



# ANNUAL REPORT

## 2024/2025

Feedback, Comments, Concerns,  
Compliments and Complaints





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## Foreword

As always, I am grateful to our patients and communities who take the time to share their experiences with us via complaints, patient stories, care opinions and compliments across all levels. Feedback offers us the essential opportunity to learn from the care we delivered yesterday, to improve the care that we deliver tomorrow.

As we reflect on our performance regarding learning and feedback over the 2024/2025 period, I note considerable growth in the organisational response to feedback and positive steps in developing our ongoing learning culture which offers me assurance. We have introduced several process changes to our feedback cycles which have strengthened our ability to provide high quality, person centred care and importantly to learn and improve where things have not gone as well as they could have.

With that being said, I recognise that our complaints performance in relation to national key performance indicators remains an area for significant improvement. NHS Forth Valley have agreed significant additional non-recurrent funding for the year 2025/2026 to improve performance in this space and I look forward to reporting a more positive position in 2025/26. With structured workforce review, we have also strengthened our workforce position on a sustained basis by introducing new and valuable roles to our patient relations department.

The Person Centred Care Service also won the inaugural FutureScot Public Sector AI Challenge, supported by Storm ID, which has enabled us to work on technological advances to reduce manual data processing, allowing Patient Relations Officers to support patients and families where they need it most. I am excited to see the advances made in this space over the 2025/2026 financial year and to see the impact that this opportunity may have on both patient and staff experience.

Professor Karen Goudie  
Executive Nurse Director



*Professor Karen Goudie  
Executive Nurse Director*

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## Complaints Management

Complaints offer us key insights into the quality of our care and provide 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 take these as a learning opportunity.

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.

2024/25 presented significant ongoing challenges for the organisation in terms of demand and capacity to support complaint investigations, a continuation of our 2023/2024 position. 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, although improvement in our stage 2 performance in comparison with 2023/2024 was noted.

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. Further non-recurrent staff have been employed for 2025/2026 to reduce the backlog of complaints. Sustained improvements in our workforce have been provided through dynamic financial and workforce review.

In response to these challenges, we have also taken time to review our complaint handling processes over the last year. Our recalibration exercise focused on internal processes to improve the quality and timeliness of our responses.

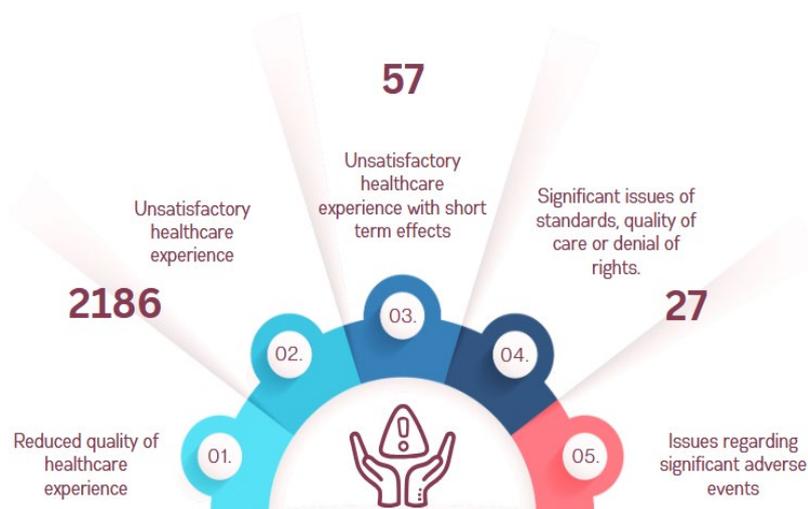
In line with the CHP, we have improved the way we triangulate complaints using an enhanced complaints investigation tool kit, ensuring additional peer support to encourage staff reflection and learning, reviewing evidence-based practice and policies and ensuring senior review prior to issuing complaint responses.

We also introduced a new complaints triage matrix which allows us to ensure that essential support is in place for patients and families with particularly complex or critical complaints. The graphic below provides a summary of the categorisation matrix.

- 2,186 complaints were recorded as category 1 or 2 complaints, meaning complaints of a lower severity although still reflective of a reduced or unsatisfactory healthcare experience.
- 57 complaints were categorised as category 3 complaints.
- 27 were categorised as category 4 or 5 complaints.

The introduction of the risk matrix has also strengthened our internal links with colleagues in Clinical Governance, ensuring that cases are reported in line with adverse event procedures where appropriate to do so. We have seen associated improvements in our ability to proactively self-report unsatisfactory care experiences.

Furthermore, NHS Forth Valley won the first ever Public Sector AI Challenge, run by Futurescot in partnership with Storm ID. A £20,000 funding grant was secured, in the form of consultancy services, to develop a complaint modelling algorithm with the support of Storm ID. Through the proof-of-concept stages of the project, a time efficiency of 45 minutes per complaint was identified, freeing up valuable staff time to support patients and families with direct contact and enabling automated learning and thematic analysis to reduce the recurrence of complaints in the future.



