



Feedback and Learning

2023-2024

ANNUAL REPORT

LEARNING FROM TODAY, TO IMPROVE TOMORROW



NHS
Forth Valley

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Foreword

NHS Forth Valley are committed to delivering high-quality, person-centred care safely and effectively. Listening, learning and improving from feedback remain a core focus across the organisation, affording us the ability to learn from the care delivered today to improve the care we deliver tomorrow.

Like many health boards, our services are facing unprecedented pressures in terms of demand and capacity. We are experiencing high levels of complex urgent and unscheduled care admissions with an associated impact on elective capacity across the organisation. We recognise that this systems pressure can impact our ability to deliver high quality care in the fashion that we would like, and we remain committed to learning and improving from feedback in this regard.

23/24 saw a significant increase in patient activity across NHS Forth Valley with an additional 21,000 attendances across our services compared to 22/23. With the increased volume of patient interactions, we have seen an increased volume of complaints, resulting in investigations and associated responses taking longer than we would like. This, combined with staff absences has impacted our performance in relation to national key performance indicators over the last year and we continue to dedicate our efforts to improving this position within the new financial year.

This annual report provides an overview of the feedback mechanisms in use across the organisation and how in turn we use this information to deliver essential service improvements and ensure the delivery of person-centred care across our systems.



Professor Frances Dodd,
Executive Nurse Director

NHS FORTH VALLEY 23/24

Feedback Summary

CARE OPINION

950 Care Opinion stories told.
82% of stories were positive.
Stories were read 1,350 times



COMPLAINTS

2,068 Complaints were received.
1,075 were closed following a Stage 1 investigation.
732 were closed following a Stage 2 investigation
60.1% Combined Performance Rate.
Planning for improvement.

SPSO

45 Cases were submitted to the
Scottish Public Services Ombudsman
(SPSO).
1 Case was fully upheld
1 was not upheld
8 Cases required no further information



Gathering Feedback

NHS Forth Valley values all feedback. We see it as an essential learning tool to facilitate service improvements. We encourage feedback via several forums including Care Opinion, Complaints, Local Compliments and, via our website or social media platforms.

Patients, families and carers are also encouraged to tell our person-centred care team their 'stories' about their experiences accessing our services. This offers us an in-depth understanding of what goes well and where we can make improvements.

We aim to make our feedback opportunities as inclusive as possible and work with our Equality and Inclusion team to facilitate diverse feedback opportunities.



Celebrating Success

We use positive feedback to celebrate what goes well across the organisation and to scale up areas of good practice.

Compliments

We received a total of 627 compliments via our Safeguard system in 2023/24, this represents only a fraction of the positive letters, cards and verbal feedback offered to our teams across the organisation throughout the year but offers a valuable way of celebrating staff success and high-quality care.

Ward B31 received the most compliments with 73 compliments submitted throughout the year. Our Children's Ward received 61 compliments and our Cardiology Ward received 55. Many other areas received compliments and local level feedback that isn't recorded electronically.

Where we do receive positive feedback, we ensure that the staff involved are aware of the positive impact that they have had.

Below is an example of some of the feedback received over the course of the year.

Minor Injuries Unit

"On Saturday night I went to minor injuries in Stirling with my daughter after she got her finger stuck in something. ALL the staff we met were so lovely. The woman on the desk to start with made me feel so at ease after I became upset at the desk. All the girls that came in to try and help us get it off were so good with my daughter and I instantly felt calm and that they were going to help us. I also dropped my purse in the car park, and they phoned me the next day to let me know and kept it for me. I can't thank them enough. They are an asset to you, and I was so grateful for them."

Cardiology

“I was in today for a cardiology appointment and the nurse who took me for my weight and BMI was so lovely! Made me feel comfortable and a little chuffed with my health progress.”

Acute Assessment Unit (AAU)

“My gran got admitted to AAU and the care from the nurses she received was fantastic. All members of staff, that we spoke to from porters to housekeepers and nurses/junior doctors were all efficient and welcoming. This is the first time she has been admitted to hospital and the staff really made her feel at ease and reassured. Special thanks to her named nurses who were so friendly and approachable and showed amazing patience, taking time to answer our questions and concerns. NHS Forth Valley staff really are wonderful!”

Storytelling

Care Opinion

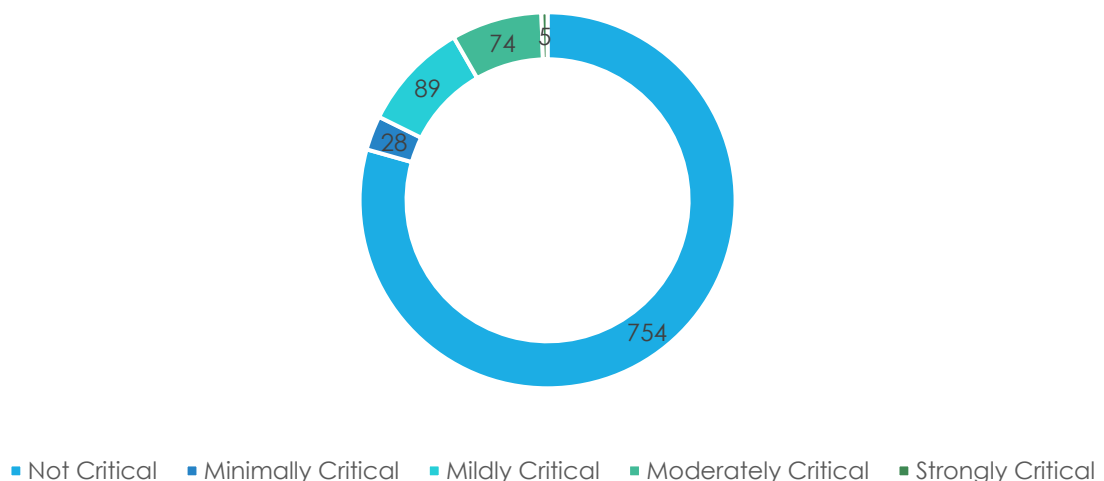
Care Opinion is an independent online feedback platform where people can share their care experiences in ways which are safe, simple and facilitate learning and change. It also provides an essential mechanism of celebrating success, offering staff the recognition that they deserve directly from patients, families or carers where care experiences have been positive.

