



Patient Experience and Feedback

Annual Report 2023 - 2024



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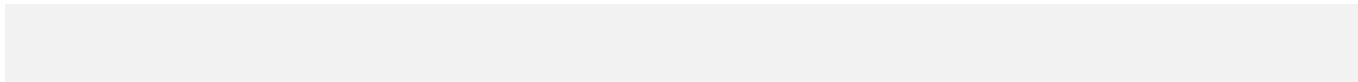
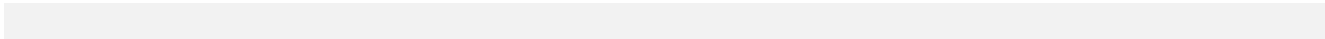
Published Month Year

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Introduction

Person-centred Care

Person-centred care is about ensuring the people who use our services are at the centre of everything we do. It is delivered when health and social care professionals work together with people, to tailor services to support what matters to them. It is about:

- Respect for patients' values, expressed needs and preferences
- Coordination and integration of care
- Communication, information, education,
- Physical comfort
- Emotional support
- Involvement of family and friends

How Do We Know We Are Getting It Right?

Defining the patient experience

Patient experience is based partly on the patients' and families' *expectations* of what is about to happen and the *cumulative evaluation* of their journey through our system. We have opportunities to delight or disappoint based on their clinical and emotional interactions with us, and their interactions with our staff, our processes, and the environment.

Measuring the experience

'Patient experience and feedback' is captured by a number of different methods, including:

- Care Opinion
- Compliments and comments
- Complaints
- Care Assurance processes, for example: Shadowing / observation; Walkarounds; 15 step Challenge
- Surveys (2023/24)
- Post discharge phone calls (2023/24)
- Social Media
- Advice & Advocacy Services

Improving the experience

It is important to analyse the data, identifying themes and any particular issues:

- Develop and share goals and targets based on data
- Lessons learned, improvement actions developed, successes celebrated
- Create an enabling infrastructure: Framework; Leadership; Education and training
- Engage staff, patients, families and carers in improvement work
- 'Warm welcome / fond farewell' (2023/24)
- 'You said... We did'
- Focus groups (2023/24)
- Initiatives, such as the Care Experience Improvement Model

