



# Patient Experience and Feedback

Annual Report 2021-2022



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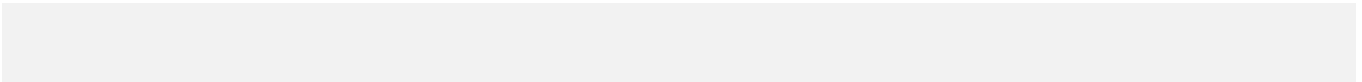
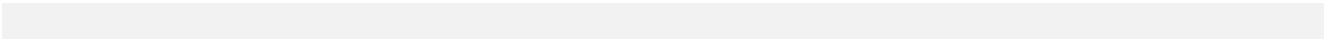
**Published Month Year**

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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 (2022/23)
- Post discharge phone calls (2022/23)
- 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' (2022/23)
- 'You said... We did'
- Focus groups (2022/23)
- Initiatives, such as the Care Experience Improvement Model

# Measuring the Experience

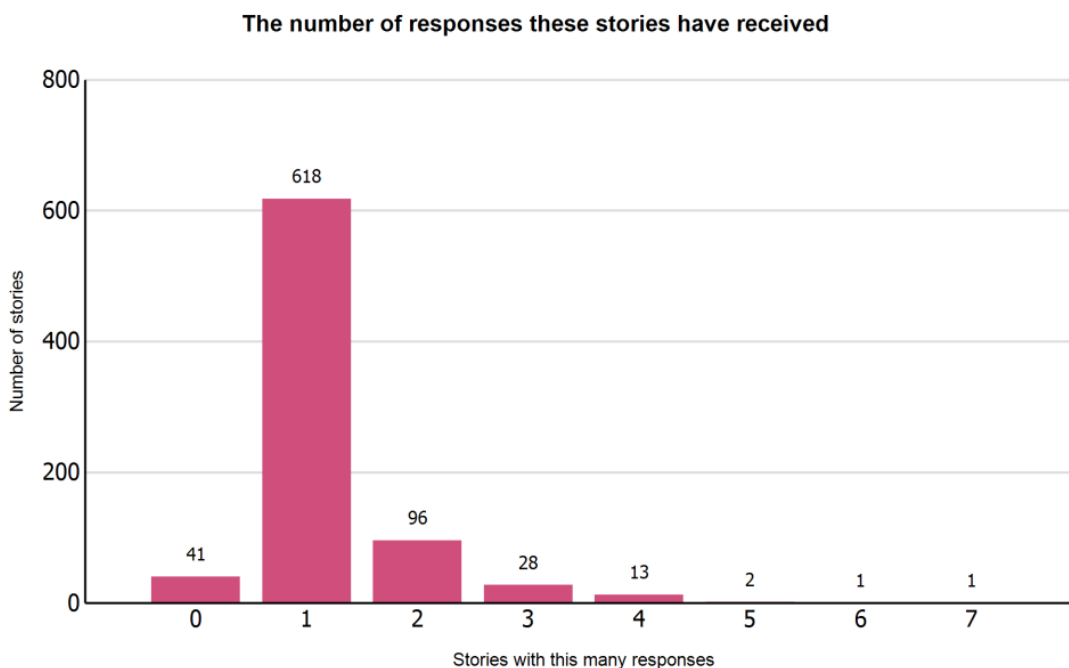
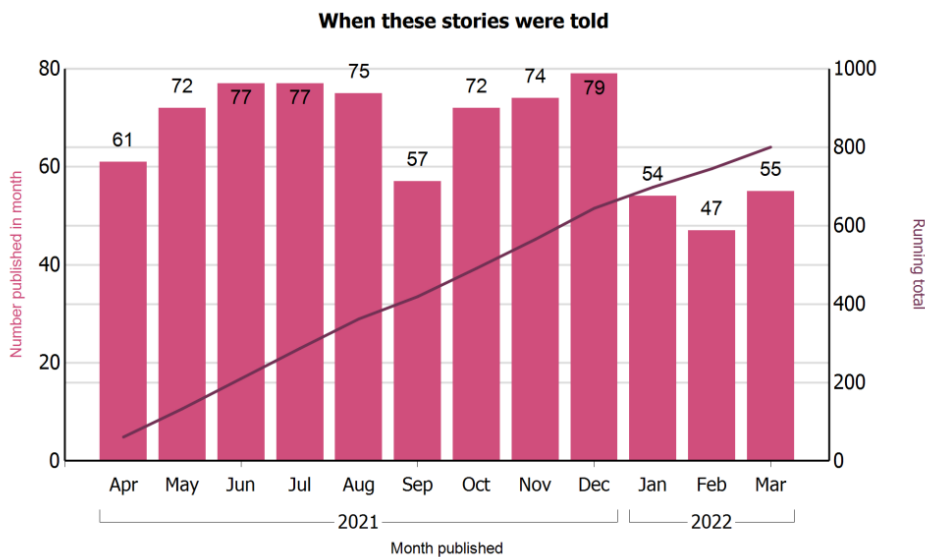


