



Patient Experience and Feedback

Annual Report 2022-2023



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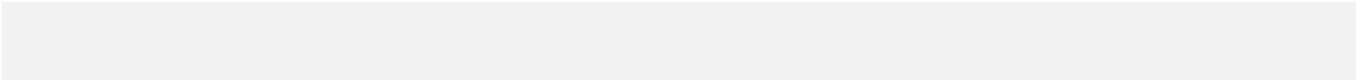
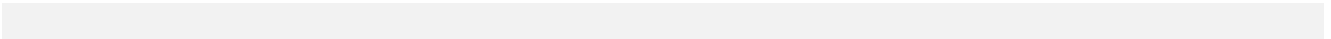
Published Month Year

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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

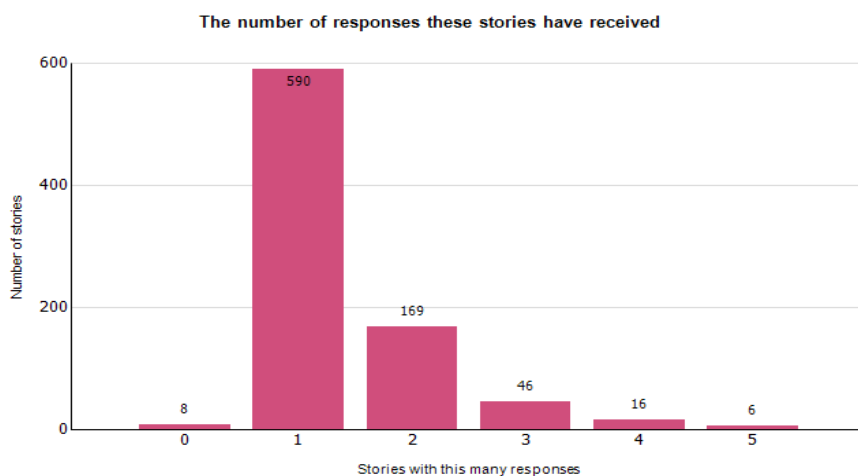
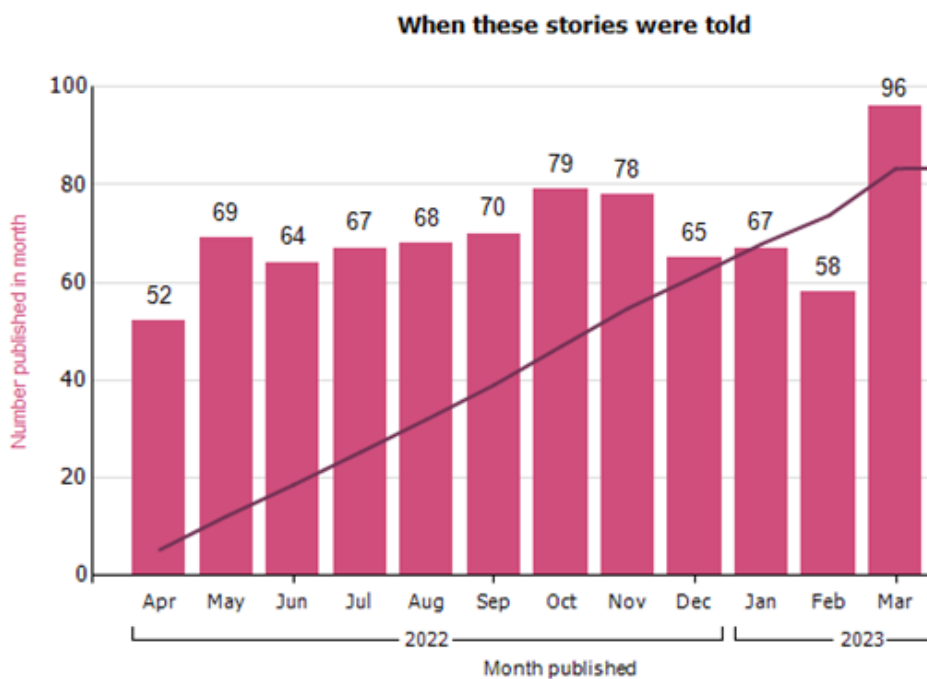


Care Opinion highlights the 25 organisations across the UK, with the highest number of staff listening, learning and making changes. NHS Fife is one of the top performing NHS Scotland Boards.