Measuring the Experience

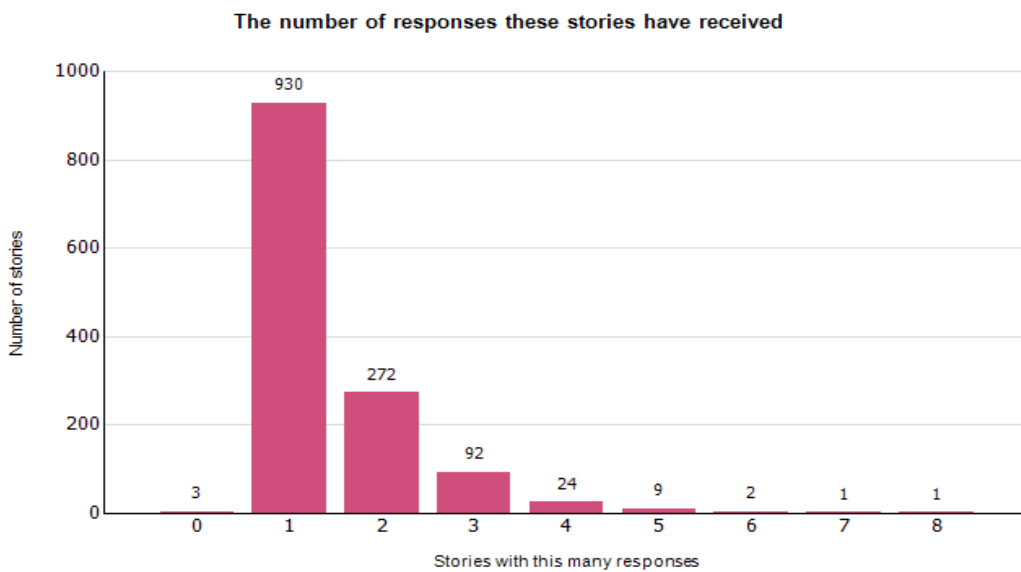
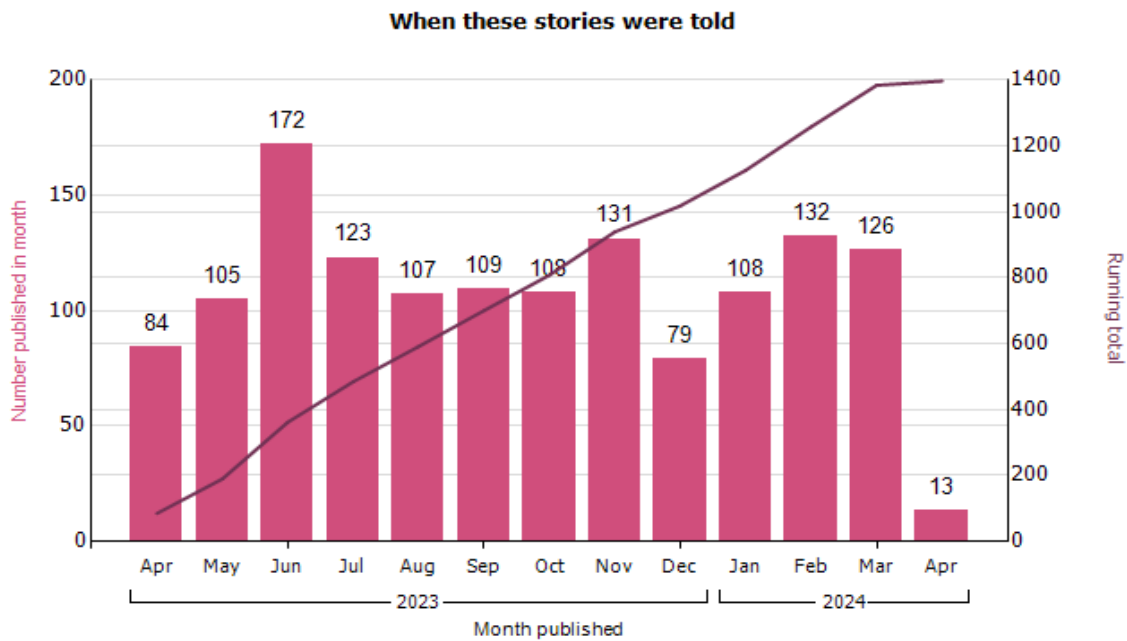


Care Opinion highlights the 25 organisations across the UK, with the highest number of staff listening, learning and making changes. NHS Fife is one of the top performing NHS Scotland Boards.

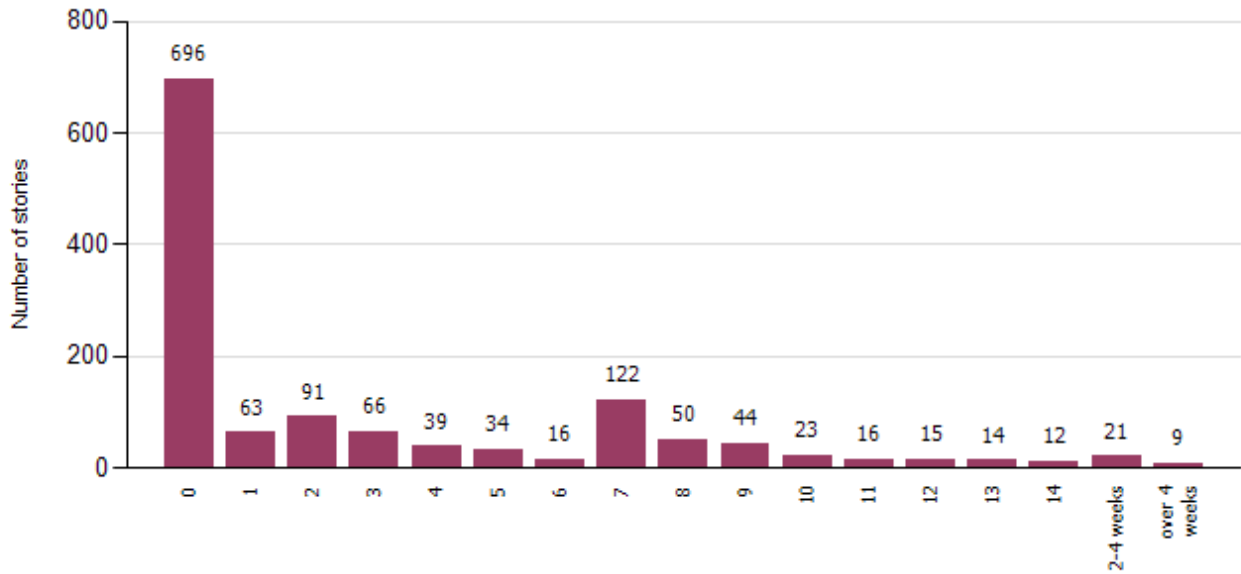
NHS Fife's Care Opinion highlights for 2023 - 2024:

- **1,397** stories, viewed **154,324** times in all
- **365** responders

The graph below shows the distribution of stories received between April 2023 and March 2024.



