

Agenda Item 5

HSCP Complaints and Feedback Performance Report: April – September 2020



Falkirk IJB Clinical and Care Governance Committee

27 November 2020

HSCP Complaints and Feedback Performance Report: April – September 2020

For Noting

1. Executive Summary

- 1.1 The report provides a comprehensive overview of complaints activity across the Falkirk Health and Social Care Partnership (HSCP) during the period of April – September 2020. The report takes into account the number of complaints received, local resolution, compliance with the 20 day national target and SPSO referrals.
- 1.2 More detailed information on the SPSO complaints is in the report. This is in response to a request from the CCGC at its August meeting.
- 1.3 The report also provides an update on feedback received through Care Opinion and other mechanisms about HSCP services.
- 1.4 Monitoring and managing complaints is an important aspect of governance and quality management. It also helps ensure that any necessary improvement actions arising from complaints are followed up and implemented.

2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 note the content of the report and action being taken.

3. Background

- 3.1 The report sets out complaints received that relate to the functions and services provided by the HSCP. In line with the current Complaints Handling Procedures (CHP), HSCP staff responding to complaints about social work services use the Social Work Adult Services CHP. HSCP staff responding to complaints about health use the NHS CHP. Where complaints cut across services, we have an agreed process that ensures there is clarity and a consistent approach as to which service will take the lead on investigating and responding to these types of complaints.
- 3.2 For complaints relating to the actions and processes of the IJB itself, the IJB CHP is used.

4. Complaints Performance

4.1 Social Work Adult Services

During the reporting period April – September 2020 there were 25 complaints received about Social Work Adult Services. These complaints are summarised in the table below.

Measure	2018 – 2019 (Stage 1 & 2)	2019 – 2020 (Stage 1 & 2)	2020 – 2021 H1 Stage 1	Direction of travel	2020 – 2021 H1 Stage 2	Direction of travel
a. The number of SWAS complaints completed within timescales *	61/106	63/113	20	▼	5	▼
b. The proportion of SWAS complaints completed within timescales	57.5%	55.8%	65%	▲	60%	▲
c. Proportion of SWAS complaints upheld	% Upheld		20%	▼	-	▼
* The current complaints process target for completion is 100% within timescales Stage 1 = 5 working days from receipt Stage 2 = 20 working days	% Partially upheld		15%	▼	80%	▲
	% Not upheld		65%	▲	20%	▼

4.2 Performance of complaints

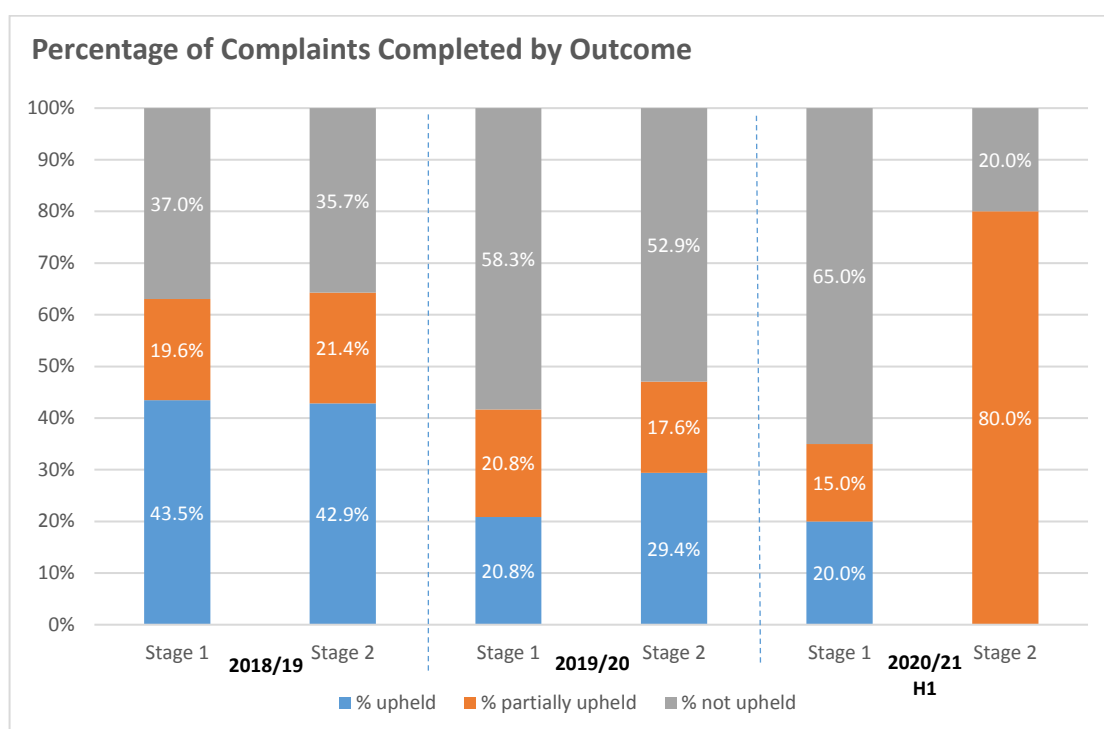
Performance of complaints completed within timescale improved overall to 64% during the first half of 2020/21:

- Stage 1 performance improved from 56% to 65%
- Stage 2 performance improved from 41% to 60%.

However this is against a backdrop of a significant reduction in the number of complaints. There were 25 complaints (Stage 1 - 20; Stage 2 - 5) in the six months compared to 63 in the same period last year (Stage 1 - 55; Stage 2 - 8).

4.3 Chart 1 below shows the outcomes of the complaints for the last 3 years. A significantly lower proportion of both Stage 1 and 2 complaints were upheld in the first half of 2020/21, a trend since 2018/19.

Chart 1: Outcome of Social Work Complaints



- 4.4 It is important to note that the number of complaints remains low given the large number of service user contacts during the year, with around 9,000 people receiving an assessment/review. Due to the low numbers, relatively small changes to those that meet/do not meet timescales can generate significant variations in performance percentages.
- 4.5 However performance in respect of timescales has been below target within Social Work Adult Services. As a result monitoring mechanisms are being strengthened in order to pick up potential delays earlier in the process and reinforce adherence to timescales. Monitoring of complaint performance will continue to be overseen by a senior manager and feedback on complaint performance will be highlighted to managers across service areas as well as an individual basis where appropriate.
- 4.6 **NHS Forth Valley**
During the reporting period April – September 2020, a total of 8 complaints were received by the Patient Relations Team relating to the delegated functions for the HSCP. This excludes complaints transferred, withdrawn or where consent was not received. The overall year end performance for responding to complaints with the Stage 1 and Stage 2 response targets is 75%.
- 4.7 On analysis of Stage 1 complaints, it is noted that the HSCP received 3 Stage 1 complaints during the period and achieved a 100% performance and for the same period 5 Stage 2 complaints were received and a 60%

performance target was achieved in responding to complaints within 20 working days.

4.8 A breakdown of the overall figure into stage 1 and Stage 2 complaints for April 2020 - September indicate:

- 3 complaints were responded to within 5 working days (Stage 1)
- 3 complaints were responded to within 20 working days (Stage 2)
- the top themes for April - September 2020 are:
 - Clinical Treatment 11
 - Staff Communication (Oral) 4
 - Staff Attitude & Behaviour 1
 - W/T Date of Appointment 1

4.9 Complaint Type and Category

In total there are approximately 17 departments listed against the delegated functions. During the period April - September 2020, 7 departments have received complaints. The department and complaint type and category are detailed in the table below.

Month	Category Type	Category	Department
April	Clinical Treatment	Disagreement with treatment/care	Ward 1, Bo'ness
			Unit 3, FCH
		Nursing Care	Unit 1, FCH
	Staff Communication (Oral)	Face to Face	Ward 1, Bo'ness
		Lack of Clear Explanation	Unit 3, FCH
May	WT/Date of Appointment	Unacceptable Waiting Time for Appointment	AHP Out-patient Care Group
June	Clinical Treatment	Poor Aftercare	District Nursing (Falkirk) x2
		Co-ordination of Clinical Treatment	Woodlands Resource Centre
August	Clinical Treatment	Nursing Care	District Nursing (Falkirk)
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Unit 1, FCH
September	Clinical Treatment	Disagreement with treatment/care	Continence Service
			Woodlands Resource Centre x3
	Staff Communication (oral)	Lack of Clear Explanation	Woodlands Resource Centre
		Telephone	Woodlands Resource Centre

4.10 Scottish Public Ombudsman Office (SPSO)

During the April – September 2020 it is noted that no complaints have been referred to the SPSO for investigation.

4.11 The CCGC is asked note that during the period April 2019 to March 2020 the SPSO has received 6 cases (2 of which have 2 complaint numbers) relating to Falkirk HSCP.

4.12 The Committee have requested two more detailed reports and overviews. One focussing on a more detailed overview on SPSO cases with a focus on learning and actions. The second report requested a deeper dive into complaints for the Integrated Mental Health Team, Woodlands Resource Centre and this is a separate report on the agenda. Below are the 6 SPSO cases received during the period April 2019 – March 2020.

Issues under investigation & outcome Directorate	SPSO Current Position	Actions from SPSO	Learning
Unit 4, Falkirk Community Hospital – original complaint received on 25/08/2018			
<ul style="list-style-type: none"> Risperidone prescription (not upheld) Delay with discharge letter (upheld) 	<p>Final report received on 1/09/2020 with 2 recommendations.</p> <p>CASE CLOSED</p>	<p>Recommendation 1: Apologise for findings within report</p> <p>Recommendation 2: (a) Evidence that the Board have considered how similar delays in correspondence could be avoided in the future. (b) Also, evidence that the doctor concerned has been supported in a sympathetic way to consider this case and the SPSO's investigation, in their annual appraisal with a reflective commentary to discuss this with their appraiser</p>	<p>Recommendation 1 – Letter of apology sent on 30/07/2020</p> <p>Recommendation 2 – (a) NHS FV Board demonstrated 3 key areas of change in response to this recommendation</p> <ul style="list-style-type: none"> Introduction of a new patient information system. Specialist Geriatrician appointed into post in FCH. Portfolio GP with ANP supporting discharge process/letters <p>(b) The Service Manager for FCH met with the Consultant to ensure a reflective process of learning was identified/ implemented within the appraisal mechanism.</p>
Unit 1, Falkirk Community Hospital – original complaint received on 31/10/2018 & 17/09/2019			
<ul style="list-style-type: none"> Delay reporting incident on 24 & 25 October 2018 SAER was unreasonable Delay with SAER Delay dealing with complaint 	<p>Requested information sent on 13/01/2020 & 17/03/2020.</p> <p>Awaiting decision from SPSO.</p>		
CMHT (E) & Kersiebank Medical Practice - original complaint received on 02/08/2019			
<ul style="list-style-type: none"> Failed to provide appropriate psychiatric care Unreasonably stopped Gabapentin prescription. 	<p>Requested information sent on 02/03/2020.</p> <p>Awaiting decision from SPSO.</p>		
Unit 3, Falkirk Community Hospital – original complaint received on 28/03/2019 & 25/06/2019			
<ul style="list-style-type: none"> FVRH failed to provide care in March 2019 (not upheld) 	<p>Final report received on 30/07/2020 with 4 recommendations.</p>	<p>Recommendation 1: (a) Apologise for transferring Ms A to a four bedded room at FCH rather than a single room. The</p>	<p>Recommendation 1: apology letter sent on 25/08/2020</p>

Issues under investigation & outcome Directorate	SPSO Current Position	Actions from SPSO	Learning
<ul style="list-style-type: none"> Failed to provide care within Unit 3 (upheld) Complaints Handling (upheld) 	CASE CLOSED	<p>delay in assessing Ms A's dietary/fluid requirements on admission to FCH, not giving Ms A her prescribed medication whilst awaiting discharge and not confirming whether Ms C had authorised her sister to make a complaint on her behalf about OOHs GP.</p> <p>Recommendation 2: Evidence findings of SPSO report have been fed back to relevant staff regarding provision of single room & prescribed medication while awaiting discharge</p> <p>Recommendation 3: Evidence findings of SPSO report have been fed back to relevant staff regarding CHP</p> <p>Recommendation 4: Evidence that admission processes & documentation have been reviewed to ensure dietary/fluid requirements for pts are assessed in a timely manner. Evidence findings of SPSO report have been fed back to relevant staff</p>	<p>Recommendation 2: The Head of Nursing met with the SCN from Unit 3 to discuss this report. The SCN in Unit 3 produced a staff brief in response to the report that was circulated with all staff to ensure the detail and in particular the learning from this patient's experience was clearly identified. The SCN in conjunction with the Clinical Nurse Manager is providing close monitoring to these actions. In addition the Discharge Team at FVRH were contacted to ensure that communication with patient and families must be realistic around the provision of single rooms due to the limited number on the FCH site.</p> <p>Recommendation 3: The Lead Patient Relations Lead has ensured that the learning and changes to process highlighted in SPSO findings have been communicated and implemented.</p> <p>Recommendation 4: The staff brief produced by SCN detailed the recommendations relating to fluid and dietary requirements. The SCN remains focussed on the timely assessments for each patient and this is closely in partnership with the Clinical Nurse Manager as part of our care assurance process.</p>

