



NHS Forth Valley

Annual Report: Feedback, Comments, Concerns and Complaints

2013-2014

Executive Summary

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

- Patient Relations Team – A person centred approach is adopted where by when a complaint is received, the person raising the complaint is allocated a named officer throughout the process. The Team also capture feedback, comment and concerns and ensure that these are shared with the appropriate services.
- Patient Advice and Support Service (PASS) – They assisted 67 patients/clients in 2013-2014 with 141 concerns raised and addressed.
- Alternative Dispute Resolution – Many complaints have been resolved through meetings with staff and the complainant but no cases have yet used mediation.

Evidence of Learning from Feedback, Comments and Concerns

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

- Weekly use of patient experience questionnaires to identify areas for improvement relating to the “5 must do’s”.
- Work within the Emergency Department, where patients can be accompanied by their relatives at the earliest opportunity.
- Introduction of flexible visiting has been implemented across all inpatient areas in NHS Forth Valley.

Complaints

NHS Forth Valley has undertaken a follow up survey of complainants by the Scottish Health Council.

Reports on the numbers and themes of complaints are provided regularly to the Board Clinical Governance Committee and Unit Committees, and issues are discussed at Staff Safety Briefs.

The total number of complaints received in Forth Valley Acute and Community Health Partnerships for the period 1 April 2013 – 31 March 2014 is 1080. Whilst there is a 43 % overall increase in complaints due to prison activity, there is a reduction in the number of Acute complaints of 9.2%.

On further analysis of the rise in complaints compared to 2012/13 a breakdown of the complaints received as detailed below:

	Year 2012/2013	Year 2013/2014	Percentage +/-
Acute	587	533	9.2% (Decrease)
CHP	33	60	82% (Increase)
Prison*	69	487	603% (Increase)

General Practitioners received 72 complaints with a 20-day response rate of 83.33%.

Complaint Themes

Of the complaints received the main themes identified were:

- clinical care and treatment
- staff attitude and behaviour
- waiting times and date of appointment

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

- Root Cause Analyses of Significant Adverse Events
- Request tracking and results management project
- To reduce waiting times and cancellations - this is a key priority for NHS Forth Valley. A whole system re-design and delivery plan has been developed to deliver on the waiting time guarantees and to reduce waiting times. We aim to ensure that we have the correct resources, for example, additional consultants have been appointed, on-call rotas revised and additional clinics provided.

Scottish Public Services Ombudsman

Twenty three complaints about Forth Valley were referred to the Scottish Public Services Ombudsman who issued 9 decision letters of which 3 were upheld and one partly upheld.

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Introduction

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

The report is set out in five sections:

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

Section 2 **Encouraging and Handling 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 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.

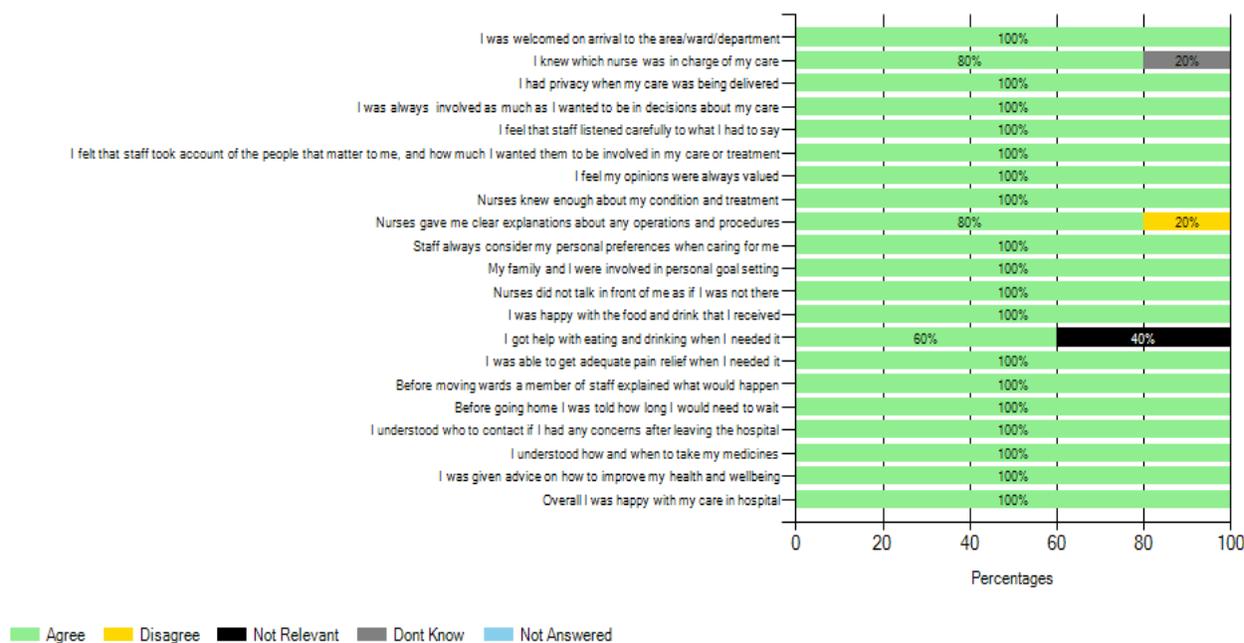
NHS Forth Valley has a well established and reliable toolkit for collecting feedback, comments and concerns. There are many examples of how we access and respond to feedback from patients, carers and families. Better Together, Your Care Experience Toolkit, patient and staff questionnaires to ascertain real time feedback, patient stories, and journeys of care are some examples; social media is also used including twitter, facebook and patient opinion.