NHS Forth Valley encourage all services to actively engage with Care Opinion as an essential listening tool and to engage directly with services users.

We have a total of 262 responders, senior staff with a responsibility for service provision. This demonstrates the commitment of our staff to engage with feedback and ensuring appropriate learning is taken forward.

We received a total of 950 stories which were read 1,350 times.

Criticality Rating Of Stories



Of these stories, 298 positive stories mentioned staff with the most predominant feelings being reported as grateful, thankful and being put at ease.

Most common tags added by authors to these stories

<i>What's good?</i>		<i>What could be improved?</i>		<i>Feelings</i>	
staff	298	communication	55	grateful	132
professional	174	waiting time	25	Thankful	121
friendly	135	staff attitude	21	put at ease	116
Care	130	information	12	reassured	99
nurses	120	level of care	12	supported	79
communication	103	appointments	11	well looked after	71
caring	90	compassion	11	cared for	65
reassuring	87	lack of support	8	relaxed	61
helpful	82	access to services	7	comfortable	58
level of care	74	empathy	7	fantastic	47
		long wait	7	listened to	47
		not treated	7		
		parking	7		
		privacy	7		
		support	7		
		treatment	7		
		waiting times	7		

What do we do with stories?

All Care Opinion stories are shared with local service leads, clinical managers and directors. The stories are also available publicly, offering transparency for the communities that we care for.

When we receive positive stories, we share these directly with the staff involved to recognise the quality and impact of their work. Many of our clinical areas share these stories on their care assurance and local feedback boards.

Where we receive critical stories, we make direct contact with the storyteller via our patient experience team and seek to resolve any concerns. We always seek to learn from experiences and where possible will notify the storyteller that their feedback has triggered a change.

Following feedback from authors on Care Opinion, we have initiated the following changes:

- Nursing staff have been supported to attend prescribing courses to alleviate pressures when patients are awaiting medication.

- We have rolled out the 'Challenging Weight Stigma' resource produced by Public Health Scotland across service within Out-patients Department to promote best practice.

We recognise that there is scope to improve how we learn from care opinion and our target for 2024/25 is to increase the volume of changes made in response to stories.

In May 2024, NHS Forth Valley were invited to present at the National Care Opinion conference, a recognition of the efforts undertaken by the board to embrace the platform and use patient stories to facilitate changes. The board presented their experiences of the power of feedback in influencing change, what happens after you tell a story.

Case Studies

The Person-Centred Care Team submit six patient stories to the board each year. This ensures essential visibility across our senior decision makers and public partners regarding care provision and service delivery. These stories facilitate learning and understanding and act as triggers for improvement, presenting opportunities to consider new ways of working or to scale up areas of good practice.

Joy's Story

Joy told us about her journey with ReACH, the Rehabilitation and Assessment in the Community and Home Team. An essential service that supports the recovery of local people across NHS Forth Valley with the help of community physiotherapists and occupational therapists.

Joy told us of the encouragement and kindness shown to her by the ReACH team and shared her elation in being back in her garden, a pass time she thought she would not be able to enjoy again. Not only is Joy able to enjoy her own garden but is also helping a friend who can no longer tend her own garden locally.

PICC line story

We heard an anonymous story regarding a patient's experience with PICC line care. A number of challenges became apparent where care provided spanned multi-health board regions with breakdowns in communication and perceived local variations in practice apparent.

Additionally, there were gaps in multidisciplinary staff knowledge and understanding regarding PICC line insertion, maintenance and general care which led to delays in care provision and distress.

In response to this, a multidisciplinary team across our NMAHP (Nursing, Midwifery, Allied Health Professional) directorate has been focused on developing a new training program to improve our ability to provide high quality care with specialist support to those in need. Practice Development have engaged with the PICC device manufacturers to ensure that the training and education programmes delivered locally are of the highest standard and follow the most up to date evidence-based practice. Work is already underway to deliver this programme across our priority areas in conjunction with our Clinical Nurse Educators and local experts.

Complaints Handling

We are committed to providing high quality, safe and effective person-centred care. Complaints offer us a key insight into the quality of our care and learning opportunities across the organisation. We see each complaint as an opportunity to learn something new about our care provision that allows us to provide better care in the future.

We handle complaints in line with the Complaints Handling Procedure (CHP) as outlined within the Patient Right's (Scotland) Act 2011. Complaints can be submitted in various ways including in person, in writing, over the phone or via e-mail.

We encourage patients, families and carers to provide us with feedback in real time, wherever possible we aim to resolve concerns locally with the support of local managers to offer early resolution. Over the last year we have focused on ensuring that staff across all levels of the organisation are supported and trained in compassionate communication to support the local resolution of concerns safely and compassionately.

2023/2024 presented significant challenges for the organisation in terms of demand and capacity to support complaint investigations. The volume of patient interactions also increased, with an additional 21,000 attendances across our services compared to 2023/24.

Due to high levels of absence within the patient relations department combined with increased volumes of complaints, it has taken us longer than we would like to respond to complaints. We recognise the impact that this has on patients and families and additional staffing resource was put in place throughout the year to mitigate the delays.

