The last 12 months has seen NHS Fife demonstrate an ongoing commitment to listening and learning from the experience of patients/carers/service users. We have continued to seek feedback using a range of methods, recognising that no one size fits all. We have used feedback to improve practice and to influence service developments. We have used What Matters To You as our mantra in an effort to embed the principles of person centred care.

Care Opinion has gone from strength to strength in 2017/18 and has proven to be a valuable tool for not only seeking real time, anonymous feedback; but in providing staff with, what is often positive feedback. We can demonstrate simple changes in practice/procedures as a result of this feedback.

Our Participation and Engagement Strategy clearly defines our values and commitment to Participation and Engagement and identifies the experience and involvement of people as key to embedding the principles of Participation and Engagement in every day practice.

We have continued to face challenges in responding to complaints in a timely manner due to a number of factors; however we have undertaken work to review and improve process to reduce delays.

In presenting the 2017/18 Annual Report I would like to extend my grateful thanks to every person who has taken the time to provide us with feedback and to every staff member who has responded to it. I would also like to extend my thanks to those supporting this work, including; Patients/Carers/Volunteers/Public Partners/ Staff/Patient Relations/Patient Opinion/Third Sector Partners, including Advocacy providers/Scottish Health Council/Scottish Government/ Patient Advice and Support Service and the wider community.

HELEN WRIGHT
DIRECTOR OF NURSING
CONTENTS
Key Performance Indicator 1: Leaning from complaints
Key Performance Indicator 2: Complaint process experience
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Introduction and background

In April 2012 the Regulations and Directions of the Patient Rights (Scotland) Act 2011 came into force placing a legal requirement on NHS Boards to produce an Annual Report on complaints and feedback. The Participation Standard is the tool used by the Scottish Health Council to measure performance against set standards.

NHS Fife’s Annual Report for 2017/18 formed the basis for the Participation Standard self assessment. The assessment focussed on the following areas:

- analysis of complaints and feedback reports and information gathered from the patient feedback process
- how the involvement of patients and the public informed the improvement work around feedback and complaints, and
- reporting on governance arrangements relating to feedback and complaints; including accountability, clear schemes of delegation and incorporation of complaints and feedback data for improvement.

Patient focus and governance arrangements were measured using four levels:

Level 1 – Development
Level 2 – Implementation
Level 3 – Evaluation
Level 4 – Improvement

The Board self assessed as achieving level 4 in our Patient Focus improvement work and the Scottish Health Council subsequently assessed NHS Fife as having met Level 4. The Board sustained Governance Arrangements at level 3.
Indicator 1: Learning from complaints

We value complaints alongside all other forms of feedback. We actively welcome and encourage patients/carers/service users and members of the public to let us know when we do not get things right, in order that we can make improvements and maintain the quality and safety of our services.

There is a range of methods available for providing feedback such as Care Opinion, Your Care Experience, Feedback Trees, Comments Cards, this list is not exhaustive.

A range of promotional materials are on display at ward/department/unit level to promote the Board’s desire to receive feedback. We have used every opportunity as part of our wider Participation and Engagement activities to encourage people to tell us what they think about our services. So when we have been attending community groups about other aspects of business we have taken the opportunity to deliver the message that NHS Fife welcomes all forms of feedback and complaints and are committed to improving and learning as a result.

NHS Fife is committed to obtaining feedback from equality groups. The specific approaches taken have been:

- Meeting with a wide range of sensory impairment groups across Fife
- Working to develop Action Plans to address gaps in connectivity in terms of the work of NHS Fife and Fife’s Health & Social Care Partnership and Equality Groups
- Development of equality campaigns around specifically hidden disabilities and LGBTi issues in 2018 with groups providing the direction, education and awareness of their requirements
- Developing two way communications with the public, equality groups and Health & Social Care Partnership

The mechanism for sharing the learning from cases which have progressed to the Ombudsman has remained unchanged during 2017/18, with information being widely shared when decisions are reached by the SPSO. A later section of this report will feature one SPSO case where the recommendations are driving a Service wide review in relation to consent processes.

Within Community Services they have continued to have a system in place to ensure that any actions outlined within a complaint have been progressed to completion. Leads of the particular service the complaint relates to are invited to provide an update to the Committee, three months after the response letter has been sent, on the progress of each action assigned to them.

NHS Fife in 2017/18 received a total 712 Stage 1 complaints and 318 Stage 2 complaints.
The key themes emerging from complaints are recorded and reported to inform areas for improvement. Clinical treatment; staff attitude/behaviour and communication are the most common themes identified. Note: any 1 complaint can include multiple issues.