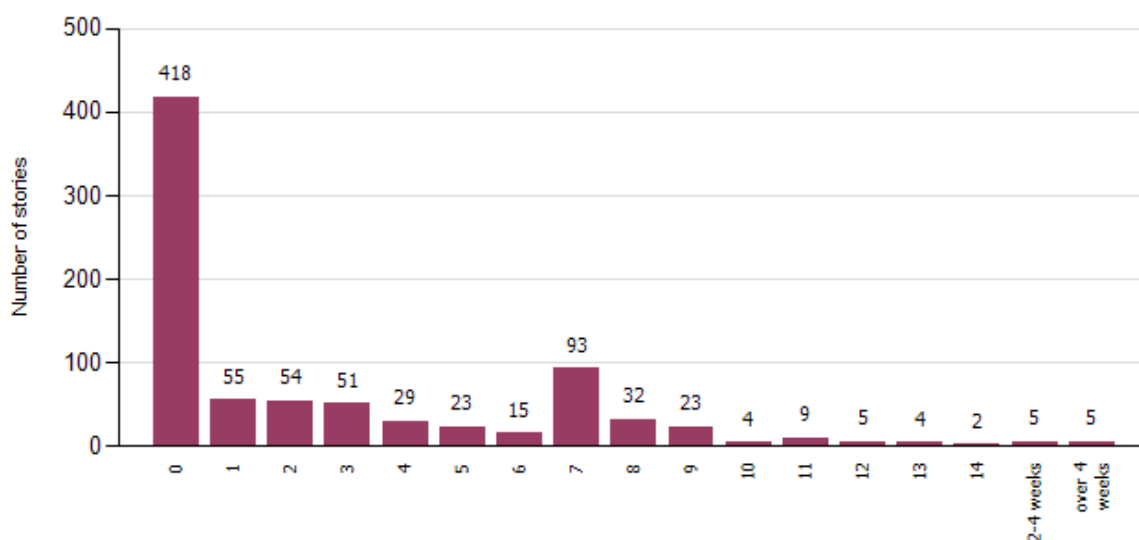
NHS Fife's Care Opinion highlights for 2022-2023:

- **833** stories, viewed **107,283** times in all
- **344** responders

The graph below shows the distribution of stories received between April 2022 and March 2023.



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 82% (680)
- Minimally critical 5% (38)
- Mildly Critical 7% (61)
- Moderately critical 6% (50)
- Strongly critical 0% (4)

Most common tags added by authors to these stories

What's good?

staff	267
friendly	137
Care	135
professional	127
nurses	110
caring	87
helpful	82
reassuring	75
communication	74
explanations	61

What could be improved?

communication	29
waiting time	11
staff attitude	9
waiting	9
waiting times	9
advice	8
appointments	8
long wait	8
not being listened to	8
support	7

Feelings

grateful	126
thank you	104
reassured	94
supported	83
cared for	61
at ease	58
safe	53
put at ease	51
comfortable	44
thank you	41
Thankful	41

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

Care at Ward 33 Victoria Hospital, Kirkcaldy – 731 views

Posted by **Malcolm85** as the patient 12 months ago

After falling in street, I ruptured the quad tendon in my knee.

After be taken by ambulance to The Victoria hospital in Kirkcaldy I was admitted to ward 33 and underwent an operation to repair the damage.

From the very beginning every single nurse, doctor and Physiotherapist we're absolutely magnificent.

However two stood out as extra special. Staff Nurse Becky and Advanced Nurse Practioner Gemma. Gemma had also by coincidence stopped at...

5 phone calls and a 2-week wait for a simple answer - 485 views

Posted by **Jefner** as a service user 10 months ago

I was expecting to receive an appointment for a routine CT scan, before my next oncology appointment.

Waiting for appointments to come through the post is on my mind for weeks around the appointment time, as I never quite know when to expect the letter or when the appointment will be. Knowing that a scan is imminent also brings to mind the what if questions, such as what if something shows up this time and the cancer is active again? So it's an...

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:

Covid Booster Centre, Kirkcaldy

- Waiting area reconfigured to allow more chairs to stop anyone waiting outside
- Water and biscuits available in waiting areas

Out of Hours, Urgent Care Services

Space created in the centre so that patients and carers no longer have to wait in car park pending their appointment.

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	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Compliments	287	266	400	222	1175
Learning from Excellence (Greatix)	22	4	0	0	26

Comments and Feedback	10	4	8	0	22
Total	319	274	408	222	1223

Compliments	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Planned Care & Surgery	177	134	216	91	618
Emergency Care & Medicine	3	1	9	22	35
Women Children & Clinical Services	32	29	6	11	78
Community Care Services	50	57	65	41	213
Complex and Critical Care Services	25	16	15	6	62
Primary and Preventative Care	19	14	25	27	85
Corporate Directorates	0	0	1	4	5
No value	32	29	27	25	113
Total	338	280	364	227	1209

Comments:

Emergency Care & Medicine - I would like to compliment both the Victoria hospital, I think Ward 53 and St Andrews hospital Ward 1 for the excellent care and attention given to my husband during his lengthy stay there. Staff have been so kind to him and me and to my family by allowing us to sleep over at times, bringing us cups of tea and comforting me after my husband passed. No words can explain my thanks to them

Community Care Services Older Peoples' Services – Just wanted to say, 'Thank You'. Thanks for being wonderful! To all the amazing staff at Balgonie Ward, thank you so much for your excellent care and support. You are all marvelous! I can't actually thank you enough.

