What matters to you, matters to us
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 and this includes a telephone call from the allocated Officer. 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 125 new clients during 2017/2018 and dealt with 384 enquiries. (Awaiting PASS final report details)

- **Alternative Dispute Resolution** – Many complaints have been resolved through meetings with staff and the complainant.

- 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 family engagement group for the CAMHS Service
- Improvements to the complaints handling process to improve the experience for individuals making a complaint
- Improved communication for patients accessing healthcare within the prison population

Reports on the numbers and themes of complaints are provided regularly to NHS Forth Valley Health 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.
2017/18 was the first year of the new Complaints Handling Procedure and NHS Forth Valley has invested a significant amount of time supporting, educating and communicating with staff in preparation for managing and investigating complaints during 2016/2017.

We have implemented a system that captures stage 1 data to meet the key performance indicators criteria. NHS Forth Valley is extremely proud in the success of not only capturing stage 1 complaints but promoting a culture where staff have the confidence and ability to locally resolve issues with a real time right time focus.

NHS Forth Valley has educated, supported and empowered staff in local resolution of stage 1 complaints. Staff have very successfully demonstrated the power of local resolution by the amount of complaints data NHS Forth Valley has captured through its complaints stage 1 process. A total of 628 complaints have been managed within 0 - 5 days local resolution (Stage 1) indicating an increase of 554 Stage 1 complaints compared to only 74 complaints managed within 0 – 5 days during 2016/17. On analysis of Stage 2 complaints, NHS Forth Valley has received 792 complaints indicating a decrease of 22.7% which have been managed under the Stage 2 process for 2017/18.

Over the coming year NHS Forth Valley aims to continue to build and develop strength in capturing and resolving stage 1 complaints.

The table below details the number of complaints received following the implementation of the new Complaints Handling Procedure for 2017/18.

<table>
<thead>
<tr>
<th></th>
<th>Year 2017/2018</th>
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<tbody>
<tr>
<td>NHS Forth Valley</td>
<td>Stage 1 214</td>
</tr>
<tr>
<td></td>
<td>Stage 2 670</td>
</tr>
<tr>
<td>Prison</td>
<td>Stage 1 414</td>
</tr>
<tr>
<td></td>
<td>Stage 2 122</td>
</tr>
<tr>
<td>Total</td>
<td>1420</td>
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**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.
General Practitioners
During the period of 2017/18 the total number of complaints received for General Practitioners is 96.

Scottish Public Services Ombudsman (SPSO)
Thirty-four complaints and five concerns regarding NHS Forth Valley were referred to the Scottish Public Services Ombudsman, who issued thirty-five decision letters. See table below detailing the decisions of the investigations carried out.

<table>
<thead>
<tr>
<th>Number of Complaints/Concerns referred to SPSO</th>
<th>39</th>
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<tbody>
<tr>
<td>Upheld</td>
<td>Partly upheld</td>
</tr>
<tr>
<td>26</td>
<td>2</td>
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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 our services.
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Introduction

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

The report has been set out in 4 sections:

- **Section 1: Feedback, Comments Concerns & Compliments**, outlines the methods available across the Board to encourage and welcome feedback and gives examples of changes made as a result of feedback.

- **Section 2: Key Performance Indicators NHS Forth Valley**

- **Section 3: Independent Contractors – Key Performance Indicators**

  The Key Performance Indicators being reported for both NHS Forth Valley and the Independent Contractors (Family Services) include:-

  - **Indicator 1**: Learning from Complaints
  - **Indicator 2**: Complaints Process Experience
  - **Indicator 3**: Staff Awareness and Training
  - **Indicator 4**: Total Number of Complaints received
  - **Indicator 5**: Complaints closed at each stage
  - **Indicator 6**: Complaints upheld, partially upheld and not upheld
  - **Indicator 7**: Average times
  - **Indicator 8**: Complaints closed in full within the timescales
  - **Indicator 9**: Number of cases where an extension is authorised

- **Section 4: Creating a Positive Culture**

- **Section 5: Next Steps**
1. Feedback Comments, Concerns and Compliments

The purpose of this section is to demonstrate the available methods used across NHS Forth Valley to encourage feedback which promotes learning and 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, families and carers.

The National Inpatient Experience survey and patient and staff questionnaires ascertain real time feedback and patient stories. Other examples of how we gather feedback include social media, Twitter, Facebook and Care Opinion. In addition the NHS Forth Valley website Your Health Service provides the opportunity for members of the public to provide feedback.

1.1 National and Local Experience Surveys

NHS Forth Valley developed a patient experience measure which has been used to identify 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, 5 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 26 for an example of the questions used.
1.2 Patient Public Partners

In 2016 NHS Forth Valley introduced Patient Experience Volunteers to ward areas within Forth Valley Royal Hospital. Through a programme of ongoing recruitment we have expanded the number of volunteers now supporting this piece of work and are in the process of extending the role to the community hospitals over the coming year.

The patient experience volunteers ask patients a set of questions about their stay in hospital; this gives patients an opportunity to provide real time feedback about their care experience. The volunteers feedback to the Senior Charge Nurse the information collated which can be used to inform and make improvements.

Over the past year the role has evolved and volunteers now support patients to complete Catering Surveys on behalf of Serco and undertake Infection Control Surveys.

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 Operational Group, NHS Forth Valley invited public partners to take part in a workshop to review the strategy. Discussions took place with staff and public partners to further develop the aims and objectives we have been working towards for the past two years ensuring that they are still relevant and taking us towards being a truly Person Centred Board.

The Patient Public Panel 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.

During 2017, Public Partnership Forum (PPF) Representatives supported senior staff within the Falkirk Health and Social Care Integration Partnership to carry out surveys with service users and their carers regarding day care service providers to support a review of this service. Ten different day care establishments were visited across the Falkirk Partnership, the information gathered included asking patients what they thought about the service being provided, and what could be done to improve the service if necessary. A report was then compiled and shared with the Integration Joint Board.

A similar piece of work was also undertaken by the Public Partnership Forum regarding a re-design of Mental Health Services across NHS Forth Valley. This included the in-patient wards within Forth Valley Royal Hospital Mental Health Unit, and also the Intensive Home Treatment Team (IHTT), and the Community Rehabilitation Team (CRT). Service users were interviewed and questionnaires completed.

PPF members continue to participate in a wide range of local and national forums including the Integration Joint Boards for Clackmannanshire and Stirling, and the Falkirk Partnership and the Strategic Planning Groups for both Partnerships.
Additionally, PPP and PPF members participate in a wide range of local and national forums, putting forward the perspective of patients, carers and members of the public.

To recognise and to celebrate the work that our public partners and volunteers provide, an event was held in December 2017 inviting public and volunteer representatives from across NHS Forth Valley. The event celebrated the work of the volunteers and the value they bring to the organisation. Volunteers were invited to tell their story about volunteering, why they became a volunteer and the impact volunteering has had on their lives.

At the Celebration event NHS Forth Valley were presented with our Investors in Volunteering Award (liV). This is the third time NHS Forth Valley have received this award since its introduction in 2011.

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 patient stories to the Board, to raise awareness of a patient’s journey with their care and treatment, highlighting experiences and any service changes and improvements made. The story chosen for this meeting is reported via the Clinical Governance, Balanced Scorecard and Quality report on a bimonthly basis.

Patient stories have been used across NHS Forth Valley for staff training, development, and promoting good practice across NHS Forth Valley. Patient stories are seen as a very powerful tool to engage staff and gives them an understanding of the impact they have on peoples’ lives.

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 My Dad and his cancer journey

Background
A story was posted on Care Opinion; raising concerns about a gentleman’s cancer care journey. The daughter of the gentleman, posted the story as she didn’t know where else to turn to, she needed support for her and her father.

The story explained the journey her dad was going through following his diagnosis of Transitional Cell Carcinoma (TCC). The gentleman was offered an immunotherapy trial, he had heard great things about the trial and decided that he wanted to go on it. Following a biopsy 1 month later, the gentleman was starting to deteriorate, a period of time went by, eventually they heard from the hospital carrying out the trial, asking him to come and speak with them, by this stage the gentleman was unable to get out of bed, due to the pain he was suffering and was unable to eat. The family contacted the Beatson, to be told they knew nothing about him, the family then contacted NHS Forth Valley for advice.

