croup and we left the building 15 minutes later. The service was excellent, thank you!

**My stay in Cardiology Ward**

I’ve very recently had a planned admission to the Cardiology Ward in FVRH, arranged by my wonderful Consultant, Dr Glen, who I’ve been seeing on an Outpatient basis for quite some time now and from whom I’ve been receiving incredible care ever since. All I can say is that I can extend those compliments to every single Staff member in the Cardiology Ward, they all managed to create a very homely atmosphere, treating every single patient with the biggest respect and going way above the standard of care they have to deliver.

Because my condition is often lowering my quality of life quite a bit, it’s been a roller coaster of emotions for me along my patient journey, but every staff member I have come across so far (and that’s been quite a lot!) has been so incredibly caring and kind to me, I wouldn’t want to start mentioning names as I would feel heartbroken about forgetting to mention somebody, so I want to say thank you from the bottom of my heart to everybody working in the Cardiology services, inpatient as well as outpatient in Forth Valley Royal Hospital, including doctors, nurses, catering, housekeepers, volunteers as well as administration staff, I always feel safe in your hands.
Unable to access medication

My cardiologist has recommended this new drug for heart failure; he recommended that I was put on it as soon as it was approved for use. Approval was given by the Scottish Medicines Consortium in March this year. I contacted my GP surgery as soon as I knew it had been approved for use in Scotland asking when they would be starting me on it. They contacted my cardiologist who confirmed he wanted me on this drug.

It is now August and I am still not being prescribed this drug as NHS Forth Valley has not approved it. It has been suggested that I contact a different cardiologist at Forth Valley Royal Hospital with regards to this new medication, (I have never been a patient of this cardiologist) I have no doubt they are a competent doctors, but I have no complaints with my current cardiologist and the golden Jubilee’s care. This new drug showed fantastic results during clinical trials and showed a 20% reduction in mortality rates. It seems to be a post code lottery as to the care supplied by the NHS within Scotland.
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".

Following a piece of work with the District Nursing teams across NHS Forth Valley, feedback cards have been developed for staff to use. See page 16 for an example of the questions asked.

The feedback postcards have been designed in a format which is accessible, thereby ensuring all members of our community can offer their opinion and views.
An example of District Nursing feedback card

Ward/Department/Service __________________________ Date __________________

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

Q2. How was the care you received? (Circle)
   Very Poor    Poor    Good    Very Good    Excellent

Q3. How friendly were the staff? (Circle)
   Very Poor    Poor    Good    Very Good    Excellent

Q4. Please tell us about your experience

Q5. 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:

“I got to be in the children’s ward video for the website, I had a great time, but was happy to get home.”

“A very difficult time was made so much easier. I felt as though I was with friends. Fantastic.”

“All staff have been friendly and supportive, although I don’t want to be here, the nurses have made me feel comfortable and helped me in any way they could, big Allan deserves a bonus he’s the best nurse and makes my day that more entertaining.”

“Excellent, courteous, friendly and highly professional staff. Very efficient, good staff relationships and obviously staff happy in their work and as a team. Time keeping also very good.”

“It was funny with the clowns going into the ward and cheering the younger kids up. Emma the nurse was really kind.”

“Completely Person Centred, I was involved right up to the point my daughter was put to sleep, letters pre surgery could have been better organised”

Informative discussion with the doctor, all staff pleasant, really appreciate the work Forth Valley Hospital staff do.
1.6 Changes made as a result of feedback

- A review of personal Safety protocol at Loch View. Putting safety first for patients, staff and visitors.
- All staff based in Lochview have undertaken training through learn pro module in Awareness/Managing diabetes
- Chairs to the main entrance of the hospital replaced to enable easier access for patients with mobility issues.
- Pictorial signage purchased for x-ray, day surgery and all community hospitals to assist with way finding for those with visual, cognitive impairments and those with dementia.
- Activity boxes have been purchased for all inpatient areas within Forth Valley Royal Hospital
- Coloured tumblers are available in all ward areas across NHS Forth Valley to assist those with visual or cognitive impairment
- Sensory simulated education sessions designed and delivered to staff including Nursing Staff, Serco staff and Volunteers
- Bi annual visits to the carers trust to gain feedback from carers looking after loved ones with dementia, these sessions shape future teaching and environmental improvements.
- Developed Patient Information leaflet sent to patients with their appointment letter. The leaflet provides information about what to expect when attending an appointment, useful telephone numbers.
- Following feedback from staff and public representatives, re-designed the Complaints Performance Report presented to Clinical Governance to make the document more user friendly. This report also features Person Centred Nursing dashboard using feedback to support learning.
- New systems and processes in place within gynaecology to manage return appointments appropriately.
- Advice Line for You (ALFY) documentation and promotional materials have been amended to give details of how to access ALFY for people from the deaf community, prior to these changes, the deaf community were unable to access ALFY
- Developed a letter for orthodontic patients, to inform them of any delays and the waiting times for treatment
- Change in the system used to book patients into pain clinic appointments, this change in practice removes the risk of patients being missed when they require a follow up appointment
- Posters and leaflets designed to give information to patients and their families, about access to social media within NHS Forth Valley, ensuring patients dignity and privacy is being respected and to inform the public and staff of the Social Media Policy
- Introduced open visiting in the Maternity wards and have improved facilities to enable partners to stay
- Sexual Health support patients with social situations, this includes financial, housing and employment, and provides signposting and onward referral to external agencies.
• A number of improvements have been made within Behavioural Psychotherapy Department, these improvements include: patients on waiting list are given information on other resources/sources of help while they are on the waiting list. The building has been soundproofed, and is undergoing a remodel to make the environment more welcoming and comfortable for patients and visitors.
• Leaflet/patient information for theatre admissions in the Children’s Ward/Children’s Assessment Unit was developed, informing parents/carers and the children what to expect when coming into hospital and what they need to bring to hospital. On the reverse of the document there is space for the children to share “What Matters to You” and leave feedback.
1.7 Social Media & Website Feedback

At NHS Forth Valley we also encourage our patients, families, carers and staff to give feedback through social media and, over the last year, we have seen a growing rise in the amount of feedback we receive through these digital channels.

To help highlight some of the feedback and comments we receive, our Communications Department post an example every Friday. This #Feedback Friday initiative not only helps to recognise the work of local staff and services, but has also helped to strike up a conversation and generate increased feedback from a wide range of staff and patients across Forth Valley.

We also have a short online feedback form on our website which encourages people to share their healthcare experiences. This is then shared with local staff to help recognise good practice and highlight any areas for improvement.

See below an example of some of the feedback received through social media and the website.

- @NHSForthValley the staff from acute care & stroke ward where my nana sadly peacefully passed, were so caring of my nana & our entire family

- Just wanted to thank the whole team who looked after me during my recent operation. Ambulatory care appeared very well organised, clean, tidy and with friendly and informative staff, there was also was an excellent student nurse on shift too, who was very professional and kind.