## Key Performance Indicator 1 – Learning from Complaints

In line with NHS Scotland's Complaints Handling Procedure (CHP), this section contains a detailed analysis of NHS Forth Valley's performance against the 9 Key Performance Indicators.

**NHS Forth Valley** 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. **Detailed below are the top three themes:**

- 690 issues relating to problems regarding medication
- 452 issues relating to poor nursing care.
- 360 issues relating to staff attitude and behaviour

### Clinical Care and Treatment/Problems with Medication/Prescribing

When care and treatment delivered to our patients has not met the high quality and standard we expect, it is important that we listen and capture key learning and make changes as and where appropriate, and share the learning, with a view to reducing the likelihood of it happening again.

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

### Poor Nursing Care

NHS Forth Valley recognises that poor nursing care is a significant theme in complaints and is actively addressing issues raised through reflective practice, targeted training, workforces support, quality assurance, and learning from complaints

Strategic initiatives and robust governance frameworks underpin these efforts, with ongoing monitoring to ensure improvements are sustained. Following identified learning from complaints staff are encouraged to reflect and learn from a patient's experience whilst enhancing their knowledge and skills to support a patient's care journey.

## **Staff Attitude and Behaviour**

Thorough analysis of complaints enables us to pinpoint specific areas where improvements are needed. We recognise that our staff are NHS Forth Valley's most valuable asset, and we are committed to continually assessing and enhancing staff attitude and behaviour. Issues are addressed directly with staff on a case-by-case basis as they arise.

Our Positive First Impressions and Communication training underlines our dedication to maintaining a welcoming, safe, clean, and well-organised environment, ensuring the delivery of high-quality, person-centred care. This training focuses on the significance of making a positive first impression and uses examples from complaints and feedback to highlight behaviours that require improvement.

## **Case Study 1 – Problems with Medication**

Family was concerned that they had to remind the ward team to dispense their father's medication timeously and reminded staff of the guidance provided by the Parkinson's Clinic and Parkinson's UK which detailed the importance of providing medication on time within the 30-minute window for supporting a patient living with Parkinson's Disease. The family intimated that they had to speak with staff every day regarding this and there was no consistency and handover to staff regarding their father's medication.

Following investigation of the complaint, an apology was provided to the family for the situation. An explanation was provided following review of case notes detailing the correct procedure which should be adhered to regarding the prescribing of Parkinson's medication. It was noted that the 30-minute window was missed on a few occasions, and it was regrettable that the medication was not dispensed immediately. Assurance was provided that alarms are set to remind staff to provide medication out with the normal drug rounds. Staff recognise the importance of time critical medication and that learning has taken place within the Clinical Team and practices have been strengthened within the ward to ensure that medication is provided timeously.

## **Case Study 2 – Poor Nursing Care**

Family concerned about their brother's care regarding recognition of his disability, his vulnerability and sense of isolation experienced during his time

in the ward. The family described that he had started to cough and choke on one occasion, and no-one could hear him as his door was closed. He was unable to use the buzzer due to his disability and was found by a member of the domestic team who pressed his buzzer but it was a further 10 minutes before a clinical member of staff arrived to provide support.

On review of the complaint, the Senior Charge Nurse recognised that there were failings which contributed to their brother feeling unsafe and frightened which staff deeply regret. It was identified that there was no clear or consistent care plan accessible to all staff and were gaps in documentation and communication between day and night shifts. Additionally, the absence of signage on his door indicating that it should remain open led to an incident where the door was closed accidentally and he had to wait a considerable amount of time for assistance. The Team apologised to the family and patient for the distress caused especially during a time when he needed reassurance and to feel safe.

The family were advised that several measures had been implemented to improve care and communication which included enhanced monitoring of care and comfort rounds, the ward safety brief to ensure key information is shared across all staff and improvements made to the Team's response to buzzers, recognising this as a safety critical issue.

### **Case Study 3 – Staff Attitude and Behaviour**

Patient attended an out-patient appointment and found the doctor to be rude and unprofessional during the consultation. Doctor was dismissive and refused to perform any surgery or examine patient when discussing the patient's condition.

On review of the complaint and the consultation, the doctor apologised if his communication and manner came across as brusque and unprofessional as this was never their intention to cause any upset or distress. The doctor has reflected on the consultation and will ensure moving forward that he maintains a professional and supportive manner during consultations in the future.

A full explanation was provided regarding the surgery discussed and the risk involved and the reasoning why the patient was not a suitable candidate for

the surgery. Assurance provided that if patient's symptoms progressed or worsened to attend GP for further review and referral to service.

