EXECUTIVE SUMMARY

NHS Fife is committed to listening and learning from the experience of patients and carers. We want to seek feedback at every opportunity and aim to do so consistently and reliably. During the course of 2015/16 we have been actively developing a Participation and Engagement Strategy in partnership with a wide range of stakeholders. Our Strategy clearly defines our values and commitment to listening and learning from all forms of feedback and sets a direction of travel that will enable us to connect with our local communities over the next 3 years. We remain committed to promoting a person centred approach where we aim to meaningfully understand what matters to people who use our Services and work with them to achieve the best possible outcome.

During 2015/16 we have continued to share patient/carer and staff stories with NHS Fife’s Board which helps to keep the Board connected to the real experience of people using our services. We have also introduced the use of patient and carer stories in our Staff Induction sessions to promote the connection between Experience and Quality, Safety and Governance.

We are not complacent about the challenges we have faced in the last year. Responding to complaints in a timely manner has remained our biggest challenge; however we have started to see the signs of improvement in our data as a result of our focus on improving this aspect of performance. Data in relation to performance features in more detail in the body of the report.

In presenting the 2015/16 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/Scottish Health Council/Scottish Government/ Patient Advice and Support Service and the wider community.

HELEN PATERSON
DIRECTOR OF NURSING
SECTION 1: 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 2014/15 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 3 and the Scottish Health Council subsequently assessed NHS Fife as having met Level 3 for both Patient Focus and Governance Arrangements.

NHS Fife’s score was the best in Scotland as we were the only Board in Scotland to achieve a level 3 in both areas. There is no assessment process for 2015/16 as Boards have been given the opportunity to focus on development and improvement prior to re assessment in 2016/17.
 SECTION 2: ENCOURAGING AND GATHERING FEEDBACK

Previous Annual Reports have outlined NHS Fife’s commitment to encouraging and gathering feedback and there has been no change to that commitment in 2015/16. This year has been used to consolidate, evaluate and embed a range of approaches which are clearly outlined in Fife’s Participation and Engagement Strategy. Our Strategy provides a strong leadership message about the Board’s commitment to promoting such an approach.

In 2014/15 the Board reported on the following work streams associated with encouraging and gathering feedback:

**NHS Fife’s “CommonHealth” (Working and engaging with people and communities to promote health and well being)**

In response to the Listening and Learning report published in 2014 it was recognised that the wider public needed to be involved in supporting the Board’s work in relation to feedback and complaints. A series of events were scheduled to engage with the public around feedback and complaints, with a view to finding out what was most important to them. NHS Fife worked in collaboration with the Scottish Health Council and developed a questionnaire to help gain a better understanding from a public perspective of what they already knew about engaging with NHS Fife and what they knew about giving feedback and making complaints. The events were hosted across Fife, ensuring that a range of age groups and diverse cultures were included. These were held at different times of the day and over a weekend as a means of positively responding to people where and when it suited them. Building on the success of this work, during 2015/16, NHS Fife piloted a Community Ambassador project. The following media release details more about this work which was instrumental in developing the Board’s thinking about ways of embedding this as an approach for developing dialogue with and links with the local community.
Patient and Care Opinion

During 2015/16 NHS Fife continued to promote Patient Opinion (an independent social media site developed to give people a way of sharing their healthcare experiences) as a means of providing anonymous feedback. NHS Fife promoted Patient Opinion across all acute and community hospital sites, using posters, banners, information in letters and postcards as well as using other media forms such as NHS Fife’s website and twitter to raise awareness and generate interest.

NHS Fife’s Patient Opinion highlights include:

- 110 stories posted during the year (118 in previous year)
- 100% of stories responded to (87% within 5 days)
- 51% of stories posted were positive stories
- 11% of stories led to a change being made

During 2015/16 NHS Fife’s Patient Focus Public Involvement Standing Committee, agreed and approved a self assessment in relation to the level of engagement with Patient Opinion and the Board’s aspirations for the future. A plan has been agreed to drive an increase in the number of stories posted in 2016/17, to improve the response times to 100% within 3 days and to increase the number of responders across the Board area.

Patient Opinion has provided NHS Fife with an Annual Report which is embedded below:

![Patient Opinion Annual Summary 2015-2016](image)

Care Opinion

During 2015/16 Fife piloted Care Opinion as a means of gathering experience from individuals accessing social care across Fife. The uptake of Care Opinion has been slow and a key lesson from the pilot is the need to actively promote Care Opinion and encourage local ownership.