Concerns Raised
The family raised a number of concerns, these included, better communication on discharge from the hospital and given more information about possible side effects of the medication.

What we did to help......
Following the story being posted on Care Opinion, a response was posted asking the family to get in touch with us to find out what support we could offer the family.

Following a conversation with the gentleman’s daughter we were able to establish what services were in place and what the family needed.

We organised for a member of the District Nursing Team to meet with the gentleman and his family to carry out an assessment. Following the assessment, the gentleman was taken by ambulance to Forth Valley Royal Hospital where a full assessment was carried out, he was put on a drip to re-hydrate him and to review his medication, this made a big difference to the gentleman, he was more alert, was able to eat again and most of all was able to engage with his family.

Since the story was posted on Care Opinion, NHS Forth Valley, have developed a patient story, the story was presented to NHS Forth Valley Board Meeting and was shared across the organisation to promote the power of Care Opinion and the difference it can make to patients and their families.

Following the development of the story a full review of the case took place which included, learning for the services involved and ensuring governance arrangements were in place where appropriate and followed.
Patient Story

John’s Campaign & Our Dementia Journey
Susan is a 56 year old woman who at the age of 49 was diagnosed with Alzheimer’s. Susan is married to Steven, who is her full-time carer and also works full-time; they have 3 grown up sons. Before Susan was diagnosed with Alzheimer’s she was a primary school teacher at the local school in Alva.

Up until recently Steven looked after Susan himself, trying to live a normal life as possible. When first diagnosed Susan was okay to be at home on her own, Steven would leave a note about where he was and when he would be back. Because of the kind of work Steven does he is able to work from home, however his job does include travelling all over Scotland to meet with clients. As time progressed and Susan’s Alzheimer’s progressed Steven didn’t like to leave Susan at home alone and had to change his working routine to suit Susan’s needs and still be able to carry out his work, bills still have to be paid, Alzheimer’s or not. With the help of Susan’s mum, they were able to set up a new routine, which was working for them all, up until the time of Susan’s accident.

Following the fall in their garden Susan was admitted to AAU where they both stayed for 4 nights, which was difficult for them both. It is a very busy environment and didn’t suit their needs. Steven understood that the systems in place are there for a purpose but they didn’t suit Susan’s individual needs as a patient with Alzheimer’s. Steven as the full time carer didn’t want to leave Susan, as she was in a strange environment, frightened and could become agitate. Steven stayed with Susan during her stay in AAU.

Susan was to be moved to Ward B21 which would be a more suitable environment and meet her needs. The Senior Charge Nurse (SCN) came to meet with Susan and Steven to discuss the move and what their needs would be on the ward. The SCN made it very clear that she was happy to accommodate their needs and requirements; she also explained John’s Campaign which would enable Steven to stay with Susan and continue to care for her while she was in hospital. For Steven this was great, as he said “without this being the case we would have been having arguments, we didn’t want that”

During Susan’s time in hospital Steven stayed with her the entire time. Steven has been able to care for Susan, and her mum has also been part of the journey. Through encouragement and support from the staff, Steven now goes home 3 nights a week as his own health was starting to deteriorate.

Working with the team of staff supporting Susan, Steven has been able to set goals to achieve, with the end goal getting Susan home. Recently there have been a couple of setbacks that have been difficult to overcome, but this has not stopped them working toward that end goal.

Since being in hospital, Steven is now being given the support through a multi-disciplinary team to set up a package of care that will suit Susan’s needs He believes there will be a few stumbling blocks along the way, which is only natural, but firmly believes that they will get there and get Susan home.
1.4 Care Opinion
Care opinion is an independent online forum where individuals that have had a healthcare experience can share their health care story.

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

Using Care Opinion as an Evaluation Tool
In 2014 the Scottish Government set a national target to reduce the number of children out with the healthy weight range. To help support this NHS Forth Valley through the development of Max in the Middle and Max in the Class, an interactive and innovative week long school based programme for primary 6 and 7 pupils. The programme aims to empower and educate school children in relation to healthy eating, physical activities and life choices.

Staff delivering the programme were keen to gather feedback from pupils and teaching staff who participated in the workshops. Using the Direct Ask flyer, staff were able to ask the young people specific questions about the workshops, this enabled the young people, parent helpers and teaching staff to give feedback. Between 1 October and 17 November 2017 there were 61 stories posted on Care Opinion. See below a small example of some of the stories posted and a word cloud with the top 100 words used to describe the programme.

Top 100 words used to describe Max in the Middle
Below are examples of Feedback for Max in the Middle

"I wanted to have it for 2 weeks"
I learned to work better with others. We lifted two people in our class Evie and Finlay. I loved Max in the Middle so much I wanted to have it for two weeks! We named every day Meeting Monday, Tasty Tuesday, Work-out Wednesday. What was good was I wasn't alone and my ideas got used.

Introductions

Teamwork

"It is so hard to say goodbye."

Monday
Max in the middle started and we all were confused when one of our teachers never made it. Then we realised that a boy or girl called max was In the middle of a situation and we had to help them. We started to do some movement and fitness and we made a dance and drama.

Tuesday
It was the next day also known as tasty Tuesday. We tried new things for the first time. We done drama.

Wednesday
Also known as workout Wednesday we done lots of dancing and started movements. We started dance 2.

Thursday
Thinking Thursday we pulled the show together.

Friday
The last day finale Friday We done the show we felt so proud. It was sad to say goodbye to the workers that helped us, it is so hard to say goodbye.
During 2017/2018, NHS Forth Valley has received a total of 363 stories via Care Opinion which have been read 42,580 times, this is an increase of 252% on the number of stories posted during the same time period in 2016 to 2017.

The word cloud below describes what was good about the experience.
1.5 Post-boxes – Feedback Cards
The introduction of post-boxes across inpatient areas and departments have provided an additional feedback mechanism for NHS Forth Valley. Patients, staff, families and carers are invited and encouraged to complete the feedback cards. These are collected by the staff in the areas and displayed to demonstrate service changes and improvements made from feedback under the banner “You Said, We did”.

The feedback 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 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:

“Had such a brilliant experience in ward 7, all staff were lovely. Fay and Bianca were amazing, really felt they went above and beyond.”

Care from all the staff in B31 has been excellent, I cannot speak highly enough of the loving care from the wonderful staff”

“Welcoming and reassuring nursing staff at entry. Thorough, exhaustive clinical diagnostic tests, built confidence as did the doctors willingness to listen and keep me informed at all stages. I felt involved in the procedure, even given lunch! First class service.”

“I felt relieved to be in here, an air of calm and competence helped me get well much quicker while feeling amongst a group of friends. I can only speak for myself from which I wouldn’t change a thing, a great team giving their all to get us back home safe and well. Thank you all.”

“Fantastic service, thank you. Couldn’t do more, every single member of staff we spoke to was brilliant.”

“Very friendly staff, could not fault anything, and all was explained in detail, a good experience.”

Breakdown of Feedback Themes 2016/17

[Diagram showing breakdown of feedback themes with categories Excellent, Very Good, Good, Poor, Very Poor]
1.6 Social Media & Website Feedback

At NHS Forth Valley we encourage our patients, families, carers and staff to give feedback through social media and, over the past 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 share through this social media feedback story every Friday. This #FeedbackFriday 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.

“A big thank you to the team at Larbert A&E who took excellent care of me after a DIY mishap involving a drill! Everyone was very friendly and professional. Well done to you all, you are much appreciated!”

“Please pass on my thanks to the Outpatient Area 5 and X-Ray teams. I was really impressed by the slick service I received on Monday 12 February: two consultations and an A-ray all within 1 hour. This compared really favourably to my previous private treatment for the same condition. I wish the media would report more good news stories about the NHS, my treatment was exemplary. Many thanks to all.”

“I wanted to pass along my thanks for the excellent service I had today from Laura in pharmacy. I felt that she did a great job in trying to help me when I was trying to get a hold of a prescription for my daughter, that isn’t commonly available. She made an extra effort to help when she could have referred me back to my GP but instead told me that she would try and find a solution for me. Her person centred approach was really appreciated particularly when I was feeling worried about my daughter. Thanks again.”

