ANNUAL REVIEW 25 NOVEMBER 2013

Self-Assessment
Section 4: Everyone has a positive experience of healthcare

Patient Experience

In the last year, we have continued to focus on delivering an approach to care which is person centred. We remain committed to working with partners to improve the experience of patients, carers and staff. There is a range of work in place which demonstrates the success of this approach; for example a number of projects funded through the Carer Information Strategy have delivered positive results for carers and staff. Working with Fife Carers Centre has enabled us to identify areas of need within our local community and to positively impact on the lives of carers.

Another feature of the work is that we have embedded an approach within our Patient Focus Public Involvement Standing Committee which enables the Committee to hear the real stories. This approach demonstrates real partnership working and provides a mechanism to assure the Board that in NHS Fife, experience matters.

In last year’s submission, we outlined our investment in tools such as the Caring Behaviours System (CBAS), which allows local teams to reflect on attitudes, behaviours and practice and encourages input from patients and carers at the point of contact. By working together, teams are able to identify actions to make local improvements. CBAS has now been rolled out across 21 wards in NHS Fife and continues to evaluate positively. A further piece of work has now been identified to measure the difference CBAS is making to patients and staff. The national Person Centred collaborative is assisting NHS Fife with the development of measurement tools.

In the last year we have also committed to implementing care and comfort rounds across NHS Fife. Local feedback has identified that, at times of increased activity there are real challenges in making sure that basic care needs of patients are met. This has been recognised as a priority area across Fife and subsequently an approach is being tested which ensures that, on a regular basis patients have an opportunity to engage with a staff member and are given the opportunity to identify any care needs. A range of tools have been used during the testing phase and currently NHS Fife is evaluating the impact of this work, again supported by the national collaborative.

During the year NHS Fife has continued to seek feedback from those using its services and has used a range of methodologies to capture information. We are now registered with Patient Opinion which is providing a further opportunity to hear from those accessing our services. We submitted our first Feedback Annual Report in July, which focused on the range of activity and the improvements made as a result of feedback.

Developing a systematic approach to gathering feedback and measuring the difference it makes has been identified as a further priority across NHS Fife. With the support of the national collaborative we are developing a framework to
support this work.

**Complaints**

*The rate of formal complaints made against NHS Fife in the 3 Financial Years 2010-11 to 2012-13, measured per 1,000 population, has fluctuated, but has been consistently less than the Scotland average.*

The increase between 2010-11 and 2011-12 was largely a result of problems when Acute Services at Victoria Hospital and Queen Margaret Hospital were reconfigured towards the end of 2011.

A significant improvement was seen in 2012-13, and NHS Fife had the lowest complaint rate of all Health Boards in Scotland during the last year.

**Improving Access**

90% of planned/elective patients to commence treatment within 18 weeks of referral.

*For the month of March, 91.1% of patients in NHS Fife were treated within 18 weeks of referral.*
A patient pathway generally consists of an Outpatient Appointment, a possible Diagnostics test and an agreement to treat as either a Day Patient or Inpatient. Maximum Waiting Times for each of these stages are 12, 6 and 9 weeks, respectively. The numbers of patient breaches of the maximum waits for Diagnostics and Outpatient treatment has increased significantly during the year, but the overall 18 Weeks target has been met consistently. This is a result of improvements to Clinical Outcomig, more efficient inter-Health Board working and continuous reviews of capacity.

The 12-week Treatment Time Guarantee (TTG) came into effect from 1st October 2012, and NHS Fife had a few difficult months at the end of 2012-13, as a result of extreme winter pressures. There were over 100 patients treated between January and March who had waited more than 12 weeks, but this has reduced significantly in the first quarter of 2013-14.

The Elective Flow Improvement Programme will continue to address waiting times breaches during 2013-14.

98% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment

For the month of March, 96.9% of patients were treated within 4 hours.

The support of the Scottish Government Health & Social Care Directorate (SGHSCD) Emergency Access Support Team at the start of 2012 led to an improvement in performance in the first half of 2012-13. However, this was not sustained during the winter months, when NHS Fife, in common with many other Health Boards experienced a significant increase in patient admissions, particularly amongst the elderly population. The SGHSCD has recognised the pressures on A&E departments throughout the country, and is investing additional resources to assist Health Boards in delivering their Local Unscheduled Care Action Plan (LUCAP) over the next 18 months, with the aim being to have a sustainable 98% performance by September 2015.
T14: To improve stroke care, 90% of all patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation by March 2013

In 2012, 85% of patients who presented at acute hospitals in NHS Fife with a confirmed diagnosis of Stroke were admitted to a specialist Stroke Unit within 1 day.

Performance during the first part of the year was affected by a ward closure due to an outbreak of Norovirus. When this problem was addressed, performance improved in all aspects of Stroke care, not just in relation to the HEAT target. While local information suggests that we just missed the end HEAT target, changes to improve senior staff cover and decision making over weekends, implemented in early March, have resulted in over 90% of patients being admitted to a specialist Stroke Unit during 2013-14.