Care Opinion highlights the 25 organisations across the UK, with the highest number of staff listening, learning and making changes. NHS Fife is one of the top performing NHS Scotland Boards.

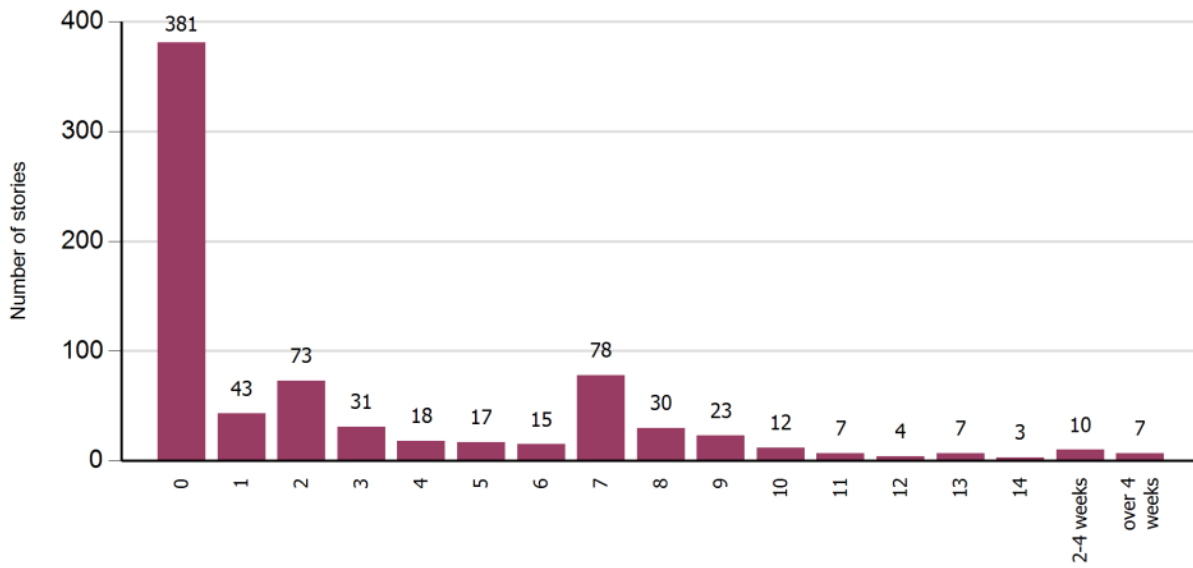
NHS Fife's Care Opinion highlights for 2021-2022:

- **800** stories, viewed **68,064** times in all
- **263** responders

The graph below shows the distribution of stories received between April 2021 and March 2022.



### 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 2021/22 Care Opinion moderators rated the stories as:

- Not critical 83% (666)
- Minimally critical 5% (35)
- Mildly Critical 8% (65)
- Moderately critical 4% (33)
- Strongly critical 0% (1)

### Most common tags added by authors to these stories

<i>What's good?</i>	<i>What could be improved?</i>	<i>Feelings</i>
staff	communication	thank you
friendly	information	at ease
Care	staff attitude	grateful
professional	food	safe
reassuring	long wait	great
helpful	referral	reassured
nurses	Care	cared for
professionalism	location	excellent
caring	not being listened to	amazing
efficient	nurse	happy
	Room size	thanks
	spoken over	
	treatment	
	understanding	

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

### Congratulations to outstanding NHS Staff - 600 views

Posted by **Cuddledoon** as the patient 11 months ago

I received Greenlight Laser Vaporisation of the prostate (Prostatectomy) ) at Queen Margaret Hospital in Dunfermline, Fife.