“Had to phone NHS 24 for my daughter tonight, with pains in her arm, she had surgery last week and we were worried. The receptionist was polite, understanding, and the doctor arrived very quickly to see to her at home, as she wasn’t fit enough to go to the hospital. He was very polite and understanding. Well done NHS, you are stars, feel so relieved everything’s okay now, the service was first class.”
Below are some examples of feedback we have received through Twitter and Facebook.

![Twitter and Facebook screenshots showing positive feedback]

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1.7 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 healthcare 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 around feedback 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 2017/18, 244 concerns have been received.

A breakdown of top 3 themes from concerns are:

- Clinical Treatment
- Waiting Time/Date of Appointment
- Staff Communication (Oral)
1.8 Nurse Assuring Better Care Scorecard

Complaints, Concerns and Feedback forms part of the Assuring Better Care Scorecard which is used across the organisation. Themes and the learning from complaints are shared with Senior Charge Nurses and their teams to drive and enhance quality improvement within their areas.

As highlighted 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 Care Opinion and patient stories.

Staff can access information for their ward area giving them a fuller picture of all the feedback gathered, the picture above shows the different information staff can access detailing feedback they have received.
Below is an example of the Assuring Better Care Scorecard, it gives at a glance information to all in-patient ward areas, including information about their patient experience data, and includes information about their complaints and feedback.
1.9 Compliments

Clinical areas and departments continue to receive compliments in a number of ways these include cards, 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 examples of letters of thanks and quotes from patients, families and carers that have been in touch to leave feedback:

Letter of thanks

Dear Senior Management of Forth Valley Royal Hospital in particular all staff, nurses and Doctors at ICU

Our son has just returned home as a recent patient in the Intensive Care Unit for a period of 15 days. He suffered a severe rise in Carbon Dioxide in his lungs due to a chest muscle deficiency following a recent infection and his Muscular Atrophy condition.

On behalf of our family, I would like to express our sincere thanks for the professional and friendly way he was cared for resulting in his recovery and in identifying the support resource that has eluded us for several years.

Although our son requires an air machine to aid his breathing as required on-going, he has returned home with renewed vigour and enthusiasm to fight his condition and we are delighted with the help and encouragement provided by all the medical and nursing staff in ICU plus the ongoing support that has been offered.

Kind regards

K & B
During 2016/2017, 1415 compliments were captured on Safeguard. The graph above details the top 5 themes.

1.10 What matters to you?
On the 6 June 2017, NHS Forth Valley took part in “What matters, to you?”, the aim of the day is to encourage and support more meaningful conversations between people who provide health and social care and the people, families and carers who receive health and social care. Staff throughout NHS Forth Valley were encouraged to host events in their areas and have the “What matters to you? conversation, with patients, families and visitors to their areas. Below are a few examples of the events hosted as part of “What matters to you?” day.

Cardiology Cafe
To encourage staff to have the conversation, Cardiology department opened the Cardiology Cafe for the day, inviting staff, service users, families carers and representatives from the Scottish Ambulance to come along and give feedback about the service, talk about what mattered to them whilst accessing and delivering care within the service.
Serco staff engaging with patients and families

To encourage partnership working, Serco staff were also invited to take part in “What matters to you?” day. Catering, Domestic, Porterising and Housekeeping staff were encouraged to speak with patients throughout the day. Below is a story from a member of the House Keeping Team from the Children’s Ward.

Today, I took part in “What matters to you?” conversation with a mother and her daughter, in the Children’s Ward. First of all, I took the time to explain what this meant and let mum read all about it. I had a really positive conversation with both mum and daughter. I spoke to mum about what she felt mattered to her the most when her daughter was in hospital. Then spoke to her daughter.

“Mum said all staff were very good with her daughter, and would go so far as to say that her little girl is spoiled when she comes onto the ward, that said it makes her frequent visits much easier to handle. Mum also commented on the choices and variety of food being very good, as her daughter is a fussy eater and having these choices made for a happier child.

I then spoke to the little girl, asking what she likes or dislikes about being in hospital. She said “I love the play leaders in the Children’s Ward, they spend lots of time with me, getting toys and playing with me, and I really like the playroom. I get to ask for ice to put in my water, I can only drink water when it’s really, really cold. “

Mum’s parting words were she much prefers it when her daughter comes to FVRH than any other hospital as the staff have such a friendly and caring manner, that makes life much easier when I have to bring my little girl to hospital.

1.11 Assuring Better Care – In-patient Experience Survey

Each week patients are asked to complete our patient experience questionnaire, which is entered into our Assuring Better Care dashboard, results are shared at ward level with teams. As this data is locally owned improvement plans are developed and delivered at ward/clinical level.

The table below demonstrates patient experience results for 2017/2018, highlighting that:

- 94% of patients agreed that they were welcomed on arrival to the ward/department
- 93% of patients agreed that they had privacy when my care was being delivered
- 92% of patients agreed that they felt that staff listened carefully to what they had to say
1.12 Changes made as a result of feedback

- Improved patient waiting area within the oncology unit, feedback from patients highlighted the waiting area was not the most pleasant or warm atmosphere. Through the support of the arts and wellbeing coordinator, artists were invited to submit their ideas to improve the area, patients and visitors to the unit were invited to vote for the preferred theme.

- Families attending the Child and Adolescent Mental Health services, fed back that the waiting areas needed to be re-decorated and have toys available for children to play with while they are waiting. Waiting areas have now been decorated, new chairs were bought for the rooms and new toys were also purchased.

- To improve the communication and to hear the voice of their patients, Bannockburn Medical Practice have set up a Patient Representative Group. Patients from the practice were invited to an open evening giving them the opportunity to have input about the role of the Patient Representative Group.

- Ward 4 FVRH is an Old Age Psychiatry Ward and have implemented a number of changes these include, introduction of Playlist for Life, Therapets, Patient identifiable doors, “What matters to you?” whiteboards, doll therapy, and reminiscing Rempods.

- Staff in the Children’s Ward received feedback from patients and their families about the amount of food given to children at lunch time. A 3 course meal is provided, which is too much food for a child to eat and would not normally be given this amount of food at home. The Staff from the Children’s ward in partnership with SERCO Catering staff used the feedback and worked together to develop an alternative menu in relation to what children would eat, e.g. soup and a sandwich. Whilst making sure a healthy diet is achieved.

- Parents of children who have complex care needs and are treated in specialist centres in Edinburgh/Glasgow fed back that they could not access support or advice when the centres were closed and did not know who to contact in Forth Valley. To support the families’ staff created a database for children who are being treated in the specialist centres. Information relevant to their child is now available for nurses to access to enable them to provide support and advice for the family.

- Following feedback from families and visitors to the neonatal unit, the visiting times policy was changed from strict visiting times to more family friendly, person centred visiting policy. Siblings are now allowed to visit and individual family needs are met. Parents are invited to identify named visitors, before the review of the policy, only family members could visit the unit and no children were allowed on the ward.

- Expectant mums gave feedback about the length of time they have to wait within maternity triage. Notices have been posted giving more information around triage process.

- A number of patients attending the Rapid Access Eye (RAE) clinic in Falkirk Community Hospital left feedback about the children’s area. The children wanted it to be more fun, with more toys available and more colourful. A new children’s area has been created it has been painted in bright colours with bright wall stickers and new toy’s purchased.
Feedback for patients and relatives highlighted the need for more support for patients with disabilities. Staff have been provided with extra training on manual handling.

Feedback received through Care Opinion, highlighted patients were sometimes waiting too long when being admitted to the Clinical Assessment Unit (CAU) before being offered pain relief. A pain assessment is now included routinely with the National Early Warning Score (NEWS), this is now carried out as part of every triage in CAU.
Improving Access to Services

What did we do?
The relationship between users and health services is considered essential to strengthen the quality of care. However, the Lesbian, Gay, Bisexual, and Transgender (LGBT+) youth population identify a range of barriers they can experience in access and use of these services. NHS Forth Valley as part of their Equality Outcomes 2017 -21 has committed to ensuring that there were no avoidable barriers to service delivery and employment progression within the organisation.

To enable the organisation to better understand the difficulties experienced by LGBT+ young people accessing the Children’s Ward or Emergency Department we worked with LGBT Youth Scotland and the members of three local LGBT+ youth groups to gain a better understanding of their needs and perceptions of health.