**Compliments:**

We have continued to see that positive experience in health and social care far outweighs the negative and in 2017/18 we saw an increase in the number of compliments registered. A total of 830 compliments were registered compared to 1239 last year. The decrease is as a result of staff capturing the information locally.
All areas wards/department/units now have access to the DATIX recording system so compliments can be captured at local level.

**Examples of compliments received:**

Just want to say "thank you so much" for making my stay as pleasant as possible...from the nurses to physios, to Andy the slave driver to the cleaners each and everyone of you made the pain bearable. A special thanks to Mr Cook

Ward 21 VHK, 2 members of staff have received personalised thank you pens with chocolates thanking them for their care and attention whilst the patient was undergoing treatment in CCU. Thank you cards - thanking staff their care and stating 'NHS nursing is lucky to have you' - this was for CN and SN on the ward.

To all hospice staff: thank you so much for your never ending love and care of our husband, father, brother and grandad. You should all be made saints.

A big thank you to you and your team for all the kindness shown to me during my Colonoscopy”.

Thanks to all the staff for the care and attention you gave me when undergoing treatment at the eye clinic thank you to the Drs and nurses and clerical staff who made sure that I got prompt and friendly treatment ensuring I went on holiday with my family I am very grateful.

NHS Fife can demonstrate ongoing commitment to taking action from feedback and learning from complaints. A variety of methods are used to gather feedback with some example detailed.

**Care Opinion**

Care Opinion (an independent social media site developed to give people a way of sharing their healthcare experiences) is used extensively as a means of providing anonymous feedback. The following demonstrates we have achieved what we set out to do and more:

- 175% increase in stories posted (346 stories compared to 303 stories posted in previous year)
- 100% of stories responded to (95% within 5 days compared to 90% in previous year)
- 76% of stories posted were non critical (78% in previous year)
- 9 stories led to a change being made (14 in the previous year)
- 50% increase in the number of responders (currently 71)

Much of the success of Care Opinion in the year 2017/18 is down to the leadership and commitment of the Board’s Planned Care Division, who have actively promoted Care Opinion and involved staff in the process of responding. We have seen responding rights devolve from Clinical Nurse Manager to Senior Charge Nurse and have seen a number of improvements materialise as a result of the feedback received. Leads have been identified from various services, i.e. Radiology, Physiotherapy, Occupational Therapy, Children’s Community Services and now
have responder rights to postings relevant to their service. We have worked in partnership with Care Opinion to improve the way in which we capture and share information as a means of continually improving our outreach.

The graph below shows the distribution of stories received with steady progress being made.

![Graph showing distribution of stories received with progress made.]

The graphic “Tag Bubbles” below highlights/themes information extracted from individual stories posted on Care Opinion. The green colour indicates positive opinions where individuals have stated what was good about their experience. The pink colour identifies what could be improved. Specific examples are:

**Staff:** 125 positive opinions
**Care:** 102 positive opinions / 3 negative opinions
**Communication:** 20 positive opinions / 28 negative opinions
The following examples demonstrate the changes made and benefits to patients/carers and staff:

**Ophthalmology:**

As a result of feedback via Care Opinion the patient information leaflets are being amended and a yellow line has been put on the floor to assist visitors in locating the department. See post below

*Posted by a patient on Care Opinion*

“I had a cataract operation. Had some trouble locating the actual unit. A plan / drawing showing its location on the information leaflet provided to me would have been helpful. That apart, my hospital treatment was exemplary. The Unit nurses were extremely helpful, courteous and pleasant. Dr Sanders and her surgical colleagues, anaesthetist and prep nurses were brilliant, talking one through each stage before the surgery took place. Can’t elucidate on what followed that however as I was asleep but I can tell you that the post operative care and final discharge was carried out with efficiency”.
Response

1. As a result of this I (SCN), with my team, are changing the information leaflet that we send to our patients.

2. To make things easier for visually impaired patients to find the eye clinic at the Victoria Hospital my Health Care Support Worker as part of a leadership course undertook a small project. This was to ask estates to lay a yellow marker on the floor leading the way to the Outpatient Eye Department. I will also look into this as being a suggestion for the Queen Margaret Cataract Unit.

InS:PIRE

InS:PIRE is a research project that supports patients and their families following an admission to intensive care that aims to promote independence and return to employment / life before intensive care. This is a relatively new project within NHS Fife and a recent post on Care Opinion reflects the positive impact of this development for patients, as well as providing a route for people to express their feedback as well as offering the team an opportunity to respond to feedback anonymously with that person.

*Posted by Lazarus (as the patient), last month*

Having attended these meetings with the care staff which included, doctor, surgeon, psychologist physiotherapist nurse and volunteers I cannot praise them highly enough.