## **Key Performance Indicator 2 – Complaint Experience Feedback**

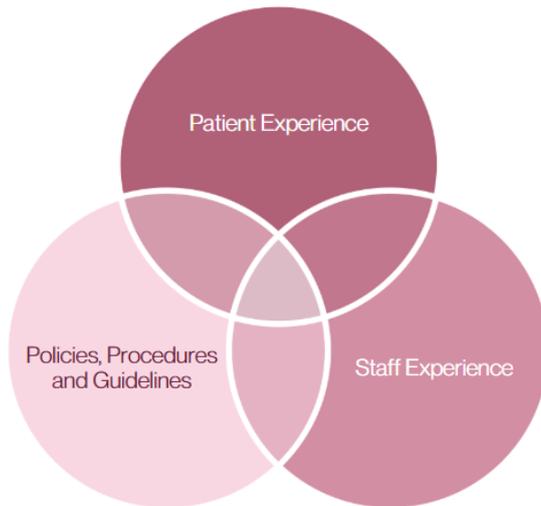
In line with the CHP, NHS Forth Valley shares a feedback questionnaire regarding the complaints handling experience following a stage 2 complaint. Historically, the responses to this questionnaire have been low, leading us to review the process.

We introduced an electronic feedback form in 2024/25 to enable us to capture learning from the complaints process, 5 responses were received which makes in depth analysis difficult, however, we have made changes to our internet pages considering feedback regarding accessibility of the complaints process.

Given the low uptake of questionnaires, we take 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 over the last two financial years, which triggered many of the service improvements detailed in our complaints handling section.

We have heard concerns regarding the fairness of the complaints process, with complainants feeling that staff opinion is given priority over patient, family member or carer experience. With the triangulation matrix detailed in figure 1, we attempt to capture the most fair and reflective recollection of events using patient and staff reflection, case records, policies and peer review. We also encourage complainants to provide further information or evidence if available if there are concerns that we have overlooked any key issues in our responses.

## Key



### **Patient Experience**

We have worked on our communication methods to ensure that we capture patient experience in our complaints. We have improved our final response letters to ensure clarity and consistency in our responses.

### **Policies, Procedures and Guidelines**

We work with senior clinical and managerial teams to consider evidence based practice, local and national policies and guidelines to enhance our learning and reflection.

### **Staff Experience**

We consider staff experience, knowledge, training and insights to ensure that their voice is heard and supported throughout the complaints process. To ensure consistency, we provide peer review and support for staff involved in complaints to enable an independent view point which enhances our learning opportunities



## **Performance Indicator 3 – Staff Awareness and Training**

During our recalibration of processes, we have worked with teams across the organisation to improve our complaints handling processes and patient experience. New guidance has been issued regarding our complaints triage matrix, supporting family meetings and general complaints handling guidance.

Senior leaders and clinical staff across the organisation have been supported to undertake additional training with the Scottish Public Services Ombudsman or research think tanks. Several staff are registered to undertake further evidence-based training in writing complaints letters in May & June 2025 to enable ongoing improvement.

The Patient Relations Team have also undertaken Child Friendly Complaints training provided by the Scottish Public Services Ombudsman.

Several organisational learning sessions have been delivered in 24/25 working with our Safer Together Collaborative focusing on the power of feedback, the learning cycle and organisational learning.

**Safer Together**  
Forth Valley Safety Collaborative

**Our Aims**  
By November 2025 Forth Valley will have embedded a framework for safe, reliable and effective care and have reduced harm across agreed quality and safety measures including

- Response to Deterioration
- Pressure Injury Care
- Safer Mobility Ageing and
- Frailty

**Our Scope**

- Forth Valley Acute Care
- Women and Children's Community
- Mental Health and LD
- Health and Social Care Partnerships
- Care Homes
- Primary Care