- The anaesthetist team were friendly and made me feel at ease before the operation. Thanks also to the surgeon and his team and the polite medical student. The whole team kept me up to date and informed during my stay, both before and after the operation, so I knew where I was at the whole time.

- I felt the staff showed true dedication and commitment to making this a positive experience for me, and although they were evidently overworked at times, they did not let this affect their professionalism and care. Thank you.

- I would like to praise the staff in Intensive Care Unit (ICU). My husband was admitted with pancreatitis on the 23-Jul, he was moved to ICU on the 26-Jul, for observations, he suffered a cardiac arrest on 30th Jul and had to be put on a ventilator for 12 days. The staff in ICU were brilliant in my husband’s care and also making sure that I was kept informed of his treatment and progress, they also made sure I was okay too.

  I can’t thank them enough for saving his life. He is still in hospital, a long road still to go but hopefully he will get better soon.
1.8 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. In addition the data from the system is fed into the Nursing Dashboard which informs the wards/departments of their activity which 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 2016/17, 622 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 179 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:

- Raising awareness with Prisoners regarding the ordering process for medication and timescales involved to prevent delays.
- Better communication between the internal and external Pharmacy Services.
- Healthcare staff continue to work closely with Prisoners through Healthcare Forums with the aim to resolving issues locally.
1.9 Prisoners Health Care - Provision for End of Life Care at HMP Glenochil

HMP Glenochil accommodates approximately 660 male offenders, managed as two distinct populations, mainstream offenders and sex offender population.

NHS Forth Valley and Scottish Prison Service (SPS) have worked in partnership to establish a Multi-Disciplinary high health care needs group. The aim of the group is to address the ongoing care needs of the aging population with incumbent health issues related to the aging process, as well as those identified with chronic /long term and life limiting conditions.

Through service redesign the staffing compliment has been altered to reflect the population need i.e. use of Health Care Assistants, Rehabilitation Support Workers and provision of resource from the Community Rehabilitation Team (REACH) which consists of occupational therapy sessions, Musculoskeletal Physiotherapy, and Neuro-Physiotherapy, one session per month.

The majority of work completed has been within the Sex Offender population, where older individuals sentenced for historic charges are predominant. There is an identified area within this hall, where patients/prisoners can be accommodated. It consists of three cells which have been altered to facilitate use of a hospital style bed, hoist, wheelchair, along with toilet aids etc. There are disabled access shower facilities available which are external to the cell. A call system has been installed, which is activated via a bracelet worn by the identified patient. This system alerts SPS Officers, for example, if an individual has been incontinent or perhaps fallen.

The SPS provide the funding for social care, which is currently provided by Nurse Plus (Mears Group) to support/enable patient’s to attend to personal hygiene, dressing etc as in the community. Two carers attend in the morning and again in the evening, they also provide on-call, out of hours care.

Specifically in relation to Palliative and End of Life care, HMP Glenochil has provided training and education for key members of NHS and SPS staff. This has included Sage & Thyme; Dementia Awareness and Anticipatory Care. Nursing staff have also completed training on Anticipatory Care Planning, as well as Verification of Expected Death Training.

From a specific environmental context the safe and secure storage of syringe drivers and “just in case” medications has been enabled with the use of lockable storage within the cells, should this be required by any individual. The SPS has reviewed its ability to facilitate family and friend visits when an individual’s End of Life care is to be carried out whilst in custody.

The Team Leader has completed a MacMillan course which is enabling the integrated care approach for those with Palliative Care Needs within HMP Glenochil. For those patients/prisoners who do not wish to access compassionate release or indeed cannot, due to risk to the public, then liaison occurs with MacMillan and Marie Curie for Out of Hours support.
More recently a two year project has been funded to look at the national picture within Scottish Prisons; which is hosted by NHS Forth Valley. Locally a Palliative and Supportive Care Group has been set up, with terms of reference and membership agreed; this will in turn inform our Palliative and Supportive care register.

**Prisoner Complaints**

A dedicated Patient Relations team remains in place to carry out local resolution. Prisoner focus groups and drop in clinics remain in place within the two main halls.
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:

1. Thank you all for looking after me so well, and for being so gentle, caring and respectful.

2. I want to thank you for the care I received on your ward (A31). I was most impressed by the individual care from staff nurses to domestic staff. I was also taken by the general atmosphere of the ward which I found upbeat and cheerful; to achieve this under the current pressures in the system says a lot for you all.

3. We just wanted to take opportunity to say a huge thanks to all that helped during our stay here. Our little fella was born by emergency C section, it was a very scary time for us but the care and support we received was amazing, back on the ward everyone was so supportive with my care, helping me with breastfeeding and allowing my husband to stay over.

4. Completely person centred, was involved right up to the point my daughter was put to sleep. Thank you.

5. To all the angels in the stroke unit, keep up the great work you all do.

6. Just a wee note to thank you for all your help, you have been there to help, talk and especially listen. Thank you.

7. To all the staff at Bo’ness. Thank you all for looking after mum with love, kindness and care during her last days. She thought the world of you as we do.

8. We all know that our mum couldn’t be in better hands. We are impressed beyond words as how kind, friendly and compassionate you all are.
As part of the Christmas festivities, NHS Forth Valley’s Nurses Choir, performed to patients, families, staff and visitors at Forth Valley Royal Hospital. The family of a patient got in touch to tell us how much the choir cheered up their Gran, Emily Munro.

A big thank you to all of the staff choir at FVRH. Our granny (Emily Munro, aged 88) had been feeling a bit down about being in hospital the past few days but what a fantastic job you guys did to cheer her up.

Granny had a great time singing along with you all, and, as Buddy the Elf would say, “the best way to spread Christmas cheer, is singing loud for all to hear”.

Wishing you all a very Merry Christmas, from all Emily Munro’s family.
During 2016/2017, 1415 compliments were captured on Safeguard. The graph above details the top 5 themes.

1.11 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 2016/2017, highlighting that:

- 94% of patients agreed that they were welcomed on arrival to the ward/department
- 91% of patients agreed that they had privacy when my care was being delivered
- 93% of patients agreed that they felt that staff listened carefully to what they had to say
NHS Forth Valley Shaping the Future – Clinical Services Review

In October 2014, NHS Forth Valley carried out a major review of strategic objectives and service model. Led by senior clinicians and Health Care managers, this informed 8 themes:

- Cancer Care
- Emergency and out-of-hours care
- Planned Care (non-emergency appointments, operations and Treatments)
- Frail, older people and end of life care
- Women and children’s services
- Mental Health & learning disability services
- Long term conditions
- Clinical support and infrastructure

The working groups looked at best practice and innovative ways of working across the UK and beyond. They also took account of key policies and plans such as 2020 vision for healthcare, strategic plans developed by the two Health and Social Care Partnerships and a number of national strategies including the National Clinical Strategy for Scotland.

