Complaints and Feedback Annual Report 2013/14

Background/Introduction

There is a requirement for NHS Boards to produce an annual report on the use of feedback, comments, concerns and complaints, which stems from The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012 and the ‘Can I help you?’ guidance (national guidance around the handling of complaints and feedback).

Across NHS Fife, a range of local policies and procedures support the national context and provide clear direction and guidance for staff.

In 2012 the National Person Health and Care Programme was launched with a clear aim to make demonstrable improvements in patient experience by 2015. The programme also connects the experience of staff and partners, promoting a collaborative way of working to bring about sustainable improvements.

During 2013/14 we have taken the opportunity to position our complaints and feedback work under the portfolio of “person centred” care, recognising people at the heart of all we do.

This is NHS Fife’s second annual report covering the time period 1 April 2013 – 31 March 2014.

Repeating our commitment in year 2

NHS Fife remains committed to growing and developing a person centred culture where we “do with” patients, carers, staff and partners, rather than “do to”. To achieve that goal there is a need to be clear about the values of the organisation, one of which is listening to experiences of the service, whether that is from patients, carers, staff or partners. In Fife we recognise that to get it right we need to involve the right people, in the right place, at the right time and our ongoing commitment is to promote an approach which supports this in our day to day work.

For the purpose of the report, Information will be provided under the following sections:

Section 1 - Encouraging and Gathering Feedback

Section 2 – Encouraging and Handling Complaints

Section 3 - The culture, including staff training and development

Section 4 - Improvements to services (as a result of complaints and feedback)

Section 5 - Accountability and Governance

Section 6 – Plans for the year ahead
Section 1 - Encouraging and Gathering Feedback

In Fife our policy clearly states that as an Organisation our intent is to welcome and encourage feedback. We are committed to working with staff to promote this message and to encourage local ownership of this. We do have a dedicated Patient Relations team who have a role in driving the person centred portfolio and in supporting all aspects of feedback and complaints. The team act as a point of contact for the public and for staff across NHS Fife.

The Patient Advice and Support Service (PASS) provide a further 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. A recent development during 2013/14 has been the introduction of a Carer and Patient Information point in our Acute Hospital setting. PASS team members now host regular sessions and display promotional materials and are on site to support individuals to provide feedback or make a complaint. During 2014/15 we will evaluate the success of this work.

There is a single system for recording all complaints, concerns, comments and compliments and this is currently centrally co-ordinated. It is recognised that in the future there will be a need for teams to locally input data relating to feedback and consideration is being given to how this is best achieved.

We want to hear from people who are using services in Fife and for that reason we seek feedback in a number of different ways, recognising that one size does not fit all. We welcome feedback in writing, by email, by telephone, text, web, social media, face to face as well as proactively seeking feedback via questionnaires/surveys and focus groups. Information for the public is available on NHS Fife’s website and there are also posters and banners encouraging people to give feedback. Our complaints and feedback policy in Fife also makes it clear to staff that we as an organisation welcome feedback.

In Fife we are encouraging people to provide comments and feedback at the point of contact with the service, recognising the value of involving the right people in the process. The “You Said We Did” Boards have been embraced by staff in a number of wards/departments and give a visual indicator that feedback is not only welcomed but is considered and responded to. Here is just one example from our Admissions Unit which demonstrates the approach being taken.
Admissions Unit 1 is currently gathering patient and relative stories as part of the caring behaviours assurance system.

Our findings from week 3 of the project can be summarised as follows:

**What you said:**

- They're all keen really good.
- She's been great.
- She's been really good.
- She's been great.
- She's been great.

**What we did:**

- We've received feedback from patients, relatives, and staff on the care they've received.
- We've reviewed all conversations and ensured they're recorded accurately.
- We've identified areas for improvement and implemented changes.
- We've increased the number of staff trained in communication skills.
- We've conducted staff feedback sessions to improve overall care delivery.
Positive feedback is not always recognised and yet at ward/department/unit level, positive feedback by far outweighs the negative. For that reason in Fife we have opted to count the compliments we receive, as we believe it is important to share positive feedback received and recognise its worth. Our counting of compliments is currently restricted to those being reported via our Patient Relations team; however in 2014/15 we hope to encourage all areas to focus on counting their compliments and sharing this information. During 2013/14 we reported on having received 756 compliments.