Their genuine concern and interest in the individual patient showed a kindness along with their professionalism. These sessions helped me cope with many of the concerns I had regarding what I had come through and how I was going to cope now. I thank them all most sincerely

‘Dear Lazarus,

Thank you for taking the time to provide the team with such positive feedback. I think the sessions you are referring to relate specifically to the InS:PIRE project.....(Intensive Care Syndrome: Promote Independence and Return to Employment)

An Intensive Care stay can a hugely difficult time for both patients and their carers. I am glad these sessions have helped with your concerns and will continue to help you in the future. Throughout the InS:PIRE process we try to consider the individual needs of patients and their carers and it seems, from your feedback, we have achieved this.

I will share your sincere thanks with the team of InS:PIRE and wish you all the best in your future recovery.

Thank you once again for your feedback.’
Your Care Experience

Your Care Experience is a questionnaire that has been developed to ask service users in real time about their experience of health care. The questions are based on the “must do with me” principles, which promote a person-centred approach to care delivery. The following forms the basis of the must do principles - what matters to you? who matters to you?, what information do you need? nothing about me without me and personalised contact.

In last year’s report we highlighted the technical issues the Board experienced in rolling out the use of the tool. During 2017/18 we have increased the number of clinical areas using the questionnaire and doubled the number of questionnaires completed (604). The graph below shows the overall percentage experience score. At a local level teams are able to look at the responses to each question to enable them to identify any specific areas for targeted improvement. In one area for example, patient information was developed in response to the feedback received.

Other forms of feedback

The information in this section of the report has focused on the Board’s priority areas; however, there is also an ongoing commitment to hear from people using services utilising a range of existing mechanisms. NHS Fife’s website clearly states the way in which feedback can be provided which includes; by email, telephone, text, web, social media, face to face as well as by proactively seeking feedback via questionnaires/surveys and focus groups. The work we have undertaken within our local communities has identified the desire for the Board to remain flexible in its approach to encouraging and gathering feedback and for that reason we have continued to meet with people in community setting to provide information about providing feedback about NHS Services.
During 2017/18, the Patient Relations Department received 18,900 calls; 14,600 of which were external calls from people seeking to provide feedback about services. We have also seen a continued increase in contacts via the online comments form, which is available via NHS Direct, covering Health and Social Care.

NHS Fife has committed to responding directly to all forms of feedback, which means that every piece of feedback received is acknowledged and responded to, detailing any action taken or explaining why it is not possible to act on the feedback received.

Service Level Feedback

Acute Services Division

There is a broad range of patient feedback collected across the Acute Services Division in different formats. Examples of some feedback and actions taken in response to feedback are described.

Maternity Service - there has been engagement with women and their partners about their experiences in maternity services. Attached is the questionnaire feedback, followed by a second document detailing the actions in response to this engagement feedback, and impact on service.

Collated Maternity Questionnaire May 2017.doc
You Said We Did Maternity May 2017.doc

Endoscopy - 26 patients completed the survey in September 2017 and 100% were satisfied with their care.
Out of all 26 patients who completed the survey, 96% rated care they received as ‘excellent’ and 4% ‘very good’. This is an accurate reflection of the overall feelings of the patients who attended at QMH Regional Endoscopy Unit. The overall theme on comments is the support patients had throughout the patient journey, aided by staff professionalism and caring manner. Staff are very pleased to get this feedback.

"The staff at QMH Endoscopy Unit are Angels" by Patient September 2017. Very encouraging comments, which have highly motivated staff.

Radiology - Radiology services have recently introduced the Your care Experience questionnaire into the department, and are encouraging its use to gather feedback from patients attending for radiological investigation. The challenges encountered by Radiology are that a number of questions refer to different parts of their pathway and are not exclusive to radiology, therefore not always within their scope of influence to change. The positive outcomes have been the tool has provided feedback for the team to discuss and share, and has provided a mechanism for different conversations with patients and carers which has been a positive experience for staff and patients.

![% Good or Very Good from 41 surveys completed in August](image)

Q1. My care and treatment was provided as and when I expected.
Q2. The staff providing my care understood what mattered to me.
Q3. All staff involved in my care were fully aware of my needs.
Q4. I felt I was able to be involved in decisions about my care.
Q5. The staff involved the people who matter to me.
Q6. I had the information I needed to make decisions about my care and treatment.
Q7. I felt that the staff took account of my opinions.
Q8. Please select from the following which best describes you.
Q9. Please rate your overall experience during your stay where 0 is the poorest and 5 is the best possible.
Q10. Do you have any other comments or suggestions for improvement?
Staff training, peer reflection and supervision ensure these principles are embedded and quality of effective conversations. Formal Effective Conversation (Malcomess) training was provided in November 2017 for all Allied Health Professionals working with children, young people and their families. The service also benefits from a Good Conversations trainer and champion.