A key part of the Clinical Services Review involved gathering feedback, ideas and suggestions from local staff, patients, community groups and voluntary organisations.

What staff, patients, community groups and volunteer organisations told us:
How we responded

We have now reviewed the recommendations from each of the working groups and all the feedback gathered. This helped us to identify ten key priorities which describe how we are going to do things differently in the future:

**Our Vision is of a future where:**

- **Prevention** keeps people well whilst early treatment and support stops conditions from getting worse.
- Health and social care services are **Person Centred** recognising that people have differing needs, circumstances and expectations of care.
- Health **Inequalities** are reduced and people are encouraged and supported to take **Personal Responsibility** for managing their own health and health conditions.
- Care is provided **Closer to Home**, and fewer people need to go to hospital.
- **Planning Ahead** and working in **Partnership** with staff, patients, local councils and community organisations avoids emergency hospital admissions and reduces A&E attendances.
- Unnecessary **Delays** and **Variations** in services are minimised and our **Workforce** is fully supported to deliver high quality, safe and effective care.

For further information please visit:

[https://nhsforthvalley.com/health-services/shaping-services-for-the-future/](https://nhsforthvalley.com/health-services/shaping-services-for-the-future/)
1.13 Case Study

**Evaluation of First Impressions & Communication Training**

As part of the role out the Positive First Impressions and Communication Training, it was important to find out if the training provided was making a difference. At the end of each of the training sessions all staff are asked to complete an evaluation of the, however it was important to if the training was making a difference to the patients, families and carers accessing the services.

A survey was carried with the support of the Scottish Health Council to measure the impact of the training, 100 patient/visitors attending the outpatient department service were interviewed.

The feedback from the surveys informed improvement to customer service and changes within the Outpatient Department.

To ensure ongoing improvements to the service across the organisation, we will continue to measure the impact of the training on service delivery, and will be subject to ongoing evaluation.

The patients attending outpatients were asked a series of questions.

1. Did you feel welcomed to the area?
2. Was it a warm/friendly environment?
3. Were you taken on time for your appointment?
4. When you were called for your appointment did the staff member introduce themselves?
5. Did the clinician that you saw introduce themselves?
6. Taking Account of the all the questions, how would you rate your first impressions of the outpatients department

![Rating Scale]

7. Is there anything that could have improved your first impression?

Over all the feedback received was very positive, patients rated their experience very good/excellent.
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 Service Directorate (previously know as the Community Health Partnership), followed by complaints about services provided by independent contractors.

The total number of complaints received in Forth Valley Acute and Community Services Directorate for the period 1 April 2016 – 31 March 2017 is 1100. There is a 5.34% overall increase in complaints.

On further analysis of the rise in complaints compared to 2016/17 a breakdown of the complaints received is detailed below:

<table>
<thead>
<tr>
<th></th>
<th>Year 2014/2015</th>
<th>Year 2015/2016</th>
<th>Year 2016/2017</th>
<th>Percentage +/-%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>625</td>
<td>566</td>
<td>493</td>
<td>12.9% (Decrease)</td>
</tr>
<tr>
<td>CSD</td>
<td>80</td>
<td>94</td>
<td>109</td>
<td>15.9% (Increase)</td>
</tr>
<tr>
<td>Prison</td>
<td>312</td>
<td>388</td>
<td>498</td>
<td>28.35% (Increase)</td>
</tr>
</tbody>
</table>

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

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

NHS Forth Valley continues 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.

We continue to make improvements to our complaints handling, this is to ensure that the experience is person centred for patients, families and carers. The Patient Relations Officers (PRO) leading the investigation are continuing to contact 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.
If the complaint being investigated is a complex case and more time is required to investigate fully, the PRO will contact the person making the complaint to discuss the timeframe and what is happening with the investigation and request their permission to extend the response time.

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 28.35%.

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 and prisoner focus groups remain in place.

2.4 Management of Complaints - Improved Performance
The table over page describes the improvement in achieving the 20 day target during 2016/17. 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 table details our activity and performance for 2016/17. NHS Forth Valley achieved 87.26% in relation to the 20 day target.

<table>
<thead>
<tr>
<th>Total Complaints rec'd</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></td>
<td>82</td>
<td>107</td>
<td>90</td>
<td>80</td>
<td>104</td>
<td>86</td>
<td>87</td>
<td>77</td>
<td>89</td>
<td>95</td>
<td>77</td>
<td>126</td>
<td>1100</td>
</tr>
<tr>
<td>aw aiting consent</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>consent not received</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>transferred elsewhere</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>withdrew n</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Complaints actual</td>
<td>79</td>
<td>104</td>
<td>90</td>
<td>79</td>
<td>102</td>
<td>85</td>
<td>84</td>
<td>77</td>
<td>89</td>
<td>92</td>
<td>71</td>
<td>123</td>
<td>1075</td>
</tr>
<tr>
<td>Complaints Responded to (exc transferred, withdrew and no consent)</td>
<td>in 20 days</td>
<td>71</td>
<td>94</td>
<td>73</td>
<td>72</td>
<td>90</td>
<td>72</td>
<td>73</td>
<td>68</td>
<td>78</td>
<td>83</td>
<td>64</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>21 To 25 Days</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>9</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>26 To 30 Days</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Over 30 Days</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Unsolved</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>% responded in 20 days</td>
<td></td>
<td>89.87</td>
<td>90.38</td>
<td>81.11</td>
<td>91.14</td>
<td>88.24</td>
<td>84.71</td>
<td>86.90</td>
<td>88.31</td>
<td>87.64</td>
<td>90.22</td>
<td>90.14</td>
<td>81.30</td>
</tr>
</tbody>
</table>

2.5 Scottish Public Services Ombudsman

NHS Forth Valley works closely with the Scottish Public Services Ombudsman. In preparation for the implementation of the new Complaints Handling Procedure the PRO’s and a wide range of staff from across NHS Forth Valley attended learning workshops supported by the SPSO.

The following table shows the number of complaints about NHS Forth Valley, referred to the SPSO in 2016-2017.