Issues under investigation & outcome Directorate	SPSO Current Position	Actions from SPSO	Learning
Ward 1, Bo'ness Community Hospital – original complaint received on 18/06/2019			
<ul style="list-style-type: none"> Inadequate falls procedure (Fully Upheld) Inadequate care following fall (Fully Upheld) 	Final report received on 17/09/2020 with 5 recommendations.	<p>Recommendation 1: Apologise for the failings identified in the SPSO's report</p> <p>Recommendation 2: Evidence that education and training has been provided to community hospital staff around NEWS</p> <p>Recommendation 3: Evidence that education and training has been provided to Bo'ness Community Hospital staff around delirium identification</p> <p>Recommendation 4: Evidence that education and training has been provided to Bo'ness Community Hospital staff regarding deteriorating patient.</p> <p>Recommendation 5: Evidence that education and training has been provided to Bo'ness Community Hospital staff regarding assessing pain in patients with cognitive impairment.</p>	In progress however it is important to note that following receipt of the Decision Letter, the Senior Management Team at FCH undertook a review of the case and identified immediate actions which will form part of the response to the SPSO to provide assurance.
Woodlands Resource Centre – original complaint received on 03/12/2019			
<ul style="list-style-type: none"> Initial request for information made to allow SPSO to consider whether a full investigation is required 	Letter received on 28/08/2020 from SPSO advising following information received no investigation will be conducted	Case Closed	

4.13 During the reporting period April - September 2020, the SPSO has received 1 complaint about SWAS.

Case Number	Directorate	Issues under investigation	Position
202001776	West Locality Assessment and Care	<ul style="list-style-type: none"> Staff conduct 	Complaint is not being taken further

Case Number	Directorate	Issues under investigation	Position
	Planning	<ul style="list-style-type: none"> Allegation that private care provider failed to attend care call 	

4.14 IJB

There have been no complaints received over the reporting period that relate to the IJB as a public body in relation to the IJB's action or lack of action, or about the standard of service the IJB has provided in fulfilling its statutory responsibilities.

4.15 Lessons Learned

The Partnership Management Team is keen to learn from complaints and ensure that all complaints are responded to within appropriate timescales. Complaint compliance now forms part of the standing agenda for their meeting, and complaints will be reviewed on a monthly basis with any action being taken forward by senior managers.

4.16 In order to draw conclusions and inform how we learn lessons, we are completing analysis as part of the ongoing improvement in how we manage and learn from complaints in Social Work Adult Services.

5. Care Opinion and feedback

In response to feedback from the Committee at the last meeting, detailed below are some examples of patient feedback received through NHS Care Opinion and Your Health Service Website.

5.1 Enhanced Community Team

"I cannot speak highly enough of the doctors and nurses who attended my husband during his illness. Prior to this event we knew nothing of this team but we are easier in our minds knowing of their existence. The promptness and professionalism of the team were second to none. They are a god send to the community they serve."

5.2 Helpful and Caring

"Following a severe stroke and several weeks in Forth Valley Royal Hospital my step mother was moved to Falkirk Community hospital where she spent three months in their care. I was very impressed with the services she received and the staff i was in communication with were most helpful and caring and did their very best for her under unusually difficult circumstances. She was not always entirely co-operative and the whole unit was having to work under the restrictions applied during COVID-19. Visiting had to be limited but i was able to see her regularly. Many thanks for their professionalism and understanding throughout this period."

- 5.3 **Annual Report: Feedback, Comments, Concerns and Complaints 2019/20**
The NHS Forth Valley's Annual Report: Feedback, Comments, Concerns and Complaints 2019/20 is attached at appendix 1, which includes a spotlight on Falkirk Community Hospital showing how feedback influences change.

6. Conclusions

The report provides assurance to the Committee that complaints are managed and responded to effectively, and to provide an up-to-date performance report on activity during the period April - September 2020.

Information on feedback is also included in the report for information.

Resource Implications

There are no resource implications arising from the report.

Impact on IJB Outcomes and Priorities

There is no direct impact resulting from the recommendations of this report.

Directions

There is no new Direction or amendment required.

Legal & Risk Implications

There are no legal or risk implications arising from the report and data presented.

Consultation

No consultation was required to develop the report.

Equalities Assessment

There are no equalities impacts arising from the report.

7. Report Author

Suzanne Thomson, Senior Service Manager
Elaine Kettings, Head of Patient Relations
Mandy Crawford, Patient Relations Lead
Gordon Mackenzie, Locality Manager (East)

8. List Of Background Papers

- 8.1 IJB Performance Monitoring Reports

9. Appendices

Appendix 1: NHS Forth Valley's Annual Report: Feedback, Comments, Concerns and Complaints 2019/20



Annual Report

Feedback, Comments, Concerns, Compliments & Complaints

2019/2020

Executive Summary

The Revised Patient Rights (Scotland) Act 2019 provides members of the public who are accessing NHS services the right to provide feedback, comment, concerns and raise a complaint about services provided by the NHS. The Scottish Government's Complaint Handling Procedure provides a platform for NHS Forth Valley to listen and learn from all feedback in a way that drives continuous improvements to ensure services are safe, effective and provides high quality person centred care. Receiving feedback provides an opportunity to capture good practice which in turn can be shared with those delivering the service encouraging motivation and continuous improvement.

Within NHS Forth Valley there is a positive culture of listening and learning from complaints and feedback. NHS Forth Valley has a strong governance reporting system that reports through to Board level evidencing performance and demonstrates that the organisation has listened and learned.

The Executive Nurse Director leads on feedback, comments, concerns and complaints and is required by the Scottish Government to produce an Annual Report demonstrating NHS Forth Valley's complaint performance against the 9 key performance indicators which is a fundamental element of the Complaints Handling Procedure. In addition, the report provides evidence of feedback and patient experience demonstrating that we are listening and learning.

Overview of Report

Evidence of learning from Feedback, Comments, Concerns and Complaints

This report identifies the importance of listening to feedback, comments, concerns and complaints raised by patients and their families, whilst ensuring clinical staff are confident and are well equipped to respond and resolve a variety of issues in a timely and person centred manner. The report shows examples of how we capture feedback that informs improvements. Detailed below are some examples:

- Following feedback patients being discharged from the Emergency Department are provided with updated information leaflets relating to Deep Vein Thrombosis.
- Following referral from GP's a new process has been put in place informing parents/carers that their child has been referred to the Child and Adolescent Mental Health Service.
- Letters sent to patients for a Urology appointment have been updated, giving detailed information about what to expect when arriving for an appointment.

The revised Complaints Handling Procedure implemented in 2017 has provided an opportunity for NHS Forth Valley to change the way we respond to feedback and complaints in a more real time, responsive and person centred manner.

NHS Forth Valley has through local resolution (Stage 1) encouraged staff to be accessible and open enabling them to resolve concerns at the point of care. Highlighted through the

report we demonstrate there has been an increase in the number of Stage 1 complaints being resolved locally.

The table below details the number of complaints received during 2019/2020 and a comparison for the previous year.

		2018/2019	2019/2020
NHS Forth Valley	Stage 1	234	370
	Stage 2	701	739
Prison	Stage 1	575	597
	Stage 2	109	109
Total		1619	1815

Complaint themes

Analysis of complaint themes allows a more cohesive and responsive learning opportunity across the organisation. Detailed below are the 3 top themes from our learning portfolio.

- Clinical care and treatment
- Waiting times/date of appointment
- Staff Attitude and Behaviour

NHS Forth Valley acknowledges that the themes identified above are consistent not only locally but nationally. We have continued to focus working locally within teams to make improvements within these three areas. Identified below are some examples of work that has been taken forward during 2019/20.

- Design and delivery of bespoke training programmes and the use of patient stories in delivery of training with the aim of improving attitude and behaviour.
- Review of waiting times for clinics and how we communicate with patients.
- Clinical reviews of care to ensure service improvements are identified and actioned.

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Introduction

NHS Forth Valley remains committed to welcoming feedback including complaints and concerns, utilising feedback to inform and improve services, and to promote good practice which works in conjunction with a proactive Person Centred Strategy. The Revised Patients Rights Scotland Act 2019 enables patients to provide feedback, make comments, raise a concern or make a complaint about their health care experience.

NHS Forth Valley serves a population of over 306,000 and employs approximately 6,000 staff, in a diverse geographical area. From the period of April 2019 to March 2020, there was approximately 890,000 patient contacts in hospital settings including outpatients, GP Out of Hours and District Nursing. During this period, NHS Forth Valley has received 1815 complaints which is low in comparison to the patient contacts.

The report has been set out in 4 sections, throughout each of the sections we provide evidence of the improvements made.

- **Section 1: Key performance indicators**

The key performance indicators being reported for both NHS Forth Valley and the Independent Contractors (Family Health Services) includes:

- Indicator 1: Learning from Complaints
- Indicator 2: Complaints Process experience
- Indicator 3: Staff awareness and training
- Indicator 4: Total number of complaints
- 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 3: Independent Contractors Key Performance Indicators**

- **Section 2: 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 4: Next Steps**

1. Key Performance Indicators

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

For ease of reference, this section has been divided into each of the Key Performance Indicators relating to NHS Forth Valley's performance. NHS Forth Valley received a total of 1,815 complaints for the period 1st April 2019 to 31st March 2020 (this includes complaints that were withdrawn, transferred elsewhere and consent not received).

- Total number of complaints managed within 0 – 5 days during 2019/2020, stage 1 (local resolution) 967, indicating an increase of 158 stage 1 complaints compared to 809 managed during 2018/2019.
- A total of 848 stage 2 complaints were received during 2019/2020 indicating an increase of 38 stage 2 complaints managed under the stage 2 process during 2018/2019.

We recognised during 2019/2020 there was a continued rise in the number of complaints managed and resolved under stage 1. This is a proactive and positive change in the way we manage complaints ensuring service users have a better experience and outcome. This positive result is an outcome ongoing training and support provided by our Patient Relations and Service Teams providing staff with the knowledge and resources to be more confident and empowered to resolve complaints locally.

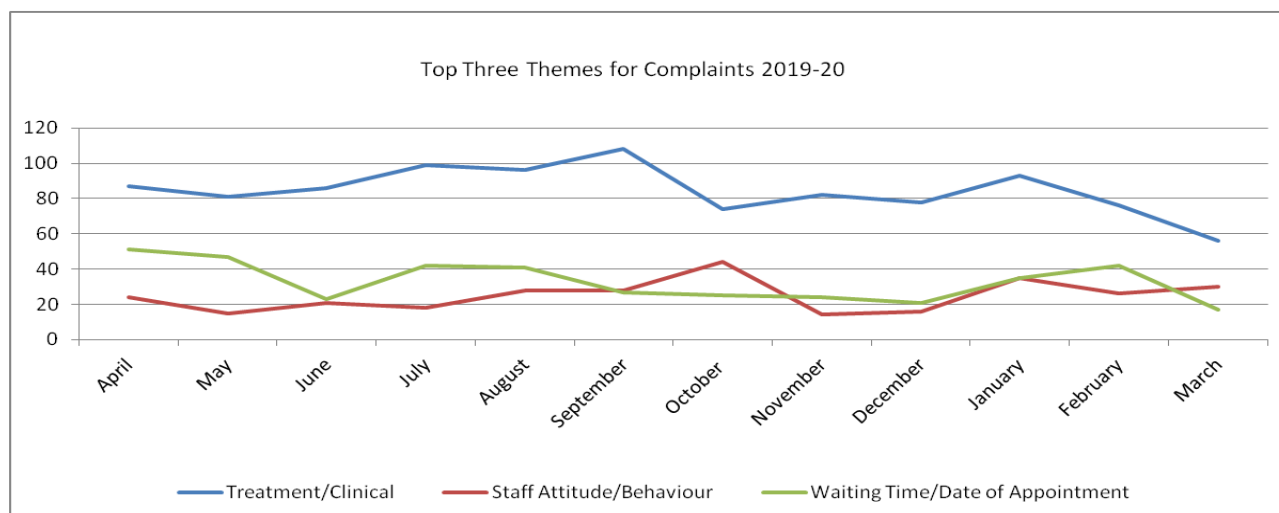
The table below gives a breakdown of the number of complaints received during 2019/2020 and the numbers managed under stage 1 and stage 2, and a comparison for the previous year.