Other tools used in the service include the Canadian Occupational Performance Measure (COPM), which is an evidence based outcome measure designed to capture a client's self perception of performance in everyday living and what matters to them.

**Feedback Boards**

There are a number of methodologies used across ASD to invite and gather feedback which is then displayed within the individual ward areas. Selections of feedback displays from clinical areas are pictured below.
Outpatient Department, Queen Margaret Hospital

OCTOBER 2017

How you feel about the care we give you is important to us and helps us to improve. Please do leave your comments below.

[Handwritten comments]

OCT/Nov 2017

How you feel about the care we give you is important to us and helps us to improve. Please do leave your comments below.

[Handwritten comments]

[Handwritten comments]
Ward 52

Welcome to Outpatients

If you have been waiting longer than 20 minutes from your appointment time please contact a member of staff.

Nurse in charge today: MAIRI TIMMINS
Orthodontic and oral max facial service

We've listened to your feedback & introduced improvements that will have a positive impact on Patient & Family Care.

You said

We did

1. Improved staff training
2. Enhanced communication
3. Updated patient information

You are in the process of changing details for the traffic expansion in 2019.

We have reduced the number of staff attending the training, and

An area has been allocated for staff to

We have reviewed the rules and regulations for

The guidelines for the

The guidelines for the

The guidelines for the

The guidelines for the
Ward 52

What do we do well?

How are we doing?

What we could improve

Share with us what helped you to have a good experience

Help us to understand how we could improve your experience

Having good staff on Ward
Being clean and comfortable
Rooms been very good.

I don't feel there much care improvement in what felt had to wait on free food at times dining likes might help understand.
Community Services

Speech & Language Therapy

Fife’s Children and Young People’s Speech and Language Therapy (SLT) service has their own Facebook page – Banter4bairns. As part of the engagement this supports parents and carers share their experiences of the SLT service they have received. We also use questionnaires following therapy intervention. See below for examples:

![Parental Feedback form.doc](#)
![Care Feedback Q..pdf](#)
![Voice Therapy Feedback Q.docx](#)

Heart Disease Managed Clinical Network (MCN)

The NHS Fife Heart Buddies evaluate the peer support they provide to patients in wards 21/23. They complete an evaluation form about their experience of being a buddy and ask the patient who has received their support to complete an evaluation form. The information is collated and a report is produced.

The project has now expanded out into the community and all community referrals are evaluated and the patients receiving support complete an evaluation form. Information will be collected and produced in a report.

Children & Young People’s Occupational Therapy

The service has robust evidence of embedding principles of ‘What matters to you..?’

The principles are aligned to the assets and personal outcomes based approach used within the service. Following the request for assistance to our service we have a collaborative conversation routinely asking questions like ‘What is most important to you / your child right now?’ ‘What matters to you?’ ‘How can we help’? Attached is one of our junior occupational therapists reflections which was published in 2017 as part of the ‘what matters to me..’ report

![CYP OT Reflection.docx](#)

What Matters to You (WMTY):

Ward 3, Glenrothes Hospital

The team wanted to make a meaningful difference for the patients who have a diagnosis of dementia, delirium and or cognitive impairment their ward.
“What Matters to Me” conversations are held with every patient in the ward; the information gathered from this enhances our ability to deliver personalised individualized care. We engage in partnerships with families and carers and work together to promote support and inclusion at all times.

Two activities co-ordinators have protected time to participate in activities and therapeutic interventions with patients. We reduce boredom and increase activity for patients where deconditioning is a challenge. As a result of enhanced knowledge and learning staff have said they have increased confidence in caring for patients with dementia, and generalised care and treatment has improved. We have seen improved outcomes for patients with advanced to severe dementia within our inpatient area. See poster attached.

Children & Young People Occupational Therapy

The service has robust evidence of embedding principles of ‘What matters to you..?’

The principles are aligned to the assets and personal outcomes based approach used within the service. Following the request for assistance to our service we have a collaborative conversation routinely asking questions like ‘What is most important to you / your child right now?’ ‘What matters to you?’ ‘How can we help’? Attached is one of our junior occupational therapists reflections.

Staff training, peer reflection and supervision ensure these principles are embedded and quality of effective conversations. Formal Effective Conversation (Malcomess) training is planned for November 2017 for all Allied Health Professionals working with children, young people and their families. The service also has benefited from a Good Conversations trainer and champion.

Other tools used in the service include the COPM – Canadian Occupational Performance Measure which is evidence – based outcome measure designed to capture a client’s self perception of performance in everyday living and what matters to them.