One story posted as a result of a visit by the ALLIANCE outreach worker from the Care Opinion pilot identified issues across Health and Social Care in relation to dementia care. In this particular example contact was made with the individual who posted the story and arrangements made for the story to be shared at a meeting of NHS Fife Board. Senior Leaders across Health and Social Care were then able to listen to and learn from the experience of those using Services and seek assurance regarding systems and processes in place to support patients following a diagnosis of dementia. Patient/Care Opinion intends to develop this as a case study to highlight the value in people sharing their experience and the ways in which experience can be used to drive improvement.
Your Care Experience

Your Care Experience is a questionnaire that has been developed, to ask people, 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 form 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. During 2014/15 an IT app was developed and a number of I pads purchased to support a roll out process across NHS Fife. Progress has been slow during 2015/16 as a result of technical issues with a total of 665 surveys undertaken. The limited responses have been reported but as yet it is not possible to link improvement activity as sample sizes within specific areas are too small. The commitment remains to resolve the technical issues and implement a consistent approach to capturing patient experience data.

Person Stories at the Board

Person Stories at the Board were introduced to NHS Fife in December 2013 and are now embedded as standing agenda items at each Board meeting. Patients, carers and staff share their personal stories of healthcare experience and are given allocated time at the start of each Board meeting. The stories are a mix of positive and negative experience and are a means of ensuring that the Board is sighted on real time patient and staff experience.

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 using 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 pro actively seeking feedback via questionnaires/surveys and focus groups. The work we have undertaken within our local communities has identified that no one size fits all and that the Board needs to remain flexible in its approach to encouraging and gathering feedback. During 2015/16 we have 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.

‘How are we Doing’ post boxes are in situ across Community Hospitals and provide real time feedback at point of care delivery. This often results in quicker resolution of issues highlighted. Comment cards are also available across the main Acute hospital sites.

Positive feedback is not always recognised, celebrated and shared despite this far outweighing negative feedback received. As a result we have continued to encourage the counting and recording of compliments and promoted the benefits of
sharing these as a means of re-enforcing good practice. During 2015/16 a total of 450 compliments were recorded compared to 186 compliments in the previous year. During 2015/16 we will encourage all areas to log and share the positive feedback received.

**Examples of compliments received**

“Thank you so much for the excellent care, compassion and dignity you showed Dad while he was with you. We cannot thank you enough for everything you did for Dad and all the family. You all do wonderful jobs in what must be a difficult and challenging setting”

“We would like to say thank you very much for all you are doing for XX and especially the wonderful wedding you gave her. There are no words to describe how grateful we are. Thank you all so very much”.

Thank you all so much for the expert care and friendliness you have shown me for the last 5 weeks! I will miss you but I will come back to see you (hopefully not to occupy a bed again! And love to all.

“It is really very difficult to write this letter. To say thank you to all of you seems so inadequate. Every one of you has helped XX and I every step of our difficult path. You are the most caring people we have ever met; you always go that extra mile. We both want to say thank you from the bottom of our hearts”.

As well as providing a range of feedback mechanisms for people, we want to continue to encourage services to take responsibility for gathering information that is relevant to their specific service to help focus improvement work. Some examples of this work include:

**Children and Young People’s Service**

The Children & Young People’s Service in conjunction with the Health Inequalities Team, consulted with service users and individuals to gain a better understanding of children, young people and their families’ views of children’s health services. The key findings of the consultation were used to inform the development of the *Children and Young People’s Health and Wellbeing Strategy 2015-2020*.

The consultation method included face-to-face focus groups, feedback forms and survey questionnaires:

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<tr>
<th>Method</th>
<th>Number of participants</th>
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<tbody>
<tr>
<td>Focus group</td>
<td>178</td>
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<tr>
<td>1:1 feedback forms</td>
<td>130</td>
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<tr>
<td>Survey questionnaires</td>
<td>47</td>
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The key themes identified from the consultation were:

- Welcome us
- Speak to us
- Include us
- Don’t judge us
- Support us

The consultation demonstrated that children and young people want to be involved in decisions about their care, but also that they make important contributions in service development and delivery. The consultation demonstrated that children and young people have an interest in being included, which is a valuable asset for all children’s services. The consultation provided insights into the views of children, young people and their families, providing valuable support to improve the health and wellbeing of children and young people. It also highlights areas for improvement, particularly in relation to waiting times, capacity of services and the need to provide early intervention for families.