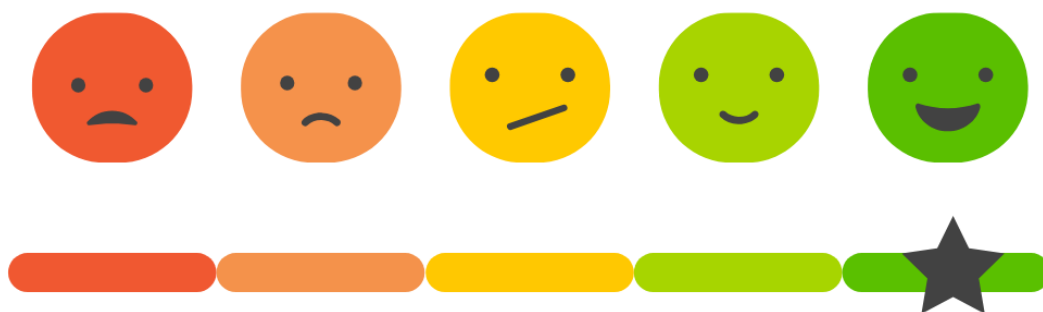
We introduced improvements to our complaints handling processes internally to further improve performance although the position has remained challenged as we have progressed in 2024/25.

We also introduced a new electronic complaint form to our website affording people the opportunity to complain online, easily and quickly.

Throughout the year we introduced new job roles to the department to prioritise the resolution of complaints under stage 1 processes, offering early resolution for patients and families and affording local teams the ability to listen and learn from feedback in real time. As a result, the latter end of the year demonstrated a significant improvement in the volume of cases managed under our stage 1 process.

We also introduced new investigation proformas to support a more robust investigative process, staff engaged in the complaint investigation process were supported with more robust guidance, and we reconsidered the way we defined points of concern to facilitate more clarity in our responses.

We recognise that challenges will remain throughout 2024/2025 but having introduced new ways of working we are confident that performance will improve over the next year.



Key Performance Indicator 1 – Learning from Complaints

We receive complaints regarding a wide range of themes, each quarter these are analysed and presented across our clinical governance working groups to ensure that necessary action and learning is undertaken.

Staff attitude and behaviour, waiting times, issues with clinical care provision and issues relating to medication prescription and dispensing remained key themes across the organisation.

Several improvements have been made across the organisation following feedback as detailed below. Individual case studies are also provided as examples of service improvements.

LEARNING AND IMPROVEMENT SPOTLIGHT



STAFF ATTITUDE AND BEHAVIOUR

- Local level staff discussions take place with a supportive debrief where care hasn't been as expected.
- Dedicated 1:1 compassionate communication training takes place for staff following complaints
- An additional first impressions facilitator was trained to increase availability of training dates.
- New start staff receive first impressions training as part of induction programmes.
- A dedicated Simulation Training Session is in development for further staff development.
- We enhanced PICC line training across the organisation and remain focused on further improvement.



CLINICAL CARE, TREATMENT & MEDICATIONS

- We undertook staff training across our mental health wards to improve the care of deteriorating patients
- We are introducing an electronic observations system across the organisation to identify any risks of deterioration sooner
- We changed our processes for issuing discharge letters to ensure real time information is available in primary care
- We introduced a clinical support worker skills programme to improve care provision in key areas.
- We introduced a safer mobility and tissue viability working group to enhance learning and care provision.
- We improved our discharge practices to ensure medication is available timeously or sent to a local pharmacy where this is not possible.



COMMUNICATION

- Our newly implemented clinical support worker academy focuses on documentation.
- Local level staff discussions take place with a supportive debrief where communication hasn't been as expected.
- We seek to copy patients in to clinical letters about their care directly where appropriate.
- We introduced new patient information leaflets regarding triage and procedure pathways.
- We introduced a frequently asked questions section on our website to answer some common hospital concerns
- We introduced new patient information leaflets regarding discharge medications and what to expect including worsening advice.

Service Improvements

Further detail regarding some of our service changes are detailed below;

1) Contingency Beds

Due to pressure on unscheduled care areas, there were occasions where patients were being cared for in short stay areas for more than 24 hours which presented limitations in terms of access to services such as televisions and showers and led to complaints.

A new daily board round was introduced to our clinical assessment areas to ensure escalation of bed requests and that patients were being managed in the appropriate clinical areas.

We introduced a new daily board round to ensure that all patients in short stay areas for more than 24 hours were allocated beds in downstream areas as a priority. A new white board was ordered to ensure that clinical staff had up to date information and a risk assessment was implemented to ensure that only appropriate patients were being nursed in contingency bed areas

2) Healthcare Support Worker Skills Level 1 & 2

Learning from complaints taught us that there were occasions where pressure relieving care was not being appropriately delivered resulting in increased risk of skin damage and harm.

Additionally, there were gaps in knowledge regarding safer mobility and the implementation of the falls bundle which was impacting patient safety. Further themes were highlighted regarding documentation.

In response to this, Healthcare Support Worker (HCSW) Skills workshops were designed and delivered by Practice Development in conjunction with our Tissue Viability Team, Oral Health practitioners and our Frailty Intervention Team. The skills workshops focus on pressure relieving care, delirium, documentation and falls prevention.

169 clinical support workers have been through HCSW Skills level 1 since its Pilot launch day on 1st May 2024, with a projected further 100 staff across 5 days before the end of the calendar year.

Staff have reported higher levels of confidence in recognising and escalating concerns around symptoms of delirium in addition to an increased knowledge and understanding around pressure area care.

HCSW Level 2 skills will launch later in the Autumn of 2024 and will focus on advanced communication and recognition of a physically deteriorating patient.

3) Mental Health Wards – Visiting and Ward Environment

We received complaints regarding visiting provision in Ward 1. In response to this, we have adapted our security procedures to make staff presence less obtrusive, visiting more flexible and the environment more welcoming.

We also received feedback from patients on the ward that the environment was too bare, and we have worked with patients to design artwork for display on the walls and purchased various items of technology, board games and other activities to make the stay more enjoyable for patients.

4) Surgical Specialities

Waiting times remains one of our most predominant complaint themes. In response to this, and to support the delivery of National Waiting Times Targets, several changes have been made to service provision across our surgical areas.

