



## NHS FIFE ANNUAL COMPLAINT REPORT 2019 - 2020

NHS Fife understands and values the importance of gathering patient, families and carer feedback to support a culture of listening and learning. We are committed to enhancing patient and staff experience by using feedback to identify change and make improvement to the delivery of our services.

We continue to use a range of methods to obtain feedback and are encouraged by the high level of positive feedback we continue to receive. Over the last 12 months we have worked collaboratively with Health Improvement Scotland to test and embed the new Care Experience Improvement Model. The model, designed to ensure a continual cycle of feedback and improvement has produced some excellent results.

The use of Care Opinion continues to grow. A large number of frontline staff are now responding to stories and there is evidence that the many positive stories has boosted moral and confidence among our teams.

Our newly revised model for community engagement enhances our commitment to involving the public in the co design and production of our services. We continue to focus on engaging with the right people at the right time.

We continue to face challenges in responding to complaint in a timely manner. The last few months have been exceptionally challenging as service have had to focus their efforts on responding to the COVID 19.

In presenting the 2019/20 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/Care Opinion/Third Sector Partners, including Advocacy providers/Scottish Health Council/Scottish Government/ Patient Advice and Support Service and the wider community.

**Helen Buchanan**  
**Director of Nursing**

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**INDICATOR 1: LEARNING FROM COMPLAINTS**

**INDICATOR2: COMPLAINT PROCESS EXPERIENCE**

**SECTION 3: COMPLAINTS PERFORMANCE**

**SECTION 4: ACCOUNTABILITY AND GOVERNANCE**

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## Indicator 1: Learning From Complaints

NHS Fife values complaints alongside all other forms of feedback. Our staff actively welcome and encourage patients/carers/service users and members of the public to let us know what we do well and what we can do better, in order that we can share good practice and make improvements to maintain the quality and safety of the care we deliver.

A range of promotional materials are on display in ward/department/units 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. When 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 are committed to improving and learning as a result.

NHS Fife in 2019/20 received 853 Stage 1 complaints and 449 Stage 2 complaints.

A few examples highlight the type of feedback and the learning and change that has occurred as a result.

NHS Fife provides British Sign Language (BSL) interpreting for all BSL speaking patients. NHS Fife provides this by providing a face to face BSL interpreter or via an online video relay interpreting service, provided via ipads and an Interpreter on Wheels devices.

NHS Fife works closely with BSL speakers this includes being a leading organisation facilitating and supporting the local Deaf Action Plan, Deaf Forum which guides our health-related activity and our delivery of the local BSL action plan.

A complaint came to our attention regarding the use of the interpreter on wheels devices for BSL interpreting. A criteria and staff guide, although already in use, was not sufficient nor flexible enough to allow for the patient preferences and use. At the local Deaf Forum, NHS Fife met with the complainant, and discussed the use of the interpreter on wheels devices, the current staff guide and criteria for use and their overall experience. As a result, NHS Fife made changes to the staff guidance, provided more advice and awareness to staff, and amended the draft interpreting and translation policy and procedures.

### **Acute Services Division (ASD)**

Stage 2 complaint about the delay in getting emergency appointments with the Stoma Nurses and the Board's policy not to provide patients with Silver Nitrate Sticks, which would allow self-care and management of granulations of their stoma.

Following the complaint, the department has now set a target to see patients within 48 hours. This has been audited between 1/7/2019 and 31/12/2019 and only 2 patients out of 26 were seen out with the 48 hour target period.

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In addition, the service has developed a Patient Group Directive (PGD) in conjunction with the Pharmacy PGD. This result of this is that patients who wish to carry out self-care of their stoma, without having to attend a hospital appointment, will be offered 'patient packs' inclusive of Silver Nitrate Sticks to treat granulomas at home.