		Year 2018/2019	Year 2019/2020
NHS Forth Valley	Stage 1	234	370
	Stage 2	701	739
Prison	Stage 1	575	597
	Stage 2	109	109

1.1 Indicator One: Learning from Complaints

Themes from complaints

The following chart shows the top three themes for complaints by month for 2019 – 2020.



Analysis of complaint themes has allowed for a more cohesive and responsive learning opportunity across the organisation detailed below are the 3 top themes from our learning portfolio.

- Clinical care and treatment
- Waiting time/date of appointment
- Staff attitude and behaviour

Clinical Care and Treatment

When care and treatment delivered to our patients has not met the high quality and standard we would expect, it is important that we learn from the event, 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.

A key element of NHS Forth Valley's complaints process is to provide opportunities to meet with patients, families and carers who have raised concerns around their care and treatment. This remains vitally important to us as an organisation in providing patients and their families with an opportunity to meet face to face with staff who represent the care providers. It is also an opportunity for staff to explain clinical care and treatment; this helps to build trust and adopts a culture of openness and transparency. During 2019/2020, we have seen an increase of 16.1 % in the number of meetings taking place compared to the previous year and are committed to capturing the number of meetings we undertake moving into 2020/21 and this can be seen in our Next Steps (page 44).

Out with our complaints handling process, NHS Forth Valley through adverse events risk management can commission reviews of care internally. Serious adverse events would be to investigate concerns where there has been incidence of potential serious harm, or misdiagnosis. It is important to note that our adverse event management process works in partnership with our Complaints Handling procedure ensuring that any indicated learning is monitored and delivered in accordance to local governance procedures. Additionally it is vital that we provide clear and transparent communication ensuring patients, families and carers are kept informed from both processes.

Waiting Times/Date of Appointment

Following complaints investigation into waiting times

it has been acknowledged that delays in waiting times may have a significant effect on our patients. In response to these concerns the following actions have been taken and an example of the actions is provided below:

- Additional outpatient clinics have been put in place whenever there is consultant availability to provide additional outpatient capacity.
- Additional theatre sessions may also be put in place to increase capacity, along with weekend theatre lists.
- NHS Forth Valley works with the independent sector in addition to locum consultants to increase theatre provision and capacity which in turn reduces waiting times.

Staff Attitude and Behaviour

Detailed complaints analysis affords us the opportunity to identify key areas of improvement. Our staff are important to us, as they are our greatest and biggest asset to NHS Forth Valley. It is important that we take the time to understand the areas we can improve upon in relation to staff attitude and behaviour. We continue to work closely with our staff in dealing with issues on an individual basis at the time of the complaint; we continue to explore ways and opportunities to improve communication across the organisation.

Our Positive First Impressions & Communication training re-enforces our commitment to providing a welcoming, safe, clean, well organised and maintained environment, providing the highest standard of person centred care. The core element of this training is to emphasise the importance of a positive first impression, by demonstrating and sharing the unacceptable behaviours described in complaints and feedback.

Moving forward into 2020/21, we will be more focussed on reporting the training opportunities we deliver. We have identified this in our Next Steps (page 44).

Complaints Training for Staff

The Head of Person Centred Care and Patient Relations Lead continues to deliver training to support staff across NHS Forth Valley, which is available to all staff, including medical trainees and student nurses. The training includes Local Resolution, the Power of Apology, the Complaints Handling Procedure, the role of the Patient Relations Team, Managing Difficult Behaviour and learning from complaints.

Moving forward into 2020/21, we will be more focussed on reporting (numbers) on the training opportunities we deliver. We have identified this in our Next Steps (page 44).

Themes from complaints by department

Our services undertake regular reviews of complaints within their areas, as part of their governance identifying themes and areas for improvement. Improvements are identified and plans are implemented ensuring that actions are delivered and monitored. Outcomes from these improvement plans are used as a learning tool to enhance practice and consistency in service.

Service Improvements made in response to complaints

NHS Forth Valley recognises the importance of assuring our patients, families and carers that their feedback, comments, concerns and learning from complaints have led to service improvements.

Patient Relations & Complaints Handling Procedure

NHS Forth Valley continues to have patients and carers at the heart of our complaints process and keep them involved, supported and communicated throughout the process.

The Patient Relations Team continues to make improvements as to how complaints are handled, ensuring a person centred approach for our patients, families and carers. The Patient Relations Officers (PRO's) coordinating the investigation contact the individual making the complaint to introduce themselves, make an immediate apology for their 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. If appropriate, a meeting with staff is offered at this time.

To continue to improve the way in which we engage with patients and their families, NHS Forth Valley remains committed to ensuring that meetings are an integral part of our Complaints Handling Procedure. The focus of these meetings is to allow the individuals the opportunity to share their journey and experiences with staff from the service, ensuring that they feel their concerns have been listened to. This allows the service to discuss the concerns raised and for staff to have the opportunity to provide a response. Following best practice learning and improvements are identified and acknowledged. An improvement plan will be developed and shared ensuring transparency and commitment to the learning identified.

It has been recognised by staff across NHS Forth Valley the benefit of meeting with the individual/family making a complaint, in some cases the complaint can be resolved at the meeting, making it a very positive experience for both the individual raising the complaint and for the staff.

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

The next part of the report provides 7 case studies that detail service improvements in response to feedback and complaints.

Service Improvements – Case Study 1

AHP Children's Physiotherapy Service – Change in practice following a complaint

Background

A complaint was received highlighting concerns about the lack of access to children's physiotherapy.

What we did in response:

- The Service enhanced the level of professional governance including case notes audit, 1:1 supervision, peer supervision, caseload review with key focus on goal setting and action plans.
- The Standard Operating Procedure around supervision was refreshed and the Team Co-ordinator met all supervisors individually to share the refreshed approach.
- A spreadsheet was set up on the Physiotherapy shared drive to allow the recording of supervision which was backdated to 2019.
- A process for Team Co-ordinators to undertake additional review of patient lists and frequency of contacts has also been put in place.

Service Improvements – Case Study 2

CAMHS – Change in practice following a complaint

Background

Concerns were raised regarding an unsupportive attitude shown by a clinician during a consultation. It was felt there was a lack of understanding around LGBTI+ issues and these were not taken into account. Concerns were raised at the time with the service however a member of the management team was not available to discuss these, this resulted in a missed opportunity for local resolution.

What we did in response:

- Provision of a Duty Manager system was created to support staff enabling them to respond when a Stage 1 complaint is received providing early local resolution.
- All staff members advised to refresh/complete mandatory Equality & Diversity Foundation Training online through Learnpro.
- LGBTI+ Youth workers attended and presented to staff at their Continuing Professional Development (CPD) Session.
- All team members who attended CPD training wear rainbow badges, posters are now on display, indicating the service is an open, inclusive and safe space for individuals that identify as LGBTI+.

Service Improvements – Case Study 3

HMP Glenochil – Improvements made to triage clinic and access to optical advice.

Background

A complaint was raised by a patient following the delay of a referral to the eye clinic, resulting in the patient having reduced vision in the affected eye. The patient had submitted triage forms detailing deterioration in eyesight. No action was taken; causing a delay in the referral to the eye clinic, meaning the patient was unable to access the recommended treatment due to being out with the recommended treatment time.

What we did in response:

Following an investigation, it was identified that there were gaps in clinical documentation regarding discussions between staff. Following this complaint a full review of the triage process was undertaken and in response there has been a development of a more robust triage system which is now in place.

- An optical triage form is completed for any patient attending with eye concerns. The completed form is emailed to the Optician who will provide advice on appropriate treatments or actions to be taken.
- Triage form is scanned on to patient's docman (electronic primary care) record.
- Trained healthcare staff to attend awareness training provided by Optician on common eye conditions and what appropriate actions should be taken.
- A weekly documentation audit is now completed on patients who have been seen that week (5 random). Any identified concerns are discussed with the patient and healthcare team.

Service Improvements – Case Study 4

Neurology Waiting Times – Improvements to patient pathway

Background

A complaint was raised by a patient who was referred to Neurology Services by her GP, this referral had been made three months ago and had still not been reviewed. The patient understood her referral was being sent as urgent but on discovery it was sent as routine and was still awaiting review.

What we did in response:

The Service confirmed they were taking additional measures to deal with the longer waiting times. These measures include:

- Additional Neurology staff added to clinics and a process of delegating additional duties to Nurse Specialists where appropriate has been put in place.
- Additional clinics introduced with support from Locum Consultant Neurologist
- GP with specialist interest in headache disorders undertook clinics to provide further support to Neurology patients.
- Additional Consultant Neurologist has been recruited.

Service Improvements – Case Study 5

Psychology Services – Change in practice following a complaint

Background

A request was submitted by the patient to a member of the Psychology staff for a copy of notes taken during their sessions, and a copy of information the Psychology staff shared on her behalf with Parkhead Social Work Services. When patient asked the staff member for an update on the progress of this request when she attended her next appointment, was advised she would only be able to see her notes with a hospital staff member present and there was no timescale for this to happen. The patient went on to contact the Health Records Legal Department, she was advised they had no record of her request.

What we did in response:

It was identified during the investigation that the staff member was not aware of the correct process for patients to access their clinical records. As a result of the findings:

- A guide for staff was developed detailing what they should do when patients request access to their personal records.
- Once completed this was circulated to all staff within the Psychological Therapies Services.

Service Improvements – Case Study 6

Out of Hours & Palliative Care Line – Change in practice following a complaint

Background

A patient with malignant lymphoma and stage 4 kidney metastasis had become unsettled and breathless out of hours. The patient's daughter contacted the Palliative Care Line who advised someone would visit, however no visit occurred. The daughter called back the Palliative Care Line, and again, was advised someone would visit, again no visit took place. By this time the daughter had managed to settle the patient however this experience was very distressing for the patient and daughter.

What we did in response:

During the investigation it was found the initial request and subsequent call had not been passed onto the nursing staff. Following the investigation there was a change in practice this included:

- All palliative/district nurse calls are logged in a ledger and checked when passed to the nursing team. This is an additional assurance process to support staff in partnership with the electronic system.

Service Improvements – Case Study 7

Unit 2, Falkirk Community Hospital– Change in practice following a complaint

Background:

A patient had experienced a hypoglycaemic attack while in Falkirk Community Hospital (FCH) and was transferred to Forth Valley Royal Hospital for treatment. Following transfer back to FCH, the family members raised concerns that the patient was showing signs and symptoms of a Cerebral Vascular Accident (CVA) - Stroke. Family continued to visit over the weekend and noted that the patient's condition did not improve, staff escalated concerns to the Out of Hours GP who advised the patient was recovering from a hypoglycaemic attack, however the patient was later diagnosed as having a CVA.

What we did in response:

Following a family meeting with the Head of Nursing the following actions were agreed and taken forward:

- A comprehensive training package was provided to staff in the ward around early identification and care of a deteriorating patient.
- Implementation of a Standard Operating Procedure (SOP) for Care of a Deteriorating Patient.
- The communication approach during this episode of care with the OOH GP's was assessed and in response a recognised patient safety process has been put in place to ensure a consistent and safe approach for communication between nursing staff and GPs.

1.2 Indicator Two: Complaint Process Experience Feedback

The Complaints Handling Procedure requires NHS Boards to seek feedback from the individual making the complaint of their experience of the complaints process. It is recognised and appreciated that the individual making the complaint may not wish to engage; unfortunately this has been the case in NHS Forth Valley.

Steps are being taken to encourage individuals to complete the questionnaire which includes:

Step 1 - Review of the questionnaire

Step 2 - Introduce freepost envelopes

The steps above will be undertaken utilising quality improvement methodology to capture and identify the most consistent way of capturing feedback on the complaints process.

It is noted in the recent Annual Letter from Rosemary Agnew, Scottish Public Services Ombudsman that on review of the Model Complaints Handling Procedure not all performance indicators are helpful. In particular, feedback from Boards has indicated that there is a need for clarity around the Complaints Process Experience questionnaires and the requirement to test customer satisfaction. NHS Boards await a decision from the Ombudsman with regards to a revision of the KPI's, this has been delayed as a result of the pandemic.

1.3 Indicator Three: Staff Awareness and Training

This indicator relates to staff awareness and training in regard to the Complaints Handling Procedure. It highlights the importance of ensuring staff awareness and training is made available to all staff of NHS Forth Valley in relation to the CHP.

Training modules developed by NES are available through LearnPro:

1. NES: The Value of Feedback
2. Encouraging Feedback and using it
3. NHS Complaints and Feedback Handling Process
4. The Value of Apology
5. Difficult Behaviour

The Head of Person Centred Care and Patient Relations Lead have provided training sessions for staff of all levels and disciplines, including medical trainees and student nurses. The training includes information relating to the Complaints Handling Procedure, how to recognise issues at an early stage to provide local resolution to patients and their families when they are dissatisfied. Information is provided on the role of the Patient Relations Team, including how Patient Relations Officers can offer support to teams when a complaint is received. Information on the Revised Patient Rights (Scotland) Act 2019 and the Power of Apology is also provided at the training sessions.