The number of days from publication until the first response to these stories



Number of days from publication until first response (stories with no response are not included)

In 2022/23 Care Opinion moderators rated the stories as:

- Not critical 83% (1160)
- Minimally critical 4% (53)
- Mildly Critical 9% (120)
- Moderately critical 4% (58)
- Strongly critical 0% (6)

Most common tags added by authors to these stories

<i>What's good?</i>		<i>What could be improved?</i>		<i>Feelings</i>	
staff	430	communication	65	Thankful	202
friendly	262	staff attitude	25	grateful	196
professional	236	waiting time	25	supported	170
nurses	204	information	16	reassured	162
communication	171	appointments	15	cared for	160
helpful	162	food	13	put at ease	145
level of care	160	waiting times	11	well looked after	119
caring	156	medication	10	relaxed	116
Care	144	not being listened to	10	informed	101
nurse	120	pain relief	9	comfortable	94
reassuring	120				

These are the two most popular stories, out of all the stories included in this report

Dads stay Ward 2 Glenrothes Hospital – 633 views

Posted by squeezey1 as a relative 11 months ago

My dad was admitted into ward 2 Glenrothes hospital in January this year having spent the previous 5 months in Victoria Hospital. My dad has several co-morbidities on top of this was diagnosed with hypo delirium and was recovering from a hip fracture he was refusing to eat and take his meds.

The difference in my dad since moving to ward 2 at Glenrothes has been incredible. He no longer displays symptoms of delirium, he is able to walk with a Zimmer frame, he is eating well, put weight back on and taking his meds.

I can not thank the staff enough for the care they have given my dad. The staff are always friendly, easy to approach and kept me updated with my dad's care.

My dad was in tears when he left the hospital as he said 'I will miss the staff'.

Thank you to all the staff for the excellent care you provided to my dad, even when he was challenging, you all deserve a medal.

Major trauma accident at work leading to 7 months in hospital - 536 views

Posted by lyrans97 a service user 1 month ago

I was seriously injured at my work last year. I was crushed by a concrete ceiling so I suffered a broken femur, broken pelvis, broken hip, dislocated shoulder, broken bones in face spine and torso. Also had severe chemical burns all over my body in particular my left arm. I was trapped under it and the pain I felt was unbelievable at the time, almost sending me into an immediate dream with the adrenaline. The boys I worked with first and foremost found me and helped immensely but I cannot speak highly enough of the emergency services who attended the scene and then managed to safely get me out, hose the cement off my body as best they could and then managed to somehow stabilize me enough to take me to the ERI.

I was in a terrible state, literally fighting for my life, but the service I got which saved my life I could not speak highly enough about. I was put in an induced coma ICU and the team working with me saved my life. They saved my eyesight by continually putting drops in and cleaning them. I got surgery to repair all my broken bones and then as the days went by I was more stable. They monitored everything exceptionally well, I had skin grafts done and was taken to St Johns. The burns were flushed and monitored as well as being woken up out of sedation. I had delirium and the nurses were amazing working with me to keep me calm and let me naturally come round whilst providing very good care and talking with family.

I was then transferred to the Vic in Kirkcaldy Ward 33. This allowed my body time to recover and rest. The team there gave me again excellent care, they were very good at working around my needs as I was bed bound and I was extremely sore and uncomfortable. They always checked in to see how I was along with visitors and made me feel safe again as going through the trauma I had, it was hard to feel safe and relaxed anywhere. I was put forward for physio and they got me out the bed into chairs using equipment and got me motivated to get better and see the long term goals that I wanted to set.

Finally I was transferred to the Queen Margaret ward 5 in Dunfermline. In my 4 months there I came on so much, the staff were truly unbelievable to me. They picked me up when I was down, kept me positive. They looked after me with the correct medication and just the all round general care was very very good. The staff were good at identifying any issues small or large that I may have had and they were just all round top people. The communication was very good which I was happy with and the kindness to family was great.