Understandably there had been a long (uncomfortable) wait, but from the point that I received communication and comprehensive written information about my operation right through to the post-op care, I can report the outstanding service that I received.

I was under the care of Ms Simpson and was served by a number of Staff - day and night Nurses, Anaesthetists, a Registrar, a Consultant and Theatre personnel - all of whom were both highly professional and welcoming. I was given full explanations at all stages, and, as a result, felt very confident, even when it was suggested that they wanted me to stay overnight and that I had to wear a catheter.

I was also impressed by the lady who telephoned me on my return home to ensure that I was recovering well and enquiring how satisfied I had been with the service?

### Kind, caring and professional - 517 views

Posted by **talonyq33** as a service user 11 months ago

I had an endoscopy at Queen Margaret Hospital. Although the procedure was really uncomfortable I was blown away by the care from all the staff. Kind, caring and professional from beginning to end. And Jean who I was lucky to have with me throughout was outstanding. She deserves an award for being the kindest Nurse. Thank you Jean for your kindness and compassion. You really did make such a difference.

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

Improved staff / public interaction at Glenrothes vaccination centre

Improved signage at Clinic 4 Colposcopy, in QMH

## Compliments:

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	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Compliments	177	170	216	174	737
Learning from Excellence (Greatix)	21	23	21	21	86
Comments and Feedback	5	1	7	6	19
Total	203	194	244	201	842

Compliments	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Planned Care & Surgery	42	63	85	95	285
Community Care Services	10	10	64	47	131
No value	19	19	21	8	67
Community Services (Fife-Wide)	31	27	0	0	58
Community Services (West)	33	23	1	0	57
Community Services (East)	17	13	1	0	31
Primary and Preventative Care	0	2	15	12	29
Emergency Care & Medicine	12	3	6	3	24
Women Children & Clinical Services	2	6	14	1	23
Corporate Directorates	11	4	2	1	18
Complex and Critical Care Services	0	0	7	7	14
Total	177	170	216	174	737

## Comments:

**HOLLYVIEW:** Letter received from patient: Thank you to all staff and students who have helped me by distracting me, talking to me and played cards with me, I've been less than an angel but I know you can see the good in me. If I hadn't been brought here kicking and screaming I would be in a whole world of a mess and in trouble with the police no doubt. Its taken me to be here to see I needed help for all im reluctant to accept help. I just need to continue the journey when I get out. All I can say is a heartfelt Thank you to all staff.

**VHK HOSPICE:** To all the staff: I would like to thank you for looking after my mum so well during the last week of her life. From first to last, everyone treated her with kindness, gentleness, dignity and respect. You kept her comfortable and gave her a place of quietness and peace which was what she wanted. In addition every member of staff we encountered had time for us as relatives. Even though visits during this period must have made your work more difficult, we were always welcomed and treated as though we mattered. Once again thank you for everything.



**SURGICAL (UROLOGY)** –To all the staff of ward 54. I cannot thank you enough for what you did for me during my stay on the ward. Your laughter, smiles, kindness and patience was greatly appreciated. You are all true angels, nothing is too much bother for you. I am happy to be home and getting myself into a routine once more. Again grateful thanks to everyone of you .

**PHYSIOTHERAPY SERVICE** – I am writing in praise of NHS Fife. Have hip problem. Have received such helpful care from Bank Street in Cupar and a super physiotherapist called Emma in St Andrews. Last night a consultation with James Andrew Ballantyne at the Victoria Hospital was so positive and helpful. I am so thankful that NHS Fife can provide such encouragement to me in my present circumstance. With thanks to all.