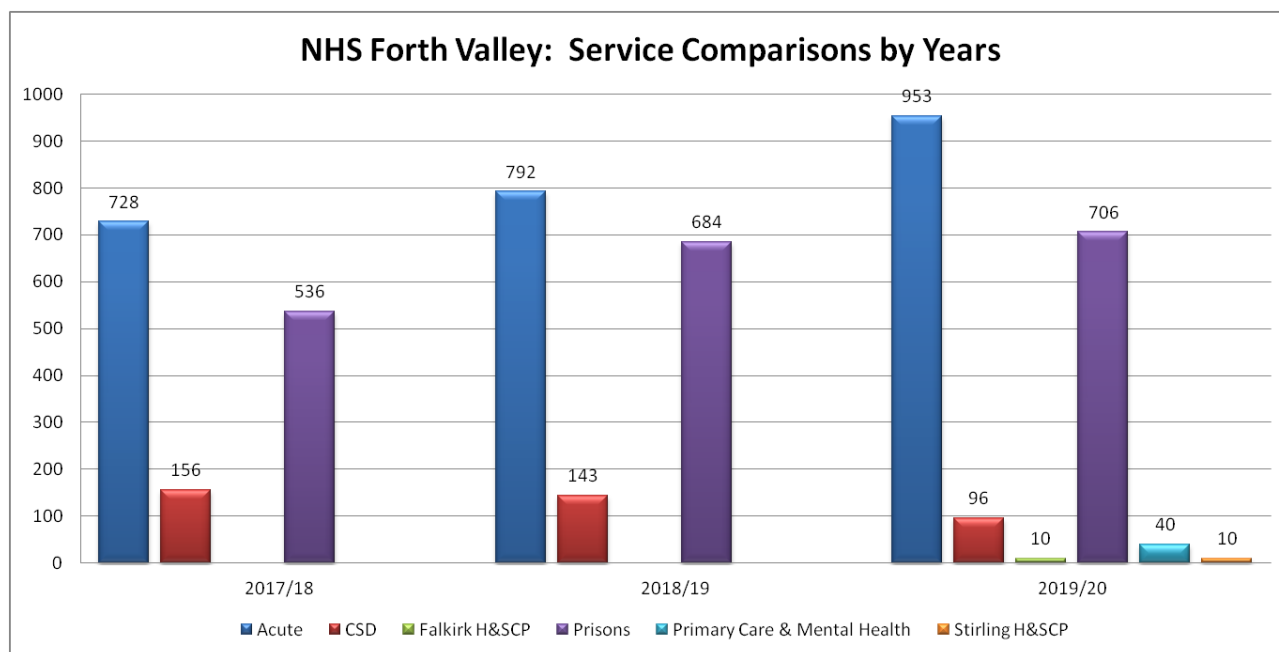
Feedback, comments, concerns, compliments and complaints are a core element of our Person Centred Strategy. This Strategy comes to life through our 8 essential elements:

- Fundamental care
- Bereavement
- End of life Care
- Spiritual Care
- Equality and Diversity
- Communication and First Impressions
- Patient and Public Involvement and Feedback
- Volunteering

It is important to note that our staff who deliver these elements of the Strategy are leaders in delivering awareness and training to their Teams around feedback, comments, concerns, compliments and complaints. Additionally, these staff are best positioned to be responsive, reactive and aware of how to deliver our Complaints Handling Procedure with an importance of listening and learning and local resolution.

1.4 Indicator Four: The total number of complaints received

The following chart shows the number of complaints received by NHS Forth Valley for the past 3 years. The chart below is reflective of the overall increase in complaints being experienced by Health Boards across NHS 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 0.18% per episode of patient care against the number of complaints received during 2019/2020. In comparison the number of complaints received represents 27.8% against the number of staff employed by NHS Forth Valley.

NHS Forth Valley is responsible for 3 prison establishments, 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, this is due to an ageing population and associated health problems. NHS Forth Valley's prison population accounts for 18.8% of the total Scottish Prison population. Within NHS Forth Valley, 31.6% of the prison population has raised complaints during 2019/2020.

A dedicated Patient Relations Team supports the 3 prisons with a focus on local resolution. Patient Focus Groups continue to meet regularly and provide feedback to the Patient Relations Team of any concerns raised relating to complaints. Patients are encouraged to attend drop-in clinics to share concerns allowing real time management of any concerns. The Patient Relations Lead works in partnership with the Prison Management Team with a focus on collaboration and support with a real focus on a learning culture from complaints received.

1.5 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.

Complaints type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	951	53.9%
Stage 2	728	41.3%
Stage 2 after escalation	85	4.8%

1.6 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 2019/20 is 951; the table below provides a breakdown of the formal outcome.

Stage 1	No Complaints closed	% of complaints closed at stage 1
Upheld complaints	144	15.1%
Not upheld complaints	733	76.9%
Partially upheld complaints	74	7.8%

The total number of complaints closed at stage 2 for 2019/2020 is 728, the table below provides a breakdown of the formal outcome.

Stage 2	No Complaints closed	% of complaints closed at stage 1
Upheld complaints	187	25.6%
Not upheld complaints	413	56.7%
Partially upheld complaints	128	17.5%

The total number of escalated complaints closed at stage 2 for 2019/2020 is 85 and the table below provides a breakdown of the formal outcome.

Escalated complaints to stage 2	No Complaints closed	% of complaints closed at stage 1
Upheld complaints	20	23.5%
Not upheld complaints	61	71.8%
Partially upheld complaints	4	4.7%

Scottish Public Services Ombudsman Outcomes

NHS Forth Valley works closely with the SPSO and the following table demonstrates that the SPSO has received a total of 62 cases, and during their initial investigations the SPSO has made a decision not to investigate 29 cases.

April 2019 – 31 March 2020		No of Complaints at Ombudsman
(a)	Notification received that an investigation is being conducted	15
(b)	Notification received that an investigation is not being conducted	29
(c)	Decision letters received	18

Of the 18 Decision Letters received from the SPSO it is noted that only 4 cases were fully upheld.

2019/2020 – SPSO Outcomes		Total No of SPSO Outcomes
(a)	Fully upheld	4
(b)	Partially upheld	7
(c)	Not upheld	7
(d)	Withdrawn	1

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 decisions on it do not raise public interest considerations

1.7 Indicator seven: Average times

The indicator represents the average time in working days to close complaints at stage 1 and stage 2 for 2019/2020. See below a breakdown of complaints managed and resolved at each stage of the Complaints Handling Procedure.

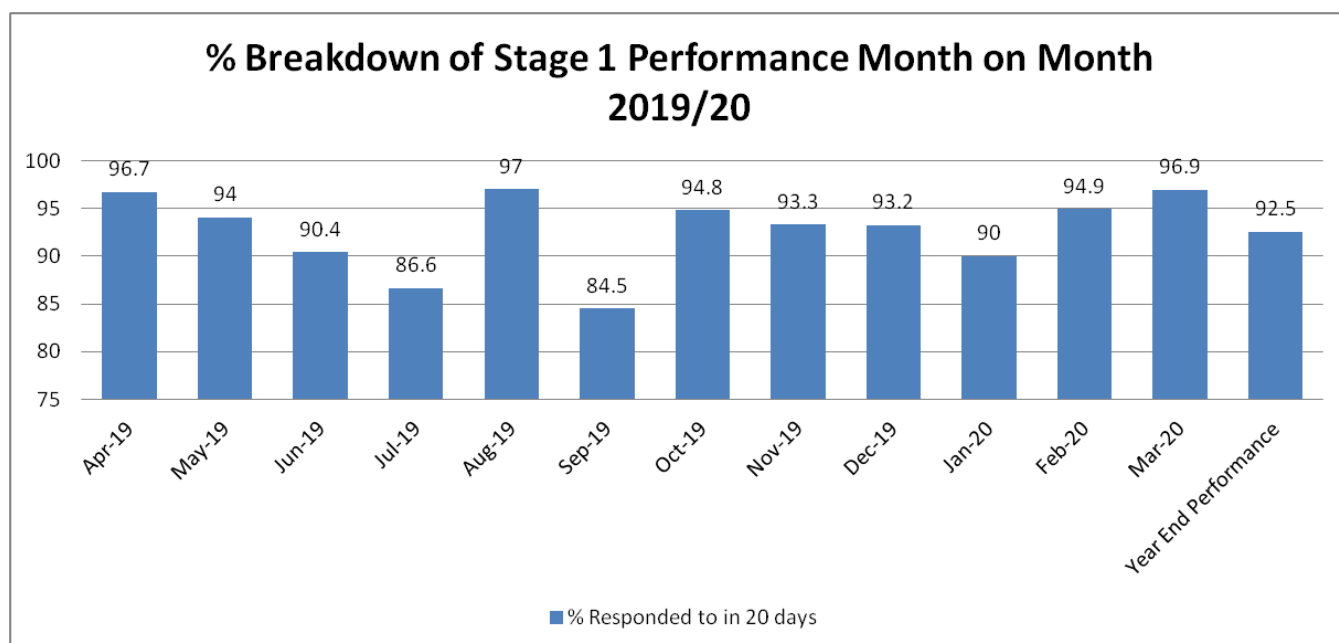
Complaints Stage	Average Number of days to respond to complaints
Stage 1	3 days
Stage 2	21.9 days
After escalation	16.7 days

1.8 Indicator eight: Complaints closed in full within the timescales

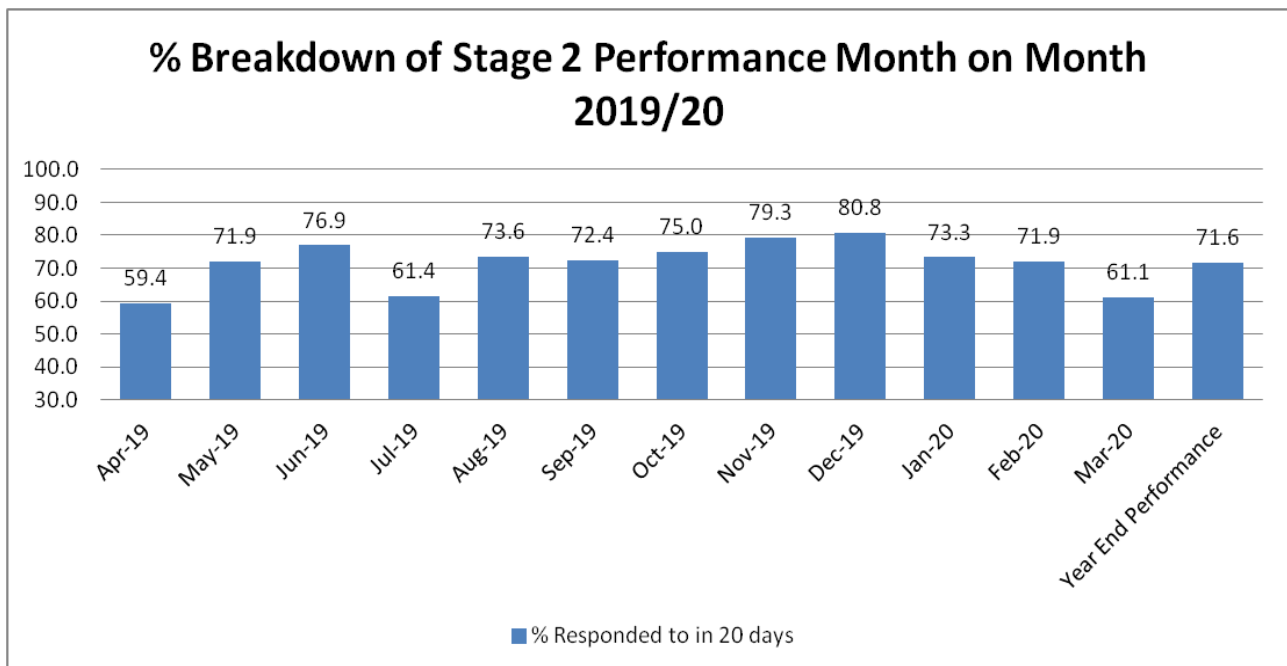
NHS Forth Valley achieved an overall performance figure of 88.2%, in responding to complaints within 20 working days. A total number of 1764 have been investigated and responded to during 2019/2020.

Through ongoing awareness raising and the Patient Relation Officers supporting staff to manage complaints under the Stage 1 process (0 to 5 days) local resolution, NHS Forth Valley continues to see a rise in the number of complaints being managed under Stage 1 resulting in the overall rise in the number of complaints being recorded.