### **Health and Social Care Partnership (HSCP)**

Stage 1 complaint about communication and discharge process. The care and admission process had been excellent; however, the discharge had appeared 'hurried' to the patient's family as there seemed to be an urgency to clear the patient's bedspace. The family commented that they felt no one had explained why it was happening this way and that given it was a community hospital they felt that the discharge would have been more holistic.

This was dealt with quickly by the SCN, who spoke with the patient's family and apologised for their experience and the issues with the discharge. It was agreed that communication was poor and although it was explained to the family that there were pressures to fulfil the running of the ward that day, the SCN agreed it was not acceptable. The SCN has taken on board the feedback and learning from their experience and shared with the ward staff to prevent this breakdown in communication and experience happening in the future.

As well as learning from complaints, we are also committed to learning from areas of good practice. Our Person Centred Steering Group continues to facilitate the testing and implementation of the Care Experience Improvement Model and recent positive changes has been shared across our Older People's Mental Health Service to shape changes in how care is delivered. A number of other test sites have been identified and had been gathering feedback pre COVID. This will continue once services remobilise

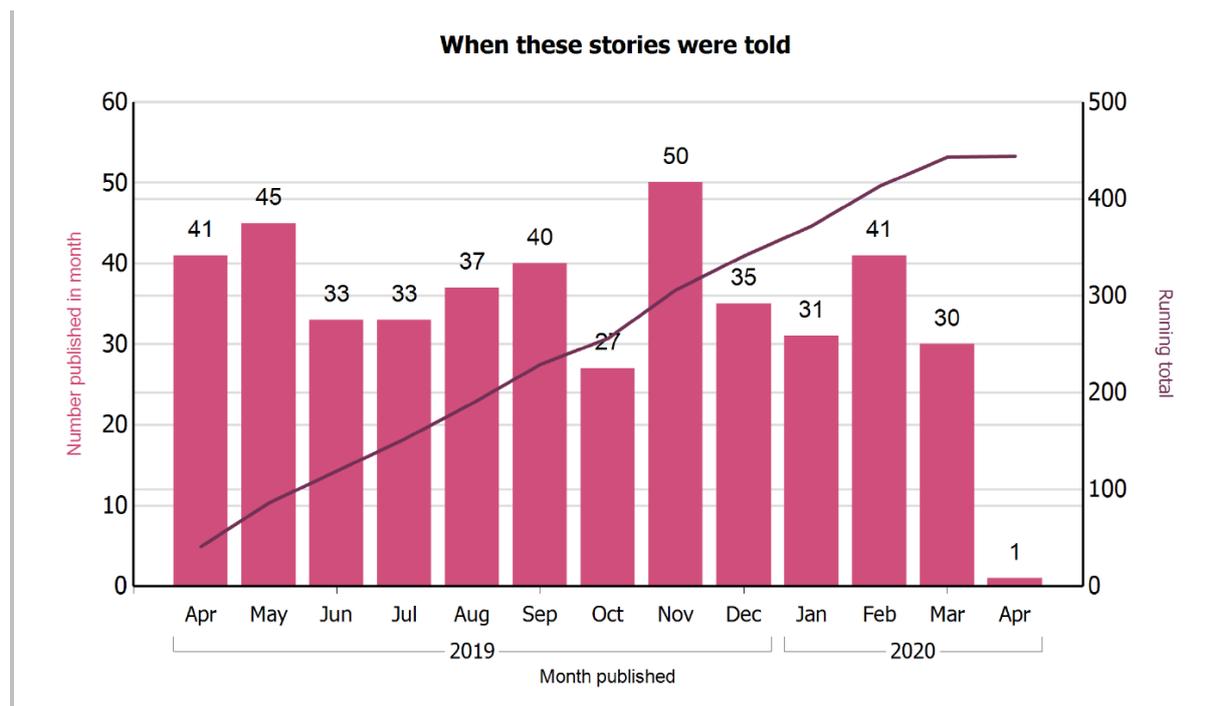
Shared learning from complaints continues across the Boards. We explore every opportunity to discuss the learning and have shared stories during education sessions and at the Person Centred Steering Group meetings.