Woman and Children's – I wanted to pass on some feedback of PAU and Children's Ward. My little Giorgia was admitted septic recently requiring triple therapy. Thankfully on the mend now. I wanted to pass on how amazing the staff had been looking after her and how I genuinely could not fault the service and patient care we received. Some staff went above and beyond, two female doctors, Sonya and Ayla and Staff Nurse Catherine who was Giorgia's named nurse. The whole team are a credit to the service.

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 – 010422-310323	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Enquiry	111	81	149	104	445
Concern	102	45	82	126	355
Stage 1 Complaint	145	164	162	87	558
Stage 2 Complaint	125	99	57	68	349
Total	483	389	450	385	1707

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 closed complaints and % closed within timescale

	2022	2022	2022	2022	2022	2022	2022	2022	2022	2023	2023	2023
STAGE 2	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Closed Complaints	37	49	32	30	47	37	21	30	27	32	30	28
Closed within timescales	2	2	2	1	3	2	1	1	4	2	4	4
% closed within timescales	5.4	4.1	6.3	3.3	6.4	5.4	4.8	3.3	14.8	6.3	13.3	14.3

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 (1)	11 (1)	63 (1)	49 (1)
2	Co-ordination of clinical treatment	62 (2)	8 (2)	26 (4)	18 (3)
3	Staff attitude	46 (3)	5 (3)	25 (5)	22 (2)
4	Unacceptable time to wait for the appointment / admission	41(4)	2 (7)		15 (4)
5	Lack of support	26 (5)	1 (9)		10 (7)
6	Telephone	24 (6)	3 (6)	18 (6)	11 (6)
7	Poor nursing care	18 (7)	5 (4)	35 (2)	9 (8)
8	Face to face	15 (8)	4 (5)	34 (3)	13 (5)
9	Lack of a clear explanation	15 (9)	2 (8)	15 (7)	5 (12)
10	Insensitive to patient needs		1 (10)		8 (9)

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
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

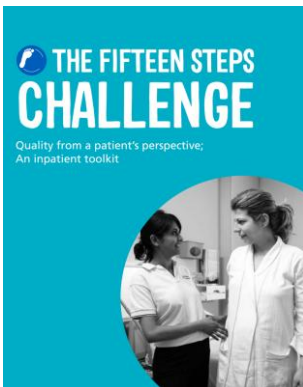
3. Ward 53, Victoria Hospital
4. Outpatients, Phase 2, Victoria Hospital
5. Admissions Unit 1 (AU1), Victoria Hospital

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. 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 2022	Jul to Sep 2022	Oct to Dec 2022	Jan to Mar 2023	2022/ 2023
New SPSO cases	7	13	1	9	30
SPSO decisions	2	2	3	0	7
SPSO cases fully upheld	0	0	0	0	0
SPSO cases partly upheld	1	1	2	0	4
SPSO cases not upheld	0	1	1	0	2
Cases not taken forward	3	2	5	7	17

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

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)	132	Engagement figures have been requested from training providers as no record of these sessions in eESS
GC Foundation Management	15	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	754	
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

4a. Number of complaints received by the NHS Fife Board	897
4b. Number of complaints received by NHS Primary Care Service Contractors	664
4c. Total number of complaints received in the NHS Board area	1561

NHS Fife Board - sub-groups of complaints received

NHS Board managed Primary Care services:	
4d. General Practitioner	29
4e. Dental	2
4f. Ophthalmic	17
4g. Pharmacy	0
Total - Board managed Primary Care services	48

Independent Contractors - Primary Care services:	
4h. General Practitioner	327
4i. Dental	15
4j. Ophthalmic	2
4k. Pharmacy	320
Total – Independent Contractors	664
4l. Combined total of Primary Care Service complaints	712

Indicator Five: Complaints closed at each stage

Number of complaints closed by the NHS Board (<i>do not include contractor data, withdrawn cases or cases where consent not received</i>).	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	499	57%
5b. Stage two – non escalated	301	35%
5c. Stage two - escalated	69	8%
5d. Total complaints closed by NHS Board	869	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	166	33%
6b. Number of complaints not upheld at stage one	229	46%
6c. Number of complaints partially upheld at stage one	104	21%
6d. Total stage one complaints outcomes	499	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	98	32%
6f. Number of non-escalated complaints not upheld at stage two	104	35%
6g. Number of non-escalated complaints partially upheld at stage two	99	33%
6h. Total stage two, non-escalated complaints outcomes	301	100%

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	18	26%
6j. Number of escalated complaints not upheld at stage two	36	52%
6k. Number of escalated complaints partially upheld at stage two	15	22%
6l. Total stage two escalated complaints outcomes	69	100%

Indicator Seven: Average times

7a. the average time in working days to respond to complaints at stage one	10
7b. the average time in working days to respond to complaints at stage two	90
7c. the average time in working days to respond to complaints after escalation	71

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.	288	90%
8b. Number of non-escalated complaints closed at stage two within 20 working days	20	6%
8c. Number of escalated complaints closed at stage two within 20 working days	13	4%
8d. Total number of complaints closed within timescales	321	100%

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	60	34%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	116	66%
9c. Total number of extensions authorised	176	100%

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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