National and Local Experience Surveys

NHS Forth Valley developed a patient experience measure which has been used to prioritise areas for improvement. Initially this was used within our acute inpatient areas where in each ward, five patients per week were asked for their feedback about their experience of care.

The questions have been reviewed and now include the “5 Must Do” measures from the National Person Centred Programme. The questionnaires are now being used in other areas including community hospitals and acute inpatient mental health areas. The Senior Charge Nurses use the data to identify areas for improvement, this data is on display within clinical areas where patients and the public can view what areas are improving locally.

Breakdown of Patient Questionnaires



Your Care Experience Toolkit

A number of areas are using "Your Care Experience" Toolkit, this facilitates bespoke questionnaires to be developed and a tailored approach to responding to feedback, for example in the development or reconfiguration of services. An example would be our surgical admission pathway. Data is being used to shape the service as it develops. Below are some examples of the feedback we have received along with a note of the actions we have taken to improve the service:-

Do you have any other comments or suggestions for improvement?	Actions
<ul style="list-style-type: none"> • Staff are great • No • No • Nope Excellent care all round • Nothing to add as all NHS staff are amazing • Use private rooms when speaking to patients • Not enough privacy • Staff were rushed off their feet • Very much doubt it, food could be improved • Great staff who don't get enough credit for the work they do • Use of the call button not explained clear enough • None 	<ul style="list-style-type: none"> • We feel that it is important that staff are recognised for their hard work and ensure that we pass on to staff feedback we receive from patients, carers or family members. • We feel that it is important that staff are recognised for their hard work and ensure that we pass on to staff feedback we receive from patients, carers or family members. • Consultation rooms are now provided • We use the National Workforce Tool to ensure the staffing levels are appropriate • SERCO now undertake regular catering reviews throughout the wards, feedback from the reviews inform the menus. • Introducing a staff recognition scheme, to demonstrate how we recognise and appreciate the hard work staff do and how we recognise the staff. Long service awards are to be reinstated as part of the scheme. • We feel that it is important that staff are recognised for their hard work and ensure that we pass on to staff feedback we receive from patients, carers or family members. • Informed staff of feedback and received, asking them to ensure they give clear instructions

Patient Stories

We actively encourage patients, carers and their families to share their stories with us this can take a number of formats; transcribed stories, digital recordings, voice over's, face to face interviews or using more sensitive methodologies for people with communication difficulties for example emotional touch points.

Our patient experience champions have been trained in using all of our patient experience approaches such as talking mats and emotional touch points. This helps us to proactively engage with particular groups. Patient stories are also used in training and development, and used to drive improvement. Patient stories are sought in our leadership walk rounds; again experiences are captured and shared in local areas.

Journeys of care

Staff working within our Accident and Emergency Department have been involved in journeys of care. With the patients consent staff stay with them as they move from the waiting areas of Accident and Emergency through to the department, for investigation to the place of admission or until discharge. This had been very positively received as a learning experience.

Social Media

We continue to use social media including the use of Patient Opinion. NHS Forth Valley were early adopters of using patient opinion, and we actively encourage Charge Nurses and other staff responsible for services to respond directly to postings. We consider what changes can be made as a result of the information we receive. Gina Alexander Director of Patient Opinion Scotland said "NHS Forth Valleys approach to patient opinion is gold standard." Below is an example of a posting we received through Patient Opinion.

"I came to FVRH very nervous, but on arrival at Day Surgery Unit I was immediately put at ease by the reassuring and skilled nursing staff. Also I must mention the staff involved in all aspects of my procedure. Surgical and nursing staff were wonderful. That's no exaggeration - all areas of the hospital that I saw were spic and span. I cannot fault any part of the Day Surgery Unit at all. Staff are of the highest quality. Sincere thanks x "

Where experience of care is complicated we invite those using the Patient Opinion site to engage directly with our Person Centred Team so that learning can be gained and shared.

Frailty Clinic Case Study

Case studies are used in our Frailty Clinic and supporting ward area to capture patient journeys and experience of the service; these are shared weekly with the multidisciplinary team and help to inform improvement.

We are working to modernise services and improve outcomes for older people.

a) What were the issues?

Mrs. A was referred to “rapid access” by her GP with recurrent falls in past 2 weeks and reduced mobility. Mrs. A was known to have invasive bladder cancer, a catheter was in situ. Mrs. A also had COPD, this was stable. The falls Mrs. A had were not associated with blackouts, has previously had a blood transfusion. Mrs. A lives alone, has a package of care twice weekly and has Mobile Emergency Care Service (MECS), and has a sister.

b) What did we do?