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## Care Opinion

We continue to promote care opinion across the Board. There has been a significant increase in the number responders at local level with department managers and senior charge nurses embracing the opportunity to responding to stories about their service.

The graph below shows the distribution of stories received. There has been a sharp fall in the number of stories received in March 2020 however; this will be directly linked to a reduction in the delivery of services as a result of COVID 19.



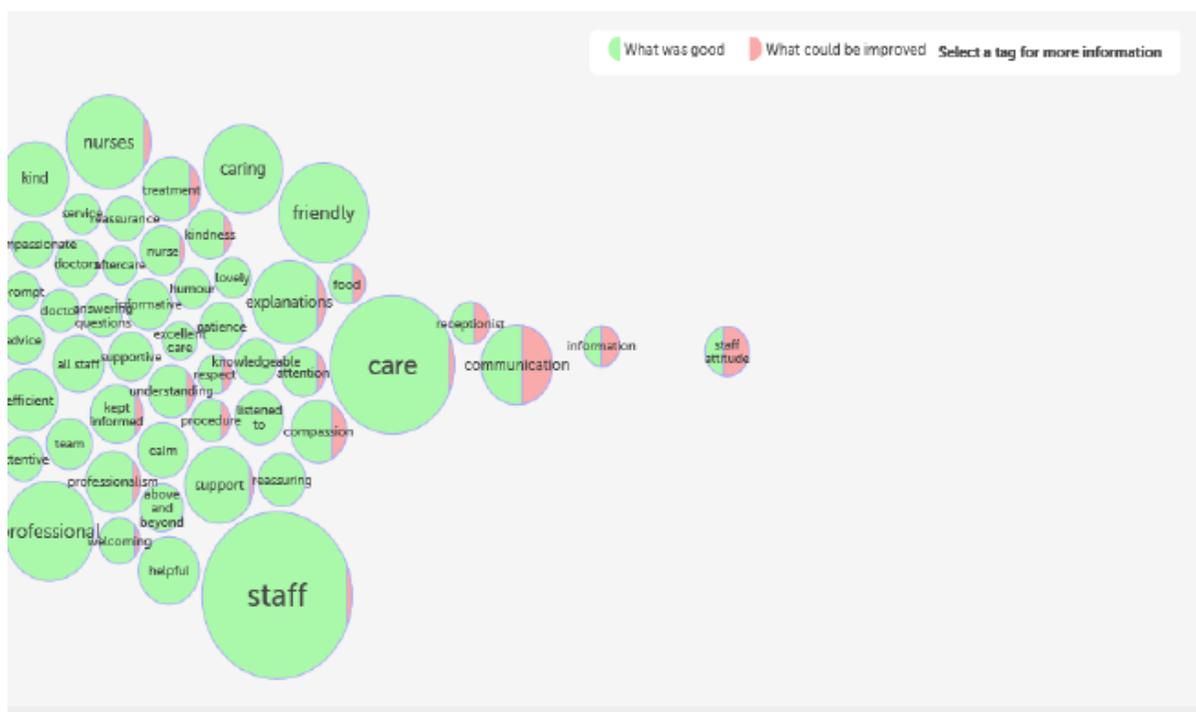
The graphic “Tag Bubbles” below highlights/themes information extracted from individual stories posted on Care Opinion. Green indicates positive opinions with pink identifying areas for improved.

A large percentage of our stories are positive in relation to staff and care, however, we are aware of the stories where improvement is required. While we continue to address the concerns raised, we continue to monitor the information closely and compare with our complaint data.

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: 169 positive opinions / 2 negative opinion  
 Care: 115 positive opinions / 2 negative opinions  
 Communication: 23 positive opinions / 16 negative opinions  
 Staff Attitude: 6 positive opinions / 9 negative opinions

### Tag Bubbles



The following demonstrates that we have achieved what we set out to do and more:

- 11% increase in stories posted (455 stories compared to 411 stories posted in previous year)
- 95% of stories responded to (73% within 5 days compared to 71% in previous year)
- 79% of stories posted were non critical (90% in previous year)
- 3 stories led to a change being made
- 43% increase in the number of responders.