In our Acute Hospital in Fife comment cards are available, which provide a further opportunity for people to comment on services. Cards are collected and collated by the Patient Relations Team who liaise with the appropriate departments to ensure that all comments are directly responded to. There has been little in the way of promotion around this feedback method and hence the small return of 28 comments in the year 2013/14. What we also know is that a number of services collect their own comments but do not formally record the information. This is an area to be developed during 2014/15. This method of feedback enables teams to deal with issues at the point of contact and to develop their responding abilities. It reinforces the importance of the services taking responsibility for any comments received. There are numerous examples of changes made as a result of comments which in general highlight issues relating to estates and facilities. Improved signage, additional privacy screening and the introduction of monitoring systems for cleanliness of toilets are just three examples of comments that have resulted in change.

Often people tell us that they want to raise a concern rather than make a complaint and as such we encourage people to tell us about any concerns. We use posters to encourage patients/carers to tell us rather than tell others where they have a concern. We direct individuals to the point of contact in the first instance to provide an opportunity for local resolve and we offer support through the process. Our approach in Fife is to seek first to listen to any concern and to encourage early face to face contact to address concerns. During 2013/14 we received a total of 792 concerns.

During 2013/14 the results of the Scottish Maternity Care Survey for NHS Fife were received. This survey replaced the In Patient Survey (formerly known as Better Together) for the year 2013, with the In Patient Survey being repeated in 2014.

The survey was sent in May 2013 to 351 women who gave birth in NHS Fife in February or March 2013. The survey asked questions relating to antenatal care, care during labour and birth, postnatal care in hospital, feeding of baby and care at home after the birth.
In total 151 women returned feedback on their experiences of care, a response rate of 43%. Of those women willing to provide information about themselves: 18% were under 25 years old; 59% were aged 25-34; 23% were aged 35 or over. Moreover 42% were first time mothers.

The following shows the overall high level results of overall satisfaction with elements of the service: (full report available at http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/maternitysurvey

Antenatal Care 91%
Labour and Birth 95%
Care after birth 89%
Care at home 92%

The survey results have been shared with the Maternity Service and have been viewed as useful high level information. An action plan has since been developed by the Service which identifies areas for improvement.

At a more local level the Maternity Staff have been working with women to seek feedback and the following poster details the approach that has been taken to do so.
Delivering Quality through Midwifery Leadership

Listening to Women
Pamela Galloway, Anne Mackinnon, Donna Robertson, Hazel Sinclair

Aim of Project
Implement a system that will seek out and use women’s feedback to continually make service improvement within Antenatal Clinics and Maternity Assessment in NHS Fife by March 2014.

Primary Drivers
- Develop systems to gather feedback from women at the point of care - “real time.”
- Develop systems for providing feedback and measuring improvements as a result of feedback.
- Engage with women and families in developing the systems.
- Engage staff in developing the systems.

Secondary Drivers
- Set up processes so that staff can have a way of capturing feedback - “real time.”
- Use women’s stories to gather feedback.
- Ask women what questions we should be asking – what is important to you?
- Ask staff to identify what they feel are important questions to ensure good feedback.
- Feedback and action on findings.

Project Actions/Processes
- Developed a questionnaire.
- Asked women what is important to you.
- Conducted the survey using electronic devices in four weeks.
- Launched “Tell us how we are doing” posters.
- Displayed qualitative feedback using comment cards and drop boxes.
- Mixed women to be discuss to record their experiences.
- Engaged staff in open group meeting.
- Request new feedback.