<table>
<thead>
<tr>
<th>1 April 2016 – 31 March 2017</th>
<th>No of Complaints at Ombudsman</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Notification received that an investigation is being conducted.</td>
<td>20</td>
</tr>
<tr>
<td>(b) Notification received that an investigation is not being conducted.</td>
<td>14</td>
</tr>
<tr>
<td>(d) Decisions Letters received</td>
<td>13</td>
</tr>
<tr>
<td>2016/17 SPSO Outcomes</td>
<td>Total No of SPSO Outcomes</td>
</tr>
<tr>
<td>Fully Upheld</td>
<td>3</td>
</tr>
<tr>
<td>Partly Upheld</td>
<td>2</td>
</tr>
<tr>
<td>Not Upheld</td>
<td>7</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>1</td>
</tr>
</tbody>
</table>

It should be noted that 35 complaints were referred to the SPSO during 2016/17 and the SPSO have issued 13 decision letters of which 3 cases were upheld and 2 cases partly upheld.
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 2016 to 2017**
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 recommended that the Board ensure that relevant staff keep a written record of conversations held with clinicians as part of a complaint investigation</td>
<td>The Healthcare Manager circulated correspondence to relevant staff highlighting the action identified in the SPSO recommendation. In addition staff were advised that monitoring would be undertaken to ensure staff adhere to the recommendation.</td>
</tr>
<tr>
<td>The Board to take steps to ensure that the impact of cognitive impairment on patient safety in Ward is appropriately assessed and measures to minimise harm are a prominent aspect of care plans.</td>
<td>Completion of the cognitive screening tool, 4AT for patients at risk has been reinforced and staff reminded of their responsibilities in completing the time bundle for these patients. In addition to this, the use of the Scottish Delirium “Comprehensive Pathway” will continue to be used for all patients with delirium. The opportunity has been taken to ensure that all staff are aware of the importance of compliance with the pathway at all times. Where patients are assessed as at risk from falling, plans are documented in the care plan. This includes guidance where additional equipment and/or staff are required. We have reminded all staff of the importance of adhering to this guidance and will ensure, as part of care assurance compliance, that the guidance is routinely audited.</td>
</tr>
<tr>
<td>The Board take steps to ensure emotional support is identified as a care need and planned for where appropriate.</td>
<td>Every patient has a care plan booklet that is updated every day. Greater emphasis has been placed on ensuring emotional support for patients and their families. This will be achieved through flexible and open visiting. In addition to this guidance “John’s Campaign”, which encourages and supports families and carers to spend more quality time with their relatives whilst in hospital, will be implemented fully.</td>
</tr>
<tr>
<td>Ensure the protocol for escalating patient care to more senior staff is</td>
<td>The Board confirmed that escalation of patient care is through a single point of contact for all emergencies, in the form of a WiFi phone. In addition the Board</td>
</tr>
</tbody>
</table>
highlighted during the induction of junior doctors. confirmed that the introductory session for junior doctors raises awareness of the National Early Warning Score (NEWS) escalation system during an introductory discussion by the Medical Director/Associate Medical Director. There is also a specific talk on escalation during this session. During the junior doctor shadowing week, simulator scenarios to help support the escalation and management of unwell patients are now included.

The Board should remind complaint handling staff that, in the circumstances where they choose to engage in further correspondence with a complainant, they should respond in a timely manner and keep them informed of any delays.

The Board advised that an action plan identifying key actions had been undertaken and implemented within the Patient Relations Team specifically:
- The importance of maintaining documentation
- All contacts to be recorded to allow accurate complaint handling timelines to be produced.
- Quality assurance checks to be undertaken.
- Objectives for 2017/18 to include documentation and discussion at mid-year review.
- Review of escalation process when delays occur.

The SPSO requested that the Board remind relevant staff of the caution advised when assessing personality disorder traits in patients with prominent mood or anxiety symptoms.

The Associate Medical Director (Mental Health) wrote to relevant staff and requested confirmation from staff that they had read the SPSO’s recommendations and assured the SPSO that staff have reflected and learned from the feedback to improve services.

### 2.6 Themes from Complaints
The following chart shows the top three themes for complaints by month for 2016-2017.

As can be seen, the top three themes are ‘clinical care and treatment’, ‘staff attitude and behaviour’ and ‘waiting time/date of appointment’.
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 48 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.

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.
End of Life Care

Ensuring excellence in care delivery for patients with palliative and/or end of life care needs is a high priority within NHS Forth Valley. This is evident in the Clinical Services Review of frail elderly and end of life care conducted throughout 2014/15 that informed the subsequent local healthcare strategy, ‘Shaping the Future’ launched in 2016 and is now one of the six priorities identified in the local Health Delivery Plan.

It is important to acknowledge that a palliative approach can be adopted for many years for some patients living with a life limiting illness, but the definition of “end of life” by Scottish Government (2015) being the last year of life. An Assuring Better Care: Care of the Dying Patient Audit was conducted in 2016 by the Clinical Lead for Palliative and End of Life Care Nursing, from a nursing perspective as part of a wider review of end of life care across NHS Forth Valley. This audit showed that overall, care provided at the end of life is good with care delivery based on national guidelines and statements and local guidance and documentation:

- The Scottish Government’s Strategic Framework for Action on Palliative and End of Life Care, 2016-2021 (Scottish Government, 2015)
- The Scottish Government’s Caring for people in the last days and hours of life, National Statement (Scottish Government, 2014)
- NHS Forth Valley’s Personal care plan for the last days of life
- NHS Forth Valley’s Care Assurance end of life questions
- NHS Forth Valley’s Person Centred Care Strategy (NHS Forth Valley, 2015)
- Realistic Medicine (Scottish Government, 2016)
- Realising Realistic Medicine (Scottish Government, 2017)

We are committed to the provision of consistently high quality end of life care for all that reflects the four principles outlined in the Scottish Government’s ‘Caring for people in the last days and hours of life’ (2014):

**Principle 1:** Informative, timely and sensitive communication is an essential component of each individual person’s care

**Principle 2:** Significant decisions about a person’s care, including diagnosing dying, are made on the basis of multi-disciplinary discussion

**Principle 3:** Each individual person’s physical, psychological, social and spiritual needs are recognised and addressed as far as is possible

**Principle 4:** Consideration is given to the wellbeing of relatives or carers attending the person.

This guidance and these principles were developed following the withdrawal of the Liverpool Care Pathway (LCP) in 2013 following the report by Baroness Neuberger, *More Care, Less Pathway* in 2013. Locally in Forth Valley, new individualised care plans were developed for hospital and community to comply with this guidance throughout 2015 with implementation in the spring of 2016.

Work is ongoing to support staff in the use of the care plans. There is evidence of increased use in community and community hospitals. There is also evidence of an increased number of patients dying at home. To sustain this, there has to be
adequate support from a workforce perspective and a review of care pathways and how care packages and support is provided in the last few days and weeks of life is required. This work will inform how we develop services within the Integrated Joint Boards.

Four key areas were identified for education with various events throughout the year:

- DNACPR
- Recognition of dying
- Communication
- Palliative Care Guidelines/Symptom control

A highly successful study day, coordinated by the Lead Clinician was held in March with Professor David Clarke as the keynote speaker.

There has been a focus on reflective practice as a means of education and supporting staff in caring for dying patients. There is also an emphasis on the importance of relational care. There is also increasing recognition of the need to value staff and ensure adequate support to provide compassionate care. Eight staff from the hospital settings have completed a course at Strathcarron hospice that involves doing a small quality improvement project in their own area of practice. A Palliative Care Interest group for nurses is being planned to commence in September. Monthly meetings will be held and these will be open to these nurses as well as any nurse across the organisation, This will replace the community only group and will adopt a shared learning approach with a focus on reflective practice.

