



NHS Borders Feedback and Complaints Annual Report 2017-18



Introduction

NHS Borders Feedback and Complaints Annual Report 2017-18 is a summary of the feedback received by NHS Borders from 1 January 2013 to 31 March 2018. This includes a description of the lessons learnt and improvements made. The report also contains information on feedback received by other independent health service providers, such as GPs, pharmacists and opticians who provide services to patients in the Scottish Borders. A summary of the approaches taken to proactively gather feedback to inform and develop local services is also included in this report.

Encouraging and Gathering Feedback & Complaints

NHS Borders gathers patient feedback in a number of different ways; this includes but is not limited to:

- Patients, carers and family members can provide feedback to any NHS Borders' member of staff who will be happy to help them. Correspondence can be received via letter, email, telephone and in person. Alternatively they can contact the Feedback and Complaints Team as follows:
 - Feedback and Complaints Team
NHS Borders
Borders General Hospital
Melrose TD6 9BS
01896 826719
complaints.clingov@borders.scot.nhs.uk
www.nhsborders.scot.nhs.uk/feedback-and-complaints/
- Patient feedback provided by other organisations
- Online feedback through Care Opinion www.careopinion.org.uk
- NHS Borders website www.nhsborders.scot.nhs.uk/feedback-and-complaints/
- Feedback in the local press
- Public Involvement Groups
- National patient experience surveys
- Leadership walkrounds in clinical areas seek to speak directly with patients, carers and families to hear their experience
- Daily conversations at ward level with patients and families – led by Senior Charge Nurses as co-ordinators of care
- Person Centred Care Collaborative through
 - local patient experience surveys e.g. '2 minutes of your time' survey
 - feedback provided to staff during care and treatment
 - preparation of digital, video and face to face stories
- Letters and information from elected members of Parliament on behalf of patients and families.
- Our Patient Feedback Volunteers in clinical areas.
- Help signs above patient beds in inpatient areas

NHS Borders welcomes and encourages feedback from patients, carers and family members about the services we provide. Information about how to provide feedback is made available to patients, carers and family members via the NHS Borders website www.nhsborders.scot.nhs.uk/feedback-and-complaints/ and the Feedback and Complaints information leaflet for patients, relatives and carers which

encourages and informs individuals how to provide feedback and make a complaint. Signposting to the Care Opinion website, two minutes of your time questionnaires and complaints leaflets are advertised throughout all of NHS Borders patient areas.

Based on feedback received during 2017/18 we know that the majority of our patients are happy most of the time with the care and treatment provided by NHS Borders. However, on occasion the care and treatment provided does fall short of the high standards we expect. When this happens it is very important that we hear about it in order that we can learn from mistakes made and improve the way we do things in the future.

NHS Borders has a dedicated centrally based Feedback and Complaints Team which supports patients to provide feedback and make complaints. This provides a single point of contact, offers ease of access and a level of consistency for the patient or member of the public.

NHS Borders works in partnership with and provides funding to a number of agencies and services. The range of groups and services this includes are the Borders Carers Centre, Action for Children, Borders Independent Advocacy Service, Local Learning Disability Citizens Panels and the Borders Care Voice.

To support patients to provide feedback the Patient Advice and Support Service (PASS) is delivered by the Scottish Borders Citizens Advice Bureau. The service is independent and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. The service promotes an awareness and understanding of the rights and responsibilities of patients. It also advises and supports people who wish to give feedback, make comments, raise concerns or make a complaint about treatment and care provided by the NHS in Scotland.

Patient Advice & Support Service (PASS)
Peebles & District Citizens Advice Bureau
Chambers Institute
High Street
Peebles
EH45 8AG
Telephone: 01721 721722
manager@peeblescab.casonline.org.uk
National helpline telephone number: 0800 917 2127

NHS Borders' public involvement structure is well developed and we have a large number of members across the network of public involvement groups. We work with a number of groups which are supported by members of the public. We have patient feedback volunteers and public members who sit on our various public involvement groups or are part of our Public Participation Network.

We encourage participation and take proactive steps to ensure there are no barriers to participation e.g. by meeting any necessary accessibility requirements.

As well as learning from feedback and complaints, NHS Borders involves the public in the design and planning of services. NHS Borders believes that involving patients, carers and the public is a very important part of improving the quality of the services

we provide. There are a number of public/patient involvement groups which provide the opportunity for people to give their views and feedback on local NHS services. We value this because it makes our services more efficient and responsive to local needs, helps us to prioritise services and to make best use of the available resources and encourage more patients to provide feedback. Anyone wishing to find out more about getting involved is invited to contact:

Public Involvement Team
NHS Borders
Borders General Hospital
Melrose TD6 9BS
0800 7314052
publicinvolvement@borders.scot.nhs.uk

NHS Borders continues to support the provision of independent advocacy. Locally this is provided by the Borders Independent Advocacy Service (BIAS). The service which supports people to be heard, access services and raise concerns is free and confidential. To find out more about the advocacy service contact:

Borders Independent Advocacy Service
Low Buckholmside
Galashiels
TD1 1RT
01896 752200
info@bordersadvocacy.org.uk

Proactive Patient Feedback Leadership Walkrounds

The Board actively promotes feedback. Board members both Executive and Non-Executive participate in regular leadership walkrounds. During the walkrounds, members of the team specifically engage, listen and respond to feedback from patient, carers and relatives, as well as engaging with staff to drive an open, safe and person centred culture. Public Involvement Members also support walkrounds participating as part of the team with a specific focus on seeking feedback from patients.

‘Two Minutes of Your Time’

We continue to use our, ‘Two Minutes of Your Time’ feedback questionnaire to gather anonymous patient, carer and visitor feedback within the Borders General Hospital (BGH), four Mental Health units and the four Community Hospitals.

Patient Feedback Volunteers

Since November 2014 NHS Borders has recruited patient feedback volunteers to support clinical teams to gather feedback from patients, carers and relatives about their services. Feedback is gathered in the BGH Discharge Lounge, Outpatients Departments, six of our BGH inpatient wards and two of our community hospitals. Information gathered by the volunteers is reported back to the relevant areas on a regular basis or at the time that feedback was received.

Charts 1 to 3 on the following pages represent the data gathered, between December 2014 and March 2018, from almost 4000 patient feedback questionnaires.

This was carried out using patient feedback volunteers within several departments and wards in the hospital to engage with patients, relatives and visitors.

An explanation on the terminology used on all charts contained within this report is included within appendix 1.

Chart 1 below demonstrates the percentage of patients, carers and relatives that were satisfied with the care and treatment provided. The 'Yes' response has mostly remained steady throughout although this was lower between October 2017 and December 2017.

Chart 1

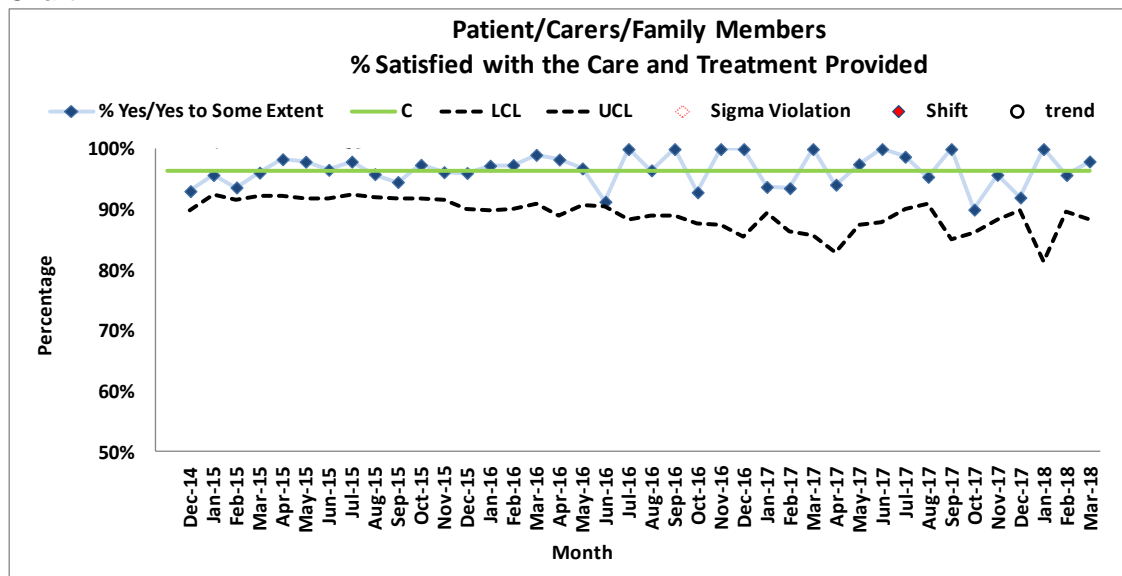


Chart 2 below shows the percentage of patients, carers and relatives who thought the staff that provided the care understood what mattered to the patient. The 'Yes' response has remained fairly steady throughout although this was a decrease December 2017 and February 2018.