Feedback Results

Results/Evaluation
Obtained feedback from 294 women.
Learned from the test areas and will use this going forward.
Recognised that there needs to offer a variety of options in order to actively engage women in seeking feedback.
Need also to support staff to recognize that self-evaluation is important.
Women who kept the diaries valued that their opinions were being sought.
Using the electronic device was well accepted and provided a quick way of obtaining quantitative feedback.
Measuring improvement as a result of feedback has been difficult to determine during this timeframe.
Staff welcomed the positive feedback from women.
This model could be adopted for capturing feedback from women throughout all stages of the pregnancy journey.
During 2013/14 a further survey of GP practices and other local NHS Services was undertaken. The survey is the successor to the 2011/12 Patient Experience Survey of GP practices and other local NHS services. The survey asked about people’s experiences of their GP practice and out-of-hours services, and their outcomes from NHS treatments. This year the survey was widened to include other areas of care and help provided by local authorities and other organisations to support the national outcomes for health and wellbeing proposed under The Public Bodies (Joint Working) (Scotland) Bill. It also included questions aimed specifically at carers about their experiences of caring and support. The results of the Scottish Health and Care Experience 2013/14 will be reported on when available.

**Exciting Developments during 2013/14**

During 2013/14 Fife have been working closely with Patient Opinion (independent social media site developed to give people a way of sharing their healthcare experiences) to explore the possibilities of engaging people in providing feedback via social media. Having established how the system works we have now developed an implementation plan which will see Patient Opinion actively promoted during 2014/15. The plan includes a formal launch, publicity materials, internal and external communications and the use of twitter to promote an alternative way for people to give us feedback. Using Patient Opinion has highlighted the importance of giving people a voice.

**Feedback Example**

A gentleman told us about a painful procedure he had experienced and shared his fear of a future procedure. Through dialogue on Patient Opinion we made it clear that we wanted to listen and suggested a meeting with the Senior Charge Nurse. As a result of that meeting the gentleman felt reassured about the future procedure as the Senior Charge Nurse was able to document the experience in his notes and detail a plan for the future procedure. During 2014/15 our reporting in Fife will also include Patient Opinion feedback.

During 2013/14 Fife have been working closely with the national team from the person centred collaborative and have developed the “Your Care Experience” tool. The tool is a questionnaire which asks service users about their healthcare experience. The plan is to capture this information on a quarterly basis and report the findings, thus enabling the local teams to develop specific actions where required and thereafter monitor improvement. During 2013/14 we worked with colleagues in our ehealth team to develop an app which will enable us to connect patient experience to other quality and safety data. The following graph shows the results that are made available to the local teams who then identify an improvement plan prior to re testing. Over time the data will be produced as a run chart to demonstrate improvement.
During 2013/14 when positioning the complaints and feedback work it was considered important to sight the Board on the importance of patient and staff experience. The Board demonstrated their commitment to the person centred portfolio by agreeing in October 2013 to hear directly from patients and staff at future Board meetings. Since December 2014 the Board have heard from four patients/carers directly and from four staff members about their healthcare experiences, good and bad. Two of the cases featured originated in complaints, demonstrating the importance of developing relationships in the face of adversity. If people who have received a poor service are able to see real commitment to listening and learning and receive an appropriate form of feedback then they can work as partners to bring about improvement.

**Story Example**

Ella shared her experience of her father falling in hospital and sustaining a serious injury. She talked about the process of raising a complaint and working with staff through a process to bring about change and improved outcomes for future patients.

Maureen shared her experience as the Directorate Nurse Manager who was involved in dealing with the complaint and talked about how it felt in this situation. She detailed the way in which she established a relationship with Ella to enable them to work together to achieve a meaningful response.

The early learning from this process has largely been about the importance of the relationships between patients/carers and staff members and the power of bringing
them together, recognising that at the heart of each is a desire for safe, effective and person centred care.

Ella and Maureen went on to present at the national Significant Adverse Events conference in 2014 where they clearly detailed the importance of engagement during a complaints process. The plan is to evaluate the stories approach during 2014 to determine the impact.