A number of lessons learned were considered as part of the consultation feedback:

- How the findings of the consultation inform the Children & Young People’s Strategy and service action plans
- How can involving children, young people and families become an integral part of service development and delivery
- How can services provide feedback to participants in line with National Standards for Community Engagement and 7 Golden Rules for Participation.

The full consultation report, summary of key findings and an easy read version of the consultation can be found - [Children & Young Peoples Health & Wellbeing Strategy 2015-20 Consultation](#)

**Pulmonary Rehabilitation/Active Options**

Pulmonary Rehabilitation is an evidence-based exercise and education programme for people living with long term respiratory conditions, mainly Chronic Obstructive Pulmonary Disease (COPD). In Dunfermline & West Fife the service is provided by Community Respiratory Physiotherapists working within the Integrated Care Assessment and Support Service (ICASS).

A questionnaire was sent out to patients who had completed a Pulmonary Rehabilitation class in the preceding year and who had agreed to being referred to a follow-on Active Options2 class (run by Fife Sports and Leisure Trust). 45 questionnaires were sent out, and 23 were returned; giving a response rate of 51.1%

From the 23 returned questionnaires,
• 12 people advised they had attended, and were still attending the Active Options2 (AO2) class
• 4 people reported never attending the AO2 follow on class.
• 7 people started the classes but did not continue attending

The patients were asked additional questions, including what they enjoyed about the class; what they had found beneficial; if they had received information about the class before they attended; and, most importantly for the service, what could the service have done to prepare the patient better / help them to make the transition from a health class to a leisure class. In relation to the last question, the responses received included:

• You have been most helpful
• It was for me a good transition
• Maybe stress that it is not supervised to the same extent as pulmonary rehab. Keep up the good work!

The analysis of the responses was shared with the Active Options managers, and the general consensus was that those who go to the classes enjoy them and continue to go. However, there are a number of people who do not engage with the follow-on option after referral. The Community Respiratory Physiotherapy service are working towards making sure the patients are well informed about what is involved in the classes and the difference between the AO2 classes and the pulmonary rehabilitation class they have recently completed.

**Community Diabetes Specialist Nurse Service**

The specialist nurse teams carried out a patient satisfaction survey, the purpose of which was to ascertain how patients view the support they receive from the team and identify any areas for improvement.

The recommendations:

- Continue to see patients in a timely manner.
- Continue to involve patients in the decisions about their treatment.
- Continue to support patients to set goals to support them to self manage their condition.
- Ensure all staff are up to date in health behaviour change training.
- Continue to provide patients with discharge plan and option to contact the team for future reports.
- Carry out regular service evaluation to measure patient satisfaction.

**Sexual Health Service: HIV National Survey**

NHS Fife participated in the National Survey to check in with hundreds of patients living with HIV, to hear about their experiences in clinics to determine if the services available are meet the needs of the client group. It is all part of making sure that services in Scotland are as good as they can be, as part of the strategy set out in the
Scottish Government’s Sexual Health and Blood Borne Virus Framework. The results will be collated and used to see how improvements can be made.

Customer Research Technology (CRT) Kiosks were set up at clinics in Queen Margaret Hospital and Whytemans Brae Hospital and the survey run for 5 weeks during November/December 2015.

The results will be grouped together to give a national overview of the acceptability of HIV clinical services, which will be shared with interested parties such as the Scottish Government and NHS Boards. Local information will be sent to the relevant Health Board.

**HIV Patient Story**

The staff from the Sexual Health Service and the Clinical Governance team have supported a patient to tell their story of the care they have received from NHS Fife. This powerful and emotional patient story has been heard by the team within sexual health and will also be used as part of training for all staff across NHS Fife. The story has also been programmed in to be shared at a future board meeting.

**Endoscopy**

A focused piece of work (patient survey) was undertaken within endoscopy at Queen Margaret Hospital in an effort to:

- Understand the patients’ impression of the endoscopy service.
- Identify areas for improvement

**Summary of results**

All 56 patients (100%) were satisfied with the care they received; 49 (88%) of patients rated the service and their overall experience as having been excellent. Comments provided in 48 out 56 of the forms filled in.