Mrs. A was offered an urgent appointment for next day, however due to transport issues it was not a suitable appointment, a 2nd was appointment made. Urgent bloods were done; a full assessment of Mrs. A was carried out, this included falls risk assessment, a nutritional assessment, cognitive testing, chest x-ray and ECG. A review of the assessment was carried out by medical staff, who agreed Mrs. A was not fit for discharge home.

Mrs. A was admitted directly to ward A11 for further assessment, to include an urgent dietician review, physio and occupational therapy.

c) What difference did we make?

Mrs. A was seen quickly by specialised staff although she needed hospital admission she was taken directly to designated frailty ward Mrs. A

d) What was key to our improvement?

The GP was able to access rapid access clinic appointment. The patient was dealt with by specialised staff.

e) What are we going to do next?

To continue to develop a person centred approach to care for older people.

Person Centred Care – “Must Do With Me” Case Study

The following case study shows an example of how we used feedback from a Person Centred “Must Do” with young carers. A film was made to demonstrate that NHS Forth Valley obtained feedback on what actually mattered to young carers within our community and how NHS staff can consider their needs as well as value their expertise in delivering care.

Q1. Which “Must Do” does this case study relate to?

What Matters to you?

Q2. What was the problem you were trying to fix?

We wanted to hear and understand young carers voices, and ask them to identify what matters to them in their caring role and how NHS staff can consider their needs as well as their expertise and knowledge in delivering care to the cared for person.

Q3. What did you want to achieve? (What was your aim?)

We wanted to develop a training resource for staff that was informed and designed by young carers.

Q4. What did you do differently? (Was there a particular thing that you decided to test?)

A group of eight young people from the Princes Carers Trust, Young Carers Befriending Team (Falkirk) have developed and designed an innovative You Tube training resource for NHS Forth Valley staff.

This film highlights the needs; experience and knowledge that young carers have which can enhance patient care and experience.

The young people were instrumental in its design and delivery. They spent a considerable amount of their own time with NHS staff on the content and filming to ensure that the final results were fit for purpose, delivering their input with a great deal of fun and laughter.

Q5. What happened? (How do you know your change resulted in an improvement?)

It identifies: that young carers are young people who provide care, assistance or support to another family member. They carry out, often on a regular basis, significant and substantial caring tasks and assume a level of responsibility which would usually be associated with an adult.

It recognises: the improvements that can be made by offering practical solutions to NHS staff through better engagement and involvement of young carers– thereby improving experience and outcomes for all.

The young people based the content around the NHS Person Centered Health Care Programme with the key theme being ‘nothing about me without me’. The results of this film speak for itself!

Q6. What did you learn? – Key Messages

- Treat me as an individual
- I have knowledge to share
- Please communicate with me
- Value my contribution
- I need access in different ways

Section 2: Encouraging and Handling 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 day target, followed by an analysis of the key themes and a summary of the action 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 CHP services, followed by complaints about services provided by independent contractors.

The total number of complaints received in Forth Valley Acute and Community Health Partnerships for the period 1 April 2013 – 31 March 2014 is 1080. Whilst there is a 43% overall increase in complaints, due to prison activity, there has been a 9.2% reduction in Acute complaints.

On further analysis of the rise in complaints compared to 2012/13 a breakdown of the complaints received is detailed below:

	Year 2012/2013	Year 2013/2014	Percentage +/-
Acute	587	533	9.2% (Decrease)
CHP	33	60	82% (Increase)
Prison*	69	487	603% (Increase)

*This is due to the change in SPSO guidance on how prisoners can access complaints

General Practitioners received 72 complaints with a 20-day response rate of 83.33%.

NHS Forth Valley Acute and CHP - The complaints process: Feedback from patients and carers

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

A number of improvements have been made to our complaints handling, for example, when the nature of the complaint is particularly distressing, the Patient Relations Officer leading the investigation will now telephone the person making the complaint to introduce themselves, discuss the nature of the complaint 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 can also be discussed with the complainant at this stage.