Forth Valley  
2024 2025  
Safer Together

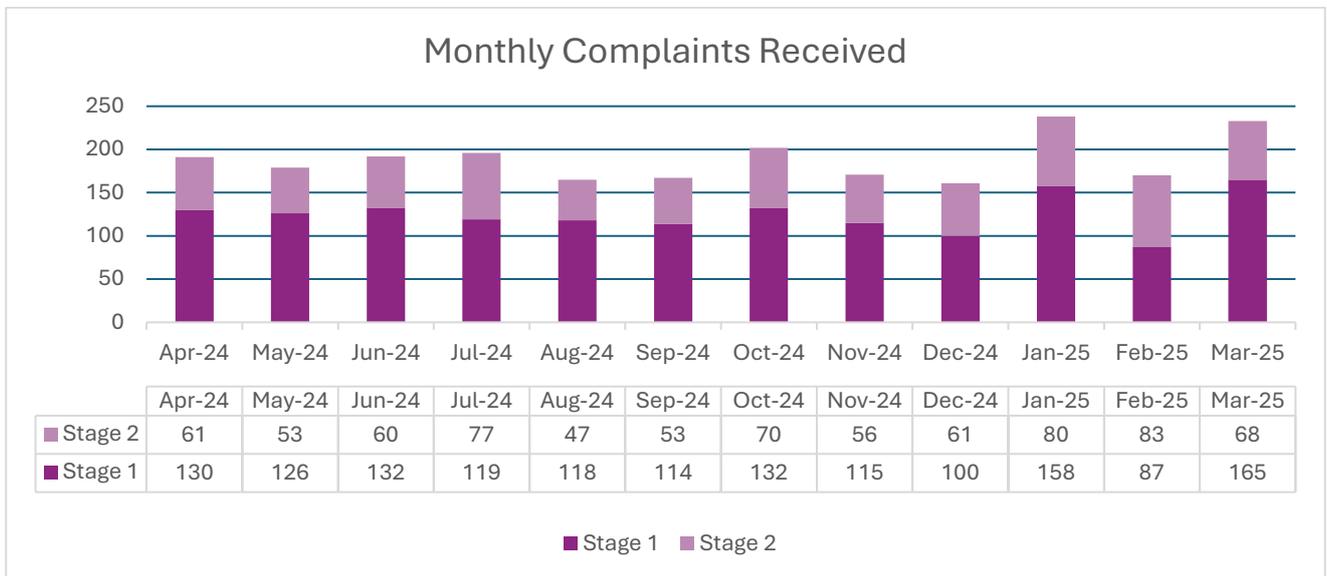
Over 400 students in Stirling University spanning Nursing, Allied Health Professionals and Paramedics, all starting their healthcare career journeys soon to encourage the use of feedback in guiding practice, self-reflection and improvement.

## Key Performance Indicator 4 – Total Number of complaints received

In 2024/25 we had 1,022,366 healthcare interactions with patients, this is a 4.22% increase in comparison with 2023/2024 when we had 980,926 interactions.

The Board received 2,343 complaints in 2024/2025 (including complaints which are withdrawn/transferred elsewhere, and consent not received). With an associated complaints rate of 0.23% in comparison with healthcare interactions. Of these, 45 remain open.

Table 1 Monthly Complaints Received (excluding Withdrawn/Transferred Elsewhere and Consent Not Received Complaints)



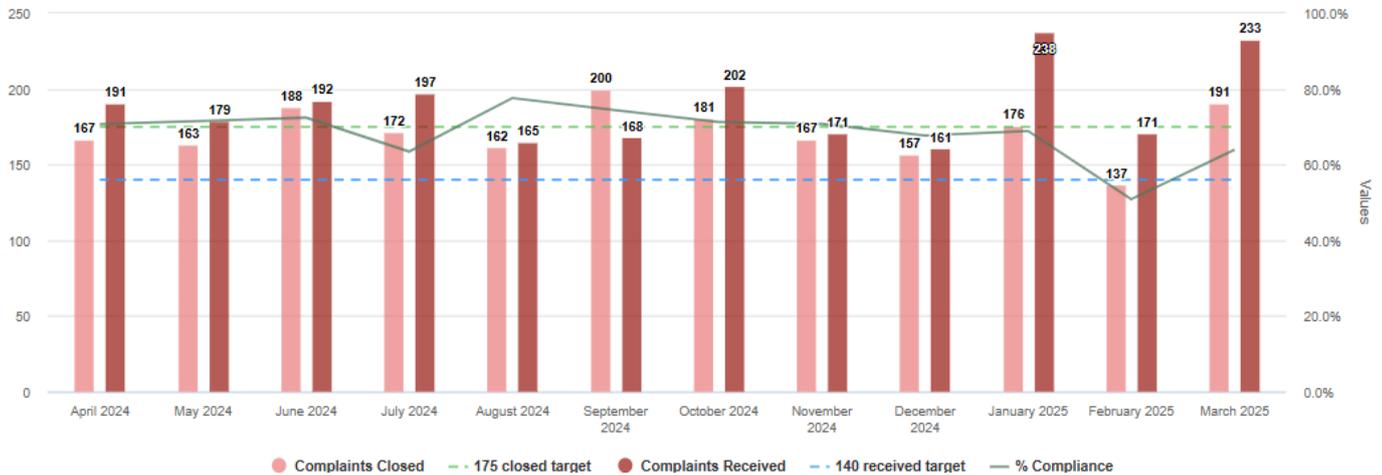
Data continues to demonstrate a sustained volume of complaints with an average of 189 complaints received each month, which is reflective of our 2024/2025 position. An increase in volume was demonstrated in January and March 2025 with the average complaints received over quarter 4 increasing to 214.

Despite a high incidence of staff absence, we have maintained the considerable improvement in the volume of complaints closed per month that was demonstrated in 2024/2025 quarter 4 in comparison with prior years. Overall performance stayed steady despite higher volumes.

While the volume of complaints closed each month has increased in line with 2024/2025 data, the volume received remains in excess of departmental

capacity. Recruitment has been progressing over quarter 4 for 2024/2025 and into quarter 1 of 2025/2026 to increase workforce capacity.