Suggestions for improvement in 3 out of 56 received

- Please can I suggest moist wipes in the toilet? **Response**: What a great suggestion, these will be ordered immediately
- The most difficult problem was the waiting around, when you are apprehensive, the wait is excruciating. **Response**: We recognise that this is a difficult time. We are exploring the use of volunteers in our waiting areas.
- It would be good if preparation could be improved. I was on Moviprep, though I have heard that this is far from the worst. **Response**: Regrettably no bowel preparations are palatable and taking them is not pleasant and we sympathise. However, it’s so important that the bowel is as clean as possible for the test.
**Neonatal Unit, Victoria Hospital: My Little One**

When a new mother's baby is taken to the neonatal unit it can be a heart-breaking and anxious time. *My Little One* aims to bring mums and their babies closer via a personalised webcam service from the bedside, providing immediate viewing access to the baby incubator, all on one screen. This helps facilitate the initial mother-baby bond and promotes attachment.

On admission to the neonatal unit a webcam is attached to the infants incubator/ cot and the associated device given to the parent at the earliest possible opportunity. Cameras are operated by nursing staff, allowing for them to be temporarily disabled during medical procedures, therefore reducing any distress to the mother.

Evaluation of parents' and staffs' views and experiences are being compiled by researcher at Glasgow Caledonian University to find out whether the technology is perceived as being useful and to determine ways in which to develop further in the future.

The bonding between a mother and her baby is an important process and has implications for the child's future development. *My Little One* will help overcome any sense of geographical isolation and anxiety, by allowing mothers to see real-time images of their babies, providing reassurance to parents and improving the bonding between the mother and her baby even when they cannot physically be together.
Patient Feedback was sought by the Clinical Interventions Unit, Queen Margaret Hospital in August 2015. The aim of the patient feedback request was:

- To capture patient experience of CIU visit
- To identify areas for improvement
- To highlight areas of good practice

The Clinical Intervention Unit provides a quality day care service for patients suffering from a wide variety of acute and chronic conditions, ideally preventing in-patient hospital admissions. There were 71 patient responses received.

- In response to ‘Were you satisfied with your care today’ – 100% responded yes
- In response to ‘How would you rate the overall quality of care you received today?’ – 92% said their care was excellent and 8% said it was very good. No negative comments were received.

Service users were invited to give comments or written feedback. Examples of comments follow:

- I have been attending this Unit for many years and find the Quality of Care top notch.
- Every time I came into the Unit the nursing staff are always very kind and very caring. I am always welcome and with a happy smiling face and a cup of tea. I cannot think of anything to improve my care, medication, treatment as all the staff are amazing 😊
- Think everything is perfect; staff are excellent and friendly, ward clean and tidy always.
- Staff are very friendly and good at what they do but can sometimes be very busy so could do with an extra pair of hands.
- Lovely friendly staff, very clean environment.
- Staff always very friendly.
- Keywords are professional, caring, and friendly. Julie and the team are NHS stars. The Unit is named “Clinical Intervention” but the ambience and experience is made to feel personal and you are treated very much as an individual. This is very different to other areas of the NHS I have experienced and should be seen as a model for others to follow.
- This excellent feedback has been shared with the staff to give them assurance of the high standard of care they are delivering.

Graph showing how length of stay relates to gestation. A baby born at 23-25 weeks (about 4 months early) will spend over 100 days in the neonatal unit. In contrast most mothers are discharged after 3-4 days.
Admissions Unit 1 (AU1), Victoria Hospital: AU1 have asked patients what they ‘could do better’ and ‘what went well’ and invited comments and suggestions. The responses are colourfully displayed on a board in the main corridor and available for all patients, visitors and staff to view.
Making a Difference Board, Ward 31 Victoria Hospital

Ward 31 introduced a ‘Making a Difference’ board which captures staff feedback relating to activities undertaken which have made a difference to patient care. The board promotes a positive message about the team providing care and the picture board is displayed and is visually attractive which encourages members of the public to read.
National Surveys

In May 2015 the Scottish Maternity Survey was sent to 377 women who gave birth in Victoria Hospital in February/March 2015. The high level survey results are detailed below:

Overall how would you rate your antenatal care?

| Antenatal Care | 92% | 0 |

Overall how would you rate the care you received during your labour and birth?

| Labour and birth | 93% | +1 |

Overall how would you rate the care you received in hospital after the birth?

| Care after the birth | 92% | +6 |

Overall how would you rate the care you received at home after the birth?

| Care at home | 93% | +2 |

As a result of the survey, the Maternity Service developed and action plan to drive further improvements in care. The full report is embedded below:

In January 2016 the In Patient Survey was sent to 1,350 people who stayed overnight in an NHS Fife hospital between 1 April and 30 September 2015. Results will be available in August 2016.
SECTION 3: ENCOURAGING AND HANDLING COMPLAINTS

We value complaints alongside all of the other forms of feedback and actively welcome and encourage service users and 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. A range of promotional materials are on display at Ward/Department level to promote the Board’s desire to receive feedback.