Chart 2

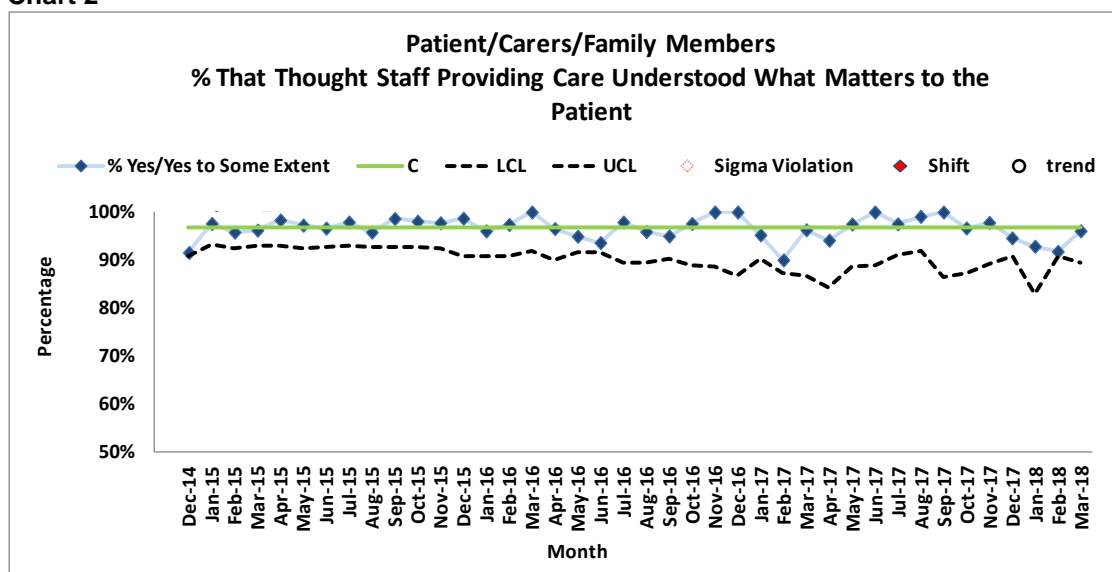
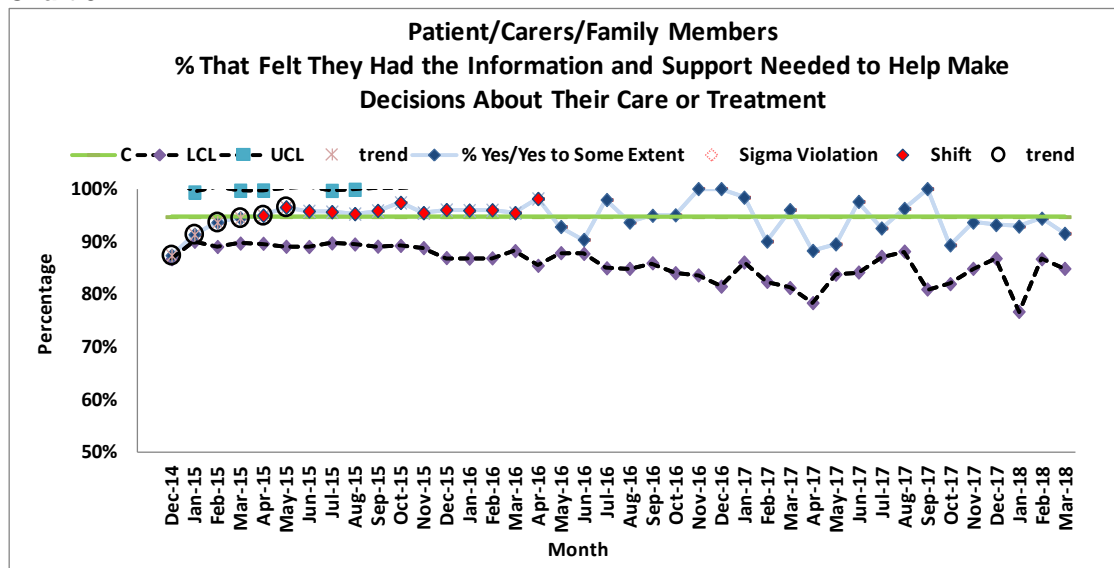


Chart 3 below demonstrates the percentage of patients, carers and relatives who thought the patient always had the information and support needed to make decisions about their care or treatment. The 'Yes' responses have been quite variable over the years however they look to be steadying again towards the end of 2017 and beginning of 2018.

Chart 3



Recording

The Feedback and Complaints Team record all complaints on the electronic system, Datix. A log in the form of a spreadsheet is also maintained to track and record all complaints and the development of related improvement action plans for all upheld elements for each complaint. Each service has the responsibility for keeping their improvement actions up to date.

Quality Dashboards

Senior Charge Nurse and Board level quality dashboards provide a range of information in the form of charts displaying data over time at ward and organisational level. The quality dashboard uses a range of measures including feedback and complaints, falls, adverse events, infection rates and staff absence rates. These are used to identify areas for improvement. The dashboards can be used to monitor performance and as a quality measure leading to identification of areas for improvement.

Ward Boards

Ward Quality and Safety Information Boards are in place in each inpatient area within the Borders General Hospital, along with our Dialysis Unit, each inpatient Mental Health Unit and all of our Community Hospitals. The purpose of these boards is to provide visible information to staff, patients and visitors on how the ward is performing in regard to quality and safety measures. On each quality and safety board there is a specific section on patient feedback which allows wards and departments to display feedback provided by patients, relatives and carers and a section for staff to provide responses, in a 'you said, we did' approach.

Complaint Handling

NHS Borders takes a positive and proactive approach to the way feedback and complaints are managed:

- It is essential that a meaningful and timely response is delivered
- A person centred approach to all feedback is central, e.g. walking in the shoes of the patient
- Staff are encouraged to reflect on the patient's experience, and learning should occur at individual and organisational level
- The Apologies (Scotland) Act (2015) encourages a change in social and cultural attitudes around apologies.

When receiving a written complaint, the Feedback and Complaints Team aim to speak to the person raising concerns within 24 hours of receipt to agree the issues they wish addressed and to establish what outcome they want to achieve from their complaint. This is then followed up with a letter confirming receipt of their complaint. A leaflet which explains what they should expect and how their feedback will be handled is included with the acknowledgement letter. This information is also discussed over the telephone with those who call to provide a direct explanation on the complaints process.

When complaints are received, the Feedback and Complaints Team work closely with clinical and managerial staff from the different services to assess and agree the most appropriate and person centred way to respond. This can include direct face to face discussions with complainants, telephone and/or written communication. Mediation is also available if resolution through local routes is not successful.

When responding to complaints, NHS Borders aims to:

- Provide professional and compassionate responses
- Understand feedback from the perspective of the patient and/or family
- Share learning and improvement actions

The Feedback and Complaints Team provide direct advice and support to staff in handling feedback and often provide support in discussing and agreeing the best way forward. The team provide immediate support to staff on occasions when patients or relatives would like to speak with someone independently whilst in NHS Borders care and often respond rapidly by meeting with patients and carers when they request this.

Within the NHS Borders area, independent contractors were not used for alternative dispute resolution during the 2017/18 reporting period.

Each of the NHS Borders' Clinical Boards (Acute Service, Mental Health Services, Primary and Community Services and Learning Disability) has a clinical governance group. These groups have a responsibility to review complaint themes and track improvement actions through to completion.

Members of the Clinical Board management teams are responsible for liaising directly with staff involved in complaints to reflect on practice and identify any

learning which can be used to make improvements. This includes meeting with complainants to hear directly about their experiences.

People who make a complaint are supported to be involved in the process. The level of involvement is assessed on a case by case basis taking account of the nature of the complaint and the level of involvement the complainant is comfortable with. When a complainant indicates that they wish to meet with staff this is arranged by the Feedback and Complaints Team. This may include meeting with NHS Borders' Chief Executive, Director of Nursing, Midwifery & Acute Services or Medical Director.

New model complaint handling procedure

A new model complaint handling procedure was introduced across Scotland from 1 April 2017. This new procedure meant that there are now two stages to making a complaint. Stage 1 focuses on early resolution which can be dealt with by any member of staff and does not require a formal written response. They require a response within 5 working days.

Stage 2 focuses on the investigation of complex, serious or high risk cases and are managed by the Feedback and Complaints Team. They require a written response within 20 working days.

The new procedure also introduced a revised set of key performance indicators for Boards to report on in relation to their handling of complaints. Details of NHS Borders performance on these are included in this report.

Learning from complaints

NHS Borders encourages a culture of openness. Patient feedback is routinely used along with other sources of information to inform service improvements.

For all complaints responded to, an assessment is made as to whether the complaint is upheld, partly upheld or not upheld. Where a complaint is either upheld or partly upheld the relevant services agree an improvement plan that is monitored by the General Manager for each service. Complaints are also a standard agenda item on the meetings of each of the service clinical governance groups. Either the Chief Executive, Medical Director or Director of Nursing, Midwifery & Acute Services read, advise and sign every Stage 2 complaint response. They are explicitly committed to improving the experience of patients, carers and staff and improving the quality of our services.

Although it is not always possible to attribute all improvements to patient, carer or relative feedback, the following are examples of where improvements have been made in response to feedback, complaints and Care Opinion stories:

- Re-introduction of staff name badges for all staff
- Signposting to the use of Care Opinion made more visible within the Discharge Lounge
- Menu choices on our paediatric ward reviewed with input from patients and relatives
- Information leaflet and posters created for users of our ambulatory care service to ensure they are informed of the process and possible waiting times

- Surgeon name now provided on final letter sent to patient's advising them of their surgery date
- Borders Emergency Care Services are now emailing or telephoning GP practices to alert them to any patients seen out of hours who require an early follow-up visit from their GP
- Gynaecology have introduced 'clinic in progress' signage to clinic room doors to minimise disruptions to patient appointments
- When reporting on abdominal scans, radiologists now specifically comment on the patients' appendix
- Increase of therapy pets visiting patients in the ward setting to reduce boredom, stress and feeling of isolation
- Communal tables introduced for patients to eat meals together and engage in planned activities
- Cordless phones provided in BGH inpatient wards to enable patients to speak to their relatives from their bedside

Meetings with complainants

NHS Borders offers meetings to complainants when it is felt this will be the best possible way to ensure resolution for the complainant. Meetings are offered with the relevant clinician or manager and a member of the Feedback & Complaints Team is also present.

When meetings are held, a note from the meeting is taken by the member of the Feedback & Complaints Team which is then issued to the complainant for their records.

During 2017/18, NHS Borders held meetings with a total of 21 complainants which equates to 6% of the total number of complaints received. Out of the 21 meetings held, 9 of these (or 42%) were held after our response letter was issued in order to provide further resolution and explanation.

Complaint Process Experience

We have been gathering feedback from patients, carers and family members who have engaged with NHS Borders complaints team to find out if they have been satisfied with our complaints process. NHS Borders are keen to learn if users of this service have been happy with the quality of the response, did we address all of their concerns and was there anything they felt we could have done to improve the way that we handled their complaint.

Since the introduction of the new model complaint handling procedure from 1 April 2017, we have sent out questionnaires with all of our Stage 2 complaint response letters in order to gather much more detailed feedback on our process. The questionnaires ask for feedback about different aspects of the process and the feedback from the 21 questionnaires returned is shown below:

- 67% of complainants agree that finding information on how to make a complaint was easy
- 90% of complainants agree that submitting a complaint was easy
- 95% of complainants agree that complaints staff were helpful and polite

- 86% of complainants agree that complaints staff listened and understood their complaint
- 68% of complainants agree that complaints staff asked what outcome they wanted
- 86% of complainants agree that complaints staff explained the complaints process
- 90% of complainants agree that their complaint was handled in a timely manner and they were kept informed of any delays
- 67% of complainants agree that all their complaint points were answered
- 81% of complainants agree that the complaint response was easy to read and understandable

Staff awareness and training

Care Opinion Launch

On 31 May 2017, NHS Borders officially launched the use of Care Opinion at the Borders General Hospital. Two sessions attended by over 60 members of staff heard the benefits of using this feedback platform and the opportunities to learn and improve on receipt of this feedback from our patients and their families.

We were privileged to hear directly from Gina Alexander and Ben Simmons from Care Opinion on how we can use this valuable tool as part of our daily interactions with patients and families. Shaun Maher, Strategic Adviser for Person Centred Care from the Scottish Government, also shared how Care Opinion can help us to deliver safe, effective and person centred care.

Dr Lynn McCallum, Consultant Physician & Head of Service for Unscheduled Care, Acute Medicine, provided an insight on how our Medical Assessment Unit actively promote the use of Care Opinion with their patients. Dr McCallum explained how she has listened to the feedback shared by her patients and made changes according to their collective feedback.

NHS Borders wants to encourage our patients to give us feedback on their experiences of using our services and hope to continue to see lots of stories shared on a regular basis.