Diabetic Retinopathy Service

DRS participated in the ‘What Matters To You?’ event on 6th June 2017 and received excellent feedback to the service provided.
Children & Young People's Occupational Therapy
The service has robust evidence of embedding principles of ‘What matters to you..?’ The principles are aligned to the assets and personal outcomes based approach used within the service. Following the request for assistance to our service we have a collaborative conversation routinely asking questions like ‘What is most important to you / your child right now?’ ‘What matters to you?’

Staff training, peer reflection and supervision ensure these principles are embedded and quality of effective conversations. Clinicians have had formal effective conversations training and the service also benefits from a Good Conversations trainer and champion.

Other tools used in the service include the COPM – Canadian Occupational Performance Measure which is an evidence – based outcome measure designed to capture a ‘client’s’ self perception of performance in everyday living and what matters to them.

Speech & Language Therapy
Fife CYPs speech and language therapy (SLT) service has their own Facebook page – Banter4bairns. As part of the engagement this supports parents and carers share their experiences of the SLT service they have received. Data re. use of our Facebook page is in embedded document below.
We also use questionnaires following therapy intervention. See above for examples.

National Surveys

The National Inpatient Experience Survey Results has been running for five years and the year 5 results were published and reported on in November 2016. The Inpatient Experience Survey were sent to randomly selected members of the population who stayed overnight in an NHS Fife hospital between 1st April and 30th September 2017. The Survey was sent in January 2018, the results will be published in the Summer 2018.

The survey is conducted by post and asks about people’s experiences of admission, the hospital ward and environment, care and treatment, operations and procedures, staff, leaving hospital, care after leaving hospital and medicines. The full results including the national report and those set out by hospital and by NHS Board area are available on the link below. Survey questions have evolved over time and aim to capture the public's experiences to support improvement in health services.

Improvement features in every section of this report as it directly linked to feedback received and the Board’s approach is to endeavour to improve from all feedback received. This report has already detailed a number of ways in which feedback is influencing change at a service level and also how NHS Fife is working with people to share learning from complaints and feedback.

Here are some more examples of improvements to Service as a result of feedback received:

Fife Sexual Health Service

- As a result of a complaint from a member of the public about the one off use of our poster displays in toilets to promote an event. We have reviewed this and agreed the space should be used to promote key health promotion messages and information about to services.

Addiction Services

- Following concerns expressed by service users, the discharge process has been reviewed and also a plan for sending SMS texts to service users to remind them of their appointments developed.

In Patient Services, East Division

- Following several complaints over the last eighteen months in relation to staff attitudes and behaviours. We have completed some development work within the ward which involved all the staff attending a morning session over three days that was facilitated by the Lead nurse and Organisational Development facilitator.
The programme included sessions covering –

- ‘What matters to you’ initiative
- Receiving and dealing with complaints.
- ‘Little things make a big difference
- Group work – Scenarios using BASK tool. Behaviour= Knowledge/Skills and Attitudes

The feedback was positive and an action plan developed to support improvement work. To date no further complaints have been received.

**Acute Services**

- As a result of a complaint the Urology service are developing a post-stent removal leaflet.

**Maternity Services**

The following actions have been taken in response to suggestions made by ladies accessing the service, including;

- As a result of a complaint the guidance for the management of maternal anaemia has been updated and circulated to staff.
Indicator 2 - Complaint process experience

NHS Fife are committed to ensuring all complaints have a positive experience when making a complaint. When dealing with complaints we believe it is important to find out what matters to the person raising the complaint and to determine from the outset what it is they would like to achieve as a result of the complaints process. To do this we speak to people to ensure that no assumptions are made and to make sure that people understand and feel able/have access to support to be involved in the complaints process. The Patient Relations Team in Fife supports this by establishing contact on receipt of a complaint.

To establish satisfaction with the complaints process, a questionnaire was developed to seek feedback from complainants. To ensure we remained inclusive, a range of methods (electronic, hard copy, telephone) was used.

Initially the questionnaire was limited to Stage 2 complaints and generally the return was poor (4 in a quarter). Commonly it was complainants who remained dissatisfied who responded.

2 out of the 4 complainants who returned the form were unhappy that they were asked to comment on the complaint handling process and they felt it was insensitive to do so having suffered bereavement. This feedback urged the team to review the timing for requesting feedback.

In June 2017 the questionnaire was used to gather feedback on the process for Stage 1 complaints. During that month a total of 12 questionnaires were returned and the general feedback was positive and indicated satisfaction with the process. The collation of this information enables the Board to reiterate the value in responding timeously to complaints and making every effort to resolve issues at a local level using front line staff. It also allows the Patient Relations Team to reflect on their process and make improvement.