NHS Fife received a total 356 formal complaints during the year, compared to 410 in the previous year; however the number of concerns increased from 1027 in 2014/15 to 1364 in 2015/16. Concerns are often complaints raised, where people indicate a wish to have the matter dealt with out with the formal process. Patient Relations staff act in a liaison role, between the person raising the concern and the Service, in an effort to achieve resolution.

The following graph provides the breakdown of activity across complaints/concerns/comments and compliments.
### Complaints, Concerns, Comments, Compliments

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<th>Compliments</th>
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**Number of complaints**

- Total: 356

**Number where alternative dispute resolution used**

- 0 (advice sought regarding alternative dispute resolution; however local mechanisms supported resolution)

**Number responded to within 20 days**

- 168

**Outcomes from Complaints**

- Upheld: 86 (24%)
- Partially Upheld: 121 (34%)
- Not Upheld: 147 (41%)
This graph demonstrates the number of complaints received on a monthly basis in 2015/16 compared to the previous two years.
The key themes emerging from complaints remain unchanged with clinical treatment, staff attitude and behaviour and communication the most common themes identified. Note: any 1 complaint can include multiple issues.
NHS Fife is limited in resolving issues that sit out with Health or relate to Independent Contractors; however the integration of Health and Social Care will bring further opportunities to promote discussion.
In Fife we recognise that complaints are best resolved at the point of contact by those delivering the Service. We also recognise the benefits of individuals receiving a meaningful and direct apology where things have not gone well. The Board’s policies and procedures and training/education materials have all been developed and revised to make sure this message is clear to all NHS Fife staff.

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

The Board has struggled to achieve a reasonable standard of responding to complaints within the twenty working days, with a response time of 47% compared to 41% in the previous year. To address this, complaints have been included in Fife’s Performance Management Report which sets out a clear improvement trajectory alongside key actions to drive improvement. A target of 75% has been agreed and the following extract demonstrates the progress being made towards achieving the standard.

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<tr>
<td>Number of Complaints</td>
<td>41</td>
<td>38</td>
<td>25</td>
<td>31</td>
<td>33</td>
<td>35</td>
<td>20</td>
<td>27</td>
<td>25</td>
<td>21</td>
<td>34</td>
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<td>Actual Performance</td>
<td>98.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>90.0%</td>
<td>94.0%</td>
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<td>Recovery Trajectory</td>
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When a complaint is complex and it is identified from the outset that it is likely to extend the deadline it is normal practice for the Patient Relations staff to be open and honest about the challenges of meeting the 20 day response time. In practice, most people are satisfied to await a response and our commitment is to keep them updated on progress. During 2015/16, the Patient Relations Team introduced a Quality Assurance checklist to monitor the standard of complaint handling. In tandem with this the Board’s complaint handling satisfaction questionnaire was revised and is being issued with all NHS Fife’s final complaint responses.

The Patient Advice and Support Service (PASS) continue to provide a route and source of support for anyone wishing to provide feedback or make a complaint. PASS work independently of NHS Fife; however, the work of PASS is promoted on our hospital sites as well as in the community and on our website and in correspondence.

PASS produce quarterly reports which are included in the Patient Focus Public Involvement Standing Committee Agenda.
Demonstrating learning from complaints remains a challenge. Whilst complaint numbers and themes feature on our Local Governance Committee reports; the learning is not always evident or consistent in all complaints. Work was undertaken during 2015/16 to develop a LEARN summary for Significant Adverse Events and this is now being considered for use more widely with complaints.

There is a mechanism for sharing the learning from cases which have progressed to the Ombudsman and in Fife we distribute the Ombudsman’s monthly findings to a wide network of people. Cases are also formally reported via Governance Committees and shared in multi professional training sessions.

Community Services have introduced a system 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.

In order to track progress with actions, a status report has been developed which is reported six monthly.