Training
Communication skills training continues to be offered on an ongoing basis with two key programmes: EC4H and Sage & Thyme

New training in Sharing, Sad, Bad and Difficult Information for nursing and medical staff has now been developed and being offered monthly. This training supports nursing staff in facilitating conversations around ACP and DNACPR.

Future developments anticipated with the new Transformation Group for Palliative and End of life Care will focus on:

- Workforce/working differently
- Coordination of care
- Communication
- Access to Equipment
- Bereavement

Palliative and end of life care will continue to be a high priority with increasing recognition that it is everybody’s responsibility.
Waiting Times & Cancellations
To support the reduction in complaints relating to waiting times, reviews were carried out in the areas where the highest number of complaints were received. An example of changes made as a result of the reviews include

- Additional Rheumatology Clinics added each week for routine referrals.
- Additional measures put in place for patients accessing respiratory services to reduce the waiting times as and when required
- Robust systems in place to reduce errors for clinic appointment referrals

Child and Adolescent Mental Health Services (CAMHS)
Ensuring that children and young people have access to mental health services is a key priority for NHS Forth Valley and for CAMHS. There are two LDP Targets; to increase access to psychological therapies, and to see and treat 90% of children within 18 weeks of referral.

During 2016 the Service embraced a recovery action plan that saw changes and improvements in nearly all parts of the service. Benefits of this multi level action plan saw our performance against the target improving and being sustained. This included introducing a Patient Focused Booking system, daily vetting and triaging, all staff having job plans, an Advice Line for professionals and the development of a self help mobile application for young people (Safespot).

While we took this important work forward, we continued to prioritise urgent referrals and ensured that children and young people who have been waiting the longest period of time were seen in date order and that our referral management systems and processes fully complied with all local and national access policies aimed at increasing access.

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 54 GP Practices, 51 are independently managed practices and 3 are directly managed by NHS Forth Valley. The figures presented reflect the 51 independently managed practices. The total number of complaints received for 2016/17 is 159 with a 20 day response rate of 67.8%.
We have received 46 responses from 49 practices across Forth Valley. The graph below shows the themes from GP Practice complaints.

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.
Dental Practices
In Forth Valley there are 45 Dental Practices, the total number of complaints received for 2016/17 is 12 with a 20 day response rate of 33.33%.

We have received 33 responses out of the 45 dental practices across Forth Valley.

![Dental Themes 2016/17]

Attitude, Behaviour and Communication
The importance of clearer communication with patients to ensure that issues do not arise in the future has been raised and additional staff training has taken place.

Clinical Care and Treatment
Clearer explanation provided regarding treatment plans, in particular when unplanned treatment is required to take place.
Community Pharmacies
In Forth Valley there are 76 Community Pharmacies, the total number of complaints received for 2016/17 is 61 with a 20 day response rate of 86.89%.

We have received 61 responses out of the 76 pharmacies across Forth Valley.

The following table describes the pharmacy complaints themes:

<table>
<thead>
<tr>
<th>Pharmacy Themes 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Accuracy of Dispensing</td>
</tr>
<tr>
<td>Communication (Oral)</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Patient Privacy/Dignity</td>
</tr>
<tr>
<td>Shortage of Staff</td>
</tr>
<tr>
<td>Wait for Prescription</td>
</tr>
</tbody>
</table>

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 reviewed 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 46 Ophthalmic Practices, the total number of complaints received for 2016/17 is 10 with a 20 day response rate of 100%.

We have received 22 responses out of the 46 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 are embedded in our local 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, our Medical Appraisal system and our staff recognition scheme.

To embed these values staff 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 Staff Recognition Scheme

In order to further embed the Values and Behaviours for Success, NHS Forth Valley introduced a Staff Awards scheme in 2014. The scheme seeks nominations from the public, patients, carers and colleagues for staff who have excelled in their role and who demonstrate the Values of the organisation. Year on year the Award scheme has received several hundred nominations with a consistently highest number
received for Person-centred Care. Staff who are successful in being recognised are judged on a range of criteria which promotes good practice and values patient and public feedback. These staff winners are widely publicised throughout the organisation and within local press.

3.2 Leadership and Management Development and Resources
NHS Forth Valley provides a wide range of Leadership and Management Development within annual Programmes. These are targeted at every level of management and leadership and promote the core Values of the organisation and best practice codes of conduct for all managers and leaders in NHS Scotland. Several of these Programmes focus directly on establishing and embedding a culture of feedback, improvement and accountability, helping managers and leaders develop both the skills and the confidence to articulate and clarify expectations and effectively challenge individuals and teams when expectations are not met or when bad behaviour is demonstrated.

A ‘Managers Toolkit of Resources’ has also been developed, which signposts managers to a range of interventions and resources that they can use to embed Values-based working, within their teams and with individual staff. These include a set of Values Cards developed locally, which can be used to bring a Values focus to conversations around practice and behaviours.

3.3 Values Based Reflective Practice (VBRP)
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.

The use of Values Based Reflective Practice (VBRP) is well established in NHS Forth Valley and there are currently 10 facilitated groups which regularly meet 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 feedback from members of staff who have used this model of reflection has been very positive.