The questionnaire has now been embedded in DATIX to make ease of capturing and reporting on the data.
Indicator 3 - Staff awareness and training

To support the ongoing development of a person centred culture the Board supported more staff to undertake training in relation to adopting personal outcomes approach. Good conversations training was initiated within the Acute Hospital setting to support staff in their conversations with patients/carers and families at local level.

The Patient Relations Team continues to develop their own skills in relation to listening and communication to ensure and efficient and effective service is delivered. The Patient Relation Officers also participates in supervision and reflective based learning.

The Patient Relations and Clinical Governance Teams have aligned common elements of work and are now delivering joint induction training for staff which covers safe, effective and person centred care. The session has been developed around a family member’s experience which involved a serious failing in care. A DVD is used to tell the story and outlines the principles of good complaint handling. In 2017/18 further work will be undertaken to align complaints/feedback procedures and Significant Adverse Events policy in preparation for Duty of Candour implementation. In 2017/18 Corporate Induction Training was delivered to 537 members of staff from all disciplines within NHS Fife.

We continue to encourage staff to complete the elearning feedback and complaints training developed nationally. The following table shows comparative data over the last two years.

<table>
<thead>
<tr>
<th>NHS Fife</th>
<th>Module 1</th>
<th>Module 2</th>
<th>Module 3</th>
<th>Module 4</th>
<th>Module 5</th>
<th>Module 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>2016/17</td>
<td>86</td>
<td>82</td>
<td>79</td>
<td>80</td>
<td>78</td>
<td>14</td>
</tr>
</tbody>
</table>

Medical Staff Core Training

The Patient Relations Team supports training to medical staff by delivering a presentation on the Power of Apology.

<table>
<thead>
<tr>
<th>Course – FY2</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching Term 1 - Transparency, apology and complaint</td>
<td>8</td>
</tr>
<tr>
<td>Teaching Term 3 - Cautionary tales for foundation doctors</td>
<td>12</td>
</tr>
<tr>
<td>Teaching Term 3 - The Power of Apology</td>
<td>12</td>
</tr>
</tbody>
</table>
### Course – FY1

<table>
<thead>
<tr>
<th>Course</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching Term 2 - Confidentiality, whistle-blowing &amp; professional boundaries</td>
<td>18</td>
</tr>
<tr>
<td>Teaching Term 3 - Consents</td>
<td>22</td>
</tr>
<tr>
<td>Teaching Term 3 - Management of aggression – patients and relatives</td>
<td>28</td>
</tr>
</tbody>
</table>

### SAER / Duty of Candour

NHS Fife is committed to delivering training on Adverse Event and the following table demonstrates number of staff trained in 2017/18.

<table>
<thead>
<tr>
<th>Course</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Event Review Training (including Root Cause Analysis and Human Factors)</td>
<td>48</td>
</tr>
<tr>
<td>Duty of Candour Learn Pro</td>
<td>1259</td>
</tr>
<tr>
<td>Datix Incident reporting and Incident reviewing Learn Pro</td>
<td>496</td>
</tr>
</tbody>
</table>

### Indicator 4 - Total number of complaints received

The following table demonstrates the number of complaints received within NHS Fife 2017/18. The number of staff employed is 8,500.

<table>
<thead>
<tr>
<th>Complaint relates to</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaint relates to Health Board</td>
<td>0</td>
</tr>
<tr>
<td>Complaint relates to Special Health Board</td>
<td>0</td>
</tr>
<tr>
<td>Complaint relates to Acute Hospital Services</td>
<td>785</td>
</tr>
<tr>
<td>Episodes of Care not supplied</td>
<td>189</td>
</tr>
<tr>
<td>Complaint relates to Community Health Services</td>
<td>50</td>
</tr>
<tr>
<td>Episodes of Care not supplied</td>
<td>1</td>
</tr>
<tr>
<td>Complaint relates to Mental Health Services</td>
<td>1</td>
</tr>
<tr>
<td>Episodes of Care not supplied</td>
<td>2</td>
</tr>
<tr>
<td>Complaint relates to Family Health Services</td>
<td>0</td>
</tr>
<tr>
<td>Episodes of Care not supplied</td>
<td>0</td>
</tr>
<tr>
<td>Complaint relates to Care of the Elderly</td>
<td>27</td>
</tr>
<tr>
<td>Episodes of Care not supplied</td>
<td>0</td>
</tr>
<tr>
<td>Complaint relates to Learning Disabilities</td>
<td>27</td>
</tr>
<tr>
<td>Episodes of Care not supplied</td>
<td>0</td>
</tr>
<tr>
<td>Complaint relates to treatment received in Rehabilitation</td>
<td>27</td>
</tr>
<tr>
<td>Episodes of Care not supplied</td>
<td>0</td>
</tr>
<tr>
<td>Blanks</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>1055</td>
</tr>
</tbody>
</table>
Indicator 5 - Complaints closed at each stage

NHS Fife is committed to meeting the performance target of Stage 1 and Stage 2 complaints. An Assistant Patient Relation Officer was employed to manage Stage 1 complaints and this has resulted in a significant improvement in meeting the performance target over the last 6 months.