- Focus groups were held by LGBT Youth Scotland at Clackmannanshire, Falkirk and Stirling youth groups during November/December 2017
- Over 55 comments were returned ranging from issues around accessing health services, experiences within care, matters concerning confidentiality as well as staff understanding and attitudes towards young LGBT people
- Discussion evening held on 28th March with 10 local LGBT Youth member representatives, 4 LGBT Youth Scotland staff/volunteers and members of NHS staff to identify the ‘way forward’.
  - Comments from the initial scoping exercise were collated into common themes and for each area. A NHS response/answer was given on the night to provide clarity on areas of concern or identified as problematic by the young people.

What we learned?

The young people highlighted that:

- They wanted health services that are easy to get access, allow flexible or drop in appointments, allow unaccompanied and confidential visits, and have nonjudgmental staff that have good youth rapport and understanding of the needs of LGBT+ Youth Community.
- Young people identified barriers as well as potential solutions and challenged the ‘status quo’ on how the NHS delivers services, acknowledges peoples identity or promotes access towards young people.
- More was required to reflect the importance of education of all staff on LGBT+ as well as the wider aspects of equality and diversity.
  - Train health practitioners to avoid making assumptions or asking inappropriate questions
- The importance of the use of images to ensure that images of gay people were featured across all of the organisations publications, not just on the equality pages
- The significance of the correct use of pronouns or respect for the young person’s ‘preferred name’
- If NHS staff get terminology or preferred pronoun wrong; apologise, learn from it and move on!
- The importance of actively involving them in all aspects of their care and not just relying on the choices or opinions of parents, guardians etc
What is the key learning for my service and organisation?

- The need for the creation of **best practice** guidance to be used within the Children’s Ward.
- The use of ‘preferred name’ within all services and not just for adult services. A simple solution but one which could reduce barriers experienced by young people in our care.
- Requirement to enhance current practice which will **enable all young people** to raise a concern about access to services or treatment.
- Lack of understanding by **young people** about their rights in relation to confidentiality, dignity and respect. We need to look at alternative methods in getting this message out.
- The need to enhance young people’s awareness about how to access services including out of hours, what Pharmacies can provide, when to go to a GP’s, NHS 24, minor injuries etc.
- The importance of **education** and raising awareness of our staff on the needs of LGBT+ people in all aspects of care and service delivery.
- **INCLUDE** young people in discussions about the design and delivery of services in particular in times of change.
- **TARGET** LGBT+ young people with specific information and campaigns to enable them to self manage their health and wellbeing and remove barriers to taking up opportunities.
- Continue NHS Forth Valley’s commitment to **CHALLENGE** all instances of homophobia & transphobia and discrimination and learn from incidents.
- **MONITOR** the gender identity and LGBT+ status as part of equalities monitoring.
  - **o** Use this data to understand the access, experience and outcomes of our staff and service users.
  - **o** Explain clearly that the data is being collected to improve services but state that answering any question in relation to protected characteristics is optional.

Since the session was held in March 2018:

- NHS Forth Valley created a short life working group with representation from the Children’s Ward, Emergency Department, Equality and Diversity and Person Centred Care Team will be developing a **DRAFT** guidance tool for staff to be used in practice.
  - **o** This will be reviewed for further comment by the Youth Group members prior to implementation.
- Service leads will also be looking at practice in place relevant to their area, which may have an impact on LGBT communities, including an area identified by a young person which was having Male – Female on patient identification bands. This may have an impact on some communities e.g. someone who is transitioning or non-binary.
- Communications campaign to be put in place by December 2018 to ensure young people are aware of their rights to confidentiality and the ability to raise a concern.
- Information submitted to LGBT Youth Scotland Youth Groups representative on access to NHS Forth Valley Services and links to Central Sexual Health Services.

**Lesson learned:** Actively involve our young people in the access and delivery of healthcare

‘To be part of the discussion is to be part of the solution’.
1.14 Case Study – Improving Communication

NHS Forth Valley recognises the need for good communication and understanding for those accessing Healthcare. NHS Forth Valley have made a commitment to provide effective communication strategies to enable their workforce to deliver services that are person centred, safe, effective, timely, responsive and equitable for all patients and carers.

To support staff and patients, the Learning Disabilities service along with patient representatives designed tools to enable staff and patients to identify the service/interpretation service they require. See below an example of the information being provided to staff. A hand book was also designed for staff.

![Accessing a Telephone Interpreter](image)

**NHS Forth Valley**

When your patient/client is with you

1. **Dial** 0800 028 0073 (0207 716 2630 for mobile users)

2. The operator will ask you for:
   - Your Client ID (your 6 digit client number)
   - (Please note; this code is only for NHS Forth Valley use and should be kept confidential)
   - The language you require (also say if you need a specific interpreter eg female)
   - Your name, the Department/Ward/Service Health Centre you are calling from and your contact telephone number

3. Stay on line while the operator connects you to a trained interpreter (about 30 seconds). The operator will then inform you the interpreter is ‘now on line’.

4. Note the interpreter’s ID code, introduce yourself and brief the interpreter saying what phone you are using e.g. single handset, dual handset, speaker phone or mobile.

5. Ask the interpreter to introduce you and yourselves to your patient/client and give the interpreter the first question or statement. Give the interpreter time to interpret between you and your patient/client. Continue the conversation using complete sentences.

6. Let your client and the interpreter know when you have finished.

* whenever possible we meet specific requests, e.g. for a female interpreter 011123 13 12 10

**Making outgoing calls to patient/client**

The operator will connect you to an interpreter, then conference your client into the call.

1. Have your patient/client’s name and telephone number ready.

2. Follow steps 1 and 2 for ‘When your patient/client is with you’. But advise the operator your client is NOT with you.

3. Give the operator your patient/client’s name and telephone number.

4. Stay on line while the interpreter connects you to a trained interpreter (about 30 seconds).

5. Note the interpreter’s ID code.

6. Introduce yourself and brief the interpreter. Explain the interpreter is phoning your patient/client.

7. Ask the interpreter to introduce you and yourselves to your patient/client and give the interpreter the first question or statement.

8. The operator introduces your patient/client into the call. The interpreter proceeds as you directed above.

9. Give the interpreter time to interpret between you and your patient/client.

10. Continue the conversation using complete sentences.

11. Let your patient/client and the interpreter know when you have finished.

**Handling incoming patient/client calls**

If you have conferencing facilities

1. Put your patient/client on hold using your conference call facilities (try to obtain your patient/client’s telephone number in case they hang up while on hold).

2. Follow steps 1 and 2 for ‘When your patient/client is with you’. But advise the operator your patient/client is ON HOLD.

3. Brief the interpreter, then conference your patient/client into the call.

If you do not have conferencing facilities

1. Note your patient/client’s telephone number, language and, ideally, name.

2. Ask your patient/client that you will call back shortly with an interpreter.

3. Follow the procedures for ‘making outgoing patient/client calls’.

**Useful Numbers**

If you have any queries or would like to discuss the use of this service in more detail, please call 01324 966886

Or email: disabilitydepartment@nhs.net
Access to British Sign Language (BSL), Community Language Interpretation and Translation Services and Alternative Formats

Face to Face Interpreting

- British Sign Language
- Deafblind Guide Communicator
- Lipspeaker
- Community Language

Document Translation

- British Sign Language
- Community Language

Alternative Formats

- Audio
- Braille
- Colour Tone
- Large Print

Telephone Interpreting

- Language Line Solutions
  - Call
    - 0800 028 0073
  - Provide NHS FV Client ID
  - Insert your id number
  - Requested Language Department/Service Contact Number

One Number
24 Hours a Day, 7 Days a week
01324 590886

For all bookings and enquiries, please contact
NHS Forth Valley Disability Equality and Access Service, Forth Valley Sensory Centre, Redbrae Road, Camelon, FK1 4DD
Fv-uhb.disabilitydepartment@nhs.net
01324 590886
1.15 Case Study - Prisoners Health Care - Patient Engagement & Feedback

**Self-referral Acknowledgements/Appointment Letters**
With the Prison Healthcare Services, patients fed-back to staff that there was a lack of information with regard to self-referrals and appointment dates for clinics. This has been an ongoing concern from patients as well as being brought up by the patient representatives attending the Healthcare Forum Group.

**Changes made**
All patients making a self referral to the healthcare service will now receive an acknowledgement slip on receipt of the self-referral. In addition, when an appointment is made for any of the Primary Care Clinics, the healthcare administration team issue patients with a letter advising of the appointment date.