Scottish Health Council Evaluation

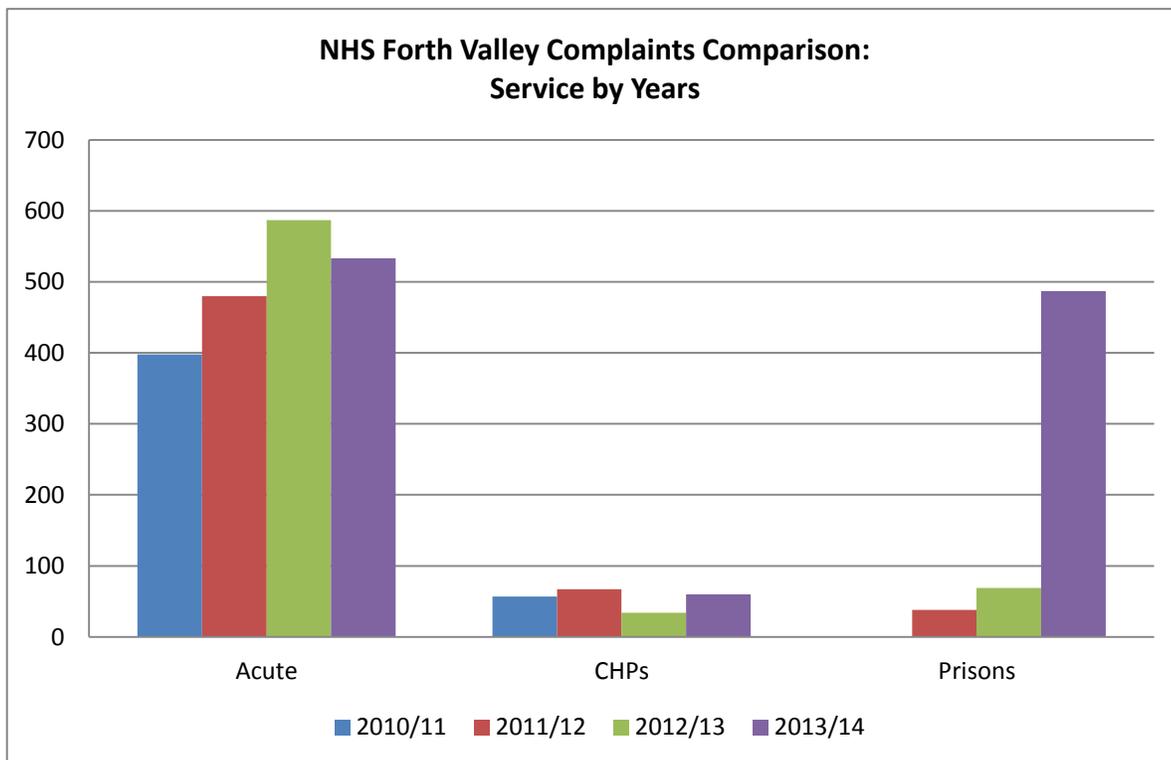
In May 2013, NHS Forth Valley invited the Scottish Health Council to carry out an evaluation of the complaints process. As part of the ongoing evaluation of the complaints process another telephone survey was carried out in January 2014. This allowed us to look at the data to find any emerging themes between the 2 surveys that were carried out. To ensure consistency the Scottish Health Council used the same set of questions from the first survey. The survey was entirely anonymous and all the feedback we received was non identifiable.

Analysis of the feedback identified a number of themes emerging; this included communication with the complainants, very few of the participants knew of outside support that is available to support complainants e.g., Patient Advice and Support Service or Advocacy Services. There was consistency around complainants being informed of the length of time that it may take for their complaint to be responded to, a number of the participants said “the staff at the complaints department explained the process and the timeframe to me” and “information was provided giving details of the process and the length of time the process could take”.

An action plan is currently being developed using the feedback from the responses. However, a number of the participants asked for feedback from the survey, due to the survey being anonymous permission was given by complainants to the Scottish Health Council to retain their details; working in partnership with the Scottish Health Council we will contact them later in the year to update them on the progress we have made. We will use the action plan to feedback to participant’s changes and improvements that have been made to the service.

Numbers of complaints and response times

The following chart shows the numbers of complaints received by NHS Forth Valley for the past three years. This is reflective of the overall increase in complaints across the Public Sector in Scotland.



Prisoners Complaints

Over the past year we have noted an increase of complaints from prisoners located within the three prisons under our Health Board area: Cornton Vale, Glenochil and Polmont Young Offenders.

To enable us to identify any themes or emerging issues a review is being completed by the Patient's Relations Team.

The aim of the review is to ensure that prisoners receive a high quality service from the NHS Forth Valley Patient Relations Team. On reviewing the complaints received to date it was noted that a significant amount of complaints received were minor, therefore a key recommendation was to encourage local resolution where possible.

From the review findings to date, we have been working in partnership with healthcare staff to streamline the complaints process for prisoners. Taking this action ensures that prisoners have a clearer understanding of how to make a complaint as well as the process involved.

Significant work has been completed to ensure that access to this service is equitable.

Specialist and Ambulatory Care & Emergency Inpatient Services

Specialist and Ambulatory Care Services (SACS) and Emergency Inpatient Services (EIPS) together have developed improvements around the management of complaints within each of their units. In December 2013 the units response time to achieve the 20 day target was 50%. In order to achieve the 20 day target, working in partnership the two units carried out a review of the complaints process.

The aim of the review was to identify reasons for the delays with a view to putting in place processes to resolve any issues identified. A number of issues were identified, in particular communication between the units and the Patient Relations Team.

Daily meetings now take place with SACS, EIPS and the Patient Relations Team to discuss cases, where they are in the process and if there are any issues. There is also particular focus on achieving the 10 and 20 day target, by doing this we can identify earlier any delays in the process, allowing actions to be put in place to move things on. A flowchart is also being developed by the units, it will indicate how we follow the complaint through the unit, have target dates set to monitor the progress, it will outline to the clinical staff what our expectations are, when we shall be contacting them, and will it highlight our intention to look at learning from each complaint.