The physio team got me first into using aids, up on my feet and week by week I progressed reaching targets and aims set by the occupational therapy team who were also very good to me. They identified aims, they helped me with the practical basics in life and also got me the psychological help required, because as time went by I felt worse about being contained to a hospital. The physio also got my confidence up and helped reduce pain by intense stretching exercises, walking longer distances and helping me meet my goals such as being able to look after and get my bond back with my daughter. I did lots of weight training and strengthening and conditioning work, balance work and continuously walking to improve the pattern.

Then the major trauma pathway team, everyone I worked with were very good with passing information on and also looking at the best options for me. I have been discharged now and will continue to rehab with physiotherapy, plastic surgery appointments, ICAAS team and psychology. Major trauma link co-ordinator and my GP will also be involved with any follow up/check up appointments.

The staff all round at Queen Margaret even the charge nurses, everyone involved in my care, made me feel as at home as possible and did everything they could to help me physically and mentally continue to recover and I am so thankful for that.

Overall I am eternally grateful for the care, help, support and work put in to get me in a position to go back home and start life again. I have a long way to go but to be up on my feet is a blessing. I put in so much hard work in this recovery but without the incredible service and staff of the NHS along the way, none of this would be possible. So thank you, I am forever blessed to have met such important people to me and my family now with the chance of a good quality of life again.

Thank you so much,

An important aspect of Care Opinion is the ability to feedback information to patients on **changes** which have been made. **Recent changes**, following patient feedback, includes:

Cataract Unit, Queen Margaret Hospital

- Look into providing drinks following surgery

Gynaecology, Queen Margraet Hospital

- Work underway to make the current reception process more comfortable for people to attend clinics

National Treatment Centre, Victoria Hospital

- Looking at solutions including a mounting a standard toilet roll onto one of the drop handles on either side of the disabled toilet which is easily reachable for the user
- Look into the potential for clearer directions for the shortest and easiest way to get from the bus stops to the NTC

Compliments: Admin

Compliments are another vital component of patient feedback. There is a 'compliments' section in the Datix Complaints module which is not widely used, and the following table only provides a small glimpse of positive patient feedback.

It is hoped that the 'compliments' module will become more widely used as staff are encouraged to record compliments, celebrating and learning from success.

Compliments	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Compliments	307	339	301	277	1224
Learning from Excellence (Greatix)					
Comments and Feedback	3	0	2	1	6
Total					

Compliments	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Planned Care & Surgery	126	140	127	81	474
Emergency Care & Medicine	30	37	37	33	137
Women Children & Clinical Services	23	17	29	46	115
Community Care Services	71	45	61	39	216
Complex and Critical Care Services	9	13	7	6	35
Primary and Preventative Care	22	30	30	27	109
Corporate Directorates	1	0	1	0	2
No value	25	57	9	45	136
Total	307	339	301	277	1224

Comments:

Surgical Directorate – National Treatment Centre – “The level of care from Consultant, ward and theatre staff was of the very highest standard. I was very nervous before my stay but the care and kindness of all helped me through”.

Primary & Preventative Care Services – “Many thanks for all your help for physiotherapy on my lower back and neck areas. I appreciate very much your kindness and professional approach for physiotherapy”.

Complex & Critical Care Services – “Our family member has spent the last 10 weeks under your care. I can't believe how great she has recovered from her dreadful illness, but appreciate how this happened due to the exceptional care that she received from the NHS staff at Muirview. I along with my family will be eternally grateful to everyone for the care received. As a family, we appreciate how we were always made welcome. We never realised how lucky we are to have this type of support for people like us, never thinking that we would have to deal with such a life changing experience.

Complaints: Admin

Trends

There are two stages to the NHS complaints procedure:

1. Early resolution
2. Investigation

Stage 1: Early resolution

The focus is on finding a solution quickly and locally if possible. If the complaint cannot be resolved at stage 1, or if the complainant is not happy with the outcome of stage 1, the complaint should be moved on to stage 2.

Most complaints should be resolved within five working days of the date the complaint is received. In some circumstances, this can be up to ten working days.