Our communications department now share a selection of stories posted on Care Opinion about NHS Borders with all staff on a monthly basis.

Visit from Dr Dorothy Armstrong

In December 2017, Dr Dorothy Armstrong of DA Professional Limited was commissioned by NHS Borders to review and make recommendations about the feedback and complaints function.

A two day on site review of the current complaints processes and responses was undertaken at Borders General Hospital in December 2017. An appreciative inquiry approach was used throughout which explores what is already working well and what is the ideal. The four step process is: -

- Discover - define what is working well and what needs to change
- Dream - explore what would be the ideal
- Design - co-construct the design of a refreshed service
- Deliver – support implementation of the agreed changes

Interviews were carried out with staff including members of the Executive team, Associate Medical Directors, staff from the clinical governance department and Senior Charge Nurses. Dr Armstrong provided a report on her findings from her visit which gave the following recommendations to NHS Borders:

- Integrate the Back to Basics Communication work stream to the principles of good feedback and complaints responding and learning i.e. build the skills and expertise of clinical staff to manage challenging conversations.
- Explore methods to increase ownership of complaints by clinical staff: this could be initiated by the Appreciative Inquiry event where current good practice is shared and rolled out.
- Invite local clinical leaders to champion complaints as a positive vehicle for learning and improvement: the new Clinical Directors and Senior Charge Nurses are key in taking ownership and shifting the culture.
- Provide learning and development opportunities for staff including the Senior Charge Nurse Leadership Programme, Master classes for clinicians and key clinical leaders such as Associate Nurse/Medical Directors and Clinical Directors to lead and sustain the learning. Sessions can include skills for challenging conversations such as The Power of Apology, responding in a person-centred way, investigation and evidencing the lessons learned.

Communication with patients and families

In September 2017, our Director of Nursing, Midwifery and Acute Services launched a programme of change entitled 'Back to Basics'. This programme has the aim "to deliver excellence in care for every patient, every time". Five work streams fall under this programme of work, which are:

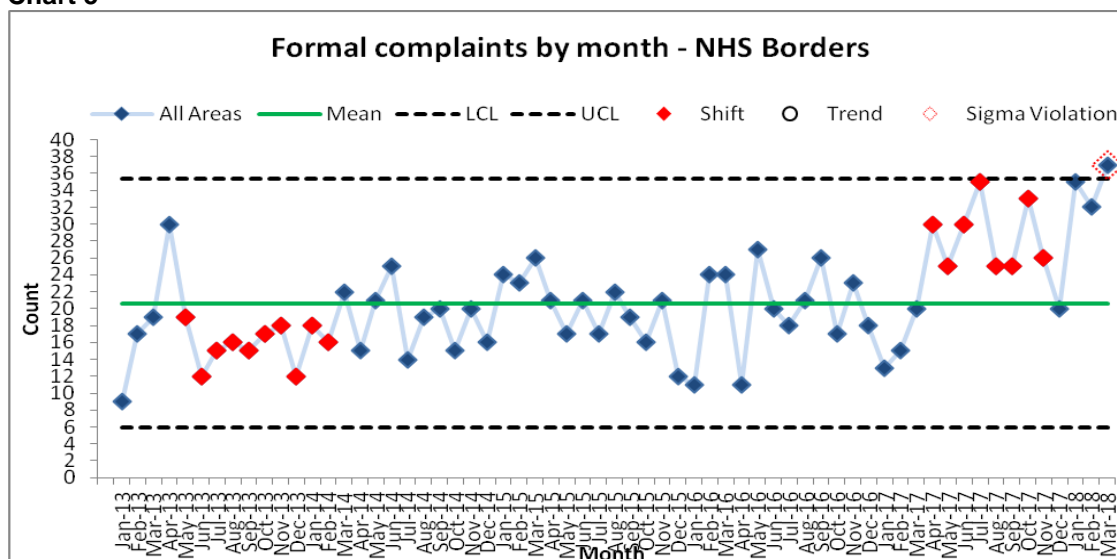
- Falls
- Deteriorating patient
- Pressure damage
- Food, fluid and nutrition
- Communication with patients and families

The Feedback & Complaints Team are playing an active part in the communication with patients and families work. Details of complaints where poor communication has been the main theme have been shared with this group in order for these to form the basis of the work required by the organisation in order to make improvements in this area.

The total number of complaints received

A total of 353 complaints were received between April 2017 and March 2018. When a comparison is made with 2016/17, this shows there has been a significant increase (126) in the number of complaints received during the year. Chart 5 on the next page shows the number of formal complaints received by month between January 2013 and March 2018.

Chart 5



Out of the 353 complaints received, 257 related to the Borders General Hospital, 34 related to Primary & Community Services, 39 related to Mental Health and 23 related to Support Services.

Complaints closed at each stage

The term closed refers to a complaint that has had a response sent to the complainant and at the time no further action was required, regardless at which stage it is processed and whether any further escalation took place. The term escalation refers to a complaint that was received at Stage 1 and was unable to be resolved therefore escalated to Stage 2 of the complaints process. This indicator considers the number of complaints closed at each stage as a percentage of the total number of all complaints.

During 2017/18, we closed 29.8% Stage 1 complaints, 67.6% Stage 2 non escalated and 2.8% Stage 2 escalated complaints. Charts outlining this performance are included in appendix 2.

Complaints upheld, partially upheld and not upheld

There is a requirement for a formal outcome to be recorded for each complaint received. Outcomes can be upheld, partially upheld or not upheld.

During 2017/18, out of all complaints closed at Stage 1, 58.7% were upheld, 19.9% were not upheld and 13.2% were partly upheld. Out of all complaints closed at Stage 2, 22.1% were upheld, 40.6% were not upheld and 29.8% were partly upheld. Out of all complaints closed at Stage 2 after escalation, 40% were upheld, 13.3% were not upheld and 46.7% were partly upheld. Charts outlining this performance are included in appendix 3.

Average times

The model complaints handling procedure requires complaints to be closed within 5 working days at Stage 1 and 20 working days at Stage 2. This indicator represents the average time in working days to close complaints at stage 1 and complaints at stage 2 of the model complaints handling procedure.

During 2017/18, our average time to respond to complaints at Stage 1 was 2.8 working days. Our average time to respond to complaints at Stage 2 was 15.6 working days and our average time to respond to complaints at Stage 2 after escalation was 14.3 working days. Charts outlining this performance are included in appendix 4.

Complaints closed in full within the timescales

This indicator considers the number of complaints closed at each stage as a percentage of the total number of complaints closed at the same stage.

During 2017/18, we closed 94.5% of all Stage 1 complaints within 5 working days. We closed 88.8% of all Stage 2 non escalated complaints within 20 working days and 83.3% of all Stage 2 escalated complaints within 20 working days. Charts outlining this performance are included in appendix 5.

Number of cases where an extension is authorised

The model complaints handling procedure allows for an extension to the timescales to be authorised in certain circumstances. This indicator considers the percentage of complaints that had an extension authorised.

During 2017/18, 0.83% or 1 Stage 1 complaint had an extension authorised, 7.6% or 15 Stage 2 non escalated complaints had an extension authorised and there were 0 Stage 2 escalated complaints where an extension was authorised. Charts outlining this performance are included in appendix 6.

Complaints Themes

Charts 6 to 10 below and on following pages outline the top five themes emerging from complaints received between April 2017 and March 2018. Whilst the top five themes for complaints have remained the same, the totals for each theme have increased in number.