### Complaints – Received V’s Closed



### Key Performance Indicator 5 – Complaints closed at each stage

Additional staffing resource was introduced in 2024/2025 to enable us to focus on early resolution of complaints, where appropriate to do so. Following the introduction of the additional staffing, we **continue to manage a high number of cases under the stage 1 process, during 2024/2025 in excess of a thousand complaints were managed under this process.**

Early resolution of complaints enables staff to support patients and family while offering rapid learning opportunities for staff. This also ensures patients and families are provided with the care and support.

Complaints Type	No of complaints closed at each stage 2024/25	Number of complaints closed at each stage as a % of all Complaints 2024/25
Stage 1	1496	66.1%
Stage 2	682	30.1%
Stage 2 after escalation	38	1.9%

## Key Performance Indicator 6 – 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 2024/25 is 1,496; the table below provides a breakdown of the formal outcome.

Stage 1	No Complaints closed	% of complaints closed at stage 1
Upheld complaints	92	6.1%
Not upheld complaints	1,332	89.1%
Partially upheld complaints	72	4.8%

The total number of complaints closed at Stage 2 for 2024/2025 is 682; the table below provides a breakdown of the formal outcome. It is noted that there are 39 active complaints under investigation at the time of compiling the report from 2024/25.

Stage 2	No Complaints closed	% of complaints closed at stage 2
Upheld complaints	151	22.2%
Not upheld complaints	316	46.3%
Partially upheld complaints	215	31.5%

The total number of escalated complaints closed at stage 2 for 2024/2025 is **38**, the table below provides a breakdown of the formal outcome. It is noted that there are 6 active complaints under investigation at the time of compiling the report from 2024/25.

Escalated complaints to stage 2	No complaints closed	% of complaints closed at stage 2
Not Upheld complaints	7	18.4%
Not upheld complaints	30	79%
Partially upheld complaints	1	2.6%

The data demonstrates a higher level of upheld (either partially or fully) complaints in comparison with 2023/24 data which is reflective of a more transparent complaints handling procedure and organisational reflection and learning.

### 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 47 cases relating to complaints from 2024/25, which is in keeping with the number of referrals received in earlier years.

During their initial investigations the SPSO has decided not to investigate 20 cases, fully uphold 5 complaints and partially uphold 1 complaint during the 2024/2025 reporting period, 2 complaints were not upheld. The remaining cases remain under SPSO investigation.

In 2024/2025 we introduced new guidance to support the handling of SPSO cases, the guidance makes clear the expectations of staff across all levels of the organisation and provides clarity regarding roles and responsibilities.

2024/25 SPSO Outcomes	Total Number
Fully Upheld	5
Partly Upheld	1
Not Upheld	2
No Investigated Conducted	20
Withdrawn	0

## Key Performance Indicator 7 – Average times

The indicator represents the average time in working days to close complaints at Stage 1 and Stage 2 for 2024/2025. See below a breakdown of complaints managed and resolved at each stage of the Complaints Handling Procedure.

Complaints Stage	Average Number of Days to respond to complaints
Stage 1	5.5 days
Stage 2	131.6 days
After Escalation	40.5 days

This remains an area for further focus to show sustained improvement. The average time to respond at year end was 131.6 days for stage 2 (excl. escalated complaints) and 5.5 days for stage 1 complaints.