Complaints Performance 2013/14

The following table shows our activity and performance for 2013-14

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total Acute & CHP Complaints received	69	62	54	89	109	84	93	101	103	99	121	96	1080
Complaints awaiting consent	0	0	0	0	0	0	0	0	0	0	0	0	0
Consent not received	0	0	1	2	0	0	0	1	1	0	0	0	5
Complaints transferred elsewhere	0	0	1	0	1	0	0	1	0	1	0	0	4
Complaints withdrawn	1	2	3	2	5	2	2	6	3	6	1	4	37
Complaints Actual	68	60	49	85	103	82	91	93	99	92	120	92	1034
Total responded in 20 days (ext T&W)	32	36	29	56	69	52	66	56	76	77	93	78	720
Total responded in 21 to 25 days	9	7	4	5	11	5	6	16	9	5	7	6	90
Total responded in 26 to 30 days	5	4	4	9	1	6	5	9	4	2	8	2	59
Total responded in over 30 days	22	13	12	15	22	19	14	12	10	8	11	5	163
Unresolved	0	0	0	0	0	0	0	0	0	0	0	0	0
%responded in 20 days excluding transferred withdrawn	47.06	60.00	59.18	65.88	66.99	63.41	72.53	60.22	76.77	88.70	77.50	84.78	69.63

Scottish Public Services Ombudsman

NHS Forth Valley works closely with the Scottish Public Services Ombudsman (SPSO) and recently met to develop a closer working relationship and understanding on the handling of complaints from each others perspective.

The following table shows the number of complaints about NHS Forth Valley, referred to the SPSO in 2013-2014.

1 April 2013 – 31 March 2014		No of Complaints at Ombudsman
(a)	Notification received that an investigation is being conducted.	23
(b)	Notification received that an investigation is not being conducted.	0
(c)	Investigations Report received	9
(d)	Decisions Letters received (Often the first indication in respect of FHS Complaints).	9

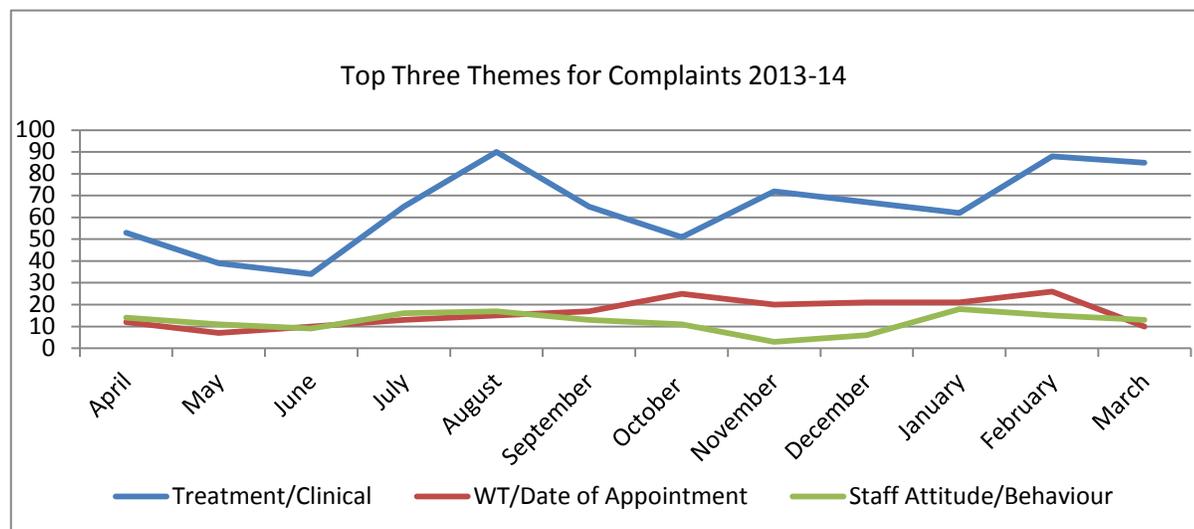
It should be noted that the SPSO issued 9 decision letters, upheld 3 cases and partly upheld one of these during 2013-14.

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.

Themes from Complaints

The following chart shows the top three themes for complaints by month for 2013-2014.



As can be seen, the top three themes are 'clinical care and treatment', 'staff attitude and behaviour' and 'waiting times and date of appointment'.

Clinical Care and Treatment

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

In response to the higher number of complaints we received relating to the care experienced by patients at ward level, we continue to use Care and Comfort rounds to ensure a high standard of care is delivered at the bedside.

Senior Charge Nurses complete balance score cards to display the level of improvements in all wards. The 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

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 **First Impressions** campaign re-enforces how important it is to staff that patients are welcomed to our wards, departments and our services in the community in a polite and sensitive manner. The core elements of this campaign are essential in any education for reflective practice. The introduction of **EC4H Effective Communication for Health** for senior medical and nursing staff is also available.