During 2013/14 Fife adopted an approach to engage with specific groups through an Equalities Participation Network. This provides direct access to groups to enable discussion about health issues that matter to them. The following are just a few examples of meetings held to date; the local mosque, chinese community, polish community and the deaf community. There is a plan to utilise this approach with further sessions planned into 2014.

During 2013/14 we formally started to report on what we are calling the four C’s in Fife; compliments, comments, concerns and complaints and are moving towards a single approach to reporting across the Board area. A regular “Healthcheck” agenda item now features at the Board which includes safe, effective and person centred data. This information is prioritised at the start of the Board meeting with a dedicated 30 minute slot which sets the tone for the remainder of the Board meeting. The following screenshots demonstrate the consistent reporting which seeks to bring together the range of feedback mechanisms, rather than a simple focus on complaints.
Better Together Healthcare Experience Indicator

Overall experience of patients during their stay/visit to hospital (percentage of respondents who answered in a positive way)

- Scotland
- Fife

Data from your care experience survey
* Inpatient data were from a wave - completed in November 2013, results 2014.5 May 2014 (n=3465)
** Outpatient data were from a wave - completed May 2014 (n=16)
Section 2 - 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 don’t get things right in order that we can make improvements and maintain the quality and safety of our services.

<table>
<thead>
<tr>
<th>Number of complaints</th>
<th>Number where alternative dispute resolution used</th>
<th>Number responded to within 20 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>387</td>
<td>0 (advice sought re alternative dispute resolution; however local mechanisms supported resolution)</td>
<td>51.7%</td>
</tr>
</tbody>
</table>

This graph demonstrates the number of complaints received on a monthly basis in 2013/14 and compared to 2012/13.

The key themes emerging from complaints remain unchanged with clinical treatment, staff attitude and behaviour and communication the most common themes identified.
NHS Fife Complaints by Category

- Clinical Treatment: 613
- Attitude and Behaviour: 211
- Competence: 159
- Communication (Oral): 85
- Communication (Written): 50
- Date for Appointment: 33
- Personal Records: 24
- Date of Admission / Attendance: 20
- Premises: 18
- Patient Privacy / Dignity: 19
- Aids / Appliances / Equipment: 11
- Cleanliness / Laundry: 12
- Patient Property / Expenses: 12
- Transport: 10
- Catering: 9
- Bed Shortages: 9
- Admissions/ Transfers / Discharge: 9
- Procedure: 8
- Failure to Follow Agreed Procedures: 6
- Policy & Commercial Decisions of NHS Board: 5
- NHS Board Purchasing: 5
- Outpatients and Other Clinics: 6
- Test Results: 9

Themes:
- Clinical Treatment: 613
- Attitude and Behaviour: 211
- Competence: 159
- Communication (Oral): 85
- Communication (Written): 50
- Date for Appointment: 33
- Personal Records: 24
- Date of Admission / Attendance: 20
- Premises: 18
- Patient Privacy / Dignity: 19
- Aids / Appliances / Equipment: 12
- Cleanliness / Laundry: 12
- Patient Property / Expenses: 12
- Transport: 9
- Catering: 9
- Bed Shortages: 9
- Admissions/ Transfers / Discharge: 9
- Procedure: 8
- Failure to Follow Agreed Procedures: 6
- Policy & Commercial Decisions of NHS Board: 5
- NHS Board Purchasing: 5
- Outpatients and Other Clinics: 6
- Test Results: 9