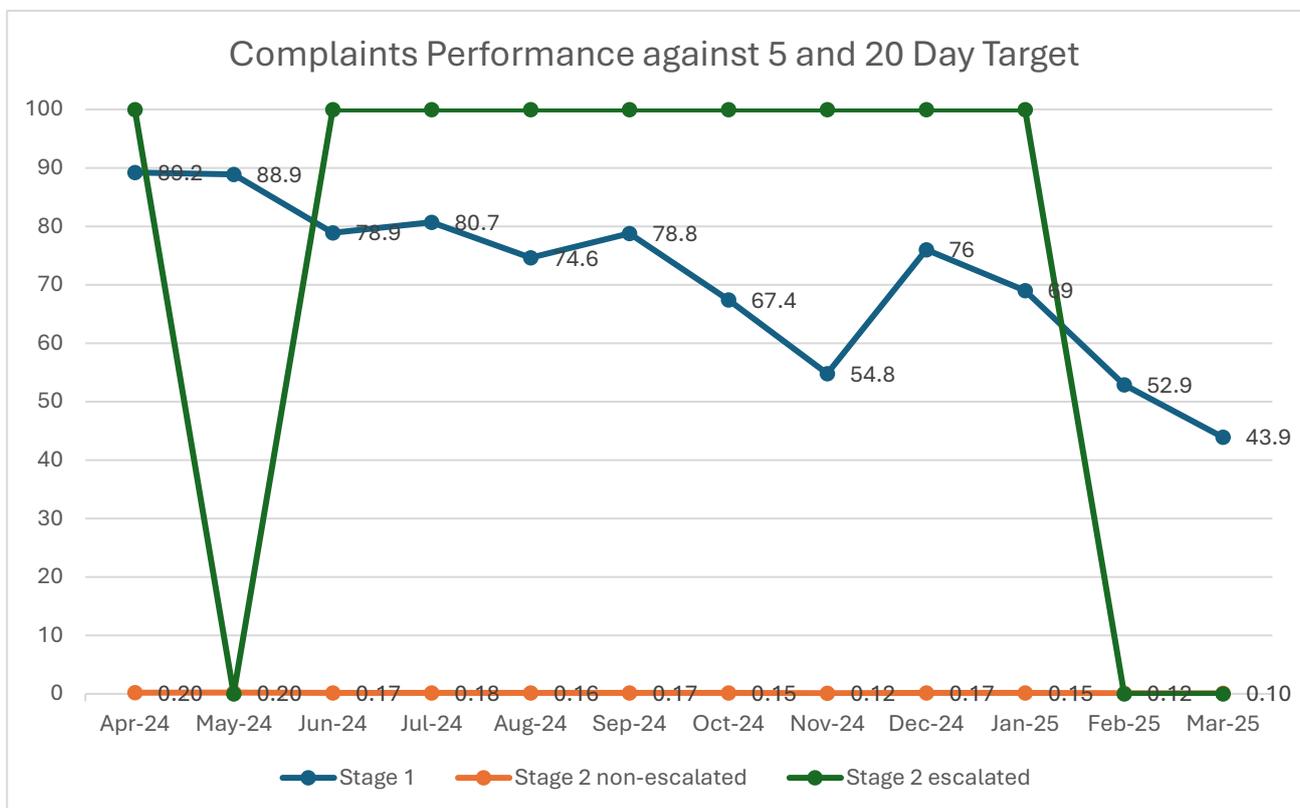
Stage 1 performance remains positive with cases being largely closed within national targets. Stage 2 performance however requires significant further improvement. Noting the above improvements in process and workforce investment, we hope to see further improvement in the time taken to respond as we move into 2025/2026.

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

A total number of 2,216 complaints have been investigated and responded to during 2024/2025 (these exclude withdrawn/transferred elsewhere, and consent not received). NHS Forth Valley achieved an overall performance figure of 68.4% 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 2024, no complaints were escalated to Stage 2 which indicates a 0% response rate.



Stage 2 performance has been variable and requires considerable improvement in 2025/2026. 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	1496	431	28.8%
Stage 2	720	617	85.7%

## Feedback, Comments, Concerns & Compliments

This section of the report provides evidence as requested by the Scottish Government demonstrating the ways in which NHS Forth Valley captures, engages, and communicates our ambition to listen and learn from feedback, comments, concerns and compliments. It also evidences how we use positive feedback to celebrate success and expand areas of good practice across the organisation.

NHS Forth Valley has a well-established and reliable toolkit to gather feedback, comments, concerns and compliments. There are many examples of how we access and respond to feedback from patients, families and carers.

The purpose of this section is to demonstrate the methods we use to encourage feedback, promote learning, influence change and share good practice.

During 2024/2025 NHS Forth Valley, we launched the [Participation and Engagement Framework 2025-2028](#). The framework makes a clear commitment to planning with people, offering support and guidance to staff and communities on mechanisms of engagement.

The Framework meets national standards in relation to Planning with People ensuring that, as an organisation, we have clear purpose and aims in relation to engagement and service planning.

We also continue to use core feedback mechanisms such as complaints, compliments, Care Opinion and patient stories to gather insight into care delivery across the organisation.

## Engaging with Communities – Volunteering

NHS Forth Valley have continued to work towards designing and implementing a new volunteering strategy over the 2024/2025 period. As we move into the 2025/2026 financial year, I am pleased to see the framework taking shape with necessary interlinks with our community partners to design and deliver a value-based approach to volunteering.

Our volunteering framework has been designed around the Volunteer Scotland [Volunteer Charter](#) and the ten key commitments contained within.

As an organisation, I am delighted to share that we have pledged our commitment to being Volunteer Charter Champions to ensure that our approach to volunteering adds value to our patients, staff, communities and most importantly to our volunteers safely and efficiently without any detriment to our paid roles.

We are in the final stages of planning and anticipate having directly engaged volunteers in place across the organisation by August 2025.

As part of our approach to volunteering, we will also formally establish the **Innovation Network**, a group of patients, community groups and families or carers with lived experiences of services across NHS Forth Valley who are committed to working with the organisation to design and deliver improved services in the future. The approach is novel in Scotland although based upon [Planning with People Guidance](#) and the [Care Experience Improvement Model](#). We aim to support our Innovation Network Volunteers with any necessary training through with the support of our Quality Improvement Teams and through the National Simulation Centre, which is a first in Scotland.

## Compliments

We received a total of 581 compliments via our Safeguard system in 2024/2025, 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, for the second year in a row, with 73 compliments submitted throughout the year. The Wallace Suite received 50 compliments, and our Cardiology Ward received 46. Many other areas received compliments and local level feedback that isn't recorded electronically which is a testament to our staff working to provide person centred care.