## Complaints:

### 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 – 010421-310322	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Stage 1 Complaint	145	164	162	87	558
Enquiry	111	81	149	104	445
Stage 2 Complaint	125	99	57	68	349
Concern	102	45	82	126	355
Total	483	389	450	385	1707

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

#### Stage 2 closed complaints and % closed within timescale

	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2022	2022	2022
STAGE 2	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Closed Complaints	35	46	44	32	34	33	21	19	17	13	17	38	
% closed within timescales	21.9	24.2	28	32	30	26.3	17	11	7	12.2	11.8	7.9	

## 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	64	50 (2)	47 (1)	32 (1)
2 Co-ordination of clinical treatment	62	54 (1)	28 (4)	16 (3)
3 Staff attitude	46	32 (3)	31 (2)	21 (2)
4 Unacceptable time to wait for the appointment / admission	41	24 (4)	31 (2)	16 (3)
5 Lack of support	26	22 (5)	16 (6)	10 (5)
6 Telephone	24	0		
7 Poor nursing care	18	16 (8)		
8 Face to face	15	27 (7)		
9 Lack of a clear explanation	15	22 (5)	23 (5)	10 (5)
10 Insensitive to patient needs			12 (7)	
11 Patient has been sent no communication			11 (8)	

The top 4 themes are:

- Disagreement with treatment / care plan
- Coordination of clinical treatment
- Staff attitude
- Unacceptable time to wait for admission / appointment

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
Friendly	Delays	Co-ordination of clinical treatment
Professional	Not being listened to	Staff attitude
Care	Staff attitude	Unacceptable time to wait for the appointment / admission
Nurses	Long wait	Lack of support
Reassuring	Food	Poor nursing care
Helpful	Treatment	Face to face
Caring	Accessibility	Lack of a clear explanation
Kind	Agreed timeframes	Insensitive to patient needs
Efficient	Apathy	Patient has been sent no communication

## Locations receiving most complaints:

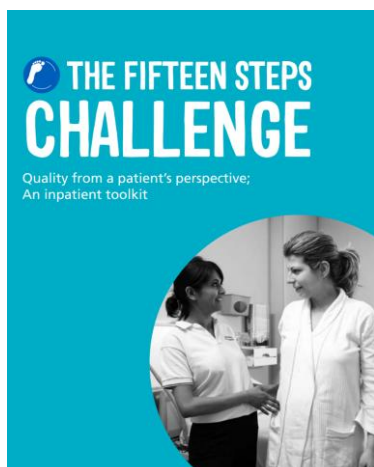
1. Medicine of the Elderly (*care and treatment; communication; treatment plan disagreement*)
2. Emergency Department (*care and treatment; treatment plan disagreement; staff attitude*)
3. Mental Health (*treatment plan disagreement; communication; waiting times*)
4. District Nursing (*care and treatment; communication; staff attitude*)
5. Urology and cardiology

# Improving the Experience

## Surveys, Focus Groups, Care Assurance Processes

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**. A survey has been developed to capture the experience of the person making the complaint in relation to the complaints service provided. The survey will be reported through Datix. We have tested a number of methods to obtain feedback with poor results. Our feedback forms were often returned only when the complainant was dissatisfied with the complaint outcome and so we ceased to use these. The feedback and complaint will contain an ‘opt in’ feedback section, and the plan is to obtain feedback each month by contacting a random selection of complainants who have opted in. An electronic MS feedback questionnaire is also being designed to promote and capture feedback responses and data.

**‘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.

The newly appointed Head of Patient Experience will take forward these examples of patient experience improvement and will report on them in future reports.

## 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 2021	Jul to Sep 2021	Oct to Dec 2021	Jan to Mar 2022	2021/ 2022
New SPSO cases	6	3	2	5	16

SPSO decisions	4	3	4	3	14
SPSO cases fully upheld	1	0	2	1	4
SPSO cases partly upheld	0	0	0	1	1
SPSO cases not upheld	2	3	2	1	8
Cases not taken forward	1	1	0	2	4

## NHS Scotland Model Complaints Handling Procedure

### Introduction

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

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

A statement outlining changes or improvements to services or procedures as a result of consideration of complaints including matters arising under the duty of candour. This should be reported on quarterly to senior management and the appropriate sub-committees, and include:

- *The Patient Experience team is working collaboratively with the Organisation Learning Group and Clinical Governance 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.*

## Indicator Two: Complaint Process Experience

A statement to report the person making the complaint's experience in relation to the complaints service provided.

NHS bodies should seek feedback from the person making the complaint of their experience of the process. Understandably, sometimes the person making the complaint will not wish to engage in such a process of feedback. However, a brief survey delivered in easy response formats, which take account of any reasonable adjustments, may elicit some response.