3.4 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.
<table>
<thead>
<tr>
<th>Safe</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Performance status</th>
<th>Direction of travel</th>
<th>Equitable</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Performance status</th>
<th>Direction of travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>NR</td>
<td>Hospital standardised mortality ratio</td>
<td>Sep-16</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Staff Ethnicity recording</td>
<td>Dec-16</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Adverse Events</td>
<td>Sep-16</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Suicide rate</td>
<td>Dec-16</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDP</td>
<td>Staphylococcus Aureus Bacteraemia</td>
<td>Feb-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>Smoking cessation</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDP</td>
<td>Clostridium Difficile</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>Alcohol brief intervention</td>
<td>Dec-16</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Community Hospital hand hygiene</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Child Healthy Weight</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 Patient Safety Essentials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Child Dental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Acute Hospital Hand Hygiene</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Fluoride Varnish Applications</td>
<td>Mar-16</td>
<td>Grey ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Patient Safety Walkrounds</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>General Anaesthetic for Extractions</td>
<td>Sep-16</td>
<td>Grey ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Communications: Surgical Brief and Pause</td>
<td>Jan-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>National Dental Inspection Programme</td>
<td>Mar-16</td>
<td>Grey ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Communications: General Ward Safety Brief</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>Access to Antenatal Care</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Intensive Care Unit (ICI) Daily Goals</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>Early diagnostic &amp; treatment in first stage of cancer</td>
<td>Dec-15</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Ventilator Associated Pneumonia Bundles</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>18 week Referral to Treatment</td>
<td>Jan-17</td>
<td>Red ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Early Warning Scoring</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>12 Week Treatment Time Guarantee</td>
<td>Feb-17</td>
<td>Red ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Central Venous Catheter Insertion Bundle</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>12 Week Outpatient walt</td>
<td>Feb-17</td>
<td>Red ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Central Venous Catheter Maintenance Bundle</td>
<td>Feb-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Diagnostic 42 day walt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Peripheral Venous Catheter Maintenance Bundle</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Imaging</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Endoscopy</td>
<td>Feb-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Clinical quality indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Cancer 62 day target</td>
<td>Jan-17</td>
<td>Amber ▼</td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Falls</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Cancer 31 day target</td>
<td>Jan-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Pressure Area Care</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>Access to drug &amp; alcohol treatment</td>
<td>Dec-16</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Food, Fluid and Nutrition</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>IVF Treatment wthin 12 months</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDP</td>
<td>Sickness Absence Rate</td>
<td>Jan-17</td>
<td>Grey ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>% A&amp;E&amp;w alts &lt;4 hours</td>
<td>Feb-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Short Term</td>
<td>Jan-17</td>
<td>Grey ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>Access to child &amp; adolescent mental health services</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Long Term</td>
<td>Jan-17</td>
<td>Grey ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>Psychological Therapies</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>eKSF</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>48 hour access to member of GP team 2015/16</td>
<td>Feb-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Stroke Care Bundle</td>
<td>Jan-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LDP</td>
<td>Advance booking to GP Practice Team 2015/16</td>
<td>Feb-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Admission to stroke unit</td>
<td>Jan-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>MSK w alts</td>
<td>Feb-17</td>
<td>Grey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Sw allow Screening</td>
<td>Jan-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Aspinn administration</td>
<td>Jan-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Brain scan wthin 24 hours</td>
<td>Jan-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LKPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Responses within 20 days (excl. Prisons)</td>
<td>Jan-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Responses within 20 days (Prisons)</td>
<td>Jan-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Reduction in complaints (excl. Prisons)</td>
<td>Jan-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Reduction in complaints (Prisons)</td>
<td>Jan-17</td>
<td>Red ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Centred</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Performance status</th>
<th>Direction of travel</th>
<th>Effective and Efficient</th>
<th>Type</th>
<th>Measure</th>
<th>As at</th>
<th>Performance status</th>
<th>Direction of travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>LKPI</td>
<td>Clinical quality indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Finance</td>
<td>Feb-17</td>
<td>Amber ▼</td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Pressure Area Care</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Non Core Staff Costs</td>
<td>Feb-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Food, Fluid and Nutrition</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Reduction In Primary Care Prescribing costs</td>
<td>Dec-16</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDP</td>
<td>Sickness Absence Rate</td>
<td>Jan-17</td>
<td>Grey ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Delayed discharge &gt;14 days</td>
<td>Feb-17</td>
<td>Red ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDP</td>
<td>Short Term</td>
<td>Jan-17</td>
<td>Grey ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Delayed discharge &gt;72 hours</td>
<td>Feb-17</td>
<td>Grey ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDP</td>
<td>Long Term</td>
<td>Jan-17</td>
<td>Grey ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Bod days lost due to delayed discharge</td>
<td>Feb-17</td>
<td>Red ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>eKSF</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>A&amp;E attendance</td>
<td>Feb-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Stroke Care Bundle</td>
<td>Jan-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Long Term Conditions</td>
<td>Dec-16</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Admission to stroke unit</td>
<td>Jan-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Anticipatory Care Plans</td>
<td>Jan-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Sw allow Screening</td>
<td>Jan-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Outpatient ‘Did Not Attends’</td>
<td>Feb-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Aspinn administration</td>
<td>Jan-17</td>
<td>Amber ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Emergency Bed Days Patients 75+</td>
<td>Dec-16</td>
<td>Amber ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>Brain scan wthin 24 hours</td>
<td>Jan-17</td>
<td>Green ▼</td>
<td></td>
<td></td>
<td>LKPI</td>
<td>Energy Consumption</td>
<td>Mar-15</td>
<td>Green ▼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LKPI</td>
<td>Complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LKPI</td>
<td>CO2 emissions</td>
<td>Mar-15</td>
<td>Amber ▼</td>
<td></td>
</tr>
</tbody>
</table>
3.3 Staff Teaching and Development – New Model Complaints Handling Procedure

NHS Forth Valley has developed a new Complaints Handling Procedure (CHP) along with the development of a Unacceptable Actions Policy for dealing with Problem Behaviour, in preparation for the implementation of the new Procedure on 1st April 2017.  

A Training programme for the CHP has been designed and is being rolled out across the organisation, this will also be supported by the Learn Pro modules when they are available. The training programme commenced in March 2017.

Our new complaints handling procedure reinforces NHS Forth Valley’s commitment to welcoming all forms of feedback, including complaints, and using them to improve services, to address complaints in a person-centred way and to respect the rights of everyone involved. It will support our staff to resolve complaints as close as possible to the point of service delivery and to respond thoroughly, impartially and fairly by providing evidence-based decisions based on the facts of the case.

This procedure will offer a standard approach to managing complaints which complies with the Scottish Public Services Ombudsman (SPSO) guidance on a model complaints handling procedure which meets all the requirements of the Patient Rights (Scotland) Act 2011.

We aim to provide the highest quality services possible to people in our communities through the delivery of safe, effective and person-centred care. Whenever the care we provide can be improved, we must listen and act. Complaints give us valuable information we can use to continuously improve our services. They provide first-hand accounts of people’s experiences of care that help us to identify areas of concern, achieve resolution wherever possible and take action so that the same problems do not happen again.

Our complaints handling procedure helps us to build positive relationships with people who use our service and rebuild trust when things go wrong. It has the person making the complaint, their families and carers, at the heart of the process. We will address complaints effectively, resolve them as early as we can, and learn from them so that we can improve services for everyone.

Whilst the Health Board is responsible for the delivery of health services, the Health and Social Care Partnership has responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requires staff from the health board, local authority and third sector organisations to work together in order to provide joined up, person-centred services.

Under health and social care integration, there will remain two separate complaints handling procedures. The alignment of these complaints handling procedures from 1 April 2017 will provide consistency and clarity around the handling of integrated complaints.
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

Fracture Liaison Service

During 2016 a fracture liaison service has been developed in NHS Forth Valley. This is a new service to identify those who have sustained a fragility fracture and support them in appropriate assessment and management to minimise their risk of further fractures.

All individuals in Forth Valley who are diagnosed with either osteoporosis or osteopenia after a DXA scan at Forth Valley Royal are now invited to attend a bone health education programme delivered by the Fracture Liaison Practitioner and given the contact details of the service for future advice and support. Recent evaluation of the education programme showed that 100% participants felt the information they were given was very helpful. Participants also reported that they had the opportunity to ask questions and knew how to access further information in the future. Specific comments from the evaluation included:

“Really good presentations, thank you for all the information, friendly attitude of the presenters. Good use of skills. Great to have a contact number for the Fracture Liaison Practitioner. Very worthwhile.”