Chart 6

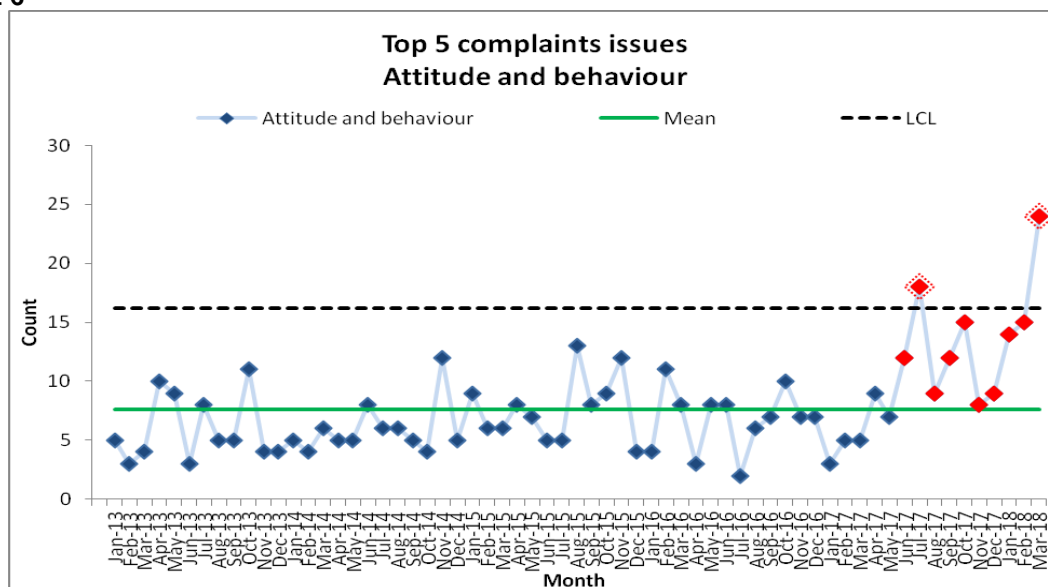


Chart 7

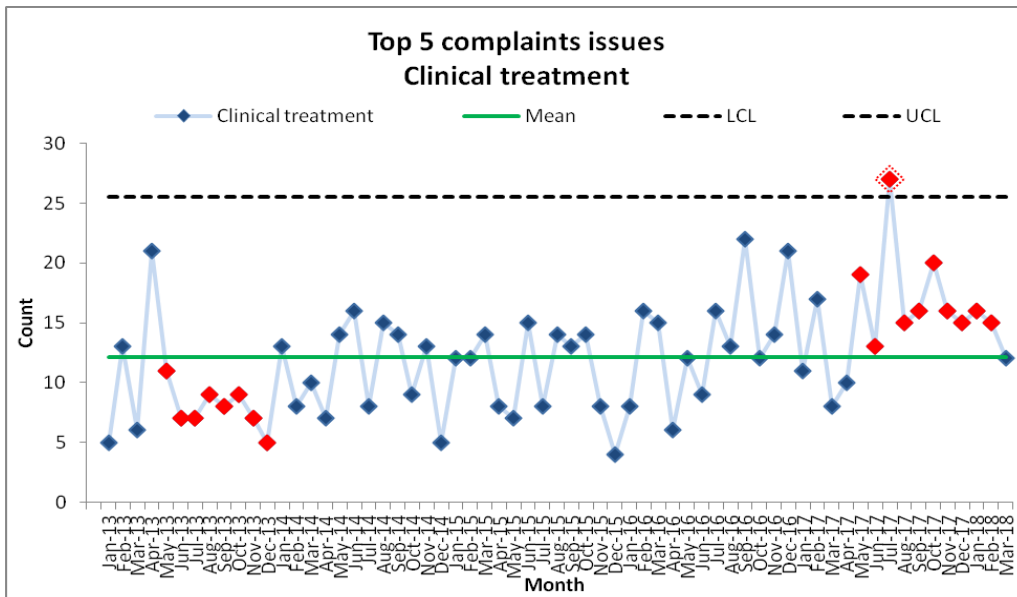


Chart 8

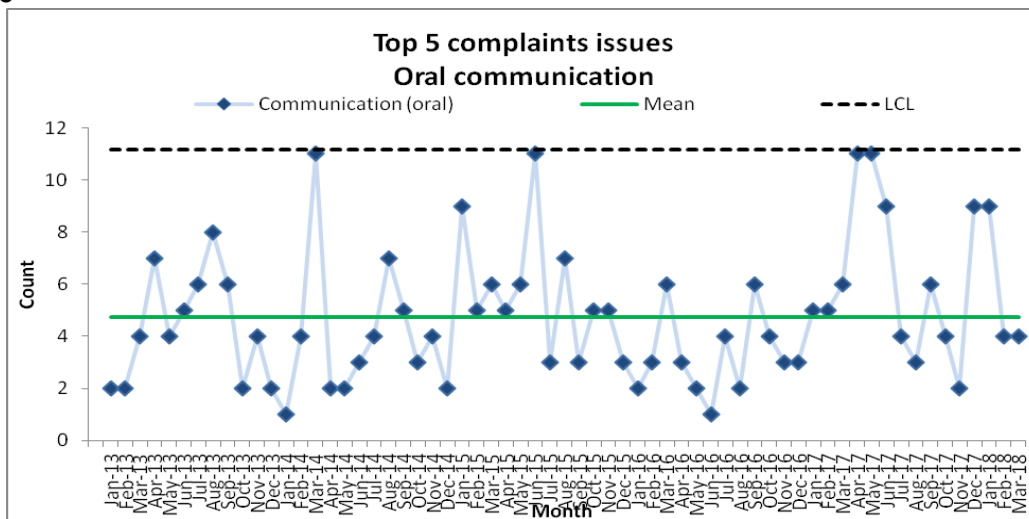


Chart 9

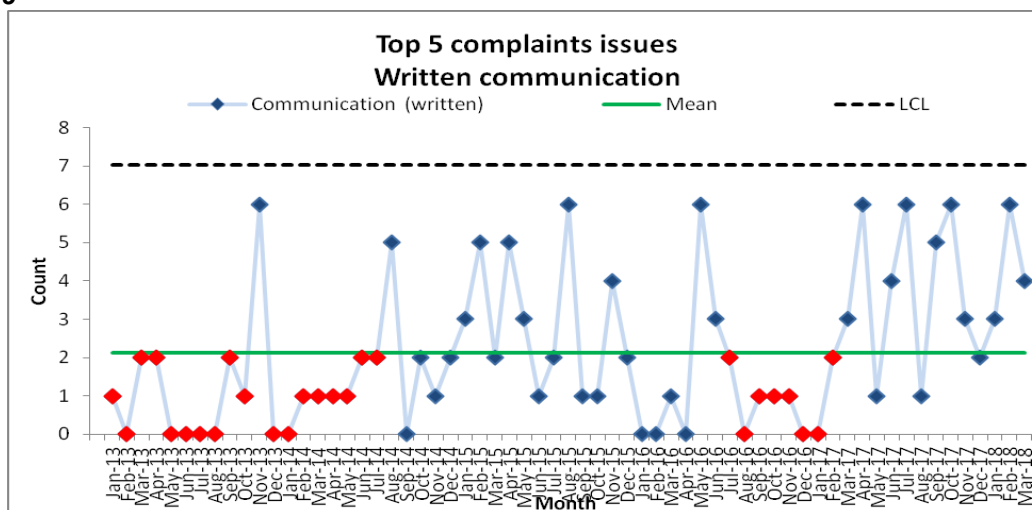
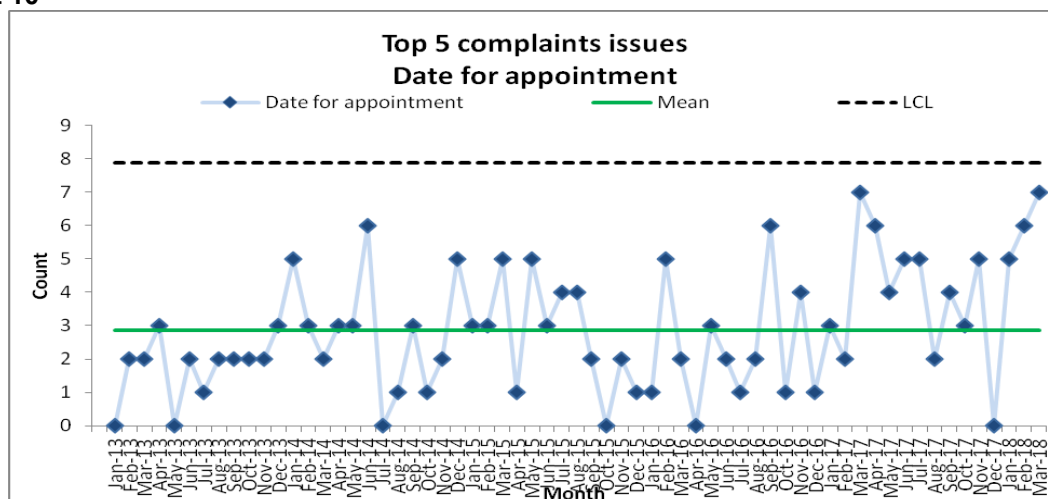


Chart 10



When comparison is made, as shown in the table below, between the figures for 2016/17 and those for 2017/18, there are increases in the total numbers of complaints for all of the top 5 themes, with the greatest increase seen in complaints relating to attitude and behaviour and written communication.

Top 5 Issues	Total 2016/17	Total 2017/18
Attitude and Behaviour	69	152
Clinical Treatment	161	194
Communication – Oral	44	76
Date of Appointment	19	52
Communication – Written	32	47

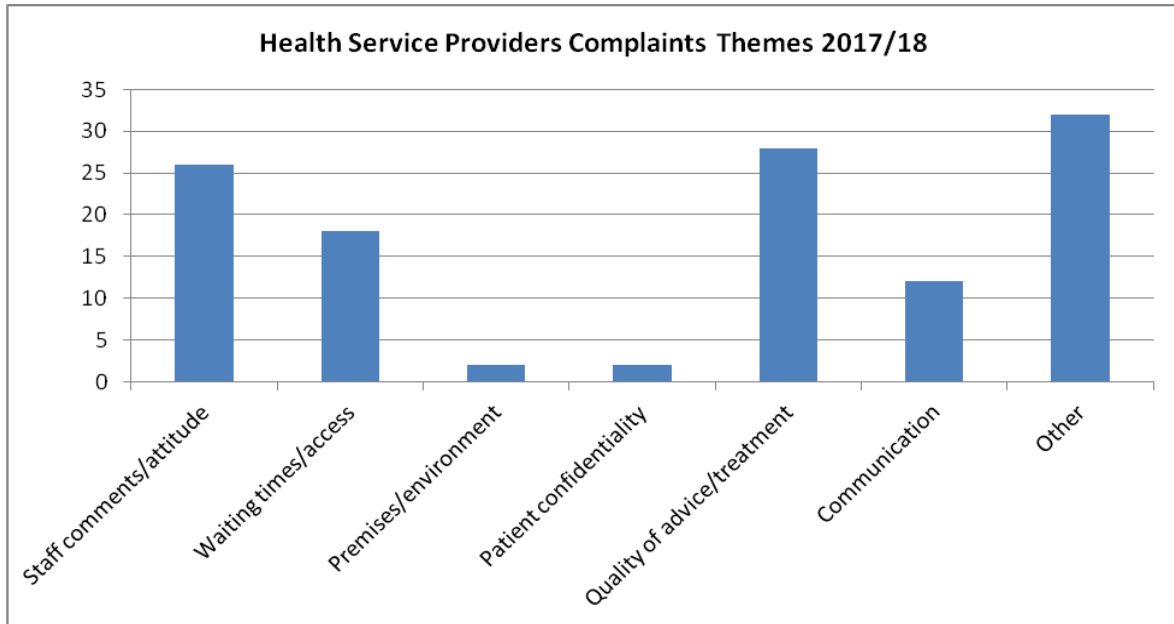
Primary Care Service Providers Complaints

The table on the next page outlines the number of complaints received and the response rate for complaints by Primary Care Service Providers operating in the Scottish Borders between April 2017 and March 2018.

	GP	Dentist	Pharmacist	Optician
No. of Complaints received	84	11	35	2
No. of Complaints responded to within response rate	70	7	22	2

Chart 11 on the next page outlines the top themes emerging from the complaints received by Primary Care Service Providers operating in the Scottish Borders between April 2017 and March 2018.

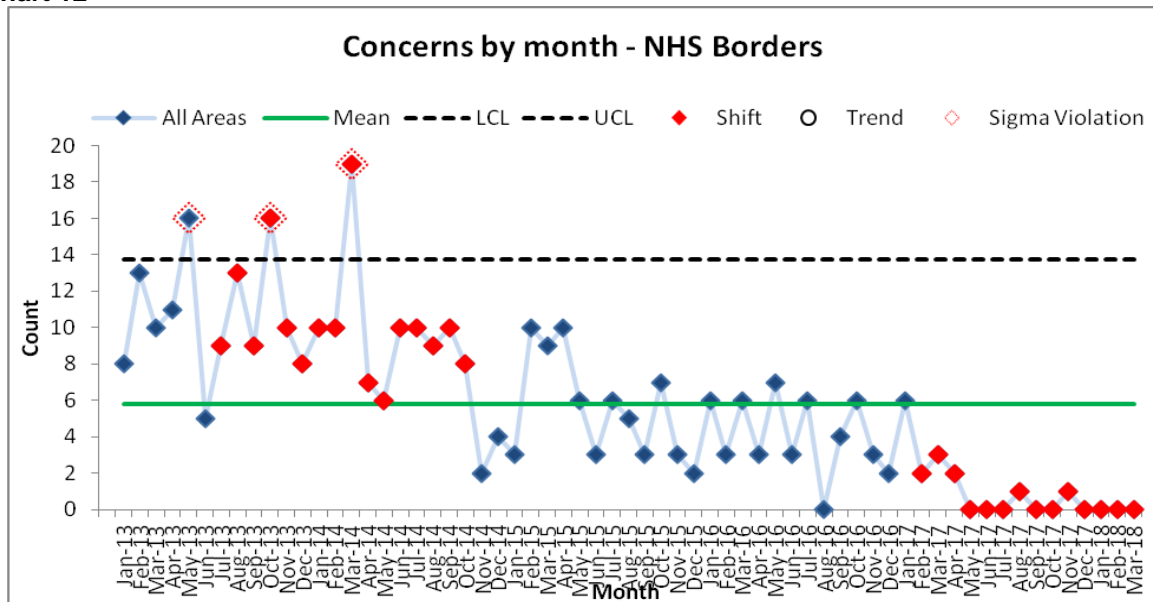
Chart 11



Concerns

A total of 4 concerns were received by the Feedback and Complaints Team during 2017/18 which is a significant reduction from the 45 received in 2016/17. This is reflective of the change in classification of concerns in line with the new model complaints handling procedure. Chart 12 below shows the number of concerns received since January 2013.