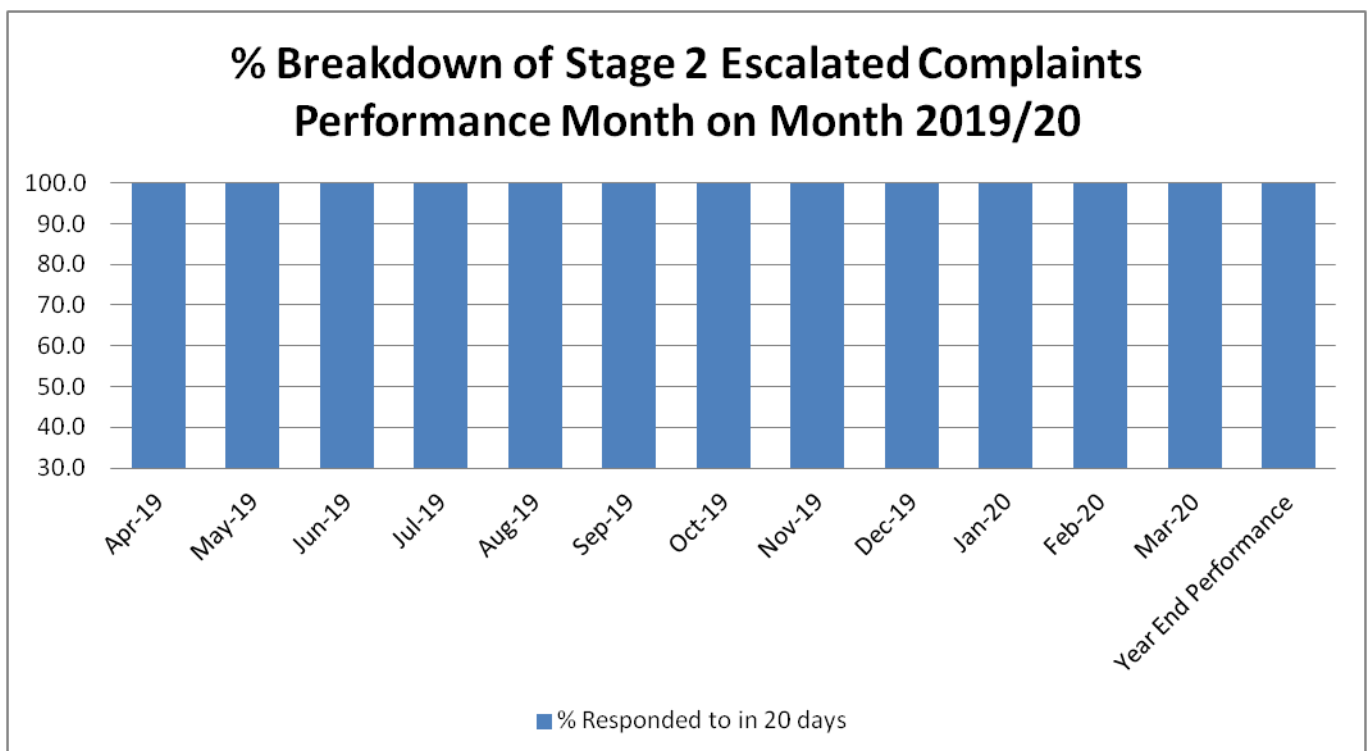
The table below provides a breakdown of the complaints investigated and responded, this has been broken down into Stage 1.



The table below provides a breakdown of the complaints investigated and responded, this has been broken down into Stage 2.



The table below details the number of complaints escalated from a stage 1 complaint to a stage 2 complaint and closed within 20 working days. The overall performance figure for 2019/2020 is 100% in respect of escalated complaints.



The Patient Relations Team continues to have daily huddles to discuss all live complaints, SPSO requests/recommendations, meetings planned with patients, families and carers. The purpose of the huddle is to identify any areas that may be of concern, and escalate

the concerns within the services to put in place the processes to resolve the issues or delays.

A process is in place for services to meet with the Patient Relations Lead providing an opportunity to discuss areas of concern and prioritise where there may be delays. This gives the team and the leads from the services an opportunity to put in place any actions to resolve issues.

Additionally the Patient Relations Team welcomes contact from all service managers which in turn provides an opportunity to discuss their complaints portfolios. This is a proactive and recommended process which improves performance and outcomes for complaints handling.

Detailed reports are provided to the clinical services which are reported through their local governance structures.

1.9 Indicator nine: Number of cases where an extension is authorised

NHS Forth Valley aims to respond to all complaints within the required timescales, however, when we are unable to meet a timescale it is important that we enact our process for escalation 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 granted:

Complaint Stage	Total number of complaints at each stage	Number of authorised extensions	% of authorised extensions
Stage 1	951	76	7.9%
Stage 2	813	219	26.9%

3. Independent Contractors

The requirement to record and report on complaints applies equally to all primary care service providers. NHS Forth Valley has ensured that arrangements are in place for all contractors to comply with this requirement enabling them to provide information on their performance. It is important to note the clear differentiate between the Board and its contractors, this section of the report provides an opportunity to share the key performance indicators 5 and 6 which are the 2 key elements relevant to independent contractors. Independent contractors include General Practitioners, Dental Practices, Ophthalmic Practices and Community Pharmacies.

General Practitioners

In Forth Valley there are 55 GP Practices, 51 are independently managed practices, and 4 are directly managed by NHS Forth Valley. The figures presented reflect the 51 independently managed practices. The total number of complaints received for 2019/2020 is 53 with a 20 day response rate of 94.3%.

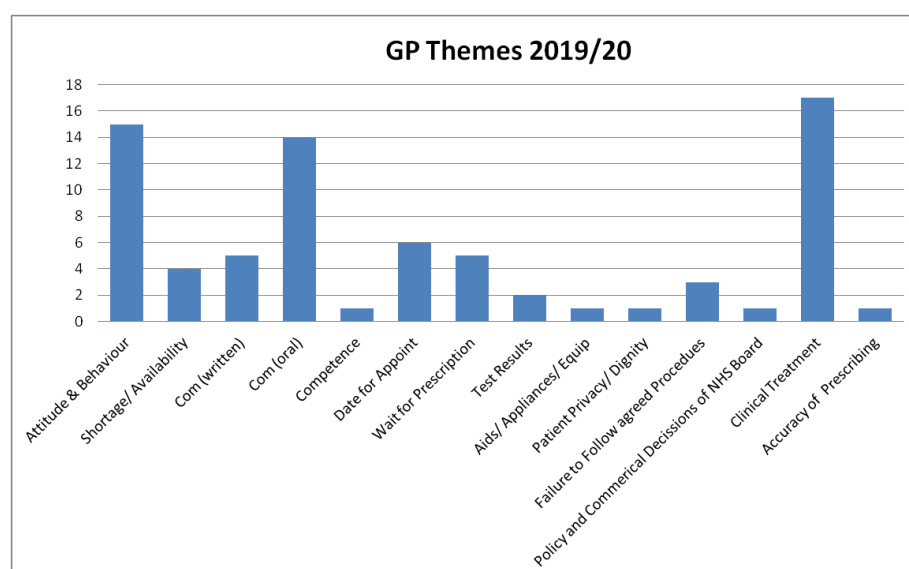
For reporting purposes it is important to note that Independent Contractors information allows us to report on Key Performance Indicator 5 and 6 only:

Indicator 5 It has been reported by the practices that 28 stage 1 complaints and 25 stage 2 complaints have been received.

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

- **Upheld – 10**
- **Not upheld - 21**
- **Partially upheld – 16**

It is noted that only 24 General Practitioners responded and provided information for purposes of reporting from the 51 practices across Forth Valley. The graph below highlights the complaint themes from GP Practice complaints.



Dental Practices

In Forth Valley there are 45 dental practices, the total number of complaints received for 2019/2020 is 3 with a 20 day response rate of 100%

Indicator 5: It has been reported by the Practices that 3 stage 1 complaints and 0 stage 2 complaints have been received.

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

Upheld – 2

Not upheld - 1

Partially upheld – 0

It is noted that only 11 Dental Practices responded and provided information for purposes of reporting from the 45 Dental Practices across Forth Valley.

Community Pharmacies

In Forth Valley there are 76 Community Pharmacies, the total number of complaints received for 2019/2020 is 185 with a 20 day response rate of 96.2%.

Indicator 5: It has been reported by the Practices that 109 stage 1 complaints and 76 stage 2 complaints have been received.

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

Upheld – 178

Not upheld - 7

Partially upheld – 0

It is noted that only 24 Community Pharmacies responded and provided information for purposes of reporting from the 76 Community Pharmacies across Forth Valley.

Ophthalmic Practices

In Forth Valley there are 55 Ophthalmic Practices, the total number of complaints received for 2019/2020 is one with a 20 day response rate of 100%

Indicator 5: It has been reported by the Practices that 1 stage 1 complaint and 0 stage 2 complaints have been received.

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

Upheld – 1

Not upheld - 0

Partially upheld – 0

It is noted that only 7 Ophthalmic Practices responded and provided information for purposes of reporting from the 55 Ophthalmic Practices across Forth Valley.

4. Feedback, Comments, Concerns & Compliments

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 across NHS Forth Valley and further details of the undernoted methods is provided:

- In-patient Experience Surveys
- Patient Public Involvement
- Recognising Volunteering
- Patient Stories
- Care opinion
- Feedback Cards
- Care Assurance
- Compliments
- Web based Safeguard System
- Social Media
- What Matters to You?

3.1 In-Patient Experience Surveys

NHS Forth Valley uses a patient experience questionnaire to identify areas for improvement in care and treatment for our patients. The questionnaires are used in all acute inpatient, Community Hospitals and in-patient mental health areas. Each ward asks 5 patients per week who are being discharged from hospital for feedback about their care experience. This enables us to gather real time feedback at the point of care which in turn provides valuable data for us to analysis, interpret and respond.

The data gathered is analysed by the Senior Charge Nurse to identify areas of good practice and improvement required. This data is displayed within clinical areas where patients and visitors can see what improvements and good practice.

The data gathered is part of an Assuring Better Care Programme in which the information captured within the patient experience survey informs a balance scorecard for the Senior Charge Nurse. The Head of Nursing works with the Senior Charge Nurse to analyse the information captured including patient experience. This meeting identifies local issues and themes enabling improvement plans to be put in place, if required.

In a number of ward areas, Patient Experience Volunteers have been engaged to support patients to complete the surveys which are anonymous. Engaging the Patient Experience Volunteers to gather the feedback allows the patients to feel more relaxed when completing the survey, they feel are able to be more honest with their comments. The volunteers are then able to flag up any issues directly with staff at that moment in time with

the permission of the patient. This promotes local resolution of any issues and for patients to feel re-assured that we are listening and understanding what matters to them.

The top 3 themes of good practice for April 2019 to March 2020 included:

- Patients felt welcomed when they arrived on the ward
- Patients were involved in decisions about their care and treatment as much as they wanted to be.
- Patients had privacy when care was being delivered

The top 3 areas for improvement during April 2019 to March 2020 include:

- Patients did not know who was in charge of their care
- Patients were not happy with the food and drink
- Patients were not provided health and wellbeing advice

Short life working groups were set up with key members of staff to review the findings and look at what improvements could be made.

Changes have included:

- Patient information boards detailing who the SCN of the ward is and which staff are responsible for the patient's care. The boards also provide an opportunity to capture "What Matters To the Patient" acknowledging our commitment to provide truly person centred care.
- During 2019/2020, our Health Promotion Team continued to work with SCN within the wards to review and improve the information we give out to patients regarding their health and wellbeing. With a particular a focus on information provided to patients and families at the point of discharge. It is vitally important that patients have everything they need in terms of support for health and wellbeing.
- There has been a lot of work to date working with our SERCO partners around the food and drink we provide to patients in our care. SERCO are invested in ensuring that patients have food and drink that meets their needs. Staff focussed on patients who have a longer stay in hospital with the aim of patients having access to more bespoke breakfast items as well as having themed special menu events.

Patient & Public Involvement

Patient Public Panel

NHS Forth Valley continues to be invested and engaged in patient and public involvement and are very proud of the partnership working we have established since 2004. The Patient Public Panel (PPP) continues to be an integral part of the core business of NHS Forth Valley and examples of their work to date are many and varied. Their support around governance, improvements, change, and development are a valued and an imperative part of providing views from the wider public. It is important to note that the PPP are a dedicated and committed group representing patients and the public on a volunteer basis which brings a perspective from their experiences and communities.

PPP Leaflet Task Group

There are many successful accomplishments of the PPP including the Leaflet Task Group. When patient leaflets are being designed it is important that the language used is clear and easily understood with limited technical terms. The group review leaflets and give vital feedback, ensuring the documents/patient information is presented in way that is clear and easily understood.

The PPP members also participate in a wide range of local and national forums putting forward the perspective of patients, carers and the public.