“I am a retired nurse teacher so I know a lot about osteoporosis but I did find the format very good”

“Very good meeting, so glad that we now have a fracture liaison practitioner”
Example 2

Intensive Care Unit

Discharge Liaison Service

Premature discharge, time constraints, lack of knowledge, poor communication/patient handover and busy ward staff have been identified as some of the potential factors leading to suboptimal care of patients discharged from critical care to the general wards. If patients are to be transferred from critical care it is essential that they continue to get the care they need and that their condition continues to be closely monitored to prevent adverse events.

NHS Forth Valley critical care unit have implemented a discharge liaison service. This service is undertaken by a research nurse with Senior Charge Nurse support. The key goal of the role is to facilitate the smooth transition from critical care to the general wards for patients and their families, and act as a resource for junior medical staff and ward-based nurses whilst they provided the care for patients who still had complex needs (Chaboyer et al 2004).

The four main aims of critical care discharge liaison service were to:-

1) Follow up visit to recently discharged ICU patients.
2) Facilitate timely critical care nursing intervention
3) Support of patients and families experiencing transitional anxiety
4) Advanced nurse consultancy
Example 3

Intensive Care Unit (ICU) – Support Group

Patients and families fed-back to staff the difficulty they had coping with the transition of care, from being looked after in ICU to general ward based care.

Since the set up of ICU follow up service which supports critically ill patients and their families making the transition to ward based care, it became evident that patients and families wanted to meet others in a similar situation.

With this feedback the ICU team now run a twice yearly support group where a consultant Anaesthetist in ICU is there to discuss any medical problems they had and follow up concerns. Research Nurse and a Senior Charge Nurse for the ward are present to provide additional support patients and their families.

We will continue to provide ICU support for these patients and their families in the future and drive their rehabilitation as well as their clinical recovery.
Sharing our learning – “What Matters to you Matters to Us” Newsletter

As part of the wider piece of work to improve communication, a newsletter has been developed to showcase how the feedback is used in NHS Forth Valley.

It was important that patients, families, carers and staff can see that their feedback does matter. The newsletter highlights areas for improvement and what we have done to improve the service, and also celebrates our successes.

The newsletters will be produced quarterly, and is available in all healthcare areas throughout NHS Forth Valley for staff, patients, carers and the general public to view. It is also available to view on the intranet. The newsletter is also shared with our public partners.
Example 5

Background

A family raised a concern about the length of time it took to investigate their mother’s swollen leg after a fall in the ward.

Despite raising their concerns with several members of staff, a number of days after the fall, their mother’s leg was x-rayed, and she was diagnosed with a fracture.

The family found that the information they were being given was inconsistent.

Actions

Through the support of the Spiritual Care Team, reflective learning sessions were arranged to include all staff members, this took place over a period of several weeks, ensuring all staff attended the sessions.

To help improve the communication within the ward, all Senior Charge Nurses now use laptops on ward rounds and input change on eWard nursing handover directly as they are discussed, this ensures there is consistency in the information being given to patients and families, and also reduces errors inputting the information from hand written notes, this could be due to untidy hand writing.

Sage and Thyme communication learning sessions have been booked for staff to attend.
Example 6

Background

The daughter of a patient was finding it difficult to receive information regarding her mother’s care and treatment when calling the wards within Forth Valley Royal Hospital. She felt that it was a “blanket” approach to telephone conversations with relatives and possible misinterpretation of the NHS Forth Valley’s data protection and confidentially policies.

Learning & Changes Made

Staff who had not updated or completed their mandatory Data Protection and Safe Information handling Learn Pro modules were asked to complete the training.

At the daily patient safety brief, reminders about the patients consent to share personal and sensitive information being an option for families who are unable to visit the ward has been given. All staff are asked to refer to the Senior Staff on the ward when encountering a challenging telephone call.

The following points were highlighted:-

- Definition of personal and sensitive data
- People who do and don not have automatic rights to personal and sensitive information
- How to facilitate access to personal and sensitive information
- Seeking consent fro patients to share information over the phone
- Documentation of this information entered into the patients notes and family dialogue
- Ensuring patients who do not have capacity (Adults with Incapacity Act 2000) to have AWI completed.
Example 7

Development of a Patient Information Leaflet

To improve communication and provide information to patients when coming to hospital, a patient information leaflet was designed, this is being sent to patients receiving an inpatient appointment.

The leaflet was shared with our Patient Public Panel leaflet group, who reviewed the leaflet and gave feedback and suggestions about how it can be improved.
Help with specific needs
Please contact the telephone number on your letter as soon as possible if you think you may require support for your appointment. This might be:
- A language interpreter or someone to sign if you have a hearing impairment.
- Assistance if you are visually impaired.
- Lifting equipment if you have difficulty standing, or transferring from a wheelchair.
- Guide dogs and assistance dogs are permitted within the Outpatients Department.
- If information is required in an alternative format or language.

Travelling to hospital
- Full details of public transport services can be obtained from Traveline on 0871 200 22 33 or www.travelinescotland.com.
- Disabled parking facilities are available at all NHS Forth Valley hospitals.
- Car parking is free, however a four hour maximum stay operates Monday to Friday during peak periods. Please allow time to find a parking space.
- If you are entitled to benefits, you may be entitled to claim back your travel expenses. Please take any relevant benefit books with you along with your travel tickets/receipts to the Cash Office, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR.
- If you require ambulance transport due to medical or mobility reasons please contact the Scottish Ambulance Service on 0300 123 1236 or Text Replay 18001 – 0300 123 1236.
- Cafe facilities are also available, please ask a member of staff to direct you to the nearest facility.

Confidentiality
All staff have to abide by the NHS Scotland Code of Practice to Protecting Patient Confidentiality. If you wish to know more about how we protect your health information please contact the Data Protection Officer, NHS Forth Valley, Information Governance Team, CSD, Colquhoun Street, Stirling, t: 01786 433285 or you can email: vy-uhb.informationgovernance@nhs.net or alternatively you can visit www.nhsinform.co.uk/rights/ for more information.

Our Values
NHS Forth Valley recognises the importance of values in all that we do. The core values that we have adopted include:-
- Care and Compassion
- Dignity and Respect
- Openness, honesty and responsibility
- Quality and teamwork

At your appointment you should expect to be treated using our core values, and equally we expect our staff to be treated the same.

Helpline
If you have a query or a concern please contact our helpline which is manned from 8:00am to 5:00pm.
Helpline: 01324 566660
Email: vy-uhb.complaints@nhs.net
Alternatively you can write to Patient relations, Forth Valley Royal Hospital, Stirling Road, Larbort, FK5 4WR.

YOUR FEEDBACK MATTERS
Name of Hospital
..................................................................................................................

Ward/Department/Clinic
..................................................................................................................  

Date: ..................................................................................................................

Did you find this information leaflet useful?
YES ☐ NO ☐

Please tick appropriate box

If No, please tell us what information would be useful.