In General Surgery, we have made significant advancements in patient care and operational efficiency. We introduced a patient-focused booking and patient-initiated returns system which has been pivotal in streamlining patient journeys, enhancing their experience, and enabling us to conduct more thorough vetting. These improvements have allowed us to reduce our outpatient waiting list from over 1,200 to less than 900 patients despite carrying a consultant vacancy, showcasing our commitment to accessible healthcare and ensuring that patients are provided with appointment times that meet their needs.

In Urology, we have implemented several key improvements to improve access to services and reduce the time that people wait to be seen. We successfully reduced our TTG (time to treatment guarantee) waiting list

to fewer than 150 patients within a three-month period, ensuring more timely access to necessary care.

By introducing patient-focused booking systems, we have streamlined appointment scheduling and tailored it to individual patient needs, improving the overall patient experience in a similar respect as our General Surgery areas.

5) Complaint Management

As a result of workforce challenges, 2023/2024 presented significant challenges for our patient relations workforce. In light of this, we received a small number of complaints regarding the time taken to respond and the quality of our responses. Although the volume was small, our upheld ratio was high indicating a strong need for improvement.

In response to this, we introduced new complaints handling processes across our systems. We introduced weekly meetings between our patient relations team and our clinical services to discuss active complaints and learning opportunities. As a result, we are reducing delays in gathering information.

We changed the way we investigate complaints, including how we ask questions and how we support staff to provide robust reflective accounts. We also prioritised funding for senior staff across all areas to attend SPSO complaints handling training which will continue over coming months.

We reviewed our workforce and introduced new ways of working including a dedicated stage 1 patient relations officer. This has resulted in more cases being managed under the stage 1 process which offers patients, families and carers a faster resolution and offers our staff real time opportunities to implement learning.

We also introduced additional administrative support to facilitate more frequent contact with patients, families and carers who are awaiting a complaints response. While we recognise it is still taking us too long to respond to complaints, this allows us to keep people informed about delays and offer essential support during a distressing time.

We also introduced a quality assurance audit which allows us to assess the impact of our improvements and discuss any opportunities to improve the way we handle complaints locally.

We recognise that there is still a great deal of work to be done to reduce the backlog of complaints that the board is currently handling but we are confident that with the above steps, we will continue to see positive progress and reduce the backlog in 2024/25.

6) Medications Provision

Medications provision remains a common complaints theme. Issues frequently relate to provision of medications across our prisons sector however we also see concerns raised regarding acute pharmacy provision.

In response to feedback received this year, our Pharmacy services have updated the housekeeping procedure in our dispensary to ensure no prescriptions have been misplaced, minimising delays in medications provision particularly for patients being discharged from the hospital.

The service has also designed a decision-making aid to support dispensary staff to assess urgency of prescriptions and offer an escalation protocol. This further enhances our ability to prioritise dispensary for those most in need and minimises delays for discharge and critical medications.

Key Performance Indicator 2 – Complaint Experience Feedback

In line with the CHP, NHS Forth Valley shares a feedback questionnaire regarding the complaints handling experience following a stage 2 complaint. Historically, the responses to this questionnaire have been low leading us to review the process.

Given the low uptake of questionnaires, we took the opportunity where possible to discuss the complaints process with patients, families and carers following the issuing of their response.

Several families offered verbal feedback regarding their experiences, which triggered many of the service improvements detailed in our learning section.

From the feedback gathered, there were instances where people found our complaints responses generic. As a result, we changed our standard letter templates, and we personalise each letter to meet the needs of the individuals we are supporting.

We also heard concerns about the fairness of our responses. Some families felt that our responses were more supportive of staff than patients. We discussed this concern with staff across the organisation who felt that there were occasions where our responses were not supportive of staff. We reflected on this feedback and actively seek to ensure that all reflections are captured in our responses. We also seek to triangulate information between multiple reflections and case records wherever possible to strengthen our understanding.

In 2023/24, a new electronic post experience questionnaire was designed to capture electronic feedback using MS Forms. We hope to capture 10 responses per month as we move into 24/25.

Key Performance Indicator 3 – Staff Awareness and Training

In 23/24 the NHS Forth Valley Patient Relations Lead supported a National workstream to review the available learning complaints learning modules. Recommendations were submitted to NES to facilitate improvement and futureproofing of the currently available material.

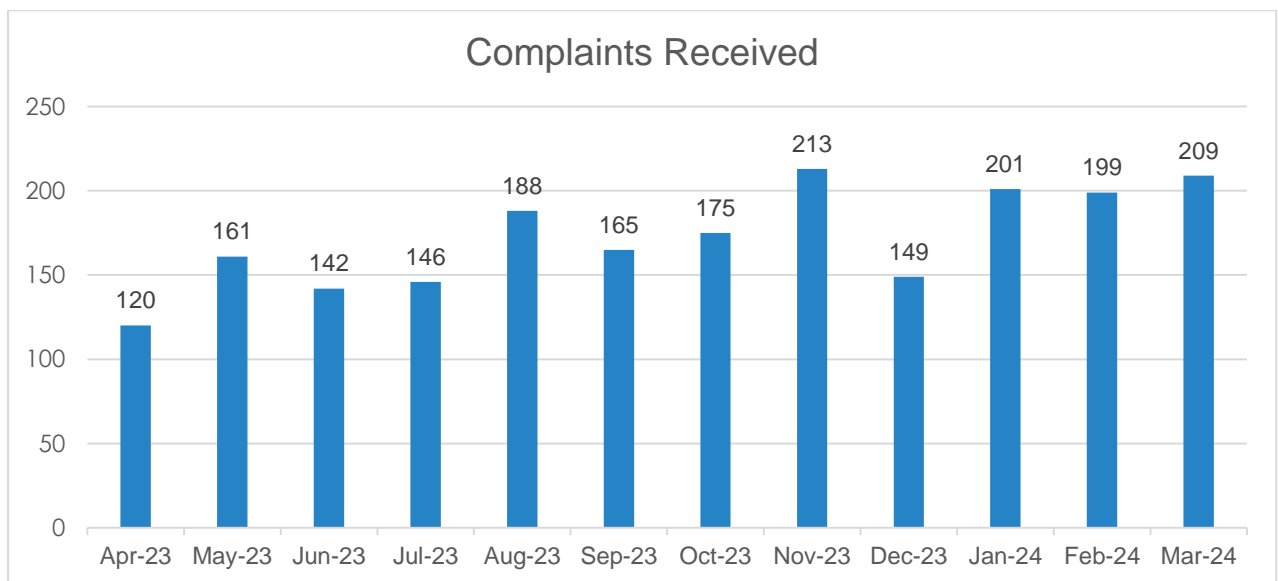
Senior leaders across our medical, nursing and allied health professional teams have been supported to attend SPSO training. Senior leaders who support investigations will under go training throughout the summer of 24/25 into September to enhance investigative skills across the organisation.