Stage 2: Investigation

Complaints might be handled at stage 2 because:

- They are complex, serious or high-risk issues and are not suitable for early resolution
- Early resolution has failed
- The complainant was unhappy with the outcome of stage 1 and asked for an investigation

The complainant should receive a written response within 20 working days.

This table presents the total number of Enquiries, Concerns, Stage 1 and Stage 2 complaints received each quarter:

Records logged in Datix Complaints module – 010423-310324	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Enquiry	189	210	163	127	689
Concern	123	133	121	238	615
Stage 1 Complaint	145	139	124	109	517
Stage 2 Complaint	99	82	59	69	309
Total	556	564	467	543	2130

The pressures encountered in services because of the COVID 19 pandemic, has led to difficulties in achieving the Model Complaints Handling Procedure timescales. Communication with complainants has been maintained by the Patient Experience Team over this difficult period. A Recovery and Improvement Plan was developed to improve performance. The Model Complaints Handling Key Performance Indicators are appended to this report.

Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total	23	33	37	44	51	25	24	39	23	22	36	21
Closed within timescales	6	3	6	4	4	2	6	4	1	2	5	3

% Closed within timescales	26.1%	9.1%	16.2%	9.1%	7.8%	8.0%	25.0%	10.3%	4.3%	9.1%	13.9%	14.3%
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Themes

The quarterly ranking of each theme is highlighted in brackets.

Issue noted in Complaint		Q1	Q2	Q3	Q4
1	Disagreement with treatment / care plan	35 (1)	36 (1)	26 (1)	30 (1)
2	Co-ordination of clinical treatment	9 (2)	8 (3)	12 (2)	18 (2)
3	Staff attitude	8 (3)	8 (3)	8 (4)	8 (4)
4	Unacceptable time to wait for the appointment / admission	4 (7)			
5	Telephone	4 (7)	7 (4)	4 (6)	7 (5)
6	Poor nursing care	5 (6)	10 (2)	12 (2)	6 (6)
7	Face to face	6 (5)	8 (3)	10 (3)	12 (3)
8	Lack of a clear explanation	7 (4)		4 (6)	8 (4)
9	Poor medical treatment		5 (5)		
10	Letter wording			5 (5)	

The top 4 themes are:

- Disagreement with treatment / care plan
- Coordination of clinical treatment
- Face to face
- Poor nursing care

These issues have been addressed at an individual level, but organisational learning must take place to improve practice and to improve the patient experience. The establishment of the Organisational Learning Group will support this endeavour.

Positive and Negative Themes

Positive themes (Care Opinion)	Negative Themes (Care Opinion)	Negative Themes (Complaints)
Staff	Communication	Disagreement with treatment / care plan
Professional	Not being listened to	Staff attitude
Friendly	Waiting time/s	Co-ordination of clinical treatment
Nurse	Staff attitude	Unacceptable time to wait for the appointment
Communication	Appointments	Face to face
Caring	Access to services	Telephone
Level of care	Beside manner	Lack of support

Locations receiving most complaints:

1. Emergency Department, Victoria Hospital
2. Methilhaven Medical Practice
3. Admissions Unit 1 (AU1), Victoria Hospital
4. Ward 53, Victoria Hospital
5. Outpatients, Phase 2, Victoria Hospital

Improving the Experience

Surveys, Focus Groups, Care Assurance Processes – Lizzie

Each quarter, this section will include feedback from patient / family surveys, complainant survey, patient and staff focus groups, and care assurance processes, including leadership walkrounds; 15 steps challenge; shadowing / observation; 'warm welcome / fond farewell' initiative; care experience improvement model.

Again, the impact of the pandemic has delayed the structured introduction of these processes although they have been happening on an ad hoc basis.



“The 15 Steps Challenge” is a suite of toolkits that explore different healthcare settings through the eyes of patients and relatives. With an easy-to-use methodology and alignment to NHS strategic drivers, these resources support staff to listen to patients and carers and understand the improvements that we can make. The toolkits help to explore patient experience and are a way of involving patients, carers and families in quality assurance processes.

The 15 steps challenge has been utilised in Glenrothes Hospital but, as we strive to improve patient experience, we will ask patients and their relatives to undertake the challenge.

The Model Complaints Handling procedure, KPI 2, relates to the Complaint Process Experience. Several methods to obtain feedback have been tested, but the results have been poor. Our feedback forms were sent out with the final response letter and often only returned when the complainant was dissatisfied with the complaint outcome, so we ceased to use these. These have been re-introduced, and again feedback has been poor.