Please post the completed form in the box at the main Reception of the Outpatient Department, or hand to a member of staff. Staff Action; Please return completed forms to Patient Relations Department FVRH.
Example 8

Background

Complaint received about delays of administering pain relief and accessing bloods from a portacath.

What we did

Following the complaint the team arranged to meet with the family to discuss what could be done in the future to ensure this delay did not happen again.

Issues Raised

Staff in ED & AAU were not fully trained in the use of a portacath, this was due to the small number of patients using this method.

Resolution/Outcome

The family requested that all staff in the Emergency Department (ED) and the Acute Assessment Unit (AAU) were trained on the proper use of a portacath. It was explained that this would not a viable solution as there is a small number of patients that use a portacath that come through ED and AAU.

The family agreed that this would not be the best use of resources, and additionally the small number of patients requiring a portacath would make it impossible for staff to maintain their skills. It was agreed that a personalised care plan would be put in place and alerts added to computer systems to explain what to do if the patient presented at hospital via AAU and ED. Care plans were designed and agreed with the family giving details of what to do. This has been set up for both Out of Hours and working hours.

See below an example of the care plan designed:-
Patient Admission Pathway for AAU

Assess Patient A’s condition, is venous access required?

YES

Out of Hours

1. Ensure patient A is assessed for need of venous access by experienced member of staff, if Patient A’s condition is considered to be critical.

2. Contact the Children’s Ward for assistance to use the Portacath SCN for AAU may be required to negotiate the swap of a nurse to prevent The Children’s Ward being depleted.

3. If The Children’s ward is unavailable contact ward A12, ask them for assistance to use the portacath, SCN for AAU may be required to negotiate the swap of a nurse to prevent Ward A12 being depleted.

4. If Patient A’s condition deteriorates and it is felt venous access must be gained for life saving treatment use intraocceous I route

No

Continue to monitor Patient A’s until she is discharged from
Example 9

Colorectal CNS - Improving Patient Care

How do we empower patients and encourage involvement and independence with their own care?

What did we do?

After fully implementing the enhanced recovery pathway for colorectal surgery and based on previous feedback from a previous colorectal post op focus group a change in care was implemented.

All patient information was revisited and improved, following feedback from patients. It was decided that all information would be given up front to the patient at their initial surgical consultation when surgery is first discussed. They were asked to read over it and advised that they would be invited back to a preoperative information session ‘BOOT CAMP’.

The Colorectal CNS set up a pre-operative information group session specifically for patients and a family member to attend prior to their Colorectal surgery.

This hour-long session has space for 6 patients to attend with a family member or friend. The session is designed to give general information and advice on how the individual can support the surgical team by taking an active role in their own care. They are advised on how they can prepare themselves and how they can work with their team to speed up their own recovery process after major bowel surgery, by taking simple measures. We discuss how as professionals we support the individual throughout their hospital stay, sharing the enhanced recovery philosophy. The potential side effects of medication and anaesthetic are discussed with the group and how they can self-help to prevent potential complications.

Patients are given all information at a relevant and understandable level

What difference does this exchange of information make?

A focus group was set up and 20 post-operative patients were invited to attend 16 gave feedback. A short questionnaire was used to assist with the structure of the feedback.

Questions covered a variety of areas throughout the colorectal pathway of care, feedback was all very positive.
Quotes On overall care

- “200% Excellent Care”,” no Issues”
- “First class integration process of the various medical/ nursing teams, function was excellent. Gave me confidence that the left hand knew what the right hand was doing”
- “Everyone was pleasant and attentive”
- “Excellent process no time wasted. Good to have my wife present and involved”
- “Smooth and efficient”
- “Well organised”

Staff feedback

Most patients are keen to get up and out of bed, no encouragement is required from staff. Most are happy to take diet and fluids soon after surgery. Independence is evident. Patients are achieving an earlier discharge.
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.
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>
</tr>
</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 2017/18 report will include:

- Develop and roll out training programme for the new Complaints Handling Procedure
- Introduce further feedback mechanisms including opinion meters
- Focused work to increase the stories posted on Patient Opinion
- Working with families and service users set up a family and young persons liaison group within the Child and Adolescent Mental Health Service (CAMHS)
- Continue to develop the Patient Experience
- 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 and carry out further evaluation to measure the impact that the training has had
- 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
- Carry out a patient satisfaction survey within the outpatients department to measure the ongoing impact of the Positive First Impressions Training
Appendix 1

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
Third Sector Voluntary Organisations
Communication & First Impressions

Patient & Public Panel
Public Partnership Forum
Public Partnership Forum
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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISD Scotland</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>5 Must Do's</td>
<td>The five “Must Do With Me” areas will 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.</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>DXA Scan</td>
<td>DEXA (DXA) scan is a special type of X-ray that measures bone mineral density (BMD). DEXA stands for &quot;dual energy X-ray absorptiometry&quot;. This type of scan may also be called: a DXA scan or a bone density scan.</td>
</tr>
<tr>
<td>EC4H</td>
<td>Effective Communication for Health – Training programme to support staff improve communication skills.</td>
</tr>
<tr>
<td>Form 4</td>
<td>Template for staff to complete giving details of actions, when responding to and significant adverse event</td>
</tr>
<tr>
<td>GMC</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>HMP</td>
<td>Her Majesty’s Prisons</td>
</tr>
<tr>
<td>HMP &amp; YOI</td>
<td>Her Majesty’s Prisons &amp; Young Offenders Institution</td>
</tr>
<tr>
<td>IIvV</td>
<td>Investing in Volunteers is the UK quality standard for good practice in volunteer management.</td>
</tr>
<tr>
<td>KIS</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. 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 and pharmacy environments.</td>
</tr>
<tr>
<td><strong>KSF</strong></td>
<td>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&amp;R in short.</td>
</tr>
<tr>
<td><strong>MDT</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>NMC</strong></td>
<td>Nursing &amp; 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.</td>
</tr>
<tr>
<td><strong>PCHC</strong></td>
<td>Person Centred Health &amp; 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.</td>
</tr>
<tr>
<td><strong>Sage &amp; Thyme</strong></td>
<td>A communication training package, it is designed to be used as a guide to help care workers recognise and respond to peoples emotional concerns.</td>
</tr>
<tr>
<td><strong>ANP</strong></td>
<td>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 credentialed to practice.</td>
</tr>
<tr>
<td><strong>Adults with Incapacity (AWI)</strong></td>
<td>Adults with Incapacity Act. The Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding the welfare and managing the finances of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, or an inability to communicate.</td>
</tr>
<tr>
<td><strong>CAMHS</strong></td>
<td>Child and Adolescent Mental Health Services. Work with families to understand children’s difficulties and where appropriate offer therapeutic interventions to help make the changes children want to make. The team is made up of a range of different professionals and we work as a multi disciplinary team.</td>
</tr>
</tbody>
</table>