Service Support

Our PPP members offer a wide and varied service, and an example of just one of these areas is to provide value and perspective to established meeting groups within services throughout the organisation. It is vital that a public perspective is represented at core business groups for example, Person Centred Steering Group and Clinical Governance Working Group. The PPP are involved in many work streams where patient participation is essential, a prime example of this is the emerging COVID-19 work streams. NHS Forth Valley are committed to engaging patient and public involvement representatives when new and vital services are being redesigned and developed, it is crucial to ensure that services reflect the need of the patient and head the voice of its service users.

Recognising Volunteering

Volunteers are at the heart of what we do and it is important to recognise the value of the role our volunteers play within NHS Forth. Our volunteers work tirelessly, generously in their own time to support and augment the services our staff provide to patients, families and carers. An annual programme of celebrating our staff within NHS Forth Valley invites staff, patients and the wider public to nominate a volunteer to receive the Volunteer of the Year Award. A Celebration event was held in November 2019.

The winner of the 2019 Volunteer of the Year was RSVP: Audiology Department Volunteers. This is a group of 19 volunteers who support the Audiology Open Access Service. The volunteers support patients with hearing aid maintenance and care as well as being a great support to the audiology staff. The volunteers run 12 sessions every week at Falkirk, Stirling and Clackmannanshire Community sites, where they can see up to 90 patients in 3 hours. The sessions are coordinated in such a way that a volunteer is available at every clinic. This programme of open sessions is only one of its kind in Scotland and provides urgent help and support for hearing aid issues which avoids unnecessary delays.



Patient Stories

To truly capture an individual's experience NHS Forth Valley actively encourages, patients, carers, families and staff to share their stories, and during a patient's journey staff actively engage directly to offer an opportunity to share their care experience and contact is made with the Person Centred Team to capture this. The stories are captured using a range of formats: transcribing stories, digital recordings, voice-overs, face-to-face interviews.

When a story is told by an individual from their own perspective in their own words it provides us with an opportunity to understand their healthcare journey.

The stories are used across NHS Forth Valley, for staff training, development and promoting good practice. The use of patient stories along with other sources of data serves as a powerful tool to give insight into the care we deliver to our patients.

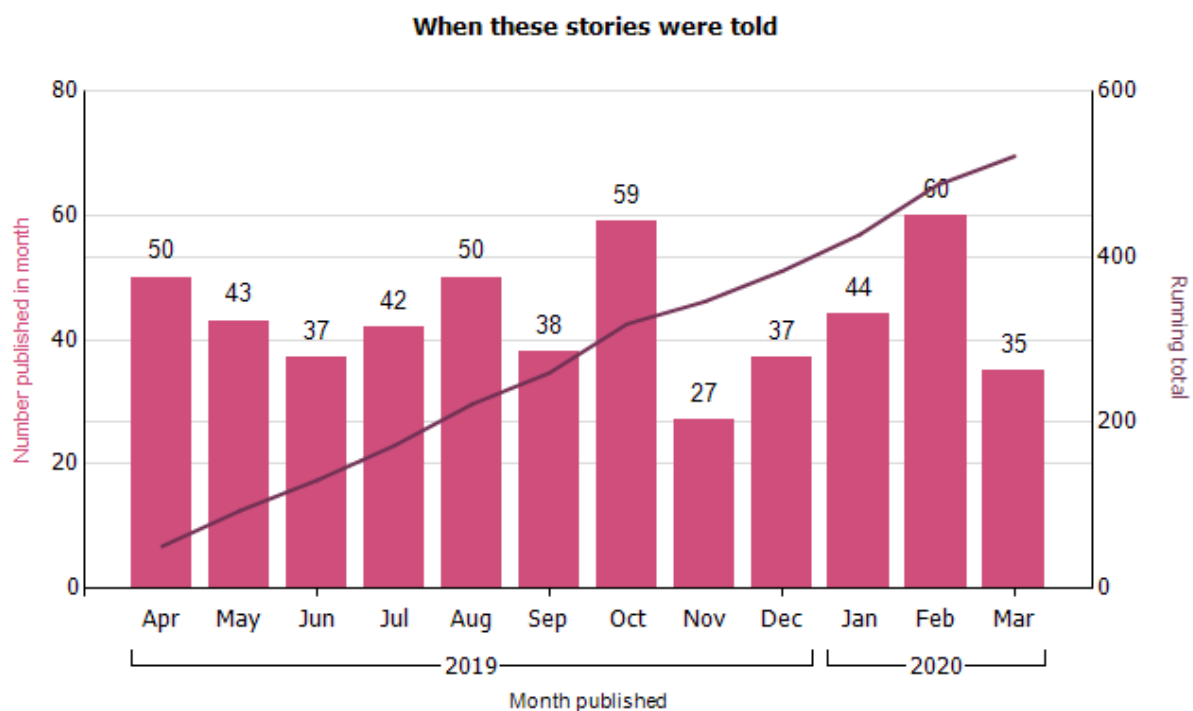
Care Opinion

Care Opinion is an independent online forum where individuals that have had a healthcare experience can share their story anonymously.

NHS Forth Valley through the use of Care Opinion has demonstrated this is an effective mechanism to support staff to listen, learn and make improvements based on direct feedback, it also highlights to staff the impact they have on patients and their families/carers in a real time way.

During 2019/2020, NHS Forth Valley identified a key objective to increase the number of Care Opinion experiences. A programme of training for staff to enable them to respond directly to Care Opinion was established to improve the quality and meaningfulness of the response relating to the person's experience. NHS Forth Valley now has 115 staff receiving and responding to stories, an increase of 20 staff. There has also been a further increase in the number of services now promoting and accessing Care Opinion.

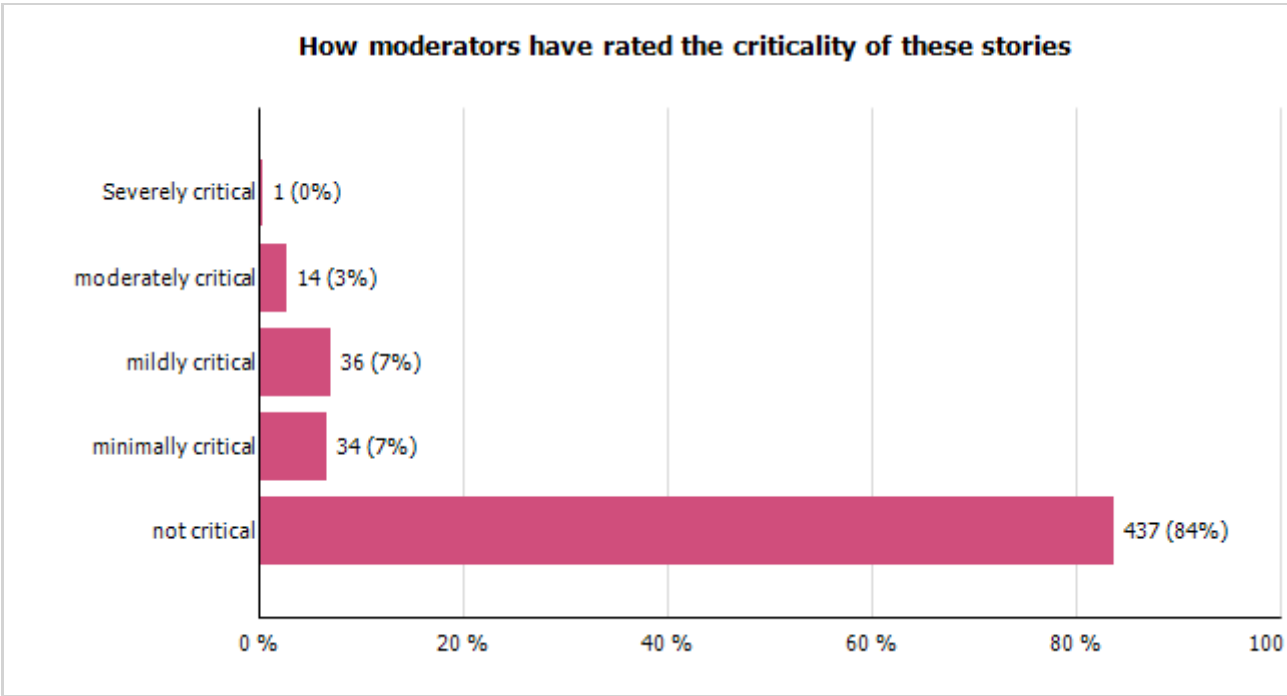
The diagram below details the number of stories posted about NHS Forth Valley from April 2019 to March 2020.



A total of 522 stories were posted these were read 64,265 times.

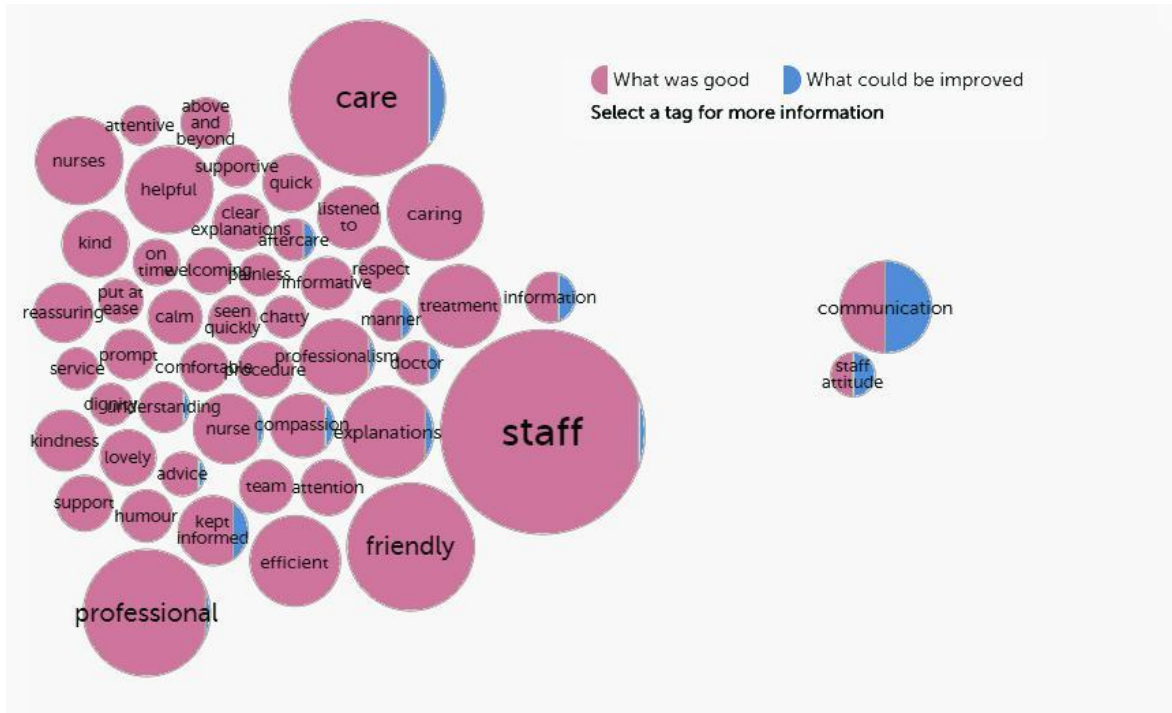
NHS Forth Valley have been top level performers in terms of receiving and responding to postings demonstrating their commitment to the individuals telling their story.

The chart below details how moderators at Care Opinion critically scored the stories, 84% of our stories posted are not critical in nature.



NB: criticality scores are assigned by moderators (not the public) to stories to support our alerting service. They are assigned *per story* not *per service*, so may reflect criticism of services other than your own. We provide them here purely for information, with these caveats in mind.

Care Opinion offers the opportunity to present feedback in a number of different formats. The diagram below shows “what was good” in **pink**, and “what could be improved” in **blue**. As highlighted in the diagram the feedback received has largely been positive.



Below is a small example of some of the stories posted on care opinion

I have a debt of gratitude for the standard and compassion

"I attended hospital in March for bladder resection surgery to a cancerous tumour which was quite an emotional experience.

In the anaesthetist's room before surgery, it was an unmanageable experience for me. One of the nurses Tracey was there and I have a debt of gratitude for the standard of compassion and care Tracey showed me for when I was being put under general anaesthetic.

I am also very thankful to another nurse, Laura who looked after me in ambulatory care ward following my surgery. I thank Laura for her compassion and helpfulness in making the uncomfortable and occasionally painful experience of bladder chemotherapy as comfortable as possible.

I would be grateful if you could acknowledge and pass on my gratitude to these two nurses and indeed all of the team at FVRH whom looked after me. All of whom are truly a credit to the Hospital."