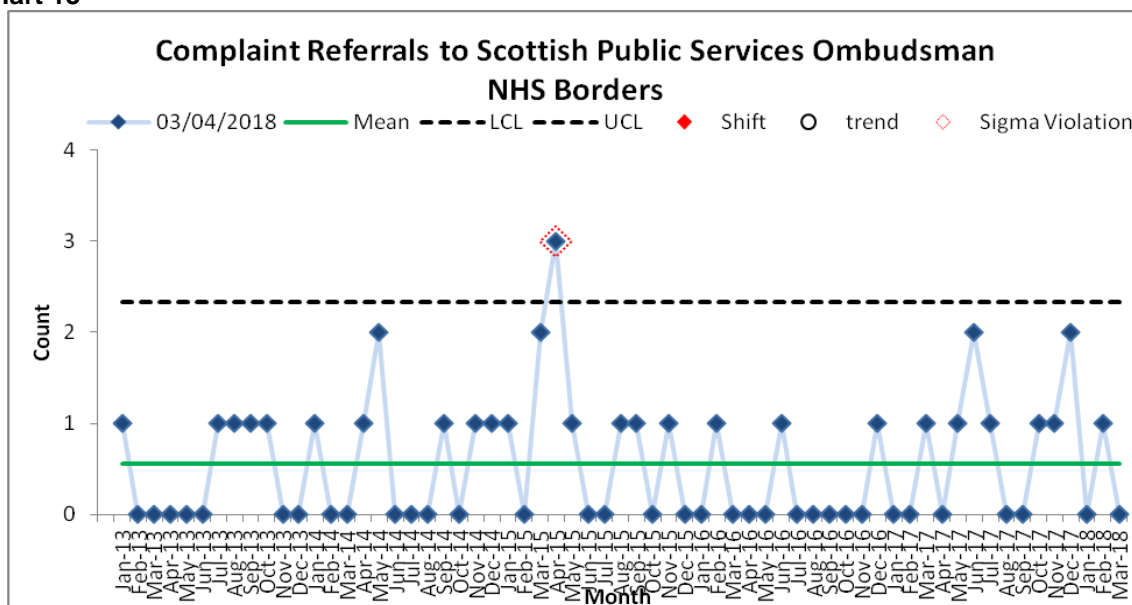
Chart 12



Scottish Public Services Ombudsman (SPSO)

Chart 13 on the next page outlines the referrals accepted by the SPSO between January 2013 and March 2018. In 2017/18, there were 9 referrals made to the SPSO which is an increase of 6 from the 3 made during 2016/17:

Chart 13



The following decisions and recommendations were made by the SPSO between April 2017 and March 2018 for cases investigated by them that related to complaint cases from NHS Borders:

SPSO Case 201700687	Progress
Case was not upheld.	Closed

SPSO Case 201703246	Progress
SPSO decision was that that further consideration of the complaint would not add anything to the enquiries that have already taken place and the failings already acknowledged by NHS Borders. SPSO satisfied that appropriate action and learning had already been undertaken by NHS Borders.	Closed

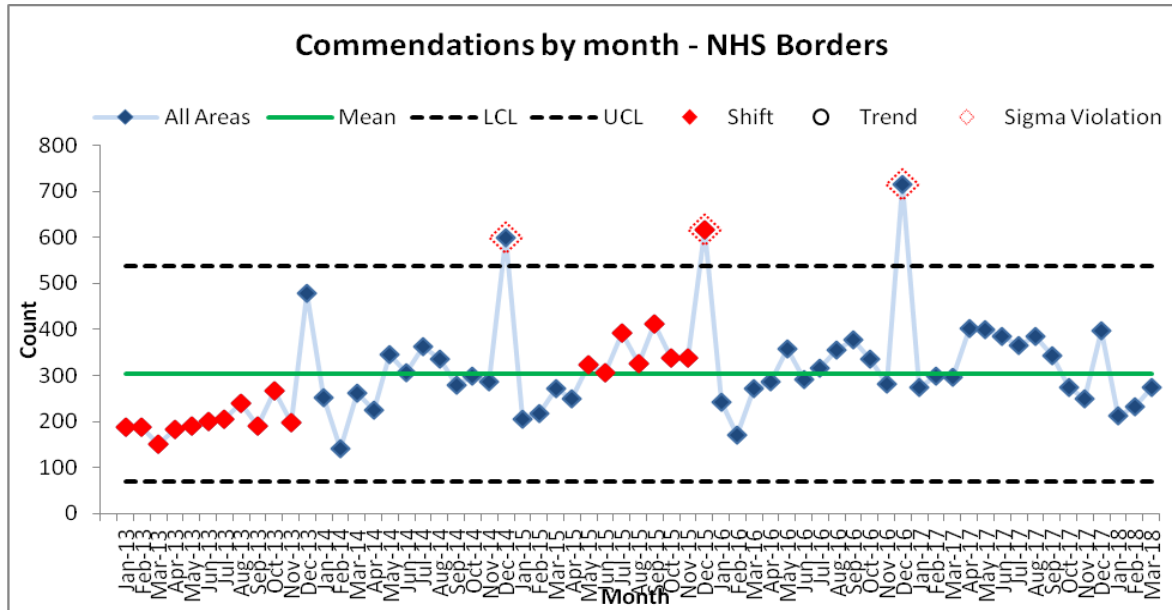
SPSO Case 201706469	Progress
Case was not upheld.	Closed

SPSO Case 201609377	Progress
A post operative ward round should be part of routine surgical care.	Improvement plan being developed.
Post operation instructions should contain adequate detail to allow the transfer of information.	
Evidence provided on action already taken by NHS Borders, this action being that the consultant orthopaedic surgeon has reflected on their practice and will now telephone a patient if they are too drowsy to speak after an operation.	

Commendations

During 2017/18 NHS Borders received a total of 3860 commendations which is a decrease from the 4140 received during 2016/17. Chart 14 on the next page shows commendations received from January 2013 to March 2018:

Chart 14



Care Opinion

Between 1 April 2017 and 31 March 2018, 117 stories were shared on Care Opinion about NHS Borders. At the time of preparing this report, these stories have been viewed on Care Opinion 27,468 times in total. 79% of the stories shared were positive stories. The following charts have been produced by the Care Opinion website.

Chart 15 below shows a significant increase in the number of stories shared about NHS Borders during 2017/18.

Chart 15

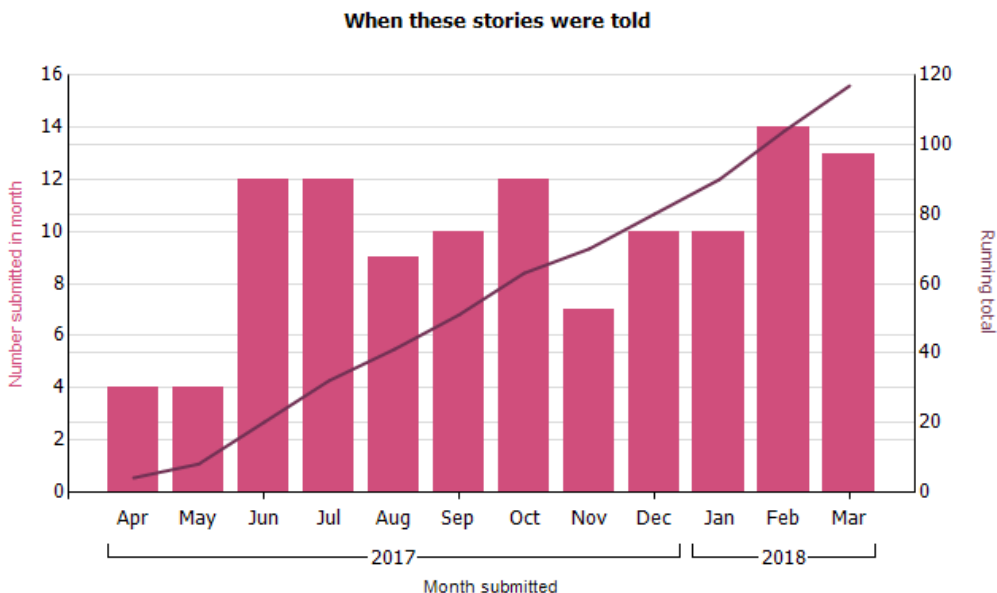
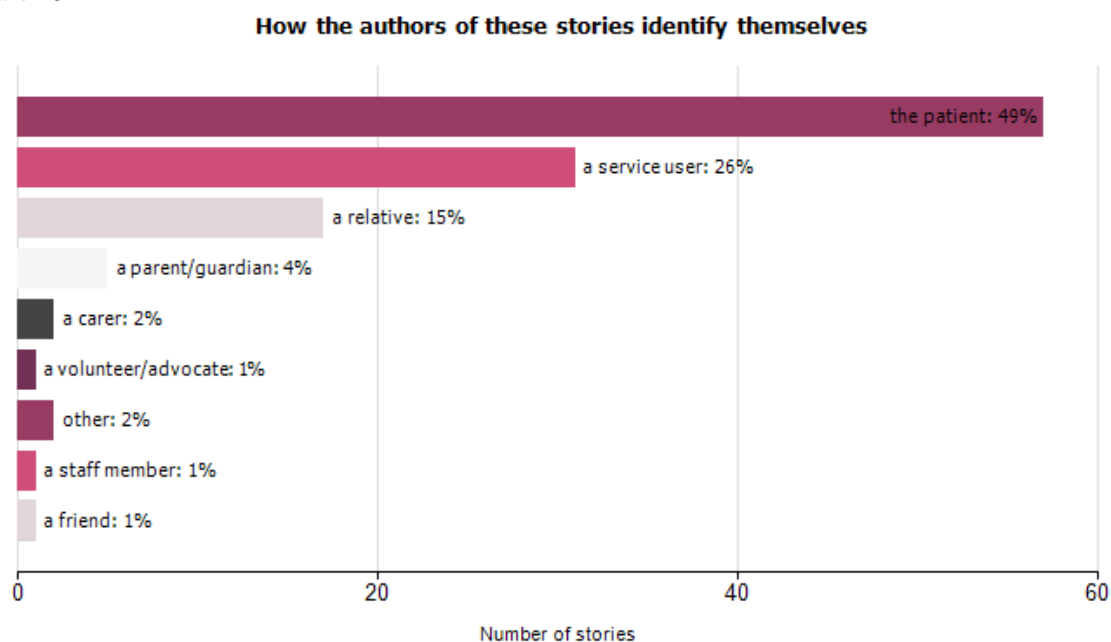


Chart 16 on the next page shows who have written the stories about NHS Borders with 49% having been written by the patient themselves.