Weekly information drop-in sessions have also been introduced within our own patient relations team, offering all staff the opportunity to ask questions or seek advice to support the investigative process.

Key Performance Indicator 4 – Total Number of complaints received

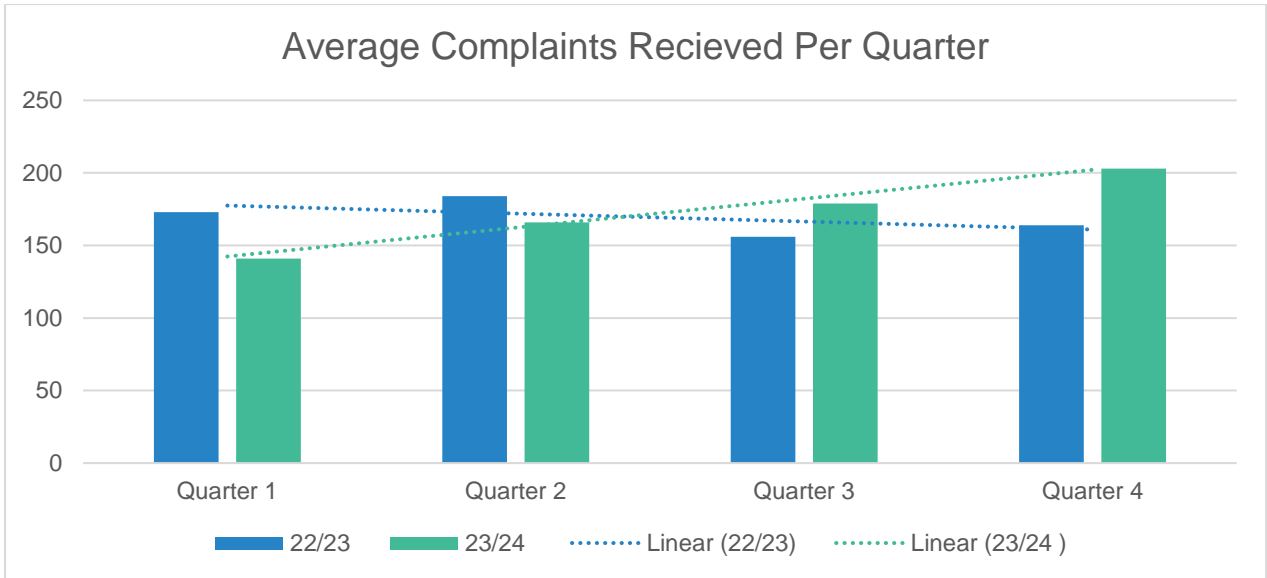
In 23/24 we had 980,926 healthcare interactions with patients, a 2.27% increase in comparison with 22/23 when we had 959,061 interactions.

The Board received 2,068 complaints in 23/24 (including complaints which are withdrawn/transferred elsewhere, and consent not received). With an associated complaints rate of 0.21% in comparison with healthcare interactions.



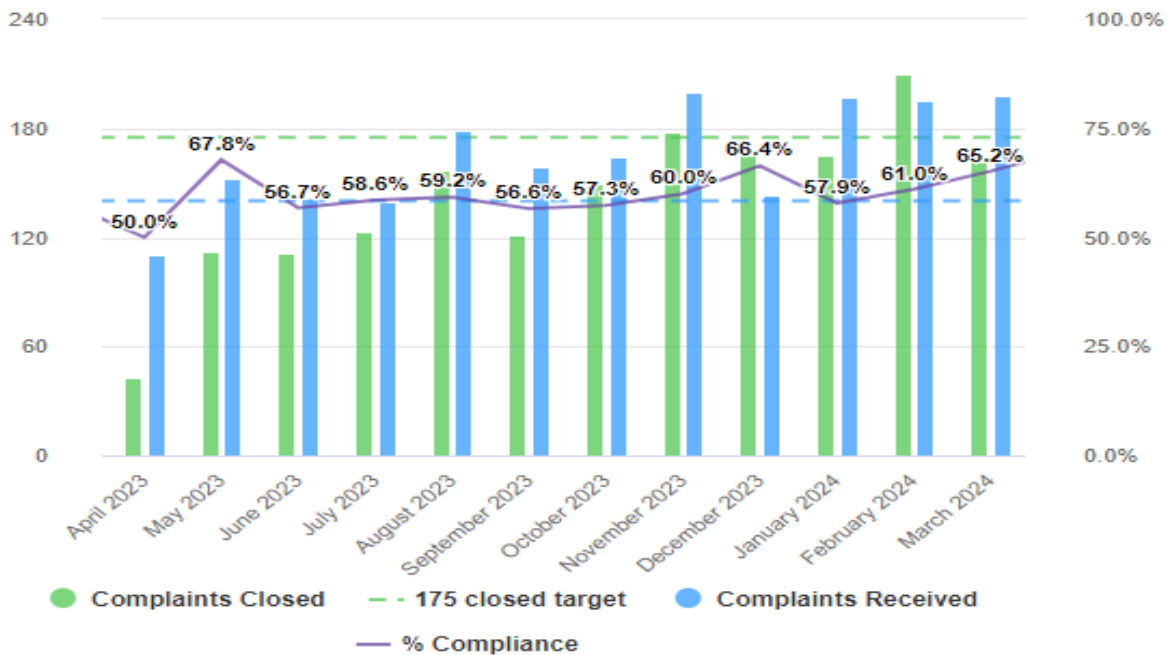
Complaints data demonstrates an upward trend in the volume of complaints received with the latter months of the year representing a sustained increase in volume.