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

There is also a Values Based Programme for End of Life Care being piloted in two inpatient wards which includes education at Strathcarron Hospice as well as input from the Chaplaincy team and their values based training,

Sage and Thyme Training

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

Discharge from hospital

A number of occasions have been identified where our communication with relatives could be better, particularly when patients are being discharged home or transferred to another ward or hospital.

In one area this has led to a change to the Discharge Protocol. This ensures that, when appropriate, the date for discharge remains provisional until it has been discussed with the patient's family.

At visiting time, staff are now more visible and more proactive in finding out about relatives' concerns and worries. Open (extended) visiting is now in place in all in-patient areas across Forth Valley following the launch in March 2014.

Work is on-going to improve our documentation of significant conversations with patients and families within the Family Dialogue Sheets. These are held in the patient's health record.

Communication Training for Medical Staff

It has been acknowledged that there was a need to look at mandatory training for medical staff. Linked to this is the aspiration of driving continual quality improvement. Analysis of complaints shows that communication failures rather than technical or knowledge base skills are an area of concern.

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.

Waiting Times and Cancellations (Out-patients)

Analysis of complaints about waiting times and cancellations in our outpatient departments identified 3 main learning points:

1. A significant rise in the demand for certain services in particular specialties which have led to a national challenge in providing services.
2. Identified that our communication with patients about waiting times and cancelled appointments was sometimes poor. Patients were having to contact the hospital and, when they did so, were being put through to a number of different departments before being able to speak to someone who could help them.
3. A revision of consultant's on-call rotas.

A number of steps have been taken to address these problems, which includes:

- The appointment of additional consultants,
- Work is on-going to keep patients informed about the length of time they will have to wait for appointments and a 'named' point of contact is now provided in the letters we send out.
- Provision of additional clinics has helped to reduce waiting times and cancellations.

Waiting Times and Cancellations (In-patients)

Regrettably, there are times when an unexpectedly high number of emergency and trauma admissions to hospital means that we have to cancel planned surgery at short notice and, understandably, this results in patients complaining. It is always a last resort and all practicable steps are taken to prevent cancellations from happening. When we do have to cancel surgery at short notice, where possible, a new date is given on the day of cancellation.

Themes from complaints by department

Our units and departments undertake regular reviews of complaints within their areas to identify themes and areas for improvement. These are discussed at the unit 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.

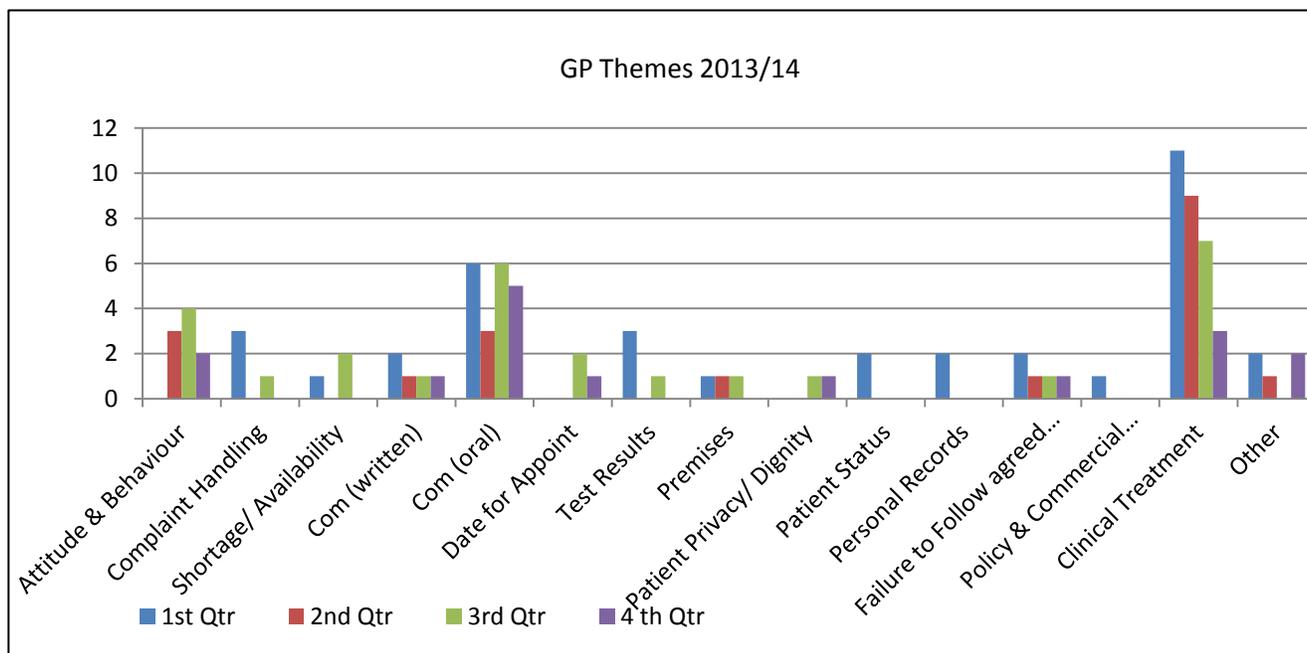
Independent Contractors

Independent contractors include General Practitioners, Dentists, Opticians and Pharmacists. 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 57 GP Practices, the total number of complaints received for 2013/14 is 72 with a 20 day response rate of 83.33%.