Chart 16



Patient Stories

At each of NHS Borders Boards' Strategy and Performance Committee meetings a patient story or examples of where patient feedback has resulted in positive changes to care and services provided to patients is presented. This ensures that Board members hear directly about the experiences of patients to drive improvements in the organisation.

The patient stories heard at the Strategy and Performance Committee meetings help the Board to gain a deeper understanding of patient experience in NHS Borders. Many members of the public who have provided feedback or engaged in discussions at Board level about their experience are encouraged to participate as public members on an ongoing basis, and many now do. NHS Borders established a Public Governance Committee of the Board whose role is to seek assurance that the Board takes seriously its responsibilities around communicating, engaging, consulting and that it meets its equality duty and aspirations around the delivery of person centred health and care.

Patients and patient's carers and relatives have been supported to attend the meetings through meeting with the Director of Nursing and Midwifery and Acute Services or Head of Clinical Governance and Quality. These stories have proved to be a powerful learning tool for improving patient experience.

Below are snippets from the stories shared at the Strategy and Performance Committee throughout 2017/18:

In May 2017, the committee received an update on an individual who shared their story at a previous meeting where he outlined the challenges he faces as someone of transgender, identifying as male, presenting with an acute medical emergency.

In September 2017, the committee heard from two members of the Local Citizens Panel (LCP) who presented some of the work they are doing within their local communities and as part of the governance structure of the Scottish Borders Learning Disability Service. The LCP aims to give people with a learning disability and their carers a voice in the way that services are planned, prioritised and delivered.

In November 2017, the committee heard from a current mental health patient about her positive experience of using mental health services both as an inpatient and under a community team. Her story began 12 years ago, after a family bereavement caused her own mental health break down which resulted in her being diagnosed with Anorexia Nervosa, Depression, Aspergers Syndrome, Obsessive Compulsive Disorder and self-harming. The committee also heard her talk about her current volunteering role within NHS Borders and the positive effect this has on not only her but the patients and staff she supports.

In March 2018, the committee received a paper containing details on patient and relative stories shared on Care Opinion. This included both positive and negative stories and stories that have instigated change on behalf of the organisation.

In addition to being shared at the Board, patient and relative stories are also used to provide staff training opportunities to encourage reflective practice and to drive improvement. They are also used as part of the staff induction process and enable staff to hear about patient experiences first hand. Some of the patient and relative stories provided are produced in written form or audio and video recordings as often people do not feel confident presenting to a large group.

Accountability and Governance

Data related to feedback and complaints performance is reported on a monthly basis. The report is presented in the form of Quality Dashboards for each clinical area. These are shared with the Senior Charge Nurses and managers to enable them to monitor and respond to trends in the feedback provided. The Quality Dashboards are also displayed in clinical areas on the ward Quality and Safety Boards. Through display of this information we are able to share with patients, carers and relatives what has been said and what has been done as a result of feedback and complaints received.

The Clinical Executive Operational Group, Clinical Boards and Clinical Governance Groups oversee feedback and complaints and monitor performance using data from performance scorecards and patient feedback reports provided on a monthly basis. The indicators used for the Quality Dashboards also form part of the Board and Operational Scorecards. Data is presented over time to help identify any variation and to enable assessment of improvement efforts. There are a growing number of public involvement representatives in several of these groups.

At Board level the Board Clinical Governance Committee and Public Governance Committee seek assurance and scrutinise the organisational approach to feedback

and complaints. The Public Governance Committee reports to every meeting of the NHS Borders' Board.

Every Public Board receives a Clinical Governance and Quality report containing a detailed section on patient feedback. These reports include details of volumes, complaint themes and trends, information on response times, feedback posted on Care Opinion, referrals accepted and outcomes from SPSO cases in order that the committees may give these consideration.

The Feedback and Complaints Team are co-located with the Adverse Events Team. This enables frequent exchange of information and partnership working between the two functions. As a result we are able to achieve a seamless, timely and person centred response to complaints and adverse events which are being addressed through both processes. The teams have a close working relationship which has enabled a joined up approach to the way in which support can be offered to patients, carers and families when providing feedback, making a complaint or engaging in a review. The sharing of information has enhanced and increased the opportunities for organisational learning from complaints and adverse events. This also provides valuable information which results in improvements being made based on the themes and issues identified.

Future Developments








As previously stated, NHS Borders takes feedback and complaints very seriously; this has resulted in us making a number of improvements in 2017/18, as reflected in this report. However, there is always room for further improvement to be made and the following have been identified for 2018/19:

- Continue to refine and improve both the feedback and complaint handing process and the response to complainants.
- Continually explore and offer different routes to encourage patients, carers and relatives to provide their feedback.
- Support services to ensure any improvements identified in complaints are implemented and sustained.
- Widen patient stories at the Board to include staff stories to share their experience of the complaints process.
- Continue to support communication with patients and families work.
- Continue to support staff in dealing with Stage 1 early resolution complaints.
- Develop mechanism of seeking feedback from staff on their experience of the complaints process.
- Widen the net of our current feedback mechanisms out into the local community to actively seek feedback from our patients, relatives and carers.
- Develop display for main hospital setting to highlight the changes that have been made on the back from all the different types of feedback received from patients, relatives and carers.
- Look at how we gather feedback from complainants on how they have found the complaints process in order to increase our response rates to these questionnaires.

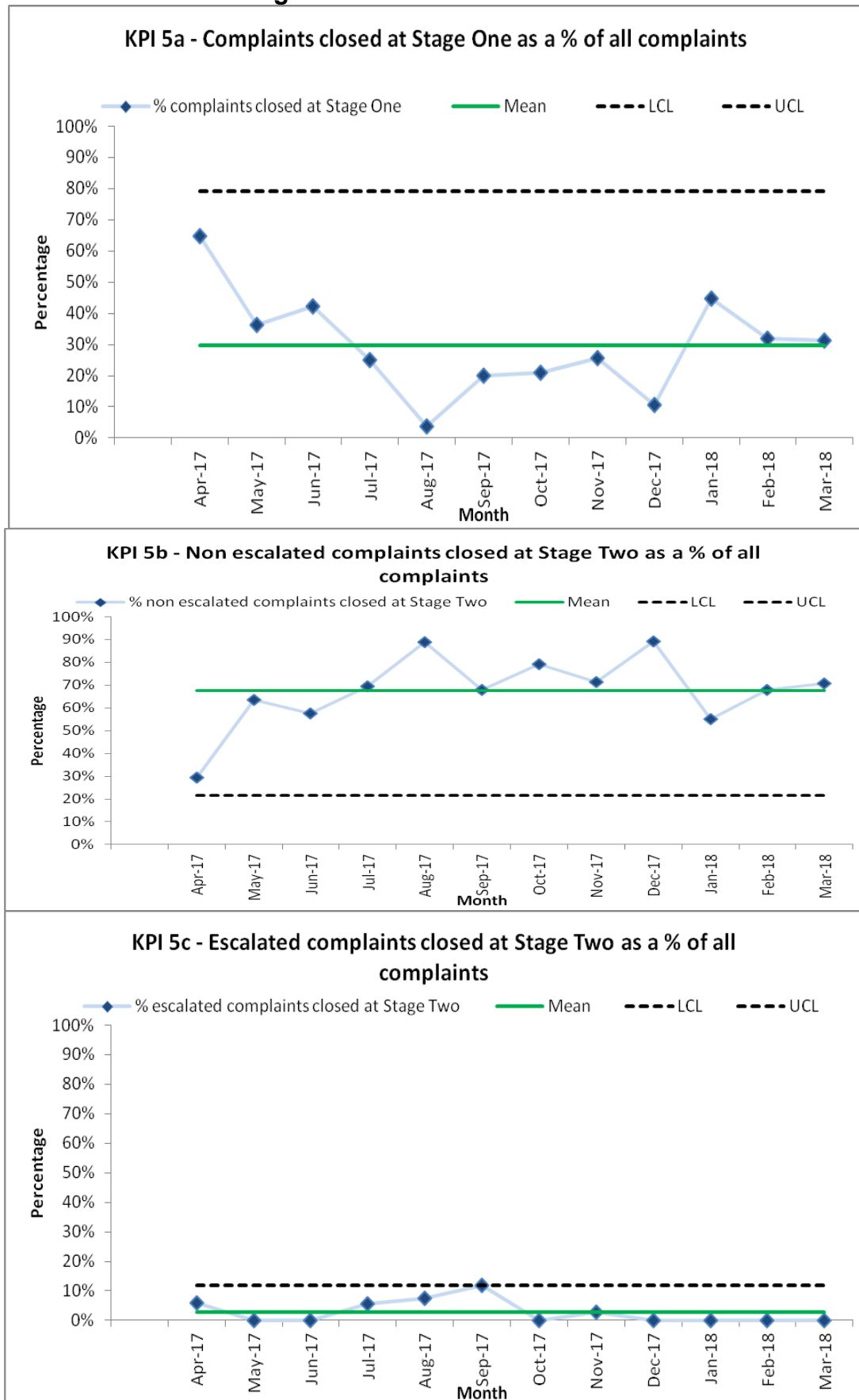
We would welcome your feedback on this annual report. If you would like to provide feedback or need this report in large print, audio, Braille, alternative format or in a different language please contact;

Feedback and Complaints Team
Clinical Governance & Quality
NHS Borders
Borders General Hospital
Melrose TD6 9BS
01896 826719
complaints.clingov@borders.scot.nhs.uk
www.nhsborders.scot.nhs.uk/feedback-and-complaints/