- *The current feedback process and questionnaire are under review as response rates have been poor, with no formal data collection. Electronic solutions are being explored to help promote completion. We will engage with the Public regarding the design and content of the questionnaire before formal implementation.*

## Indicator Three: Staff Awareness and Training

A statement to report on levels of staff awareness and training. Training on adverse events and duty of candour may also be included under this heading, as well as training on root cause analysis and human factors.

Subject Title	No. of staff	Notes
Good conversations (GC)	114	Engagement figures have been requested from training providers as no record of these sessions in eESS
GC Foundation Management	41	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	791	
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	-	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.
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## Indicator Four: The total number of complaints received

<b>4a.</b> Number of complaints received by the NHS Fife Board	944
<b>4b.</b> Number of complaints received by NHS Primary Care Service Contractors	790
<b>4c. Total number of complaints received in the NHS Board area</b>	<b>1734</b>

### NHS Fife Board - sub-groups of complaints received

<b>NHS Board managed Primary Care services:</b>	
<b>4d.</b> General Practitioner	22
<b>4e.</b> Dental	15
<b>4f.</b> Ophthalmic	0
<b>4g.</b> Pharmacy	0
<b>Total - Board managed Primary Care services</b>	<b>37</b>

<b>Independent Contractors - Primary Care services:</b>	
<b>4h.</b> General Practitioner	490
<b>4i.</b> Dental	8
<b>4j.</b> Ophthalmic	3
<b>4k.</b> Pharmacy	289
<b>Total – Independent Contractors</b>	<b>790</b>
<b>4l. Combined total of Primary Care Service complaints</b>	<b>827</b>

## Indicator Five: Complaints closed at each stage

<b>Number of complaints closed by the NHS Board</b> ( <i>do not include contractor data, withdrawn cases or cases where consent not received</i> ).	<b>Number</b>	<b>As a % of all NHS Board complaints closed (not contractors)</b>
<b>5a.</b> Stage One	548	70%
<b>5b.</b> Stage two – non escalated	190	23%
<b>5c.</b> Stage two - escalated	57	7%
<b>5d. Total complaints closed by NHS Board</b>	<b>795</b>	<b>100</b>

## 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	161	29%
6b. Number of complaints not upheld at stage one	267	49%
6c. Number of complaints partially upheld at stage one	120	22%
<b>6d. Total stage one complaints outcomes</b>	<b>548</b>	<b>100%</b>

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 <b>upheld</b> at stage two	31	16%
6f. Number of non-escalated complaints <b>not upheld</b> at stage two	81	43%
6g. Number of non-escalated complaints <b>partially upheld</b> at stage two	78	41%
<b>6h. Total stage two, non-escalated complaints outcomes</b>	<b>190</b>	<b>100%</b>

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 <b>upheld</b> at stage two	11	19%
6j. Number of escalated complaints <b>not upheld</b> at stage two	32	56%
6k. Number of escalated complaints <b>partially upheld</b> at stage two	14	25%
<b>6l. Total stage two escalated complaints outcomes</b>	<b>57</b>	<b>100%</b>

## Indicator Seven: Average times

7a. the average time in working days to respond to complaints at stage one	11
7b. the average time in working days to respond to complaints at stage two	51
7c. the average time in working days to respond to complaints after escalation	47



## Indicator Eight: Complaints closed in full within the timescales

	Number	As a % of complaints closed by NHS Boards at each stage
<b>8a.</b> Number of complaints closed at stage one within 5 working days.	353	83%
<b>8b.</b> Number of non-escalated complaints closed at stage two within 20 working days	58	14%
<b>8c.</b> Number of escalated complaints closed at stage two within 20 working days	15	3%
<b>8d. Total number of complaints closed within timescales</b>	<b>426</b>	<b>100%</b>

## Indicator Nine: Number of cases where an extension is authorised

	Number	As a % of complaints closed by NHS Boards at each stage
<b>9a.</b> Number of complaints closed at stage one where extension was authorised	76	31%
<b>9b.</b> Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	170	69%
<b>9c. Total number of extensions authorised</b>	<b>246</b>	<b>100%</b>

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