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.

Clinical care and treatment

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

Section 3: Creating a Positive Culture

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

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

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

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

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

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

Senior Charge Nurse Balance Score Card

Complaints, concerns and feedback forms part of the Senior Charge Nurse “balance 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.

Section 4: Improvements to Services

NHS Forth Valley recognises the importance of demonstrating to the public that their feedback and learning from complaints has led to service improvements.

Adopting the Person Centred approach, the Patient Relations Team has undergone a number of improvements this includes sharing action plans that have been developed as learning from the complaint.

The designated Patient Relations Officer is the key contact throughout the process, ensuring regular updates are provided throughout the complaints journey. Peer support has been introduced and an improved case load management system has been implemented. Meetings take place on a daily basis with the clinical units as part of the complaints management process. This has resulted in improved response rates.

Further work is being explored to maximise the potential of the electronic complaints management system. This will allow the collation of themes, the future development of masterclasses and also further support the staff appraisal system in relation to the learning from complaints.

Learning from Significant Adverse Events

Significant Adverse Events 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 complaint letter is sent to staff asking for their action learning and to include their actions within the appropriate Form 4 or 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 letter the actions they have taken. Staff actions are recorded on a spreadsheet and stored on the shared drive, where other staff can learn.

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.

Learning in place from Scottish Public Services Ombudsman (SPSO)

Following the investigation of an adverse event in NHS Forth Valley, a recent judgment from the SPSO, commented on deficiencies in clinical note keeping and highlighted the crucial importance of maintaining accurate contemporary records. The importance of keeping clear, accurate, legible and up to date signed notes, including date and time, is a vital professional responsibility as emphasised by both the General Medical Council and the Nursing and Midwifery Council, and is looked on as an important contribution to improving patient safety.

The Head of Nursing and the Medical Director have jointly asked that a reminder be sent to all medical and nursing professional colleagues outlining the importance of accurate note keeping and their professional responsibilities.

Enhancing Access to Services

During our involvement process in the development of our Equalities Outcomes, it was noted that some members of the community including Minority Groups experienced difficulties understanding what services they could use and who could deliver what. On occasions people were waiting on GP appointments when a consultation with the pharmacist would suffice.

Therefore an information sheet was developed and launched on the 30 April 2014, it is available in a range of alternative formats and can also be downloaded by staff and public from the NHS Forth Valley web site. The information sheet has been translated into the top 6 community languages, informing communities how to access Pharmacies, GP's, Minor Injuries and Emergency Department

This sheet also identifies the change to the contact details for NHS24 which has now changed to **Tel No: 111**. Colleagues in the Local Authority and third sector organisations agreed to host and supply this information on request or as a support mechanism to new people into the community. It is available for NHS staff and the public on our [Equality and Diversity Web page](#)

All people attending English as a Second and Other Language (ESOL) classes have these information sheets made available to them at source. A supply was given to NHS Forth Valley and Police Scotland Lay Advisors to cascade within their communities. This ensures that all people are aware of the appropriate NHS Service to meet their needs. This information sheet will be evaluated in March 2015.

Involving Young People

Following on from the work carried out with the young carers and the feedback received from events. The young people were keen to develop an "App" that would support them, they thought that it would be useful to be able to access information via their smart phones, for example how to find your way around Forth Valley Royal Hospital, useful contact numbers, basic first aid. We are in the early stages of developing this, and to date, we have held two involvement events with young people from the local high schools, young carers and also the local Scout Unit. The "App" we are developing will not only support young people but will support all age groups. We hope to have the "App" developed by late 2014.

The Women & Children's Unit have been proactive in recording and monitoring complaints received. Reviewing complaints to identify themes and ensuring dissemination of key learning points and responses to inform staff. The following table demonstrates the actions and learning.

Title:	Update on Actions/Learning in Relation to Comments, Concerns and Complaints 2013/14		Unit	Women & Children
Author			Date	
Key Actions			Learning	
<p>The following actions have been taken to address key issues and improve service delivery.</p> <ul style="list-style-type: none"> • Unit database in place to ensure all complaints received are investigated/reviewed for key themes/responded to within specified time limit. This is a standing agenda item on the Department Managers weekly meeting. • Complaints have been identified as a standing agenda item on monthly Team Leaders Meeting within the unit. • The midwifery management team used some complaints as the basis for vignette, which they then acted out at a Team Leaders meeting. • Threshold scenarios were developed in 2013 from issues identified within the unit. These were anonymised and used at a Team Leaders meeting as a learning tool. The Team Leaders subsequently and spontaneously decided to disseminate there at their various Midwifery Team Meetings for the Midwife Practitioners. <p>The NHS Forth alley Communication DVD was shown at Team Leaders and it was agreed that this should be made available as a training tool for all nursing and midwifery staff. Administration staff also participated in this roll out.</p>			<p>Feedback from staff:</p> <ul style="list-style-type: none"> • Feedback from threshold scenarios and DVD were extremely positive, with verbal feedback supporting the need to raise awareness of current identified issues. The DVD also assisted in the initiation of discussion around positive changes to practice. • Staff reported they would be more proactive in challenging colleagues' practice where they identified inappropriate behavior. • Staff reported the benefits of receiving feedback about the actions and outcomes of complaints received by the Unit. This encourages self appraisal and practice development. • Further action planned in 2014 to promote self assessment through reflective practice. 	
Action Required	For Information	X	Paper Attached	Threshold Exercise
	For discussion			
	For decision			