**‘Refusals’ for the Health Centre**
Patients raised concerns at the Healthcare Forum Group as being lists as “refused”. This means non-attendance of appointment. However, the patients were not aware that an appointment had been arranged

**Changes made**
A new procedure has now been introduced whereby patients refusing to attend any NHS general appointment must complete and sign a “Refusal to attend Appointment” form.

**Patient Relations Forum Group**
Since the set up of the Forum, Patient Representatives within the prison are invited to make suggestions for healthcare related topics promoting health and health awareness. However, it is important to note there is still an opportunity within the Forum to discuss feedback and concerns.

Through the Forum, staff are delivering regular updates to patients on smoking cessation. From November 2018, the Scottish Prison Service estates will be smoke free. Patients are being given advice on how to stop smoking and what is available to help.

Patient Relations Forums will be developed in HMPYOI Polmont and HMP Cornton Vale Prisons. Members of management from both prisons will attend Glenochil Healthcare Forum Group to observe how they are developed and planned to adopt a similar model.

**Safeguard**
Administration staff designed an easy version guide for the Prison Patient Relations Team to input feedback/comments/concerns onto Safeguard.
2. Key Performance Indicators

Following the implementation of the NHS Scotland Model Complaints Handling Procedure (CHP), and in accordance, with the ‘Can I help You?’ Guidance, this section contains detailed analysis of NHS Forth Valley’s performance against the 9 key performance indicators contained within the CHP Guidance on Annual Reporting.

For ease of reference, this section is divided into each of the Key Performance Indicators about NHS Forth Valley Acute and Community Service Directorate, followed by complaints about services provided by primary care service contractors.

The total number of complaints received in NHS Forth Valley for the period 1 April 2017 – 31 March 2018 is 1420 (including complaints withdrawn/transferred elsewhere and consent not received).

A total of 628 complaints have been managed within 0 – 5 days local resolution (Stage 1) indicating an increase of 554 Stage 1 complaints compared to only 74 complaints managed within 0 – 5 days during 2016/17. On analysis of Stage 2 complaints, NHS Forth Valley has received 792 complaints indicating a decrease of 22.7% which have been managed under the Stage 2 process for 2017/18. As a result of instilling the confidence in our staff to resolve complaints locally we have seen an increase in the number complaints managed through the Stage 1 process.

It is recognised the implementation of the new Complaints Handling Procedure has impacted on the number of complaints received overall with a higher number of complaints managed under the Stage 1 (local resolution) process than the previous year. NHS Forth Valley has encouraged staff to feel empowered and supported in resolving local resolution complaints.

The table below details the number of complaints received following the implementation of the new Complaints Handling Procedure for 2017/18.

<table>
<thead>
<tr>
<th></th>
<th>Year 2017/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stage 1</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>214</td>
</tr>
<tr>
<td>Prison</td>
<td>414</td>
</tr>
</tbody>
</table>
2.1 Indicator One: Learning from Complaints

Themes from Complaints
The following chart shows the top three themes for complaints by month for 2017-2018.

As can be seen, the top three themes are:

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

Clinical Care and Treatment
When care and treatment delivered to our patients has not met the high standard we expect it is vital that we learn from the event, make changes if required and share the learning, if appropriate to reduce the likelihood of it happening again.

Key learning from complaints is also identified through internal and external review processes. This process provides independent perspectives to the complaint and provides recommendations that influence learning and change.

Senior Charge Nurses complete Balanced Scorecards to display information of improvements’ in their 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 detail 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.

Reviews of care are 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.

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 make improvements in areas identified, staff use information as a learning tool to enhance practice and service delivery.

SPSO Recommendations 2017 to 2018
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>SPSO recommended with regard to 24 cases raised by one complainant the Board should:</td>
<td>The Board confirmed that an Unacceptable Actions Policy and Guidance for “Dealing with Problem Behaviour” has been written and forms part of the new Complaints Handling Procedure which came into place on 1 April 2017.</td>
</tr>
<tr>
<td>• Have a clearer policy for unreasonable actions to enable them to efficiently manage unreasonable actions.</td>
<td>The Board evidence discussion that the</td>
</tr>
<tr>
<td>The Board confirmed that discussions</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Orthopaedic Clinical Lead had discussed a procedure where the incorrect screws were used at the departmental meeting, safety brief and the Orthopaedic M&amp;M meeting. An explanation of the actions taken by the Board will help prevent the issue from reoccurring.</th>
<th>took place regarding the use of the incorrect size of screw and what measures were taken to prevent the issue from recurring. The case was discussed at the Theatre Safety Brief and the theatre management system was updated. In addition an extract from the Orthopaedic Morbidly and Morality Meeting Minutes was shared with the SPSO to evidence recommendations taken.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board apologise to the patient’s family for not arranging further follow-up tests in 2015 and for the delay in referring the patient to the Neurology Department.</td>
<td>The Board sent a letter of apology to the patient’s family and forwarded a copy to the SPSO to confirm the action taken.</td>
</tr>
</tbody>
</table>
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 which include, sharing action plans and best practice that has been developed from complaints.

Further examples of ways NHS Forth Valley have used feedback to improve services are detailed in this section.

**Patient Relations & Complaints Handling Procedure**

NHS Forth Valley continues to ensure that patients and carers are at the heart of our complaints procedure and they feel supported throughout the process, particularly when the complaint is of a distressing nature.

We continue to make improvements to our handling of complaints, this is to ensure that the experience is person centred for patients, families and carers. The Patient Relations Officers (PRO) coordinating the investigation continues to contact the individual making the complaint to introduce themselves, make an immediate apology for the experience, and agree the areas to be investigated. They advise of the procedure, timescales and agree the best way to keep in touch throughout the process. We also take this opportunity to offer a meeting.

Meeting with our complainants and their families continues to be of great importance within NHS Forth Valley. The focus of these meetings is for the complainant to share their journey and experiences, with appropriate staff from the service, along with the PRO listening and supporting the family at what can be a difficult time. The service and PRO with the family agree the concerns raised to be taken forward.

Currently data is unavailable with regards to the number of meetings held. The Patient Relations Team will now record this data and will be shared in future reports.

NHS Forth Valley have made a number of changes and improvements as a result of the complaints received. Our Directorates and Departments undertake regular reviews of complaints to target themes and identify areas for improvement. These are discussed at the Directorate Clinical Governance Meetings and shared with staff to use as a learning tool to enhance practice and service delivery.

Patient Relations have also made changes to the complex complaints process to monitor and support the robust investigation carried out by the Directorate. A document has been created to support staff in writing statements to ensure our complainants receive a full and detailed response which identifies learning. It is hoped the change will result in a reduction of cases sent to the Scottish Public Services Ombudsman (SPSO).
Improvement to Services - Case Study 1

Process Change to dealing with Stage 1 Complaints following Implementation of new Complaints Handling Procedure (CHP)

Background:
The new CHP focuses on the importance of local resolution. Staff within NHS Forth Valley have embraced this change which has resulted in a 12% increase in local resolution Stage 1 complaints (conciliation) in comparison to 2016/17.

What did we do:
When a complaint has been received, the PRO reviews the concerns raised and agreement is reached to manage the concerns through the Stage 1 process and is passed to the appropriate Directorate to resolve.

The Directorate contacts the individual making the complaint and discusses the concerns raised which are then taken forward on behalf of the complainant and resolved. The Directorate advises PRT of the outcome and the case is closed.

Following the implementation of this process, Directorates have fed back that the complainants feel their concerns have been resolved and a resolution has been reached in a timely manner for all concerned.
Improvements to Services - Case Study 2

Patient/Family Meetings

Background:
Meeting with our complainants and their families continues to be of great importance to NHS Forth Valley. The focus of the meeting is to provide an explanation about the care and treatment received, what outcome the family would wish and the learning/actions for NHS Forth Valley to prevent a recurrence.

What did we do?
To ensure a robust, seamless and transparent investigation is carried out, a pro forma was designed enabling staff to have a consistent approach to planning meetings this includes guidance on meetings, informing appropriate staff and ensuring they are engaged in the process. The guidance also details actions required following family/staff meetings and provides re-assurance that actions are addressed and monitored.

The pro forma instructs the PRO supporting the complaints process to inform appropriate senior staff at each investigation stage raising awareness of the complex complaint and the concerns agreed at the meeting and actions to be taken forward.