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.

### ***Wallace Suite – Bellfield Centre***

“To all staff in Wallace suite. As a family wanting to thank for all the care and love given to Patient A. Relatives miss the smiles and welcome he received as soon as he opened the doors. It helped to brighten his day despite the challenges that were appeased by the excellent care given to Patient A by everyone.”

### ***Ward B12 – Forth Valley Royal Hospital***

“I would like to thank all the staff for taking care of me so diligently and professionally whilst I was recovering from my stroke last year. Every one of you deserve praise, I am now feeling stronger and more hopeful about my recovery I will never, never forget everything you did for me.”

### ***AHP Children’s Care Group***

“My little boy was referred to OT (Occupational Therapy) not long after we moved to Clackmannanshire as he was having difficulties with a few developmental things, particularly fine motor skills and had also been referred for an autism assessment.

I would just like to say that our whole experience with OT and particularly with Alena has been a fantastic one. Alena was the first person I felt who "got it", understood the difficulties Patient B was having, was able to give practical and helpful advice (not just signposting) and immediately took a huge weight off our shoulders.

She interacted with and understood Patient B so well that, though he usually hates going anywhere where people are going to discuss any issues he was having, was always happy to go to see Alena and take on her "challenges".

As well as general support and reassurance Patient B has made amazing progress from finding writing and drawing frustrating and a chore to actively taking out colouring and drawing and doing it himself. He is so proud of himself for being able to do it, is so much more confident with fine motor skills and it helps to relax him when he is becomes dysregulated as well. None of this would have been possible without Alena.

The short course we came on made such a difference and I now understand the importance of "crossing the midline" and have even been able to help his friend by explaining this process to his parents as well.

Alena has continued to give us ongoing support and advice even after this had finished, going above and beyond anything I may have wished for. I know we can call her or email her, and she will do her best to support where she can and I cannot put into words how reassuring and welcome that support is.

Oftentimes people complain about things that went wrong, and I wanted to put across a different narrative and express our severe gratitude to Alena in particular and the OT department in general for all of the ongoing practical help and other support

## Care Opinion

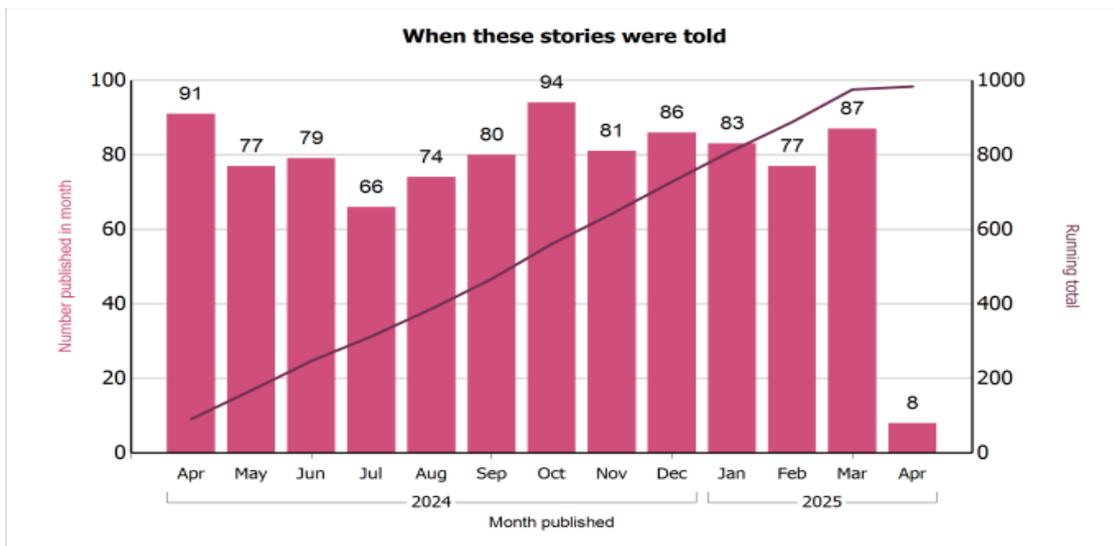
Care Opinion is an independent online feedback platform where people share their care experiences in ways which are safe, simple and facilitate learning and change. It also provides an essential mechanism of celebrating success, offering staff the recognition that they deserve directly from patients, 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, it also enables staff engage directly with services users. Through the use of care opinion we can demonstrate how we have made improvements from feedback, celebrate good success and expand areas of good practice across the organisation. It highlights to the staff of NHS Forth Valley the influence and impact their work has on patients and their families.

Our clinical and service teams actively respond to Care Opinion and are committed to engaging with authors ensuring their appreciation is shared and learning has taken place from feedback.

During 2024/2025 we received a total of 983 stories, an average of 82 stories per month, which were read 164,576 times, 933 stories were responded to, and 3 changes were planned.