A new Patient Experience Feedback questionnaire has been developed on Microsoft Forms to capture the experience of the person making the complaint in relation to the complaints handling process provided. Complainants will 'opt in' to provide feedback, this will be recorded on Datix, and the questionnaire will be sent out 2 -3 weeks after the complaint response letter. This will allow us to obtain feedback each month by contacting complainants who have opted in. Since January 2023 we have seen an improved response rate (24%).

‘Warm Welcome... Fond Farewell’ is an initiative to standardise admission information and ensure consistent discharge planning. It will help address some of the themes identified in complaints around communication, lack of clear explanation.

Scottish Public Services Ombudsman

The SPSO is the final stage for complaints about public service organisations in Scotland and offers an independent view on whether the Board has reasonably responded to a complaint. A complainant has the right to contact the SPSO if they are unhappy with the response received from the Board.

The number of SPSO cases, decisions and outcome by quarter:

	Apr to Jun 2023	Jul to Sep 2023	Oct to Dec 2023	Jan to Mar 2024	2023 / 2024
New SPSO cases	8	7	8	7	30
SPSO decisions	5	0	3	1	9
SPSO cases fully upheld	1	0	2	1	4
SPSO cases partly upheld	N/A	N/A	N/A	N/A	N/A
SPSO cases not upheld	1	0	1	0	2
Cases not taken forward	3	0	1	6	10

SPSO Investigation Reports and Decision Reports published on SPSO website, January to March 2024 (Q4):

DECISION REPORTS	
No.1 SPSO Ref No.	202201215
Month	February 2024
Themes	Poor care
Outcome	3 points upheld / 1 point not upheld with 7 Recommendations and Feedback to NHS Fife Board
Location	QMH – Palliative Care Inpatients
Findings	There was a failure in care
Recommendations	Recommendations – all complete and SPSO have marked all actions for the recommendations on the investigation as complete (12/04/2024)
Actions	No further actions required.
Link to report	Decision Report 202201215 Fife NHS Board SPSO

NHS Scotland Model Complaints Handling Procedure

Empowering people to be at the centre of their care and listening to them, their carers and families about what is, and is not, working well in healthcare services is a shared priority for everyone involved with healthcare in Scotland. Scottish Ministers want to facilitate cultural change and to create an environment that uses knowledge to inform continuous improvement to services in a culture of openness without censure. [The NHS Scotland Model Complaints Handling Procedures](#) (CHP) forms an integral part of that vision.

The CHP was introduced across Scotland from 1 April 2017. The key aims are:

- To take a consistently person-centred approach to complaints handling across NHS Scotland
- To implement a standard process
- To ensure that NHS staff and people using NHS services have confidence in complaints handling
- Encourage NHS organisations to learn from complaints in order to continuously improve services.

Complaints Performance Indicators **Lizzie**

The CHP introduced nine key performance indicators by which NHS Boards and their service providers should measure and report performance. These indicators, together with reports on actions taken to improve services as a result of feedback, comments and concerns will provide valuable performance information about the effectiveness of the process, the quality of decision-making, learning opportunities and continuous improvement.

Quarterly Reports

In accordance with THE PATIENT RIGHTS (FEEDBACK, COMMENTS, CONCERNS AND COMPLAINTS (SCOTLAND) DIRECTIONS 2017 (the 2017 Directions) relevant NHS bodies have a responsibility to gather and review information from their own services and their service providers on a quarterly basis in relation to complaints. Service providers (Primary Care) also have a duty to supply this information to their relevant NHS body as soon as is reasonably practicable after the end of the three month period to which it relates.

This quarterly report represents NHS Fife's response to the 2017 Directions and will form part of the Feedback and Complaints Annual Report for the Scottish Government. This section of the report is structured around the nine Key Performance Indicators.

Indicator One: Learning from complaints

The Patient Experience Team is working collaboratively with the Organisation Learning Group, Clinical Governance Team, and the Adverse Events Team and with Services to encourage the use of the Actions Module on Datix to align learning from complaints and adverse events. This will ensure learning is shared and implemented across the wider organisation, to improve the quality of services that enhance the safety of the care system for everyone. This work is ongoing.

Indicator Two: Complaint Process Experience

The feedback process was reviewed, due to the response rates to the previous questionnaire being poor, with

no formal data collection. We devised an electronic feedback form to capture complainant feedback in relation to the service provided by the feedback and complaints team. For GDPR purposes, complainants have to be opted into provide feedback, which we have been requesting during the complaints process and recording on the complaint record.