We remain committed to learning from complaints to reduce the risk of recurrence and continue to work on improvements and learning following feedback to reduce the volume of complaints received in 24/25.



Despite a high incidence of absence, we demonstrated a considerable improvement in the volume of complaints closed per month in the latter quarter of 23/24, the overall performance remained relatively static however due to the volume received.

The green line is indicative of the volume of complaints closed within each month with a demonstrable significant improvement in the latter months of the year. The purple line is the combined performance rate between stage 1 and stage 2 complaints.



Given the increase in cases received, this improvement has unfortunately not translated to an improved performance rate although we remain committed to improving this as we move into 2024/25.

Key Performance Indicator 5 – Complaints closed at each stage

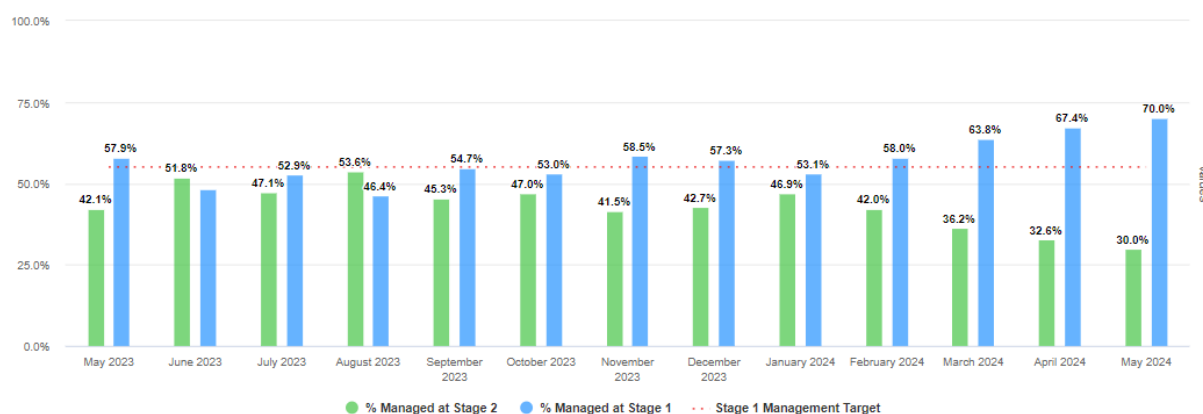
The average response rate within NHS FV in 23/24 was comparable to wider National Boards with 54% of cases closed as S1 and 38.5% closed as S2.

1.5% of cases were closed under Stage 2 processes following escalation with the remaining cases still under investigation at the close of the financial year.

	No of complaints closed at each stage	Number of complaints closed at each stage as a % of all Complaints
Stage 1	1075	54.3%
Stage 2	762	38.5%
Stage 2 after escalation	30	1.5%

We introduced a new stage 1 patient relations officer in November 2023 to provide a further focus on stage 1 resolution with an associated improvement in performance. Following the introduction of this new role, management of complaints under Stage 1 processes has continued to rise with over 60% of complaints being managed as Stage 1 since March 2024.

Complaints - Management Stage 1 and Stage 2-



Key Performance Indicator 6 – Complaints upheld, partially upheld and not upheld

The total number of complaints closed at Stage 1 for 2023/24 is 1,076; the table below provide a breakdown of the formal outcome.

Stage 1	No complaints Closed	% of complaints closed at stage
Upheld Complaints	51	4.70%
Not Upheld Complaints	997	92.70%
Partially Upheld Complaints	28	2.60%

The total number of complaints closed at Stage 2 for 2023/24 is 777; the table below provides a breakdown of the formal outcome. The Patient Relations Team currently have a number of open complaints from 2023/24 which remain under investigation. These complaints are not included in the table below.

Stage 2	No complaints Closed	% of complaints closed at stage
Upheld Complaints	68	8.8%
Not Upheld Complaints	581	74.8%
Partially Upheld Complaints	128	16.4%

The total number of escalated complaints closed at Stage 2 for 23/24 is 19; the table below provides a breakdown of the formal outcome.

Escalated Stage 2	No complaints Closed	% of complaints closed at stage
Upheld Complaints	0	0%
Not Upheld Complaints	19	100%
Partially Upheld Complaints	0	0%

Scottish Public Services Ombudsman (SPSO)