Percentages:
- Clinical Treatment: 60%
- Attitude and Behaviour: 50%
- Competence: 45%
- Communication (Oral): 40%
- Communication (Written): 35%
- Date for Appointment: 30%
- Personal Records: 25%
- Date of Admission / Attendance: 20%
- Premises: 15%
- Patient Privacy / Dignity: 15%
- Aids / Appliances / Equipment: 10%
- Cleanliness / Laundry: 10%
- Patient Property / Expenses: 10%
- Transport: 9%
- Catering: 9%
- Bed Shortages: 9%
- Admissions/ Transfers / Discharge: 9%
- Procedure: 9%
- Failure to Follow Agreed Procedures: 9%
- Policy & Commercial Decisions of NHS Board: 9%
- NHS Board Purchasing: 9%
- Outpatients and Other Clinics: 9%
- Test Results: 9%
<table>
<thead>
<tr>
<th>Type of Independent Contractor</th>
<th>GP</th>
<th>Dentist</th>
<th>Pharmacist</th>
<th>Optician</th>
<th>Admin'</th>
<th>Main Complaints Issues</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Complaints received</td>
<td>271</td>
<td>13</td>
<td>86</td>
<td>0</td>
<td>0</td>
<td>Access (GP)</td>
<td>26</td>
</tr>
<tr>
<td>Total number of Contractors</td>
<td>240</td>
<td>180</td>
<td>85</td>
<td>123</td>
<td>0</td>
<td>Attitude of Clinician (GP)</td>
<td>20</td>
</tr>
<tr>
<td>No. of Contractors replying</td>
<td>240</td>
<td>480</td>
<td>85</td>
<td>123</td>
<td>0</td>
<td>Receptionists (GP)</td>
<td>9</td>
</tr>
<tr>
<td>No. of Complaints Acknowledged within 3 days</td>
<td>271</td>
<td>13</td>
<td>86</td>
<td>0</td>
<td>0</td>
<td>Admissions/Referrals (GP)</td>
<td>11</td>
</tr>
<tr>
<td>No. of Complaints Responded to within 20 working days</td>
<td>268</td>
<td>13</td>
<td>72</td>
<td>0</td>
<td>0</td>
<td>Accuracy of Dispensing (Pharmacist)</td>
<td>49</td>
</tr>
<tr>
<td>No. of Complaints Responded within 20 days</td>
<td>3</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>Out of Stock Medicines (Pharmacist)</td>
<td>9</td>
</tr>
<tr>
<td>Median wait to respond (days)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Complaints Still Open</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints Upheld</td>
<td>271</td>
<td>13</td>
<td>86</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints Partially Upheld</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Resulting Actions (plase summarise)</td>
<td></td>
</tr>
<tr>
<td>Complaints Not Upheld</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1. Review of access requirement requirement of QOF in 14/15</td>
<td></td>
</tr>
<tr>
<td>Complaints Withdrawn</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2. To be discussed at next Appraisal</td>
<td></td>
</tr>
<tr>
<td>Number where Alternative Dispute Resolution Used</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>3. Ongoing staff training</td>
<td></td>
</tr>
<tr>
<td>Other Outcome</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4. Reviewed as part of Appraisal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5. Ongoing staff training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6. National problem out with local control</td>
<td></td>
</tr>
</tbody>
</table>
In Fife we promote a person centred approach to complaint handling and fundamentally believe that engagement is key from the outset. For that reason we invest time to speak to people. On receipt of a complaint, the Patient Relations member of staff makes contact with the individual making the complaint to discuss and define the complaint and to offer a meeting with staff if appropriate. This approach enables us to determine what matters most to the individual and to tailor the way in which the complaint is handled. Direct contact also provides an opportunity to establish a relationship and to be clear about the complaints process.

NHS Fife’s policy clearly states the role of early resolution in complaint handling and the importance of ownership in complaint handling. This is promoted as an approach in a range of training sessions provided by the Patient Relations Team who also provide support to staff where required.

The Board aims to respond to complaints within 20 working days. When a complaint is complex, we are open and honest about the challenges of meeting the 20 day response time standard and discuss the Board’s desire to provide a quality response. There is a commitment to ensure people are kept informed of the progress of their complaint in writing and by telephone where appropriate. Complaint response times feature in a monthly performance management report.

A satisfaction questionnaire is sent with all NHS Fife’s final responses; however there is currently no formal measurement of the feedback received. On initial contact with the person making the complaint, the Patient Relations Officer now asks “What matters to you?” in terms of what is expected as an outcome of the complaints process. Future plans are to review the questionnaire and to formally measure the “What matter’s to you? question to compare the initial expectation with the outcome of the complaint.