The board has experienced challenges around meeting the Stage 2 performance target of 20 days due to various factors. However, work is underway to review and improve process to ensure complainants receive a quality response in a timely manner.

| The number of complaints closed at Stage One as a % of all complaints closed | 65% |
| The number of non-escalated complaints closed at Stage two as a % of all complaints closed | 29% |
| The number of complaints closed at Stage two after escalation as a % of all complaints closed | 6% |
Indicator 6 - Complaints upheld, partially upheld and not upheld

Although the overall complaint outcome is recorded, NHS Fife undertook development work to improve DATIX to allow the recording of outcomes against the themes within a complaint. This can also be aligned to disciplines.

The Excellence in Care National Framework are currently developing a complaints indicator under person-centred, safe and effective care. The information should be used as a tool for improvement.

This will allows the organisation to focus on where improvement is required and will support the Excellence in Care National Framework requirements to ensure the quality for patient care.

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of complaints upheld at Stage One as a % of all complaints closed at Stage One</td>
<td>35%</td>
</tr>
<tr>
<td>The number of complaints not upheld at Stage One as a % of all complaints closed at Stage One</td>
<td>25%</td>
</tr>
<tr>
<td>The number of complaints partially upheld at Stage One as a % of all complaints closed at Stage One</td>
<td>11%</td>
</tr>
<tr>
<td>The number of Non-escalated complaints upheld at Stage Two as a % of all Non-escalated complaints closed at Stage Two</td>
<td>19%</td>
</tr>
<tr>
<td>The number of Non-escalated complaints not upheld at Stage Two as a % of all Non-escalated complaints closed at Stage Two</td>
<td>31%</td>
</tr>
<tr>
<td>The number of Non-escalated complaints partially upheld at Stage Two as a % of all Non-escalated complaints closed at Stage Two</td>
<td>43%</td>
</tr>
<tr>
<td>The number of escalated complaints upheld at Stage Two as a % of all escalated complaints closed at Stage Two</td>
<td>22%</td>
</tr>
<tr>
<td>The number of escalated complaints not upheld at Stage Two as a % of all escalated complaints closed at Stage Two</td>
<td>44%</td>
</tr>
<tr>
<td>The number of escalated complaints partially upheld at Stage Two as a % of all escalated complaints closed at Stage Two</td>
<td>31%</td>
</tr>
</tbody>
</table>
### Indicator 7 - Average times

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>The average time in working days to respond to complaints at Stage One</td>
<td>7</td>
</tr>
<tr>
<td>The average time in working days to respond to complaints at Stage Two</td>
<td>129</td>
</tr>
<tr>
<td>(Not escalated)</td>
<td></td>
</tr>
<tr>
<td>The average time in working days to respond to complaints after escalation</td>
<td>15</td>
</tr>
</tbody>
</table>

### Indicator 8 - Complaints closed in full within timescales

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of complaints closed at Stage 1 within 5 working days as a % of number of complaints closed at Stage 1</td>
<td>71%</td>
</tr>
<tr>
<td>The number of Non-escalated complaints closed at Stage 2 within 20 working days as a % of number of Non-escalated complaints closed at Stage 2</td>
<td>40%</td>
</tr>
<tr>
<td>The number of escalated complaints closed within 20 working days as a % total number of escalated complaints closed at Stage 2</td>
<td>67%</td>
</tr>
</tbody>
</table>

### Indicator 9 - Number of cases where an extension is authorised

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of complaints closed at Stage 1 where extension was authorised, as a % of all complaints closed at Stage 1</td>
<td>19%</td>
</tr>
<tr>
<td>The number of Non-escalated complaints closed at Stage 2 where extension was authorised, as a % of all Non-escalated complaints closed at Stage 2</td>
<td>26%</td>
</tr>
<tr>
<td>The number of Escalated complaints closed at Stage 2 where extension was authorised, as a % of all Escalated complaints closed at Stage 2</td>
<td>14%</td>
</tr>
</tbody>
</table>
### FHS Template for Sending Complaints to ISD: Complaints received year ending 31st March 2017

This sheet asks for the Complaints sign-off contact to confirm the Complaints figures that will appear in the NHS Complaints Statistics Publication, plus a description of any data accuracy and quality issues.