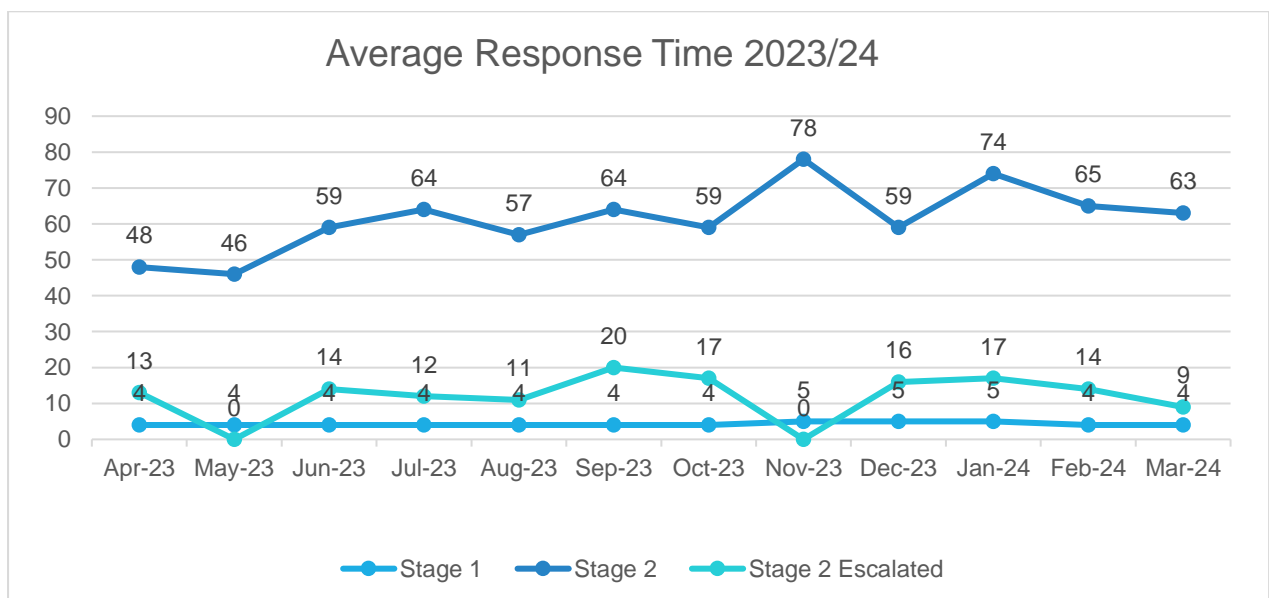
NHS Forth Valley works closely with the SPSO and the following table demonstrates that the SPSO has received a total of 45 cases relating to complaints from 23/24.

During their initial investigations the SPSO has decided not to investigate 8 cases and fully upheld 1 complaint from the 23/24 reporting period. The remaining cases remain under SPSO investigation.

2023/24 SPSO Outcomes	Total Number
Fully Upheld	1
Partly Upheld	0
Not Upheld	1
No Investigated Conducted	8
Withdrawn	2

Key Performance Indicator 7 – Average times

The response times for each stage in working days, is illustrated in the chart below. This remains an area for further focus to show sustained improvement. The average time to respond at year end was 61 days for stage 2 (excl. escalated complaints) and 4 days for stage 1 complaints.



Stage 1 performance remains positive with cases being largely closed within national targets. Stage 2 performance however requires significant further improvement.

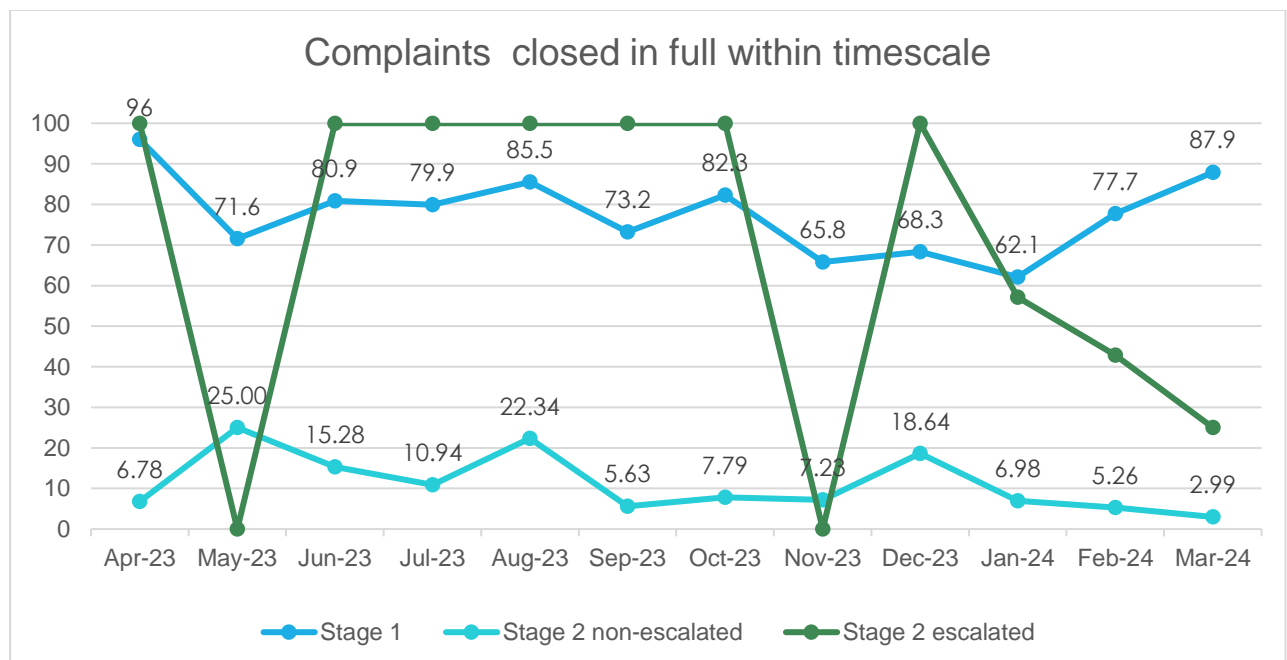
Noting the above improvements in process, we hope to see continued improvement in the time taken us to respond as we move into 24/25.

Key Performance Indicator 8 - Complaints closed in full within the timescales

A total number of 1,977 complaints have been investigated and responded to during 23/24. NHS Forth Valley achieved an overall performance figure of 60.1% in responding to complaints within 20 working days.

The graph below provides a breakdown of the complaints investigated and responded to within timescales.

During May and November 2023, no complaints were escalated to Stage 2 which indicates a 0% response rate.



Stage 2 performance has been variable and requires considerable improvement in 24/25. With the detailed actions taken above, we are committed to ensuring that improvements are achieved.

Key Performance Indicator 9 – Number of cases where an extension is authorised

NHS Forth Valley aim to respond to all complaints within the required timescales, however, when we are unable to meet a timescale, it is important that we follow our escalation process for authorisation within the services. Additionally, it is vitally important that we communicate with the individuals raising the complaint of the delay and apologise that this has happened. The table below details the number of complaints closed at Stage 1 and Stage 2 where an extension has been agreed.