The table below details when the stories were posted and how many stories were posted each month.







As we look toward 2025/2026 our aim is to increase the number of changes that we initiate in response to care opinion stories, particularly with mildly – severely critical stories. As an organisation, we will aim to trigger a change in response to 15% of critical stories in the next financial year.

## **Patient Stories**

NHS Forth Valley is committed to capturing the experiences of patients, carers, families, and staff by actively encouraging them to share their stories. These narratives are collected through various formats, including written transcripts, digital recordings, voice-overs, and face-to-face interviews.

When individuals recount their experiences from their own perspectives, it enables a deeper understanding of their healthcare journey and demonstrates the impact on their lives. Across NHS Forth Valley, these stories are utilised for staff training, professional development, and the promotion of best practices. Incorporating patient stories alongside other data sources provides valuable insights into the quality of care delivered.

Additionally, patient stories are presented at NHS Forth Valley Board meetings on a bi-monthly basis. 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.

## **John's Story**

John shared his story regarding his experiences navigating his cancer journey as part of the deaf community using British Sign Language (BSL). He discussed both the positive and challenging aspects of his care, highlighting where communication gaps previously impacted his access to information and services. He highlighted the importance of BSL in addressing these needs, helping us identify and overcome barriers faced by BSL users. John's journey reflects NHS Forth Valley's commitment to improvement, showing how his involvement has already contributed to meaningful changes that enhance accessibility and support for the D/deaf Community.

## **Organ Donation Story**

Board heard a story in memory of Jane's late husband following his sudden death from a catastrophic brain haemorrhage. Staff discussed organ donation with Jane and her family and knowing her husband's wishes made supporting organ donation an easy step at such a difficult time. Jane's husband was able to donate his organs and multiple people received lifesaving transplants because of his gift.

Jane continues to honour his memory through her work with the Forth Valley Organ and Tissue Donation Committee and contributes to the awareness raising activities of Organ Donation Scotland and NHS Blood and Transport.

## **Learning & Next Steps**

As we look back on our performance and achievements over the 2024/2025 period, we are reassured by the steps taken to enhance governance and promote a learning culture across the organisation. We recognise equally that there are considerable steps to be taken to improve complaints performance in relation to national key performance indicators, with our performance in turn having a direct impact on patient and staff experience.

We acknowledge that many complainants this year have felt frustration at the delayed response times and reduced contact made during the investigative stages by our patient relations department. While we always strive to keep complainants up to date with the progress of their complaint, we must maintain a balance between investigation and drafting steps to ensure that the backlog begins to reduce, which means that we don't always communicate as often as we would like.

## **Processes**

In 2024/25 we saw significant changes in the way that we process complaints. We have seen significant improvements in our information gathering, staff training and final response letters offering an improved patient experience and strengthened governance mechanisms. As we look towards 2025/26, we will continue to embed our new ways of working across the organisation, ensuring that all staff are supported and access the necessary training and development to both encourage feedback and to learn from the stories that we hear.

## **Workforce**

We have strengthened our workforce profile considerably over the past twelve months through constructive review of our processes and financial and workforce profiles. In doing so, the department has developed a new and incremental career pathway to encourage ongoing retention and recruitment which will help to improve patient and staff experience in the future.

## **Collaboration**

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

enhancing the Patient Relations Workforce, we have worked on our relationships and training opportunities across the whole system structure. In doing so, we have achieved increased oversight and accountability over the last financial year, our expectations of our staff are clearer which in turn offers reassurance regarding roles and responsibilities. We will continue to build on these collaborative relationships over the coming financial year to embed a learning culture across the organisation.

### **Post 2024 / 2025 Investment and Improvement Work**

As mentioned earlier in the report, after the financial year of 2024/2025 and due to the backlog of complaints and the identified risk to the reputation of NHS Forth Valley; investment was made in the Patient Relations Team to employ additional staff on a temporary basis, to reduce the backlog. These staff came into post from June/July 2025 and will remain in post until June 2026.

This additional resource has had an impact and the figures detailed below illustrate this well. We have managed to reduce the backlog from over approximately 550 to 250 live complaints (as of 27 October 2025) with additional temporary 3 Patient Relations Officers, 2 Assistant Patient Relations Officers and one administrator. This includes 2025/26 live complaints.

From April 2025 to 14 October 2025, the team have closed 423 of the 2024/2025 complaints and 1,005 of 2025/26 complaints. With the Executive Director of Nursing and Director of Nursing approving responses for issue.

Complaints received by the Health Board have increased by just over 130% in the ten years since annual reports to Scottish Government began from approximately 1015 in 2014/15 to 2,384 in 2024/25. This improved performance cannot be sustained without additional investment, therefore a business case to secure investment to the team on a permanent basis, as part of the overall improvement plan, is being progressed to ensure the team are sufficiently resourced and supported for the role they undertake on behalf of NHS Forth Valley.