## Indicator 2 - Complaint Process Experience

NHS Fife is committed to ensuring all complainants have a positive experience when making a complaint. We have recently undertaken a public engagement exercise to seek public opinion on how easy it is to find information on making a complaint or to make a complaint using our website. We are in the process of using the feedback to further develop the website with public testing due in September 2020. This will include individuals from hard to reach groups.

When processing 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 NHS Fife supports this by establishing contact on receipt of a complaint.

To enhance people's experience and to ensure the Patient Relations Team has all the relevant information necessary to process a complaint, a new electronic complaint form has been developed. Support from other services was sought to ensure the form is fit for purpose, accessible to users and complies with relevant guidance and regulations. As part of the new website development the form will be tested by members of the public.

In order to reflect and make improvements in the complaint process it is important we gather feedback from complainants however, this has been challenging. We have tested a number of methods to obtain feedback with poor results. Our feedback forms were often returned only when the complainant was dissatisfied with the complaint outcome. The newly developed complaint form which will be housed on our new NHS Fife website and will contain an 'opt in' feedback section. The plan is to obtain feedback each month by contacting a random selection of complainants who have opted in. However, we understand that not all complaints are submitted electronically and we are considering additional ways of capturing feedback.

As part of the overall quality assurance checks, the Patient Relations Team undertake a monthly review of closed complaints. This focuses on compliance with the national complaints procedure. Any learning or areas for improvement are shared with the team and individual officers.

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## 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 a personal outcomes approach. Good conversations training is available for all staff across the organisations to support staff in their conversations with patients/carers and families at local level.

The Patient Relations Team continues to support junior doctors and student nurses training through the process of the Power of Apology Awareness Session. This has been well evaluated.

The Patient Relations Team continually develops their own skills in relation to listening and communicating to ensure an efficient and effective service is delivered. The Patient Relation Officers also participate in supervision and reflective based learning.

The Patient Relations and Clinical Governance Teams had previously aligned common elements of work and were delivering joint induction training for staff which covers safe, effective and person centred care. However, this was reviewed following feedback from both Teams. The outcome was that each Team would deliver separate presentations specific to their role. Staff have felt more confident in delivering the presentation and Patient Relations have been focussing more on the role of the department and the Power of Apology. Induction is on hold currently due to the Covid-19 pandemic.

We continue to encourage staff to complete the elearning feedback and complaints training developed nationally and the following is additional training delivered

### Medical Staff Core Training

Course – FY2 Term 3 Programme	Attendance
Power of Apology	7

Student Nurse Training – Patient Relations	Attendance
3 <sup>rd</sup> year nursing students undertook a placement within Patient Relations as a pilot to increase knowledge and awareness of complaint handling. This was supported by Practice Education Facilitators. The focus was to address the importance of complaints in the workplace and how staff attitude, behaviour and culture can influence complaints. This was piloted in January 2019 and the training was delivered by Patient Relations Manager, Coordinator and Patient Relations Officers.	2

<b>Corporate Induction</b>	<b>Attendance</b>
Delivery of induction training in relation to Patient Relations and Clinical Governance roles. Corporate Induction is delivered by a number of staff in the Patient Relations and Clinical Governance Teams.	26

### **SAER / Duty of Candour**

NHS Fife is committed to delivering training on Adverse Event and the following table demonstrates number of staff trained in 2018/19.