Positive Experience

"I accompanied my dad to the rehabilitation clinic at Forth Valley Royal Hospital this week. He had a thorough review and subsequent explanation of his illness. He was not rushed and felt he had been listened to by the doctor. He has already begun to make the changes she suggested and is optimistic for the improvement - thank you. "

They are stars

My mum was in this ward for over 8 months and from the very first day to her last the staff treated my mum with respect, kindness, love and compassion. She had previously left hospital after a stay of 15 weeks unable to walk and on the second day in the ward, mum had the right equipment and physiotherapy to allow her to walk again. They guided our family through some difficult decisions with patience, advice and understanding. We were incredibly sad when Mum moved to a nursing home personally we would have preferred her to stay in the Ward, albeit we are happy with our choice. We cannot thank ward staff enough, you are stars.

A Massive thank you for the way you treated us

"Our Aunty was recently diagnosed with MND. She was admitted to Forth Valley Royal Hospital to be told that she had pneumonia. She was then sent up to the ward and within a very short time she deteriorated and staff from the palliative care was involved, a really nice person and got all the meds that our aunt needed to keep her pain free and settle, so thank you to all the staff involved and to staff in the ward. There is a A4 poster on the wall as you go into the ward "the ward philosophy", we as a family would like to say a massive thank you to everyone in the ward for the way you treated us, tea, coffee and biscuits, sorting chairs for the nights we were there, nothing was a bother. The charge nurse should be extremely proud of you all. Our aunty sadly slipped away. On behalf of the whole family a huge thank you for everything."

Feedback Cards

At NHS Forth Valley we rely on a number of different ways to gather patient experience and feedback, this includes our feedback cards which are available throughout our Acute and Community Hospitals and are also supported by our Community Nursing Teams.

The feedback cards provide patients, and individuals with an opportunity to tell us about their experience, and also make suggestions of how we can improve the service they are accessing. The feedback is shared with staff across the sites and is displayed to show what improvements have been made from the feedback. It is also an opportunity to celebrate the positive feedback, this gives people accessing services confidence in the care and treatment they will receive when they are a patient and gives visitors to our hospitals reassurance that their loved ones are being well cared for.

Below is an example of some of the comments we have received on the feedback cards and the improvements that have been made after receiving feedback.

To help us record the information and monitor what people are telling us, the data gathered is entered into the Risk Management System Safeguard.

The graph below gives a breakdown of the feedback themes during 2019/2020. As you can see by the feedback, those using the services are happy with the standard of care they receive and the facilities are of a high standard.



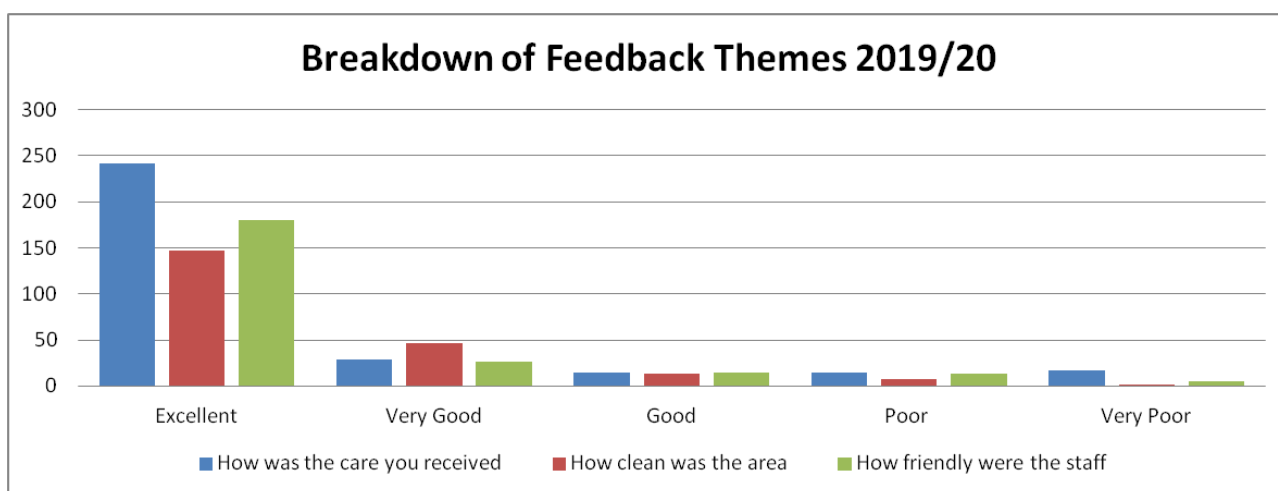
Ward/Department/Service _____		Date _____		
Q1. Are you a? (Please circle)				
Patient	Carer	Friend	Relative	Visitor
Q2. How would you rate the care you have received? (Circle)				
Very Poor	Poor	Good	Very Good	Excellent
Q3. Please rate the friendliness of the staff (Circle)				
Very Poor	Poor	Good	Very Good	Excellent
Q4. Please rate the cleanliness of the facility (Circle)				
Very Poor	Poor	Good	Very Good	Excellent
Q5. Please tell us about your experience				
Q6. 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 postcards include:



“First time here everyone was lovely, the nurse practitioner in particular was fabulous, and x-ray person superb, lovely reception staff. Would be good to have a TV in the waiting room, and something to tell you who is on duty.”

- “Can’t thank the doctors and nurses enough, so patient and kind in dealing with our son who is 3.”
- “I’m Welsh and the Scottish Patient Care was awesome!”
- “Efficient, Slick and professional, perfect service, everyone of the staff were exceptional”
- “Welcomed by a delightful nurse, fun and smiley, seen by a doctor who listened and was straightforward.”
- “Very efficient and extremely friendly and caring, they were lovely.”
- “Staff were very caring and empathetic with my son, TV in waiting room and magazines would be useful to pass the time.”
- “First time here everyone was lovely, the nurse practitioner in particular was fabulous, and x-ray person superb, lovely reception staff. Would be good to have a TV in the waiting room, and something to tell you who is on duty.”



Care Assurance

There are many ways in which we capture feedback from patients, families and loved ones. Within NHS Forth Valley the Assuring Better Care Programme is an assurance process that captures real time care standards through an auditing framework.

The Executive Nurse Director for NHS Forth Valley has developed and implemented this framework successfully and an important key element of the framework is capturing feedback from patients, relatives and carers. There is a care assurance programme in place that involves Senior Nurse Leaders undertaking assurance visits through a set programme that utilises a framework of standards that provides real time feedback to the Senior Charge Nurse of the ward. This information forms part of the Balance Scorecard.

The Senior Nurse values the opportunity of speaking with patients, relatives and carers giving them a real understanding of the patient's journey through their healthcare experience, this informs a key element of the care assurance programme and the feedback is used to enhance care and celebrate good practice.

Compliments



Clinical areas and departments receive compliments in a number of ways, this includes thank you cards, letters, emails and telephone calls. The feedback is displayed within their areas, they also discuss the feedback at their morning huddles, this has a very positive impact on the staff, gives them a real understanding of the impact they have on patients and their families. The compliments are captured on our safeguard (complaints management) system. We also on a number of occasions been able to develop some of the letters of thanks into patient stories, which are shared across NHS Forth Valley.

Below is a small example of the compliments we have received during 2019/2020:

Compliment 1

"My Granddaughter unfortunately had a seizure at school and her face was a mess, a broken tooth and split lip with abrasions on her nose, just under her nose and forehead. We went to A and E in Larbert where we were quickly seen, this was Thursday 21st November. She had an X-ray and very good care from the doctor and nurses. We had to return early on Friday to be seen at the maxillofacial dept. During our time there the doctor's nurses and everyone we came in contact with were marvelous cheerful and very understanding, she had to go to theatre to get her lip stitched she is a child with complex needs. The aftercare in recovery was brilliant and I and my family are very grateful, it was a long day but well worth it. Please let the departments concerned know how wonderful they all were. In the world we now live in its so easy to criticise. Many thanks to our marvelous NHS."

Compliment 2

"I have needed to visit the OPAT treatment room every day for over 6 weeks. I'm not new to receiving hospital treatment but I'm compelled to say that OPAT afforded me the most professional, caring and individual service that I have ever received from the NHS. The managers and administrators within the NHS should leave their offices for half a day and visit OPAT to see firsthand just what a caring and successful front line service looks like. Well done the nurses and doctor at OPAT, I'm now once again a NHS cheerleader!"

Compliment 3

"On the 25th November 2019 I suffered a heart attack and went to Forth Valley Royal A&E throughout the following week I was admitted to the Acute Assessment Unit, then on to Cardiology, from there I went to Glasgow for final treatment.

I feel that in life people are quick to complain and not enough praise is given where it should be. To say the care I received in FVRH was first class is an understatement. Every single person I came in to contact with was excellent and so very professional at what they were doing. I am only sorry that I cannot remember everyone's name to give them a mention and I feel it would be unfair only to mention the names I can recall.

Everyone from A&E, AAU and Cardiology, thank you very much for looking after me so well. I am now on the mend thanks to all of you lovely people and I will be forever grateful"

Web Based Safeguard System

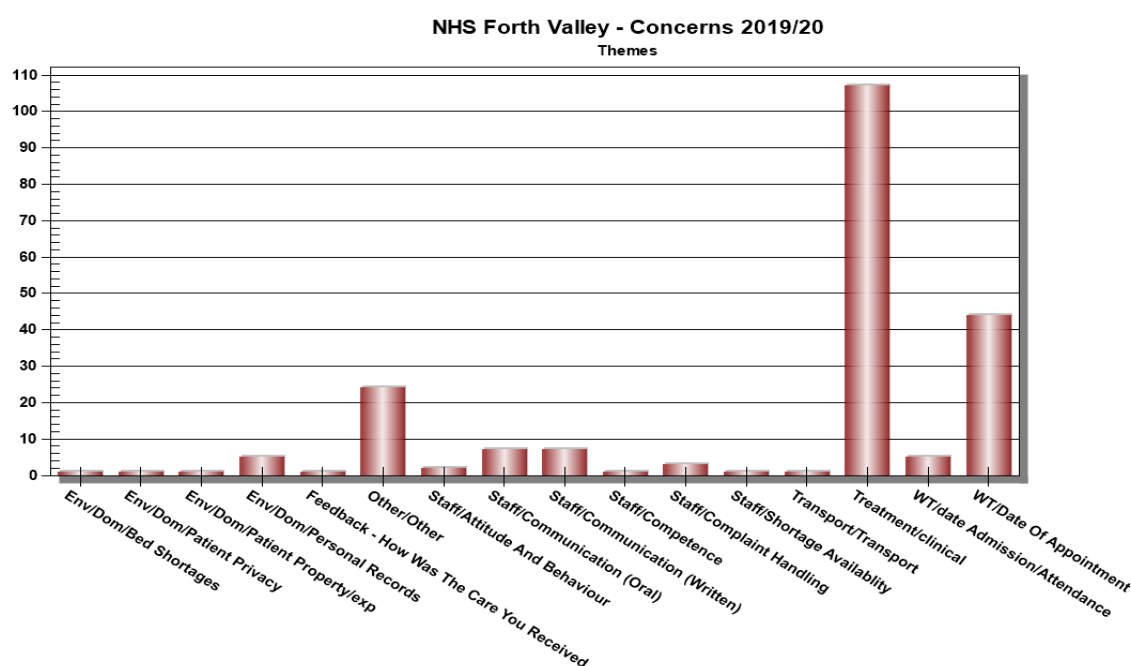
We have continued to make progress this year in capturing and recording Feedback, Comments, Concerns, Compliments and Complaints to produce robust reports to influence service changes and improvements. Whilst this is managed centrally, wards and departments including the Prison Healthcare Service can input data locally. In addition, the data from the system is fed into the Nursing dashboard, this informs the wards/departments of their activity around feedback encouraging and promoting ownership within the clinical teams. Feedback cards are widely available for patients, families and carers to complete.

Concerns

NHS Forth Valley continues to capture concerns and to date 208 concerns have been received for 2019/20 which is a 60.3% decrease (137 concerns) in the number of concerns received compared to the previous year. NHS Forth Valley has a real ambition to actively listen to patients and their families experience whilst in our care and will continue to work tirelessly to embed the Complaints Handling Procedure with a real emphasis on continuous improvement in a real time manner whilst capturing concerns and complaints raised through the stage 1 process.

A breakdown of the top 3 themes from concerns are:

- Clinical Treatment
- Waiting Time/Date of Appointment
- Other – ISD Code is not available through safeguard to capture detailed information regarding issues raised out with the set themes.



Social Media



Social Media & Website Feedback

NHS Forth Valley encourages patients, families, carers and staff to provide feedback through social media and we continue to see a growing rise in the amount of feedback we receive through these digital channels.