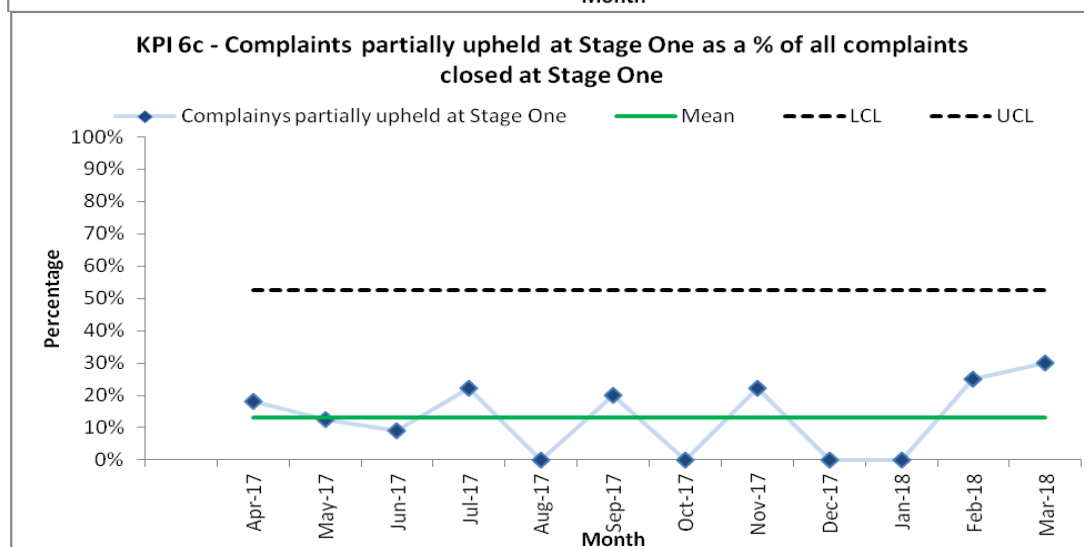
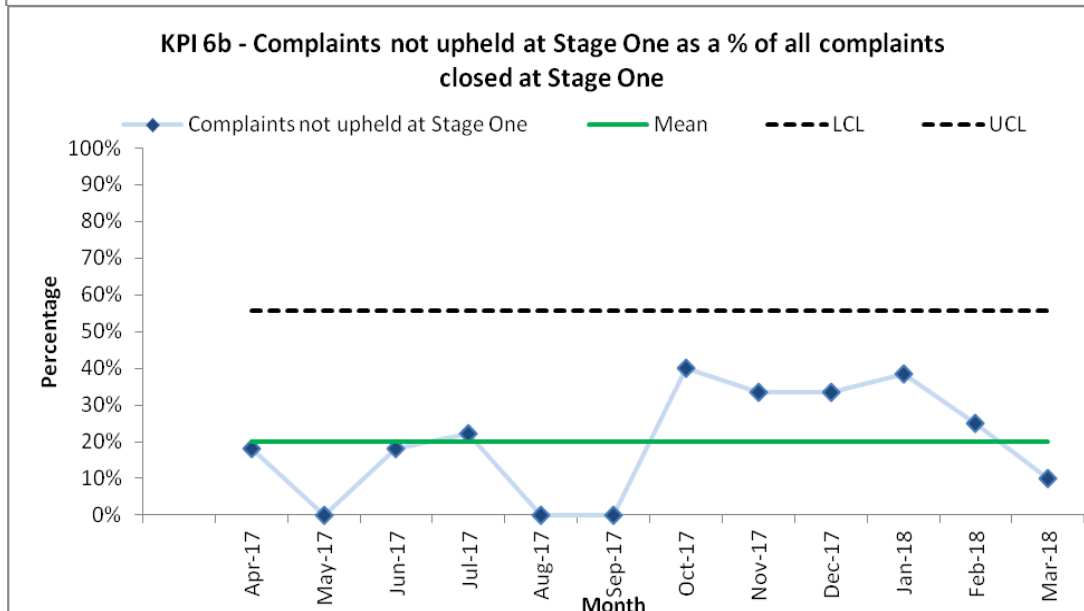
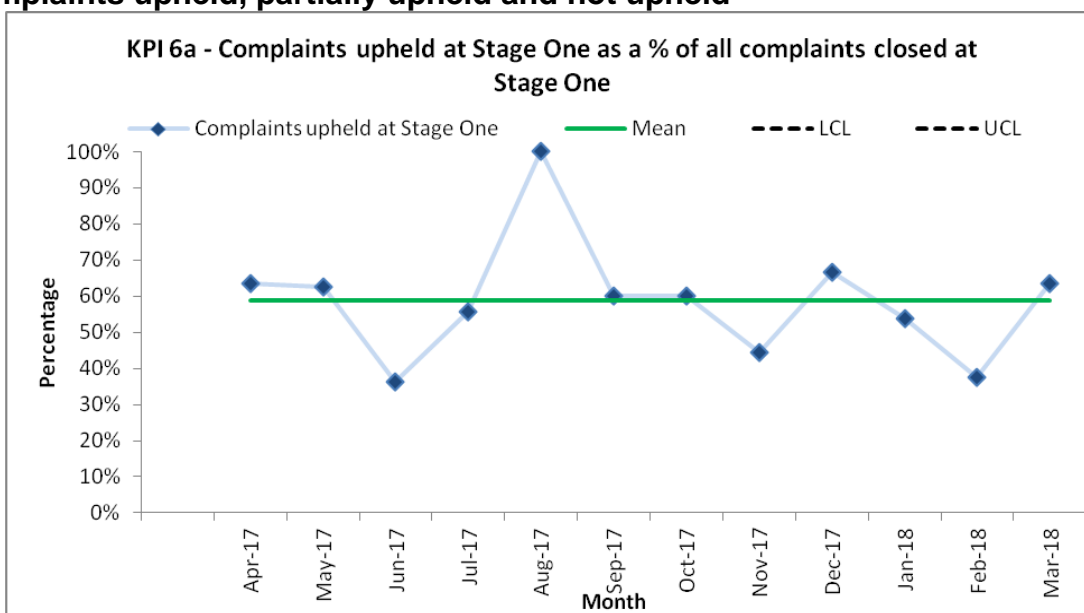
Chart explanation

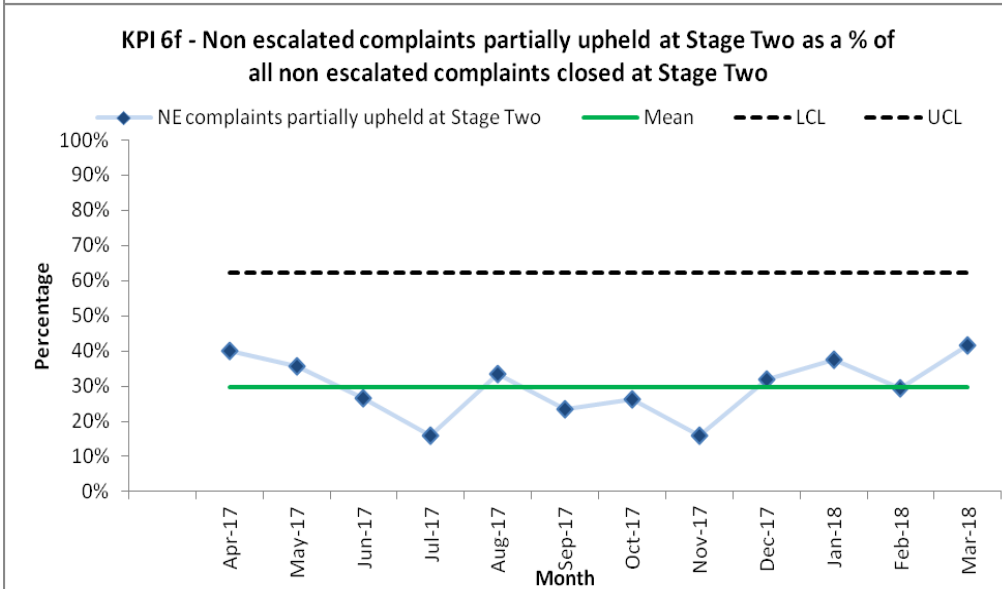
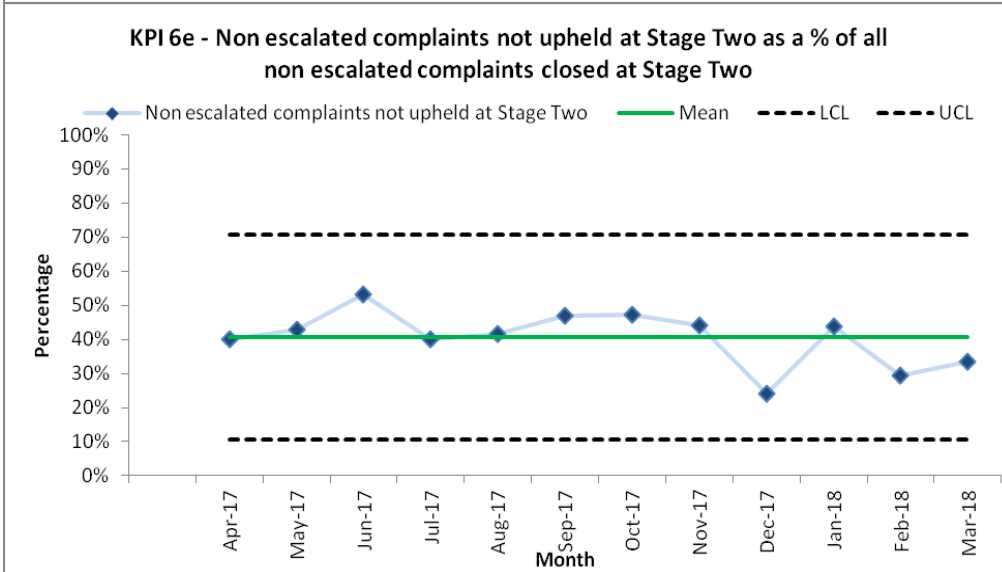
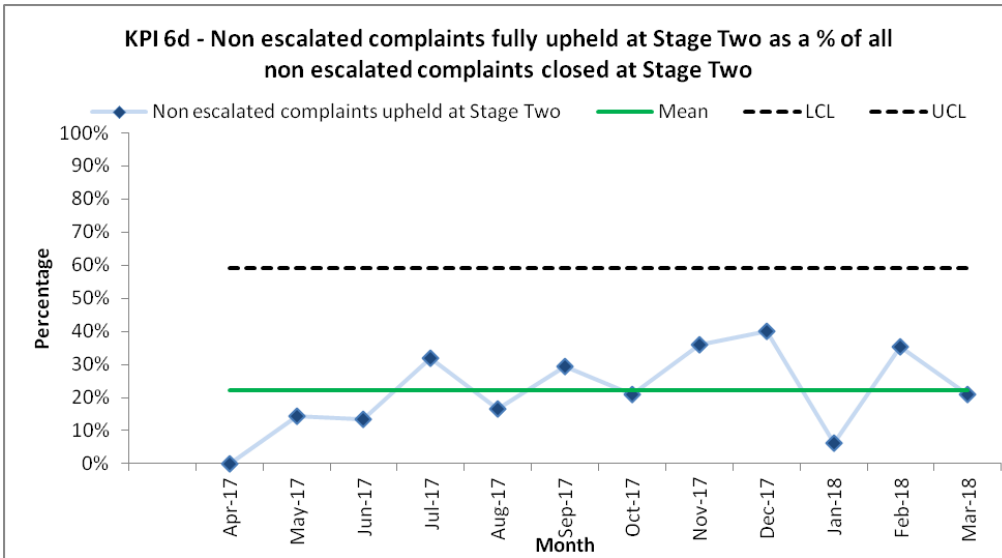
Code/ symbol on chart	Definition	Explanation
C 	Centre line	Line indicating the average performance over that time period
LCL 	Lower control limit	Line indicating lowest limit deemed an acceptable performance level
UCL 	Upper control limit	Line indicating highest limit deemed an acceptable performance level
	Shift	8 or more consecutive data points above or below the centre line or mean line
	Trend	6 consecutive data points increasing (upward trend) or decreasing (downward trend). This could indicate positive or negative performance.
	Sigma violation	Data point above or below the upper or lower control limit
Mean 	Mean line	Line indicating the average performance over that time period