See Appendix 1 – Complex Complaints Pro Forma

Improvements to Services - Case Study 3

Immediate change in practice following complaint

Background:
The Emergency Department received a complaint from a member of the public. The complainant raised an issue involving the plastic cups from the water dispenser. When taking a drink from the cup the complainant noticed a taste of blood. When inspecting the cup the complainant found there was blood on the cup. The complainant notified staff immediately of the issue and action was immediately taken.

What did we do?
An apology was offered to the complainant and appropriate care and treatment was provided.

Immediately following the complaint all cups were removed from the department. A notice was place on the water cooler directing people that if they require a cup to ask at the reception desk and one will be provided.
Improvements to Services - Case Study 4

Rise in complaints regarding waiting times

Background:
NHS Forth Valley experienced a rise in complaints regarding waiting times for Respiratory, Gastroenterology and Cardiology Services.

What did we do:
NHS Forth Valley employed the services of an external agency, Synaptic. This allowed for the provision of additional outpatient clinics and has led to a significant reduction in our waiting times for these services.
Improvements to Services - Case Study 5

Falls Collaborative

Background:
The reduction of falls and falls with harm continues to be a key improvement priority within NHS Forth Valley. A local improvement collaborative has been put in place to target improvements in the 8 wards across Forth Valley with the highest falls rates, with dedicated improvement support. The plans for improvement have been reported to the Clinical Governance Committee. Work in NHS Forth Valley continues to be undertaken across all care settings. A number of actions have been carried out, as well as new areas of work being tested as part of the collaborative.

The following actions have been taken during 2017/18 to reduce the risk of falls and falls with harm.

- Development and testing of a tool for the systematic review of falls with harm
- Roll out of the post fall review tool to inform the ongoing care of a patient who has fallen
- Development and implementation of a revised falls risk assessment and care plan
- Testing the use of volunteers to support patients with meaningful activites in ward areas
- 4 study days delivered for staff on falls and bone health
- Signifier developed for patients at higher risk of falling to alert staff to the risk
- Education for ward ‘fall champions’ to support wards with education and training other staff
- Updated bedrails policy reviewed and approved
- Learnpro module in development to support staff education
- NHS Falls Improvement Collaborative Learning Sessions
Improvements to Services - Case Study 6

Patient Discharge – Improving the patient journey

What did we do?
Within NHS Forth Valley we continue to engage with patients and third sector parties to improve the patient’s journey in hospital.

To enable us to better understand the discharge process better we carried out interviews with patients in the discharge lounge, it was important that we gained the knowledge and experience of the patients to identify any improvements that may be required within the process.

227 patients were interviewed; this was carried out by volunteers based in the discharge lounge, with the aim to:

- Create a greater understanding of the patients experience of the discharge process
- Identify and address areas of improvement
- Engage patients and third sector parties in improving the patients journey

What we learned?
Initial testing was carried out interviewing 28 patients over 2 weeks, which identified that 82.1% of patients felt very satisfied that their discharge was well organised and they were involved in their discharge process. Following the initial testing slight changes were made to the questionnaire, and it was decided to continue with the patient experience questionnaires by the hospital volunteers in the discharge lounge to gain more in-depth understanding of the patients experience and identify any common themes for improvement.

What is the key learning for my service and organisation?
From the 227 patients feedback questionnaires completed:

- 77% of patients felt very satisfied/satisfied that their discharge was well organised
- 76% of patients felt very satisfied/satisfied that they were involved in their discharge process
- 30% of the patients left additional feedback that their discharge was well managed and was a good experience.
- A further 30% of the patients left feedback about the long wait for their medication to come from Pharmacy

Since the surveys were carried out a Multi Agency Team has been established to review the discharge process and to focus on all discharges being planned ahead including transport, medication. This is led by clinical teams, Ambulance services and the Transport Hub.
Patient Discharge Case Study Continued:

Did you feel satisfied that your discharge was well organised?

- Very satisfied: 120
- Satisfied: 100
- Neutral: 40
- Dissatisfied: 20
- Very dissatisfied: 20

Did you feel involved in the decision making?

- Very satisfied: 120
- Satisfied: 100
- Neutral: 40
- Dissatisfied: 20
- Very dissatisfied: 20

Do you feel prepared to going home?

- Yes: 250
- No: 0
Improvements to Services - Case Study 7

HMP Glenochil – Improving Patient Medication Requests

The Prisons Healthcare Patient Relations Team found that the majority of feedback/complaints were regarding pharmacy and medication issues ie non-receipt, late receipt, shortages of medication. This issue was also raised on numerous occasions at the Prison Healthcare Forum Group meetings. The Prisons Healthcare Patient Relations Team met with healthcare management to discuss this ongoing issue and it was decided to introduce the Medication Query Slip for better communication. Pharmacy staff investigate the query and provide a response to the patient within 24 hours.

![Medication Query Slip](image)

Please allow 24 hours for a reply to be given by the Pharmacy.
Improvements to Services - Case Study 8

Child and Adolescent Mental Health Service

Following on from a complaint from parents accessing the Child and Adolescent Mental Health Service (CAMHS). Staff invited parents and carers to attend a facilitated open evening; the aim of the event was for parents and carers to discuss the service provided by staff.

Posters were designed to advertise the engagement event; they were posted on the CAMHS internet page and also in all waiting areas and shared on NHS Forth Valley’s Twitter and Facebook page. See below an example of the poster

The evening was split into 3 workshops and were facilitated by independent staff members from Health Care Improvement Scotland, Scottish Health Council and NHS Forth Valleys Person Centred Team.

The key questions asked included:

- What do CAMHS do well?
- What doesn’t work well?
- What can we do to improve our service?
The above poster gives examples of changes made following the Parent Engagement Evening, this has been shared with the participants of the engagement, posted on the CAMHS web page, and displayed in all the waiting areas/reception areas the CAMHS service is delivered.

- A Parent Engagement Group has been set up and meets regularly with staff from the CAMHS

- A newsletter is produced on a quarterly to keep families informed
2.2 Indicator Two: Complaint Process Experience

The new CHP requires NHS bodies to seek feedback from the person making the complaint of their experience of the complaints process. It is recognised and appreciated the individual making the complaint may not wish to engage. To gather feedback from complainants a simple form was designed. The form is included with the final response letter.

Despite the overall low return rate the feedback received was mainly positive.

The Patient Relations Team is committed to gain feedback from complainants. The Team are currently developing a new process in which complainants will be offered a variety of formats to enable feedback to be gathered.
2.3 Indicator Three: Staff Awareness and Training

The new CHP has introduced the importance of ensuring staff awareness and training available to staff within NHS Forth Valley around the process. NHS Forth Valley have added the NES: Complaints and Feedback 2017 modules to Learnpro, and are available to all staff within NHS Forth Valley. The modules include:

1. NES: The value of feedback 2017
2. Encouraging feedback and using it 2017
3. NHS Complaints and Feedback Handling Process 2017
4. The value of apology 2017
5. Difficult behaviour 2017

To date there has been slow uptake on this training. Over the next year, the Patient Relations Team plan to continue to raise awareness and deliver training throughout the organisation.

The Patient Relations Team provide training sessions these are available to all staff across NHS Forth Valley, including medical trainees and student nurses. These sessions includes information relating to the complaints process, the role of the Patient Relations team, the Patient Rights (Scotland) Act 2011, local resolution and the Power of Apology.

The Patient Relations Team have also taken part in national training sessions relating to the new CHP. This has allowed the Team to share their experiences of family meetings including the importance of being open, honest and transparent. The national events included individuals from the third sector, integration boards, private sector and NHS staff.

In relation to adverse event training, Consequence UK were commissioned to carry out training on Significant Adverse Events/Adverse Events. This involved:

1. 2 x half day Executive sessions - attended by 32 staff
2. 1 day session for Senior Charge Nurses and Department Managers - attended by 26 staff
3. 2 day session for Consultants who might lead a Significant Adverse Event review - attended by 20 staff
2.4 Indicator Four: The Total Number of Complaints Received

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.

A core measure within the indicator is to provide a consistent benchmark against the number of Acute Hospital Services patient activity. NHS Forth Valley’s acute patient activity represents 0.095% against the number of complaints received during 2017/18. In comparison the number of complaints received represents 14.3% against the number of staff (including bank staff) employed by NHS Forth Valley.