Processes are being explored in terms of how we seek feedback, and we have contacted some complainants at random, post complaint process, to understand how easy they found the complaint process overall. The response has been varied and often leads to conversations around the care, which is not what the purpose of this feedback was. As such, we need to review how we obtain and capture the feedback received and how this may improve the complaints process for the public. An electronic MS feedback questionnaire has been implemented and captures responses and data.

Indicator Three: Staff Awareness and Training

Subject Title	No. of staff	Notes
Good conversations (GC)	69	Engagement figures have been requested from training providers as no record of these sessions in eESS
GC Foundation Management	32	Good Conversations training is also provided as a half-day session on the 5 day Foundation Management programme
Adverse Events	-	NES offer a range of training and information resources on this topic – Learning page sites, presentations, Guidance, webinars and posters. We are unable to report on engagement in these resources.
Duty of Candour	526	
Root Cause Analysis	-	NES offer a range of training and information resources on this topic – Learning page sites, presentations, Guidance, webinars and posters. We are unable to report on engagement in these resources.
Human Factors	7	NES offer a range of training and information resources on this topic – Learning page sites, presentations, Guidance, webinars and posters. We are unable to report on engagement in these resources.

Indicator Four: The total number of complaints received

4a. Number of complaints received by the NHS Fife Board	826
4b. Number of complaints received by NHS Primary Care Service Contractors	445
4c. Total number of complaints received in the NHS Board area	1271

NHS Fife Board - sub-groups of complaints received

NHS Board managed Primary Care services:	
4d. General Practitioner	25
4e. Dental	6
4f. Ophthalmic	0
4g. Pharmacy	2
Total - Board managed Primary Care services	33

Independent Contractors - Primary Care services:	
4h. General Practitioner	309
4i. Dental	19
4j. Ophthalmic	0
4k. Pharmacy	84
Total – Independent Contractors	412
4l. Combined total of Primary Care Service complaints	445

Indicator Five: Complaints closed at each stage

Number of complaints closed by the NHS Board (do <u>not</u> include contractor data, withdrawn cases or cases where consent not received).	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	517	63.20%
5b. Stage two – non escalated	245	29.95%
5c. Stage two - escalated	56	6.85%
5d. Total complaints closed by NHS Board	818	100%

Indicator Six: Complaints upheld, partially upheld and not upheld

Stage one complaints	Number	As a % of all complaints closed by NHS Board at stage one
6a. Number of complaints upheld at stage one	267	52%
6b. Number of complaints not upheld at stage one	178	34%
6c. Number of complaints partially upheld at stage one	72	14%
6d. Total stage one complaints outcomes	517	100%

Stage two complaints Non-escalated complaints	Number	As a % of all non-escalated complaints closed by NHS Boards at stage two
6e. Number of non-escalated complaints upheld at stage two	72	24%
6f. Number of non-escalated complaints not upheld at stage two	85	28%
6g. Number of non-escalated complaints partially upheld at stage two	88	29%
6h. Total stage two, non-escalated complaints outcomes	245	81%

Stage two escalated complaints Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
6i. Number of escalated complaints upheld at stage two	13	23%
6j. Number of escalated complaints not upheld at stage two	28	50%
6k. Number of escalated complaints partially upheld at stage two	15	27%
6l. Total stage two escalated complaints outcomes	56	100%

Indicator Seven: Average times

7a. the average time in working days to respond to complaints at stage one	13
7b. the average time in working days to respond to complaints at stage two (not escalated)	69
7c. the average time in working days to respond to complaints after escalation	50

Indicator Eight: Complaints closed in full within the timescales

	Number	As a % of complaints closed by NHS Boards at each stage
8a. Number of complaints closed at stage one within 5 working days.	193	37%
8b. Number of non-escalated complaints closed at stage two within 20 working days	30	12%
8c. Number of escalated complaints closed at stage two within 20 working days	9	16%
8d. Total number of complaints closed within timescales	232	65%

Indicator Nine: Number of cases where an extension is authorised

	Number	As a % of complaints closed by NHS Boards at each stage
9a. Number of complaints closed at stage one where extension was authorised	106	21%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	91	30%
9c. Total number of extensions authorised	197	51%

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:

fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

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