We would appreciate it if the Complaints sign-off contact would provide the following information of your Board’s complaints data before signing off and approving it to be included in the NHS Complaints Statistics Publication.

Mandatory data items are coded with an ‘M’ and additional data items are coded with an ‘A’. When filling in the template do not leave any blanks for any data items (mandatory and additional). If data is zero i.e. nil data/records then record as ‘0’. If data is not available/collected/recorded please record as ‘NA’.

#### NHS Board

<table>
<thead>
<tr>
<th>Type of Independent Contractor</th>
<th>GP</th>
<th>Dentist</th>
<th>Pharmacist</th>
<th>Optician</th>
<th>Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>M No. of Contractors</td>
<td>223</td>
<td>182</td>
<td>85</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>M No. of Contractors replying</td>
<td>223</td>
<td>182</td>
<td>85</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>M Total No. of complaints received</td>
<td>266</td>
<td>10</td>
<td>72</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A No. of complaints withdrawn</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>M No. of complaints used in ISG Analysis</td>
<td>271</td>
<td>10</td>
<td>74</td>
<td>35</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Main Complaints Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPS: Treatment</td>
<td>92</td>
</tr>
<tr>
<td>Access</td>
<td>78</td>
</tr>
<tr>
<td>Staff Attitude</td>
<td>84</td>
</tr>
<tr>
<td>Communication</td>
<td>48</td>
</tr>
<tr>
<td>Prescription Error</td>
<td>44</td>
</tr>
<tr>
<td>Late Referrals</td>
<td>10</td>
</tr>
<tr>
<td>Inaccurate Medication Records</td>
<td>11</td>
</tr>
<tr>
<td>Contingency</td>
<td>8</td>
</tr>
<tr>
<td>Private Sector</td>
<td>1</td>
</tr>
<tr>
<td>Dentists: Communication</td>
<td>5</td>
</tr>
<tr>
<td>Treatment Planning</td>
<td>5</td>
</tr>
<tr>
<td>Quality of Dentists</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>376</td>
</tr>
</tbody>
</table>

#### Response Numbers and Times

<table>
<thead>
<tr>
<th>Number</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M No. of complaints responded to within 20 days</td>
<td>105</td>
<td>10</td>
<td>73</td>
<td>35</td>
</tr>
<tr>
<td>A No. of complaints responded to out with 20 days</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A No. of complaints still open</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A No. of complaints acknowledged within 3 days</td>
<td>105</td>
<td>10</td>
<td>73</td>
<td>35</td>
</tr>
</tbody>
</table>

#### No. of complaint outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints Upheld</td>
<td>0</td>
</tr>
<tr>
<td>Complaints Partially Upheld</td>
<td>0</td>
</tr>
<tr>
<td>Complaints Not Upheld</td>
<td>0</td>
</tr>
<tr>
<td>Involuntary</td>
<td>0</td>
</tr>
<tr>
<td>M No. of complaints where Alternative Dispute Resolution Used</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
<tr>
<td>Not Known</td>
<td>0</td>
</tr>
<tr>
<td>Other / Not Known</td>
<td>5</td>
</tr>
</tbody>
</table>

By completing this form the Complaints sign-off contact, agrees with and signs off the information as it appears in the report which is summarised above.

**Please email this summarised sheet no later than 27 June 2017 to:**

NHS: isdcomplaints@nhs.net

**Contact Name:** JOYCE KELLY

**Tel No:** 01562 224440 e-mail joyce.kelly@fhs.net

**Signature:** JOYCE KELLY

We are copying this material to you only for management and quality assurance purposes at this stage. Please treat the material and any mention of the results as restricted until public release on ISD’s website “Scottish Health Statistics” at http://www.dcsotscot.nhs.uk/Health-Topics/Quality-Indicators/NHS-Complaints-Statistics at 9.30am on Tuesday 3rd October 2017. We would be grateful if you would inform us as soon as possible should any accidental release occur or should you be aware of any wrongful release. While we are releasing this material for management and quality assurance purposes at this stage it is important that the first public release is via ISD on the above date.

If you have any comments around data accuracy, data quality, and/or any other issues/concerns then please provide comments below:

If specific information is provided as to how data inaccuracies/omissions impact on the published figures e.g. our NHS Board has ‘X’ complaints received and the percentage responds to <=20 days is XX.X% and not XX.X%, then this quantified information will be used as a save/footnote in the publication to provide further clarity/explanation around the figures. If a general statement is provided and the ‘true’ numbers, percentages etc are not quantified e.g. incorrect/number of complaints received and those acknowledged and responded to, then this will not be footnoted in the tables but will be included within the data quality paper.