On analysing NHS Forth Valley Prison complaints it should be recognised that NHS Forth Valley is the only Heath Board responsible for 3 prison establishments within NHS Scotland – HMP Glenochil, HMP& YOI Cornton Vale and HMP & YOI Polmont. The overall capacity and diversity of these prisons equates to a complex mix of prisoners due to an ageing population and associated health problems and accounts for 15.8% of the total Scottish prison population. Within NHS Forth Valley, 45.2% of the prison population has raised complaints during 2017/18.

Changes in prison population and through robust evidence based analysis shows 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.
2.5 Indicator Five: Complaints Closed at Each Stage

The table below details the number of complaints closed at each stage and a comparison against the total number of complaints received during 2017/18.

<table>
<thead>
<tr>
<th>Complaint Type</th>
<th>Number of complaints closed at each Stage</th>
<th>Number of complaints closed at each stage as a % of all complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>622</td>
<td>44.8%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>767</td>
<td>55.2%</td>
</tr>
<tr>
<td>Stage 2 after escalation</td>
<td>85</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

2.6 Indicator Six: Complaints Upheld, Partially Upheld and Not Upheld

To meet the requirements of Indicator Six a breakdown of the formal outcome (upheld, partially upheld or not upheld) against Stage 1 and Stage 2 complaints is provided.

The total number of complaints closed at Stage 1 for 2017/18 is 622 and the table below provides a breakdown of the formal outcome.

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>No of complaints closed</th>
<th>% of complaints closed at Stage 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upheld Complaints</td>
<td>114</td>
<td>18.3%</td>
</tr>
<tr>
<td>Not Upheld Complaints</td>
<td>346</td>
<td>55.5%</td>
</tr>
<tr>
<td>Partially Upheld Complaints</td>
<td>66</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

The total number of complaints closed at Stage 2 for 2017/18 is 767 and the table below provides a breakdown of the formal outcome.

<table>
<thead>
<tr>
<th>Stage 2</th>
<th>No of complaints closed</th>
<th>% of complaints closed at Stage 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upheld Complaints</td>
<td>114</td>
<td>14.9%</td>
</tr>
<tr>
<td>Not Upheld Complaints</td>
<td>391</td>
<td>51%</td>
</tr>
<tr>
<td>Partially Upheld Complaints</td>
<td>228</td>
<td>29.7%</td>
</tr>
</tbody>
</table>

The total number of escalated complaints closed at Stage 2 for 2017/18 is 85 and the table below provides a breakdown of the formal outcome.

<table>
<thead>
<tr>
<th>Escalated Complaints to Stage 2</th>
<th>No of complaints closed</th>
<th>% of complaints closed at Stage 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upheld Complaints</td>
<td>7</td>
<td>8.2%</td>
</tr>
<tr>
<td>Not Upheld Complaints</td>
<td>67</td>
<td>78.8%</td>
</tr>
<tr>
<td>Partially Upheld Complaints</td>
<td>8</td>
<td>9.4%</td>
</tr>
</tbody>
</table>
Scottish Public Services Ombudsman

NHS Forth Valley works closely with the Scottish Public Services Ombudsman and the following table shows the number of complaints and concerns about NHS Forth Valley, referred to the SPSO in 2017-18.

<table>
<thead>
<tr>
<th>1 April 2017 – 31 March 2018</th>
<th>No of Complaints at Ombudsman</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Notification received that an investigation is being conducted.</td>
<td>37</td>
</tr>
<tr>
<td>(b) Notification received that an investigation is not being conducted.</td>
<td>2</td>
</tr>
<tr>
<td>(d) Decisions Letters received</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2016/17 SPSO Outcomes</th>
<th>Total No of SPSO Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully Upheld</td>
<td>26</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>0</td>
</tr>
</tbody>
</table>

NB  It should be noted 20 complaints and 4 concerns investigated by the SPSO have been raised by one complainant.

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.
2.7 Indicator Seven: Average Times

The indicator represents the average time in working days to close complaints at Stage 1 and Stage 2 for 2017/18. The table below provides a breakdown of complaints managed and resolved at each stage of the Complaints Handling Procedure.

<table>
<thead>
<tr>
<th>Complaint Stage</th>
<th>Average Number of Days to Respond to Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>2.5 Days</td>
</tr>
<tr>
<td>Stage 2</td>
<td>21.6 Days</td>
</tr>
<tr>
<td>After Escalation</td>
<td>17.3 Days</td>
</tr>
</tbody>
</table>

2.8 Indicator Eight: Complaints Closed in Full within the Timescales

NHS Forth Valley achieved an overall performance figure of 83.1% in responding to complaints within 20 working days. A total of 1389 complaints have been investigated and responded to during 2017/18. Indicating an increase of 29.2% of complaints received compared to 2016/17.

Following the implementation of the new Complaints Handling Procedure, NHS Forth Valley has raised awareness of how to manage complaints under the Stage 1 process (0 – 5 days) local resolution which has seen a rise in the number of complaints being managed under Stage 1 resulting in the overall rise in the number of complaints being recorded.

In comparison to 2016/17, the number of complaints investigated and resolved under Stage 2 of the Complaints Handling Procedure, it should be noted that NHS Forth Valley has seen a significant reduction of 24.3% in the number of complaints investigated under Stage 2 during 2017/18.

The table below provides a breakdown the activity and performance of complaints investigated and responded to under the new Complaints Handling Procedure Stage 1 and Stage 2 process.

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
<th>Mar-18</th>
<th>Yearly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Complaints Received</td>
<td>36</td>
<td>49</td>
<td>64</td>
<td>65</td>
<td>43</td>
<td>61</td>
<td>61</td>
<td>54</td>
<td>38</td>
<td>54</td>
<td>54</td>
<td>43</td>
<td>622</td>
</tr>
<tr>
<td>% responded to in 5 days</td>
<td>100.00</td>
<td>97.96</td>
<td>100.00</td>
<td>95.38</td>
<td>97.67</td>
<td>98.36</td>
<td>100.00</td>
<td>96.30</td>
<td>92.11</td>
<td>96.30</td>
<td>83.33</td>
<td>88.37</td>
<td>95.66</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Apr-17</td>
<td>May-17</td>
<td>Jun-17</td>
<td>Jul-17</td>
<td>Aug-17</td>
<td>Sep-17</td>
<td>Oct-17</td>
<td>Nov-17</td>
<td>Dec-17</td>
<td>Jan-18</td>
<td>Feb-18</td>
<td>Mar-18</td>
<td>Yearly Total</td>
</tr>
<tr>
<td>No of Complaints Received</td>
<td>55</td>
<td>78</td>
<td>66</td>
<td>54</td>
<td>86</td>
<td>61</td>
<td>66</td>
<td>73</td>
<td>67</td>
<td>52</td>
<td>56</td>
<td>59</td>
<td>767</td>
</tr>
<tr>
<td>% responded to in 20 days</td>
<td>54.55</td>
<td>75.64</td>
<td>69.70</td>
<td>61.11</td>
<td>73.75</td>
<td>80.33</td>
<td>77.27</td>
<td>64.36</td>
<td>74.63</td>
<td>82.69</td>
<td>51.79</td>
<td>52.94</td>
<td>68.71</td>
</tr>
</tbody>
</table>

The table below details the number of complaints which has been escalated from a Stage 1 to Stage 2 complaint and closed within 20 working days. The overall performance figure for 2017/18 is 94.05% in respect of escalated complaints.
NHS Forth Valley’s Patient Relations Team continue to have daily meetings with 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.

2.9 Indicator Nine: Number of Cases where an Extension is Authorised

NHS Forth Valley aims to respond to all complaints within the required timescales and when required an extension is authorised in discussion with the Directorate General Manager and the person making the complaint. Detailed below is a table indicating the number of complaints closed at Stage 1 and Stage 2 where an extension has been authorised.

<table>
<thead>
<tr>
<th>Complaint Stage</th>
<th>Total Number of Complaints at each Stage</th>
<th>Number of Authorised Extensions</th>
<th>% of Authorised Extensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>623</td>
<td>27</td>
<td>6.33%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>766</td>
<td>234</td>
<td>30.5%</td>
</tr>
</tbody>
</table>
3. 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 to meet the requirements of the new Complaints Handling Procedure 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 2017/18 is 96 with a 20 day response rate of 90.6%.