<b>Course</b>	<b>Attendance</b>
NES Duty of Candour module - 545	545
NHS Fife Datix Reporting learn pro	360
NHS Fife Datix Reviewer learn pro	98
Reporter Training (classroom)	133
Reviewer Training (classroom)	99

## **Indicator 4 - Total Number of Complaints Received**

<b>4a.</b> Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	<b>1302</b>
<b>4b.</b> Number of complaints received by NHS Primary Care Service Contractors ( <i>Territorial Boards only</i> )	<b>28</b>
<b>4c. Total number of complaints received in the NHS Board area</b>	<b>1797</b>

### **NHS Board - sub-groups of complaints received**

<b>NHS Board Managed Primary Care services;</b>	
<b>4d.</b> General Practitioner	<b>23</b>
<b>4e.</b> Dental	<b>5</b>

4f. Ophthalmic	0
4g. Pharmacy	0
<b>Independent Contractors - Primary Care services;</b>	
4h. General Practitioner	262
4i. Dental	7
4j. Ophthalmic	2
4k. Pharmacy	196
<b>4l. Total of Primary Care Services complaints</b>	<b>495</b>
<b>4m. Total of prisoner complaints received</b> ( <i>Boards with prisons in their area only</i> )  <b>Note: Do not count complaints which are unable to be concluded due to liberation of prisoner / loss of contact.</b>	<b>N/A</b>

## Indicator 5 – Total Number of Complaints Closed by NHS Board.

(*not including contractor data, withdrawn cases or cases where consent not received*).

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
5a. Stage One	783	65
5b. Stage two – non escalated	295	25
5c. Stage two - escalated	120	10
<b>5d. Total complaints closed by NHS Board</b>	<b>1198</b>	<b>100%</b>

## Indicator 6 - Complaints Upheld, Partially Upheld, Not Upheld

### Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
<b>6a.</b> Number of complaints upheld at stage one	283	36
<b>6b.</b> Number of complaints not upheld at stage one	351	45
<b>6c.</b> Number of complaints partially upheld at stage one	149	19
<b>6d. Total stage one complaints outcomes</b>	783	100%

### Stage two complaints

	Number	As a % of all complaints closed by NHS Boards at stage two
<b>Non-escalated complaints</b>		
<b>6e.</b> Number of non-escalated complaints upheld at stage two	62	21
<b>6f.</b> Number of non-escalated complaints not upheld at stage two	110	37
<b>6g.</b> Number of non-escalated complaints partially upheld at stage two	123	42
<b>6h. Total stage two, non-escalated complaints outcomes</b>	295	100%

## Stage two escalated complaints

	Number	As a % of all escalated complaints closed by NHS Boards at stage two
<b>Escalated complaints</b>		
<b>6i.</b> Number of escalated complaints upheld at stage two	32	27
<b>6j.</b> Number of escalated complaints not upheld at stage two	49	41
<b>6k.</b> Number of escalated complaints partially upheld at stage two	39	32
<b>6l. Total stage two escalated complaints outcomes</b>	120	100%

## Indicator 7 – Average Response Time

Indicator Seven – Average Times	
<b>7a - The average time in working days to respond to complaints at Stage One</b>	5.1
<b>7b - The average time in working days to respond to complaints at Stage Two (Not escalated)</b>	32.1
<b>7c - The average time in working days to respond to complaints after escalation</b>	37.2

## Indicator 8 – Complaints Closed in Full within timescale

	Number	As a % of complaints closed by NHS Boards at each stage
<b>8a.</b> Number of complaints closed at stage one within 5 working days.	560	79
<b>8b.</b> Number of non-escalated complaints closed at stage two within 20 working days	131	18
<b>8c.</b> Number of escalated complaints closed at stage two within 20 working days	17	3
<b>8d. Total number of complaints closed within timescales</b>	708	100%

## Indicator 9 – Number of Cases Where An Extension Was Authorised

	Number	As a % of complaints closed by NHS Boards at each stage
<b>9a.</b> Number of complaints closed at stage one where extension was authorised	77	63
<b>9b.</b> Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	45	37
<b>9c. Total number of extensions authorised</b>	122	100%

**Completed by:**

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<b>Date: Date</b>	