Demonstrating the learning resulting from complaints remains a challenge. Complaint numbers and themes are featured on our Directorate and Clinical Governance Committee reports; however the learning is not always evident or consistent in all complaints. The development of Directorate reports during 2013/14 has brought complaints and feedback on to the dashboard to be considered alongside other relevant data. This provides a further mechanism to ensure that complaints are discussed and owned locally.

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 distribution. There are also examples of cases from complaints featuring on local morbidity and mortality meetings and used more widely in staff training sessions.

In Acute Services a recent development has seen the introduction of an overview process from the Associate Medical Director for all clinical complaints to ensure that clear actions are identified from these complaints.
NHS Fife 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. There is a Quality and Safety Governance Group which has responsibility for reviewing the Reducing Harm Action Plan to ensure that all identified actions are complete. Section 3 of this report also highlights the relationship between complaints and Significant Adverse Events.

In Fife there is an identified Primary Care Lead who acts in a liaison role with all independent contractors. During 2013/14 Patient Relations took the opportunity to meet with Fife’s Practice Managers to talk about Complaints and feedback. There is a plan to discuss how a similar approach can be used across other independent practitioners.

**Section 3 - The culture, including staff training and development**

During 2013/14 the Board has taken time to consider, with its stakeholders, its vision, mission, values and aspirations, and in doing so has clearly outlined a commitment to the person centred portfolio, this will be known as the Board’s clinical strategy. The strategy details specific objectives which have all been set within a quality improvement framework. This message from the Board brings clarity around the standards expected across NHS Fife.

The report has already made reference to the fact that local Fife policies support the development of a culture to actively encourage feedback and complaints and this supports the ethos as described above.

In Fife the Patient Relations Team play an important role in promoting a positive culture by working with staff to raising awareness, to encourage open and honest responses, to role model appropriate attitudes and behaviours and to challenge practice against set standards. The team are also actively involved in delivering a range of training across professions which includes the elearning modules developed by the Ombudsman’s Office and NES during 2012/2013.

Leadership, commitment and general interest from the Board has helped in terms of giving staff a clear message around standards and expectations. There is strong leadership support and buy in from senior clinical as well as managerial staff in Fife which has been helpful. The Board’s Chief Executive, Chairman, Director of Nursing and appropriate Non Executives all undertook the complaints masterclass during 2013. This training will feature as part of the induction for newly appointed non executives in the 2014/15 period.

It is recognised that staff will at times struggle to be open to feedback; however the Board’s commitment is to supporting staff to be open and honest and to help them gain the necessary skills to enable them to be confident when dealing with feedback and complaints. Equally there is recognition for the Board of the need to support patients and carers when giving feedback or making a complaint. Again having a
dedicated team who adopt a direct approach and early conversation has proved helpful in building positive relationships. This approach requires an investment of time but yields the benefits.

Another helpful lever has been connecting the work around feedback and complaints to the Significant Adverse Event Review process. Developing Fife’s policy around this has provided a timely opportunity to promote the importance of open and honest communication and early involvement of patients and carers in the process. Patient Relations Staff are actively involved in the SAER process as identified family contacts and in doing so are able to support staff in the process of engagement which is often seen as challenging.

Section 4 - Improvements to services (as a result of complaints and feedback)

Some examples of actions taken by the Board to improve services as a result of complaints include:

- The ‘Management of women with a suspected Deep Venous Thrombosis (DVT) or Pulmonary Embolus (PE) in pregnancy’ protocol has been updated to include the use of anti embolic stockings. All women undergoing a caesarean section are now to receive these after delivery.

- The SSKIN Bundle, PURA (Pressure Ulcer Risk Assessment), specifically for Maternity Services, has been introduced in high risk areas in the Women and Children’s Directorate and used for all women at risk of developing pressure ulcers.

- An audit of Observations of Care and Protected Mealtimes’ was undertaken by Dietetic Staff and Nutritional Support Nurse. Dieticians have met with individual wards and individual action plans have been put in place for all areas. Ongoing audits will take place as required but at least on a yearly basis.