NHS Fife also has a Reducing Harm Action Plan which incorporates actions from a number of sources, including complaints and Ombudsman cases, Significant Adverse Events, mortality and morbidity reviews. The action plan is reviewed by NHS Fife’s Quality and Safety Governance Group which is a Pan Fife group with designated responsibility to oversee this.

Scottish Public Service Ombudsman (SPSO) CASES

Number of SPSO Complaints

The population of Fife comprises 6.7% of the total population of Scotland. In 2014/15 a total of 64 complaints were received about NHS Fife (58 in previous year) This accounts for 4.2% of the health sector total.

Premature Rate

The average number of complaints reaching the SPSO before the local complaints process has been exhausted within the Health Board Area (the “premature rate”) was 21% in Fife for 2014/15, compared to 25% nationally.

Uphold Rate

68% of Fife cases considered by the SPSO were upheld in 2014/15 compared to 44% in the previous year and against a 55% sector total. Further analysis shows that there was a decrease in upheld complaints across NHS Fife from 69% to 58% in the year; however an increase in the uphold rate for GP Practices from 20% to 78% for the same timeframe.
In response to the Boards Patient Experience Audit reported in 2015 further analysis of the cases upheld by the SPSO was identified as an action. A total of 35 Fife cases were presented to the SPSO (raising multiple issues); 7 of which were not considered beyond the initial stage by the SPSO, a further 9 cases relating to GP Practice, 17 relating to NHS Fife and 2 relating to dental services.

In 6 of the cases the Board did not uphold the complaint made and the SPSO concurred with the Board in its findings.

In 1 case the complaint related to NHS Lothian; however a recommendation was made to the Board concerning patient transfer information.

In 5 of the remaining 10 ten cases NHS Fife conclusions did not match with the SPSO’s. Without exception these were clinical treatment cases where the SPSO Adviser held a different view to that of the Team undertaking the Review in Fife. In 2 of the 5 there was detailed discussion with the SPSO about the findings and recommendations in view of concerns regarding impact. Following negotiation the Board accepted and complied with the recommendations made.

In the remaining five cases NHS Fife partially upheld the complaints which were later upheld by the SPSO. In these case the SPSO identified additional recommendations for the Board which indicates an ongoing need for the Board to identify clear actions in complaint responses.

From the assessment of the SPSO data it is reasonable to conclude that NHS Fife are performing reasonably in terms of cases proceeding to the SPSO and in signposting complaints appropriately. The issues being complained about in NHS Fife are similar to that of other Boards.

With regards to the upheld status of complaints by the SPSO there is a notable difference in the figures relating to GP practices which will be shared for consideration. It is reasonable to conclude that there will always be a small number of complex clinical cases where there will be differing opinions. There is however a robust mechanism of escalation for such cases, to ensure appropriate decision making around any specific challenges to be made to the SPSO. There is scope for NHS Fife to further improve responding to complaints by clearly identifying actions taken and sharing the learning from complaints.

During 2015/16 a number of SPSO complaints were presented in multi-disciplinary teaching sessions to promote sharing and learning from complaints.
SECTION 4: THE CULTURE, INCLUDING STAFF TRAINING AND DEVELOPMENT

NHS Fife's Strategic Framework sets out the Board's Vision, Mission, Values, Aspirations and Key Objectives.

This framework brings together all elements of safe, effective and person centred care. This provides a strong foundation for the development of all policies and procedures, including Complaints and Feedback and Participation and Engagement.

We are committed to embedding a person centred approach in all aspects of work across the Board and have been developing staff to think first and foremost about providing care from the basis of what matters to the person/carer. Our work in Fife is building on the work of the national programmes and there are tangible examples of the approach being used in every day practice. Within the Paediatric Unit for example, all rooms now have whiteboards with “What Matters To Me” displayed;
meaning that staff can identify straight away what matters most to the child and engage accordingly.

As part of the Older People and Frailty work stream there are also tangible examples of staff engaging with patients/carers and families to identify what matters to them. Commonly the issue of information sharing has been raised as an area for improvement; in response to which, staff have identified ways of more proactively engaging with patients and families and developed written information to support the process.

To support the development of a person centred culture, staff within community settings have undertaken training in relation to a personal outcomes approach. This approach places an emphasis on identifying what is important to the individual, the development of quality relationships and co-creating solutions to achieve improved outcomes for patients and staff.