To highlight some of the feedback and comments we receive, our Communications Department share feedback on our social media channels every Friday (*#FeedbackFriday*). This initiative helps recognise the work of local staff and services. Additionally it provides a platform to strike up a conversation and generates increased feedback, with many patients also sharing their own comments and experiences of the services being highlighted. Staff often tag their colleagues in the posts making them feel valued and appreciated. It also helps enhance the reputation of local staff, services and the wider organisation - patients often mention that it's nice to see positive comments about the NHS instead of some of the negative coverage in the media, these provide a much fairer, more accurate view of the NHS.

We also have a short online feedback form on our website www.nhsforthvalley.com/feedback which encourages people to share their healthcare experiences. This is shared with staff to inform and recognise good practice and boost staff morale. In 2019/20 we received 191 compliments via the feedback form on the website.

See below some examples of the feedback we have received through social media and our website.

My mother was admitted to hospital a few days before her 90th birthday. Obviously this was very distressing and upsetting to be in hospital for her on her birthday.

However staff on ward B12 at Forth Valley Royal Hospital went above and beyond to make her day extra special by arranging a birthday cake.. Balloons etc and giving my mums many visitors tea.. Coffee.. Etc..

Our family can't thank the ward staff enough for what they did for my mum they made a miserable day very happy for her and we are eternally grateful.

Thank you so much again.



#Feedback
FRIDAY

7 comments 18 shares

Avril Well done to you all x

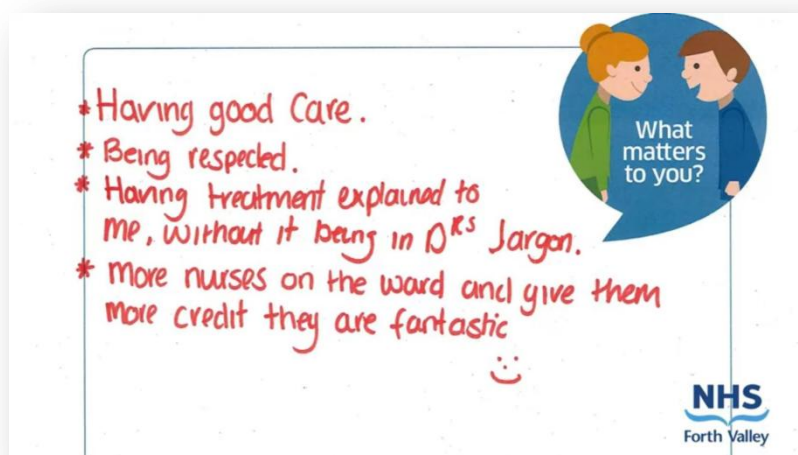
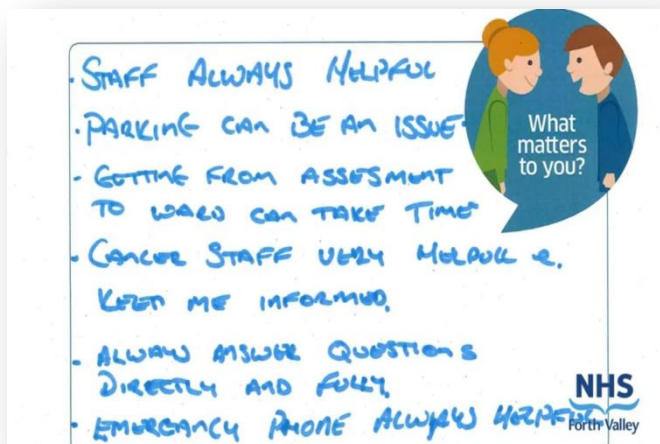
What matters to you?

What matters to you day is an annual event that takes place on 6th June, supported by Healthcare Improvement Scotland. It provides an opportunity to encourage and support more meaningful conversations between people who provide health and social care with individuals, families, and carers who receive care, shifting the focus from “what’s the matter with you?” to “what matters to you?”.



Tea for 2 -....Tea and a Blether

Following on from the success of Tea, Cake and a Chat the previous year, we decided to do the same again, but share the concept wider and invited our Community Hospital and Mental Health Wards to participate, our Health and Social Care Partners were also invited, the suites at Bellfield Centre, Stirling participated. Family, friends and loved ones were invited to come along; it was a great opportunity for staff to be able to take time to listen through meaningful conversations. From the feedback gathered over the different events, a short film was developed to share what people were saying on the day.



Falkirk Community Hospital – Learning from Feedback



NHS Forth Valley's Senior Leadership Team at Falkirk Community Hospital have taken the opportunity to take a refreshed approach to listening and learning from feedback and complaints, and for this to have a more focused role in the Senior Charge Nurse (SCN) portfolio with a real emphasis on utilising feedback for improving and assuring quality of care. The Team created a culture of "putting patients and their families at the heart of everything we do", listening and learning from all

feedback and complaints are an essential element for the refreshed ways of working.

The Senior Leadership Team met with all the SCN's in the hospital to agree a planned approach and to identify the key priorities moving forward. Details of the priorities are shared below.

- The SCN's were asked to have an improved proactive and responsive approach to provide feedback opportunities in their wards. For example, the SCN is expected to have a visible interactive role with patients and their families and that staff within the ward deliver care that is proactive and receptive to both patients and family's needs. Utilising documents such as "getting to know me" and "what matters to me?" to influence person centred care whilst strengthening and improving the way we gather feedback. Evidence shows that this approach directs and influences the care and services we deliver.
- The Senior Leadership Team have taken time to reflect on all complaints for Falkirk Community Hospital over the last three years, this has been an invaluable opportunity for newer members of the senior team. It is vital that learning and changes we have committed to as part of the complaints and governance process are in place, established and embedded in our processes.
- The Team have committed to being pro-active and responsive to feedback and complaints ensuring contact information for all our SCN's is displayed throughout the community hospital. This means the Senior Charge Nurse Team are easy to contact and easily identified within the ward.
- The Clinical Nurse Manager is based on site ensuring she is visible and available. This has been a positive step in enabling real time resolution and support for patients and families who have feedback and concerns. Additionally, if a formal complaint is made the Team are keen to meet with the complainant as quickly as possible to acknowledge we are listening and taking their concerns seriously as well as responding to their concerns.

Some examples for changes that have been made in response to complaints and feedback are noted below:

- New information boards have been provided at patient's bedsides called “getting to know me” boards which provides an opportunity for staff to capture key elements of what is important to patient's whilst in our care, this helps us to deliver care in a more person centred and individualised manner.
- We are continually monitoring documentation standards to improve the quality of information we capture when caring for patients. The SCN's now complete audits both within their own wards and carry out peer audits to monitor the quality of assessments that directly influence the care we deliver. Additionally, a monthly detailed audit of documentation is taken by a member of the Practice Development Team, this has proved very successful in steering the Senior Charge Nurses towards areas of good practice and improvement.
- In response to feedback we have painted and decorated the ward areas in FCH, providing a brighter environment and an opportunity to have new notice boards with staff photographs including the Clinical Nurse Manager. This has made a difference to families visiting the wards. In addition we have made changes around making a safer environment for patients.

Falkirk Community Hospital shares an ambition and desire of the Senior Leadership Team to ensure patients and families are within our hearts and minds in providing a strong and dedicated team to deliver safe effective person centred care. Creating a culture of listening to what matters to patients and their families is vital to staff within all our community hospitals and we will continue with a programme of work over the coming year to take forward a number of initiatives to keep clear focus on our ambition.

The image shows a 'Patient Information Board' for a patient named Agnes Todd. The board is divided into six colored sections with handwritten information:

- My Name:** AGNES TODD
- What matters to me:** (Contains a small blue star sticker and a red maple leaf sticker)
- What I like to be called:** AGNES
- What I like:** Black coffee or Tea.
- Alerts:** FALLS. WZF AST x 2 tends to fall back.
- What I dislike:** EXTRA SALT

Patient Information Board

Improvement – Case Study – Activity Coordinator Pilot

Situation

Within NHS Forth Valley we have 2 dementia specialist wards, one in Falkirk Community Hospital and the other in Bo'Ness Community Hospital. Ward based staff incorporate meaningful activity for patients into their daily routines, however this was neither structured nor consistent and not person centred. Feedback from families visiting their loved ones when asked for feedback said they found visiting to be upsetting at times.

Action

Short term funding was secured to facilitate a 6 month trial of an Activity Coordinator based at Bo'ness Community Hospital. It was vital that during the six month trial period an evaluation was undertaken on the pilot scheme to capture the benefits of having a dedicated Activity Co-ordinator within a complex needs unit.

To identify and plan what would be required and be of benefit to individuals, discussions were held with the patients and their family members to find out what their likes and dislikes were and any hobbies or interests they had to enable a truly person centred and personalised activity programme to be developed for each of the patients.

The activities developed included a mixture of 1:1 and group work where relatives were also invited to participate in. The activities were not confined to the ward area, outdoor and surrounding areas were regularly utilised. The local dementia cafe became a favourite place for a number of the patients to visit, which has been of great benefit to them improving their social skills.

Individual assessments of patient presentations and reactions were gathered pre and post activity. All patients appeared to respond positively and were able to engage at some level due to the activity being designed for their individual needs.

Results

There have been many benefits since the pilot, which include

- Patients are more engaged
- Improved visiting time with family members
- Reduction in falls – no falls with harm were reported for the duration of the pilot
- Reduction in the antipsychotic medication being prescribed.

Family Feedback

Following the introduction of the Activity coordinator families were invited to provide feedback:

- “I haven’t seen him that happy or excited in a long time, it meant the world to have that moment with him again.”
- “Anything that stimulates the person in any way has an uplifting effect on both the patient and the visitor.
- “Enjoyed seeing him more happy”
- “Visiting is more pleasant”
- “The activities have changed the ward for the better”

Staff Feedback

Staff were invited to provide feedback and were asked to share their thoughts on the role of the Activity Coordinator, and the impact this has had on the patients and ward. The main themes from staff were that it had been a positive experience for the patients, promoting and enhancing person-centred care, having an Activity Coordinator on the ward is a crucial part of the team. Staff felt inspired by the positive outcomes from activities introduced, staff commented that they would take part in activities with the co-ordinator as a way to de-escalate a situation around stress and de-stress.

Outcome

Following the success of the pilot funding has been approved to provide an Activity Coordinator post for each of the Dementia Specialist Units, an Activity Coordinator has been recruited for one year through the Social Care Partnerships.



INTERNAL AUDIT

As part of our organisation's internal auditing programme the Internal Audit Team conducted an evaluation of NHS Forth Valley's implementation of the Complaints Handling Procedure. The Internal Audit Team focussed on 3 main areas from the procedure as noted below:

- Complaints are dealt with in line with the National Complaints Handling Guidance.
- Complaints are appropriately recorded, analysed and reported in a meaningful way, and effective governance structures are in place.
- Learning from complaints is shared effectively across the organisation, and robust management of complaints leads to the implementation of service improvement.

Following the review and evaluation a report was commissioned for the Chief Executive. This identified areas of good practice and recommended 4 areas of improvement which were categorised using a scoring system. The 4 areas of improvement were categorised as green indicating that there were general areas of good practice but an action was advised to support the improvement of operational efficiency.

In response an improvement plan was developed to provide assurance of improvements with a process of close monitoring for completion. This work has been led by the Head of Person Centred Care. To date, 3 out of 4 actions have been achieved with one action progressing towards completion. This action requires engagement from all services across NHS Forth Valley to improve the way learning from complaints is captured and shared.

The evaluation of the implementation of the Complaints Handling Procedure has been a welcome opportunity to implement changes and gives assurance that NHS Forth Valley clearly complies with the Complaints Handling Procedure following guidance from the Scottish Government.

Next steps

This section of the report provides an opportunity to reflect in all that we have achieved as a Board in terms of our response to the Complaints Handling Procedure. On reflection, it is important to note our ambition as a Board is to continue to listen and learn from patients who have received care in our services. We continue on the journey of improvement and detailed below are our next steps to success.

- We will explore new and innovative ways of gathering feedback, comments, concerns and complaints utilising technology.
- We will develop the Nursing Dashboard to ensure there is a comprehensive way of sharing feedback from patients from our many platforms in an innovative and interactive way.
- We will test ways to develop a platform for virtual family meetings that is supportive, engaging and person centred, acknowledging that IT can be a barrier.
- We will continue to have a focus on improving the quality of responses we share with patients and families, reducing the number of SPSO cases that are upheld.
- We will continue to focus as an organisation on the ways we capture and evidence the learning from feedback.
- We will monitor the number of face to face meetings we undertake within the organisation to enable us to enrich our data collection.
- We will develop a range of training materials and opportunities focussing as an organisation on how we respond to complaints and concerns but more importantly how we pay particular attention and focus on reducing the top 3 themes of complaints.

It is important to note on reflection of producing this report, this is an opportunity for NHS Forth Valley to convey our thanks to the contributors of the report, but equally as important are the staff of NHS Forth Valley who take pride in working alongside patients, families and carers.