- NHS Fife is currently reviewing the current inpatient falls screening tools and falls bundles. The Scottish Patient Safety Programme (Falls), was launched late last year. In December last year guidance around the implementation of evidence based bundles of care was published. This guidance has informed the inpatient work in NHS Fife. Initial scoping, development of documentation, testing of this along with the introduction of interventions that will support those patients at risk of falling, have all begun. The NHS Fife Falls Group continues to take forward work in relation to Falls. This work is currently being aligned to work around ‘Frailty’ and to the development of new documentation.
A written handover sheet has been developed to be used on transfer from the Emergency Department to other ward areas to ensure that all vital information is documented and passed on appropriately.

As a result of a complaint and following a recent change in post operative management of ankle fractures, patients will now be provided with information regarding their post-operative care in writing as well as verbally.

A number of improvements have been made as a direct result of feedback, comments and concerns some of which are referenced in Section 1. Other improvements include the introduction of smoking monitors at the hospital entrances, an increase in the number of disabled car parking spaces and the availability of healthy food options in the hospital setting.

Learning from complaints is built in to the processes and training about complaint handling. In Fife a template is utilised to prompt staff to think about actions and learning arising from complaints. Fife’s Reducing Harm Action Plan is the mechanism to ensure that actions are completed and that learning is shared. During 2014/15 this work will be developed to cover the Community Health Partnerships as well. The Quality and Safety Governance Group brings together a range of composite data and allows key issues/themes to be identified. A regular newsletter is produced which focuses on key learning to share across the Board. The shift towards a more integrated approach has been useful in terms of strengthening the case for prioritising improvement work. This work is also linked to the Board stories as mentioned in section 1. The data is used to drive the stories at the Board which ensures that Board members hear directly from patients and staff about the issues of real significance. During 2013/14 the Board heard stories relating to falls, failure to rescue, dementia and learning disability.

Section 5 - Accountability and Governance

The report has already provided some examples of the types of reporting available across the Board and reflected a commitment to the development of consistent reporting.

During 2013/14, across Fife there was local level reporting of complaints and feedback at Clinical Governance Committees across the Acute Division and across the three Community Health Partnership Areas. In the main this focussed on complaints information.

During 2013 reporting has been developed to move away from looking at complaints in isolation, to a system which incorporates a range of data; the earlier screenshots provide examples of this. The value of looking at composite data is proving to be a powerful means of identifying the key risks to the Board and enabling focussed discussions around priorities around improvement work.
In addition to local reporting a Fife wide report of complaints and feedback has been presented to both the Clinical Governance and the Patient Focus Public Involvement Standing Committees of the Board. All of these reports are also available to members of the public. Each Committee has a clear role in assuring the Board that complaints and feedback are being addressed appropriately. During 2013/14 there have been discussions about the role and remit of the Committees and this work will continue into 2014/15 with the newly appointed Non Executives.

Section 6 – Plans for the year ahead

By way of recognising the significant importance of this work NHS Fife’s Chairman has agreed to Chair NHS Fife’s Patient Focus and Public Involvement Standing Committee where all the related work reports. This gives a strong leadership message about the importance of this work stream and demonstrates a real commitment by the Board to drive this agenda forward.

For the year 2014/15 the following areas have been identified as key areas of focussed work:

- Further promotion of Patient Opinion
- Roll out of the Your Care Experience tool across the Board area
- Further work to encourage feedback and to tell people how we will use their feedback
- Initiating early discussion with those who have something to say about our services
- Evaluating effectiveness of complaint handling process for individuals
- Seeking feedback by meeting with more groups from the Equality Participation Network
- Formalising a risk assessment process for complaints
- Formally evaluating the work around Stories at the Board
- Developing mechanisms for reporting locally across NHS Fife
- Developing reporting about staff experience
- Promoting and linking the learning from complaints and other forms of feedback

A final thought from Robert Francis, QC

“It is the individual experiences that lie behind statistics and benchmarks and action plans that really matter, and that is what must never be forgotten when policies are being made and implemented.”