In Fife, the Patient Relations Team plays an important role in promoting a positive culture of welcoming and responding positively to feedback and complaints. The team support the Board to achieve excellence and person centred care by encouraging open and honest dialogue, by promoting the value of prompt and local resolution and by supporting patients/carers and staff throughout the complaints process. The team plays a valuable role in also challenging practice against set standards. The team deliver a range of training across multi professional groups including; medical staff, nursing staff and allied health professionals.

The following table gives a breakdown of the number of staff having undertaken complaints/feedback training over the course of the year with a recommendation from the Patient Experience audit to increase this further in 2015/16.

<table>
<thead>
<tr>
<th>Health Board</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>NHS Fife</td>
<td>86</td>
<td>82</td>
<td>79</td>
<td>80</td>
<td>78</td>
<td>14</td>
</tr>
</tbody>
</table>

Leadership and commitment to the feedback and complaints agenda has always been strong in NHS Fife. There is evidence of that through the ongoing commitment to hear stories at the Board and the Chief Executive’s request in 2015 to sign off every complaint response. Identified Non Executives support the work under the wider remit of Patient Focus Public Involvement and challenge and seek assurances around information being presented to Governance Committees which relates to feedback and complaints. During 2015/16 performance against the 20 day standard was prioritised as the single most important issue requiring improvement.

Whilst there is a clear commitment and strong leadership around feedback and complaints, the challenges remain. It is recognised that staff at times struggle to be
open to feedback and feel limited in their ability to deal with difficult conversations. The Board’s work in relation to Significant Adverse Event Review continues to be helpful in supporting staff to undertake the role and in creating a supportive culture for staff to develop their skills and confidence in dealing with feedback, complaints and incidents.

Equally there is recognition of the need to support patients and carers when giving feedback or making a complaint. NHS Fife is committed to promoting the role of the Patient Advice and Support Service and Advocacy Services to support those who require it.

SECTION 5: IMPROVEMENTS TO SERVICES (AS A RESULT OF COMPLAINTS AND FEEDBACK)

Section 2 of 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 actions taken to improve services as a result of complaints, which include Ombudsman cases:

**Primary Care Emergency Service**

The following guidance was revised following a complaint made by a patient who attended the Out of Hours Service:

*All walk-ins at QMH, Glenrothes Hospital, and St Andrews Community Hospital should be assessed and triaged to ensure they are directed to the appropriate centre and seen within a safe time frame.*

*If the walk-in has an injury, basic first aid should be offered; i.e. a simple dressing or covering for a wound, a sick bowl supplied if needed, pressure applied to wounds where required prior to transfer.*

*The Urgent Care Practitioner / GP on shift should ensure that the patient is capable of safe transfer to A&E if required, and an ambulance arranged if necessary.*

**Speech & Language Therapy**

As a result of concerns raised by a family about the therapy process for their child with severe and complex needs, the Speech & Language Therapy service reviewed staff development around decision making and commented as follows:

*The focus has shifted from process-led management i.e. ‘doing what is right’, to a personal outcomes approach i.e. ‘doing what is the right thing for each individual and their circumstances’.*
There is an embedded person-centred culture in the service; however, work continues to support further advances in this direction.

**Diabetic Retinopathy Service (DRS)**

As a result of feedback, the DRS Service identified a need to identify patients who are not currently registered with their GP to ensure they are receiving appropriate screening. Plans being put in place to introduce a screening clinic to improve this.

**Acute Services**

As a result of a complaint a change was made to the format of the Board’s consent form to support improved understanding of the consent process.

As a result of a patient complaint concerning information about a Dermatology procedure the process has been reviewed and information is now provided prior to the procedure to ensure the patient is better informed.

### SECTION 6: ACCOUNTABILITY AND GOVERNANCE

The Board has clear governance arrangements in place in relation to feedback and complaints which includes regular reporting via local Clinical Governance Committees, through the NHS Fife Clinical Governance Committee and through the PFPI Standing Committee. The Quality and Safety Governance Group is a Fife Wide Group with a responsibility for implementation and monitoring of all aspects of safe, effective and person centred care. All reports are available to members of the public. NHS Fife’s Executive Director Group is sighted on all complaint and feedback reports.

During 2015/16 there was a review of the role and remit of the PFPI Standing Committee. This in conjunction with work in relation to Integration of Health and Social Care and the development of a Participation and Engagement Strategy will bring about further changes during 2016/17.

Performance data has been included in the 2015/16 data which is presented to the Board in the form of Minutes and reports submitted via the Governance Committees.