Complaint Stage	Total Number of complaints at each stage	Number of authorised extensions	% of authorised extensions
Stage1	1075	249	23.2%
Stage 2	903	788	87.3%

Engaging with Communities

Volunteering

Volunteering plays a crucial role in the delivery of health and social care across NHS Forth Valley. Volunteers provide essential support and care to those in need and offers the organisation important opportunities to engage with and enrich our relationships with local communities. By offering their time and skills, volunteers make a significant impact on the well-being of patients and staff and contribute to the overall functioning of healthcare institutions rendering their support an essential aspect of the modern healthcare system.

NHS Forth Valley continued to work with third sector organisations to develop, sustain and enrich volunteering opportunities across the organisation throughout 2023/24. Volunteers have continued to support patients and staff across a wide range of areas including; our urgent care areas, oncology, and throughout our community hospitals providing assistants to patients, relatives and carers.

We celebrated volunteering with our 'Big Help Out' day in June 2024 with volunteers joining us in the atrium of Forth Valley Royal Hospital to celebrate the history and the future of volunteering services. Throughout the week we registered 50 new volunteers and aim to have new volunteers and new volunteer roles visible across the organisation by Quarter 3 of 24/25.



As we move into 2024/25 we aim to refresh our approach to volunteering in line with the Best Practice Guidance issued by Health Improvement Scotland in February 2023.

With the support of HIS and our Third Sector Interface, we aim to introduce new and exciting opportunities to our volunteering portfolio presenting vital community links, enhancing our ability to deliver our commitments as an anchor board and offering novel career pathways through employability schemes.

Next Steps

Creating the Conditions

As we move into 2024/25 we recognise the considerable amount of work required to sustain and further advance improvements in our complaints handling processes.

We remain committed to further reducing the length of time that it takes us to respond to complaints by ensuring that we have the necessary workforce capacity and processes in place to allow us to achieve the 20 day target by the end of Quarter 3 in 2024/2025.

We will continue to review demand and capacity within our patient relations department and have designed an electronic tracking system which offers an early warning system when performance is at risk of deterioration.

Additionally, we remain committed to maintaining high quality investigations and responses, we are enthused by the improvements seen in the quality of our responses following the introduction of new processes and are focused on continuing to build on these improvements in the new financial year. We will continue to focus on staff training and awareness and build positive process changes to improve our organisational approach to complaints and associated investigations.

Building Capacity

As we look forward to 24/25 we are scoping new and novel ways of building additional capacity into our systems.

The workforce within our patient relations team remains under review to improve capacity and staff wellbeing. Additionally, we are introducing new roles to the department, creating not only capacity but developing a framework that provides career progression opportunities. This will allow us to promote a well-trained and supported workforce of the future.

We are also scoping new ways of working with infrastructure alongside our innovations team. Utilising the latest technology, we intend to scope

sustainable solutions to learning, thematics and forecasting to allow us to develop a system wide learning culture. In turn, we anticipate improved opportunities to scale solutions and new ways of working to improve patient safety and experience across the organisation, thus reducing the risk of recurrence.

Reducing the risk of recurrence

Learning both locally and across the whole system, is an essential part of the complaint cycle to ensure that we don't see recurrent themes. In addition to scoping electronic solutions to data trending and analysis, we are also working to improve how we respond to our recurrent complaint themes.

We introduced a frequently asked question section to our complaint website in the final quarter of 23/24 and we hope that, when provided with proactive information, we can support people to find the answers that they need quickly.

Our frequently asked questions section signposts real time waiting times information and addresses common generic queries such as boarding and contingency beds. We hope to continue to address common generic themes in this way in the future to offer transparency across our systems.

In response to the clinical concerns raised throughout 23/24, an annual report was also submitted to our senior medical leaders across the organisation to support with thematic analysis and learning opportunities. This is a new assurance step for NHS Forth Valley introduced in 23/24, we will continue to work alongside our senior medical leaders to advance opportunities to improve care following feedback in 24/25.

Staff attitude and behaviour remain predominant themes across our feedback mechanisms. While we continue to work towards improving the way that we communicate with patients, and we always strive to deliver compassionate person-centred care, we realise that there are occasions where we still don't get this right.

We have dedicated additional staffing resource to facilitate first impressions training across the organisation, a locally designed training programme delivered proactively to staff to highlight the importance of compassionate communication. We recognise that there is still further room for improvement and will aim to ensure that all staff are offered refresher training in the coming financial year where required.

Additionally, we are working towards embedding a culture of values based reflective practice (VBRP) across the organisation. VBRP is designed to build a safe environment for supportive reflection where staff can reflect on challenging or difficult circumstances and, with trained peer support, reflect on how things may have been handled differently.

Summary

In closing, we recognise that 23/24 presented significant challenges in terms of our complaint performance with an associated impact on patient and community experience. We remain committed to improving our performance although equally take this opportunity to reflect on the considerable improvements already delivered.

Our data tells us that we are closing more complaints than we were at the start of 23/24, a trend that has continued into our early 24/25 position, despite working with a reduced workforce.

We are also seeing the quality of our investigations and responses improve. By empowering and educating staff across all walks of the organisation regarding best practice complaint handling, we are accessing information quicker with improved insight regarding root cause and impact analysis. In turn, we are improving our ability to learn.

We have seen considerable service changes in light of the learning taken from feedback in 23/24 and remain committed to improving the organisational oversight in 24/25 to build system wide channels of learning and scalable solutions and improvements.

With that being said, we know that further improvement is essential. We will continue to monitor our workforce capacity and work to reduce the backlog of complaints in 24/25 with the aim of clearing the current complaints backlog by quarter 3 of the new financial year. Once cleared, we will focus on sustainability and ensuring performance in the future setting achievable yet ambitious performance targets as the year progresses.