To assist and provide support to General Practitioners, Patient Relations staff attended meetings to discuss the implementation of the new Complaints Handling Procedure. NHS Forth Valley are currently developing a process for General Practitioners and our other Independent Contractors to have access to the Complaints Management System to record complaints data to enable a fuller reporting mechanism to be established and to meet the requirements of the Key Performance Indicators. This will be rolled out to General Practitioners during 2018/19.

**Indicator 5:** It has been reported by the Practices that 49 Stage 1 complaints and 29 Stage 2 complaints have been received.

**Indicator 6:** The Practices have reported on the undernoted outcomes in respect of complaints received:

- Upheld – 16 complaints
- Not Upheld – 25 complaints
- Partly Upheld – 21 complaints

We have received 40 responses from 51 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. Staff have been asked to use reflective practice whilst discussing issues raised and to adapt communication styles to suit situations. The practices have provided additional training including bespoke First impressions Training to provide support and guidance when difficult situations occur. 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 2017/18 is 9 with a 20 day response rate of 88.9%.

**Indicator 5:** It has been reported by the Practices that 5 Stage 1 complaints and 4 Stage 2 complaints have been received.

**Indicator 6:** The Practices have reported on the undernoted outcomes in respect of complaints received:
- Upheld – 1 complaint
- Not Upheld – 1 complaint
- Partly Upheld – 4 complaints

We have received 26 responses out of the 45 dental practices across Forth Valley.
Attitude, Behaviour and Communication
The importance of clearer communication with patients is to ensure that issues do not arise in the future. Additional staff training has taken place this includes dental staff being reminded to gain consent at each step/appointment for treatment to ensure patients have a clear understanding of their treatment and of previous discussions.

Clinical Care and Treatment
Dentists given further training within practice to recognise physical signs and non-verbal cues on when a patient may be feeling stressed during treatment.

Community Pharmacies
In Forth Valley there are 76 Community Pharmacies, the total number of complaints received for 2017/18 is 132 with a 20 day response rate of 84.1%.

Indicator 5: It has been reported by the Practices that 101 Stage 1 complaints and 56 Stage 2 complaints have been received.

Indicator 6: The Practices have reported on the undernoted outcomes in respect of complaints received:

- Upheld – 152 complaints
- Not Upheld – 3 complaints
- Partly Upheld – 1 complaint

We have received 52 responses out of the 76 pharmacies across Forth Valley.

The following table describes the pharmacy complaints themes:
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 55 Ophthalmic Practices, the total number of complaints received for 2016/17 is 3 with a 20 day response rate of 100%

We have received 24 responses out of the 55 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).

**Indicator 5:** It has been reported by the Practices that 3 Stage 1 complaints have been received.

**Indicator 6:** The Practices have reported on the undernoted outcomes in respect of complaints received:

- Upheld – 3 complaints
- Not Upheld – 0 complaint
- Partly Upheld – 0 complaint
4: 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 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 local leadership and management competencies, recruitment processes, people policies and procedures, induction, learning, education and training programmes, Knowledge and Skills Framework (KSF) personal development plan system, Medical Appraisal system and 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 receive 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.

4.1 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.

4.2 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.

4.3 Excelling in Emergency Department
Good work by Emergency Department staff at Forth Valley Royal Hospital is now achieving extra recognition, thanks to an innovative scheme which not only recognises excellent practice, but also encourages learning, improves patient safety and helps boost staff morale.

Known as Excell-ED, the programme began in Summer 2017 and is currently being evaluated.
Based on an idea from a senior clinician from Birmingham, Excell-ED is a simple way of saying thank you for great practice and capturing the details so they can be repeated in the future. Examples such as overhearing good interaction between a junior doctor and an elderly confused patient could be submitted via a simple form which is handed in to the Department’s administration office. Details are recorded and the staff member receives a letter of appreciation that can be used for their portfolio or eKSF. The letter is also copied to their educational supervisor or line manager.

The Lead Consultant in Emergency Medicine, said reports are compiled monthly and shared at quality of care meetings, clinical governance meetings and daily safety briefings. They are also posted in the seminar room for staff to learn from. All plaudits are anonymous.

She said: “What is coming out of these reports time and time again is that good team work is improving patient care and patient safety. It’s defining what aspects make team work great such as keeping calm in a fraught situation, showing compassion and care and gaining a patient’s trust in difficult situations”.

Those who have already received an Excell-Ed award said it made them feel surprised, proud and appreciated and all said they would use the recognition in their Turas appraisal and portfolio and other systems that are in place.

4.4 Values Based Reflective Practice (VBRP)
VBRP is a method of reflecting on practice, the aim of which is to help staff focus and provide the highest standard of person centred care.

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.

4.5 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.

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 5: Next Steps

NHS Forth Valley will continue on our journey of change to build on our existing processes to embed an open and honest culture with our patients and staff. Future areas currently being explored for reporting in the 2018/19 report will include:

- Increasing the complaints experience questionnaire
- Develop complaints handling training events to take place throughout the year
- Increase the number of staff accessing Complaints Handling training through Learnpro
- Continue to engage with our independent contractors to increase the feedback gathered
- Continue to use complaints as a tool for learning through focussed learning events
- Continue to roll out Positive First Impression/Communication training and carry out evaluation to measure the impact of the training.
- Continue to develop different ways to gather patients experience
- Focused work to increase the stories posted on Care Opinion
- Continue to work with colleagues in Social Care to create a more integrated approach in managing feedback and complaints
- Increase the number of volunteers across the organisation to assist with gathering patient feedback and experience
- Prison Healthcare – introduce Health Care Focus Group in YOIHMP Polmont & HMP Cornton Vale
- Introduce an informal atmosphere through a pop up cafe enabling patients, staff and visitors to NHS Forth Valley to engage and provide feedback

During 2017/18 NHS Forth Valley have achieved and demonstrated a wide and varied range of improvements in gathering feedback. Over the coming year we will strive with the support of staff in achieving the best experience for our patients and will continue to build on our existing achievements through the above areas of development.
Appendix 1 – Patient Relations Red Complaints

RED/COMPLEX COMPLAINTS

Date Received: .................................................................................................................................

Reason Classed Red: ...........................................................................................................................

Initial Contact made with Complainant (summary of conversation): ..........................................
.......................................................................................................................................................
.......................................................................................................................................................
.......................................................................................................................................................
.......................................................................................................................................................

Further support required: ..................................................................................................................

Any immediate Action required: ........................................................................................................

PRO Send to: 
Admin Team Send to:

Mandy Send to: General Manager, GM's PA (email/phone), AMD, Director of Nursing, Deputy Director of Nursing, Medical Director

Categories for Red Complaints:
- Wrong diagnosis
- Patient died
- Care not given – medication/fluids/nutrition/neglect
- Falls / Pressure Injuries
- Complex care
- Critical incidents
- Extreme attitude & behaviour

Authorisation Checklist
1. Medical Staff/Nursing staff
2. Medical Director
3. AMD
4. General Manager
5. Service Manager
6. Final signature:
   - Director of Nursing
   - Chief Executive
<table>
<thead>
<tr>
<th>Names of Witness's Requiring Statement</th>
<th>Statement Received</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**DATE RECEIVED:**

**DATE WENT OUT:**

**DATE SENT OUT:**

**DIRECTORATES INVOLVED:**

**AREAS INVOLVED:**

**Who is Leading on Investigation:**

**Date Letter Drafted:**

**Date Letter sent to Directorate:**

**Date Letter sent to Complainant:**
<table>
<thead>
<tr>
<th>Meeting Planner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Panel Members</strong></td>
</tr>
<tr>
<td>Date of Meeting:</td>
</tr>
<tr>
<td><strong>What is required for this complaint's</strong> learning/changes (tick appropriate box)</td>
</tr>
<tr>
<td>Adverse Event Review</td>
</tr>
<tr>
<td>SAE</td>
</tr>
<tr>
<td>Internal Investigation at Directorate Level</td>
</tr>
<tr>
<td>Internal investigation by Appointed panel</td>
</tr>
<tr>
<td>Action/Improvement Plan</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td><strong>Weekly review of progress on above from Directorate</strong></td>
</tr>
</tbody>
</table>