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 Balance Scorecard (Appendix 1).

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
- PASS

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 Balance Scorecard (See Appendix 1).

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 the 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 (falls, medication errors) to identify areas where there may be problems.

The steering group for the Patients Rights Act is responsible for overseeing the implementation of the act and reports via Board Clinical Governance arrangements.

There is a plan in place to implement the requirements of the Patient Rights Act across NHS Forth Valley.

NHS Forth Valley – Board Balance Score Card

Safe				
Type	Measure	As at	Performance status	Direction of travel
NR	Hospital standardised mortality rate	Dec-13	Green	▲
LKPI	Adverse Events	Mar-14	Green	◀▶
HT	Staphylococcus Aureus Bacteraemia	May-14	Red	▲
HT	Clostridium Difficile	May-14	Green	◀▶
LKPI	Acute Hospital Hand Hygiene	May-14	Green	◀▶
LKPI	Community Hospital hand hygiene	May-14	Green	◀▶

Efficient				
Type	Measure	As at	Performance status	Direction of travel
HT	Finance	Apr-14	Green	◀▶
LKPI	Non Core Staff Costs	Apr-14	Red	◀▶
HT	Energy Consumption	Dec-13	Green	◀▶
HT	CO2 emissions	Dec-13	Amber	▼
LKPI	Reduction in Prescribing costs	Mar-14	Amber	▲

Timely				
Type	Measure	As at	Performance status	Direction of travel
NR	12 Week Treatment Time Guarantee	May-14	Green	◀▶
Audit scot.	Outpatient Unavailability	May-14	Green	▼
	Inpatient Unavailability	May-14	Green	▼
HS	18 week Referral to Treatment	Apr-14	Red	▲
HS	12 Week Outpatient wait	May-14	Red	▲
LKPI	Diagnostic 42 day wait	May-14	Red	▼
HT	Early diagnosis & treatment in first stage of cancer	—	In progress	—
HS	Cancer 31 day target	Apr-14	Green	◀▶
HS	Cancer 62 day target	Apr-14	Amber	▲
HS	Access to drug & alcohol treatment	Jun-14	Green	◀▶
HT	IVF Treatment within 12 months	Apr-14	Green	—
HT	% A&E waits <4 hours	May-14	Red	▼
HT	Access to child & adolescent mental health services	Apr-14	Red	▼
HT	Psychological Therapies	Apr-14	Red	▼
NR	Patients admitted to stroke unit	May-14	Green	▲
LKPI	MSK Physiotherapy waits	—	In progress	—

Equitable				
Type	Measure	As at	Performance status	Direction of travel
LKPI	Staff Ethnicity recording	Mar-14	Green	▲
LKPI	Suicide rate	Dec-12	Green	▲
HT	Smoking cessation	Dec-13	Green	▲
HS	Alcohol brief intervention	Mar-14	Green	▲
HT	Child Healthy Weight	Dec-13	Green	▲
HT	Fluoride varnish	Dec-13	Red	◀▶
HT	Access to Antenatal Care	Dec-12	Green	▲
LKPI	Outpatient 'Did Not Attend'	May-14	Red	▲

Effective				
Type	Measure	As at	Performance status	Direction of travel

Person Centred				
Type	Measure	As At	Performance status	Direction of travel
LKPI	Clinical quality indicators			
	Falls	Apr-14	Green	▲
	Food, Fluid and Nutrition	Apr-14	Green	▲
	Pressure Area Care	Mar-14	Green	▲
HS	Sickness Absence Rate	Apr-14	Amber	▲
	Short Term	Apr-14	Grey	▲
	Long Term	Apr-14	Grey	
LKPI	eKSF	May-14	Amber	▲

HT	A&E attendance	May-14	Red	▼
HT	Delayed discharge >28 days	May-14	Red	▼
HT	Delayed discharge >14 days	May-14	Red	▲
LKPI	Bed days lost due to delayed discharge	May-14	Red	▼
LKPI	Long Term Conditions	Mar-14	Green	▲
LKPI	Anticipatory Care Plans	May-14	Green	—

HT	Emergency Bed Days Patients 75+	Feb-14	Amber	▲
LKPI	Complaint responses within 20 days	Apr-14	Green	▲