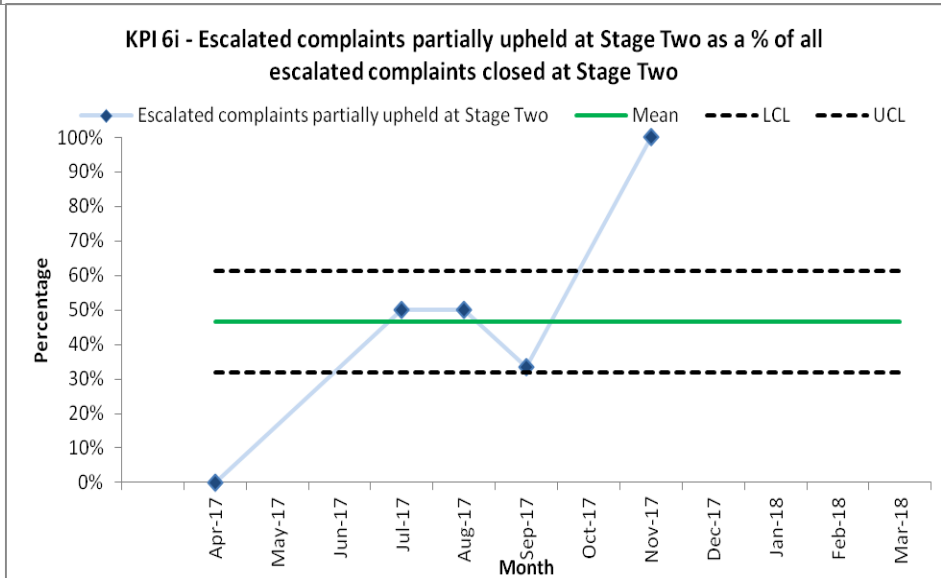
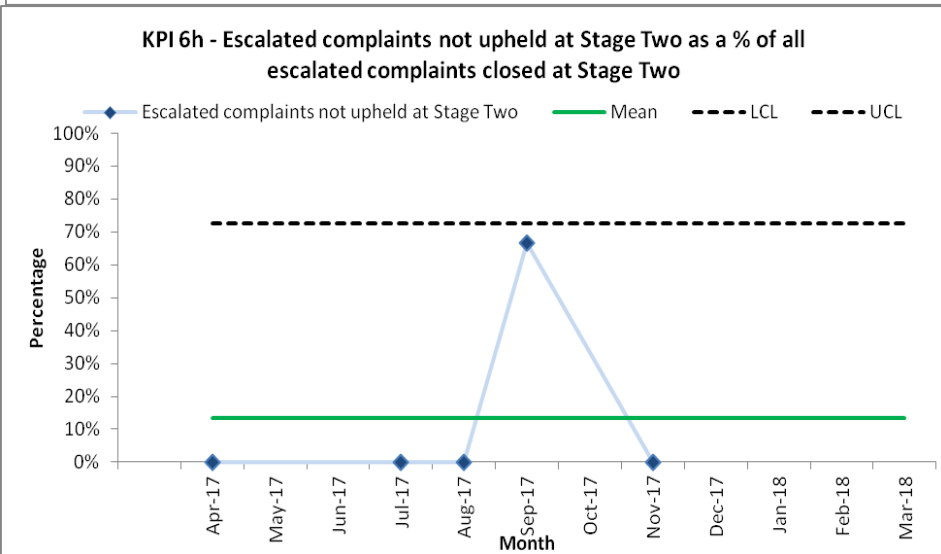
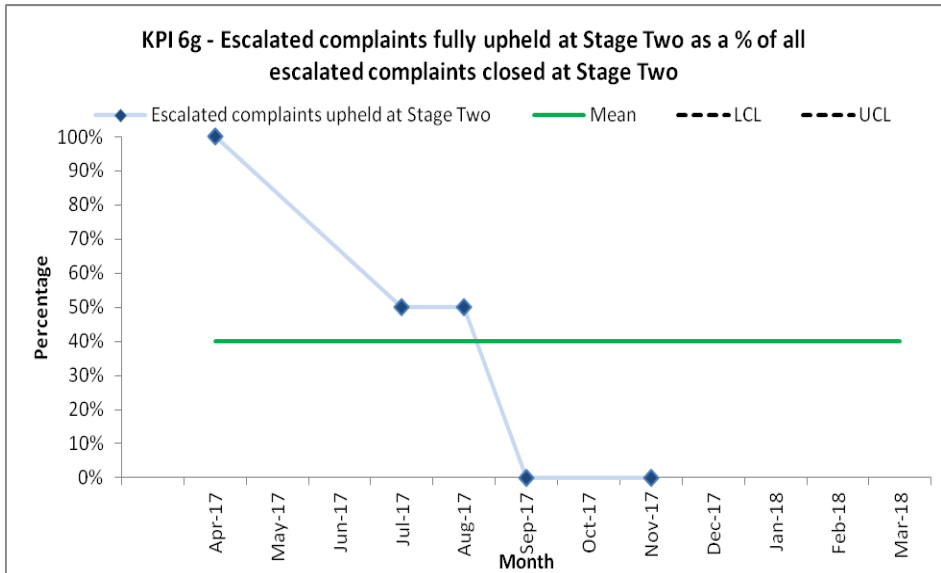
Appendix 2 Complaints closed at each stage



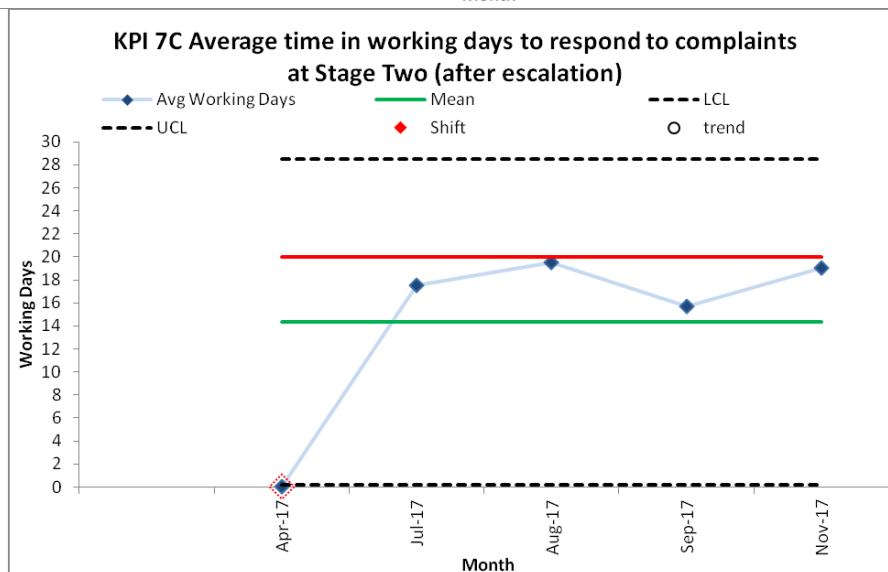
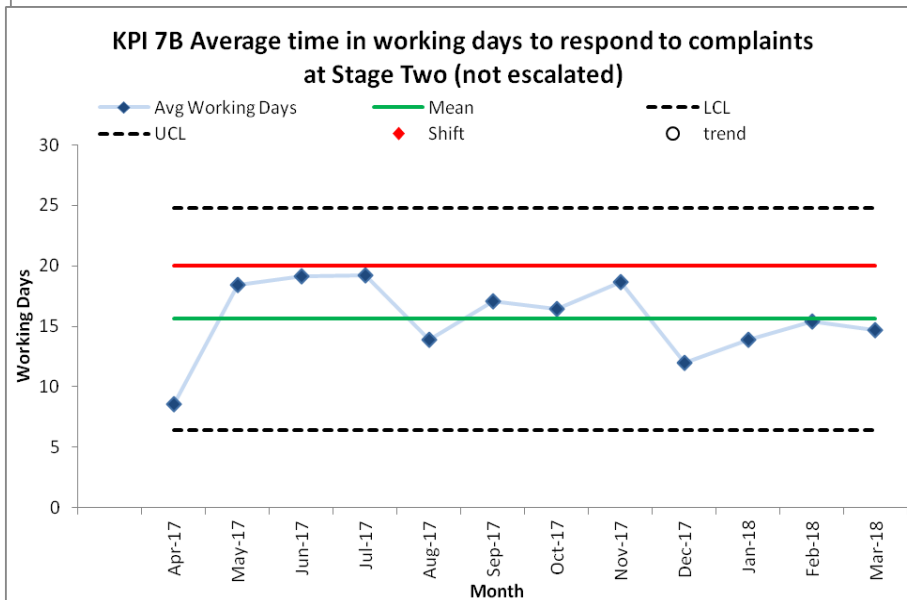
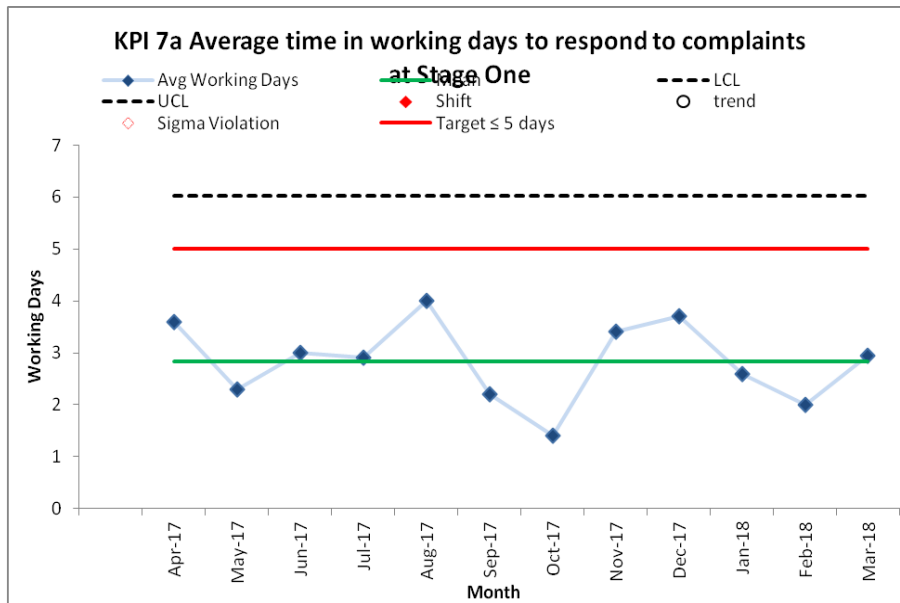
Complaints upheld, partially upheld and not upheld



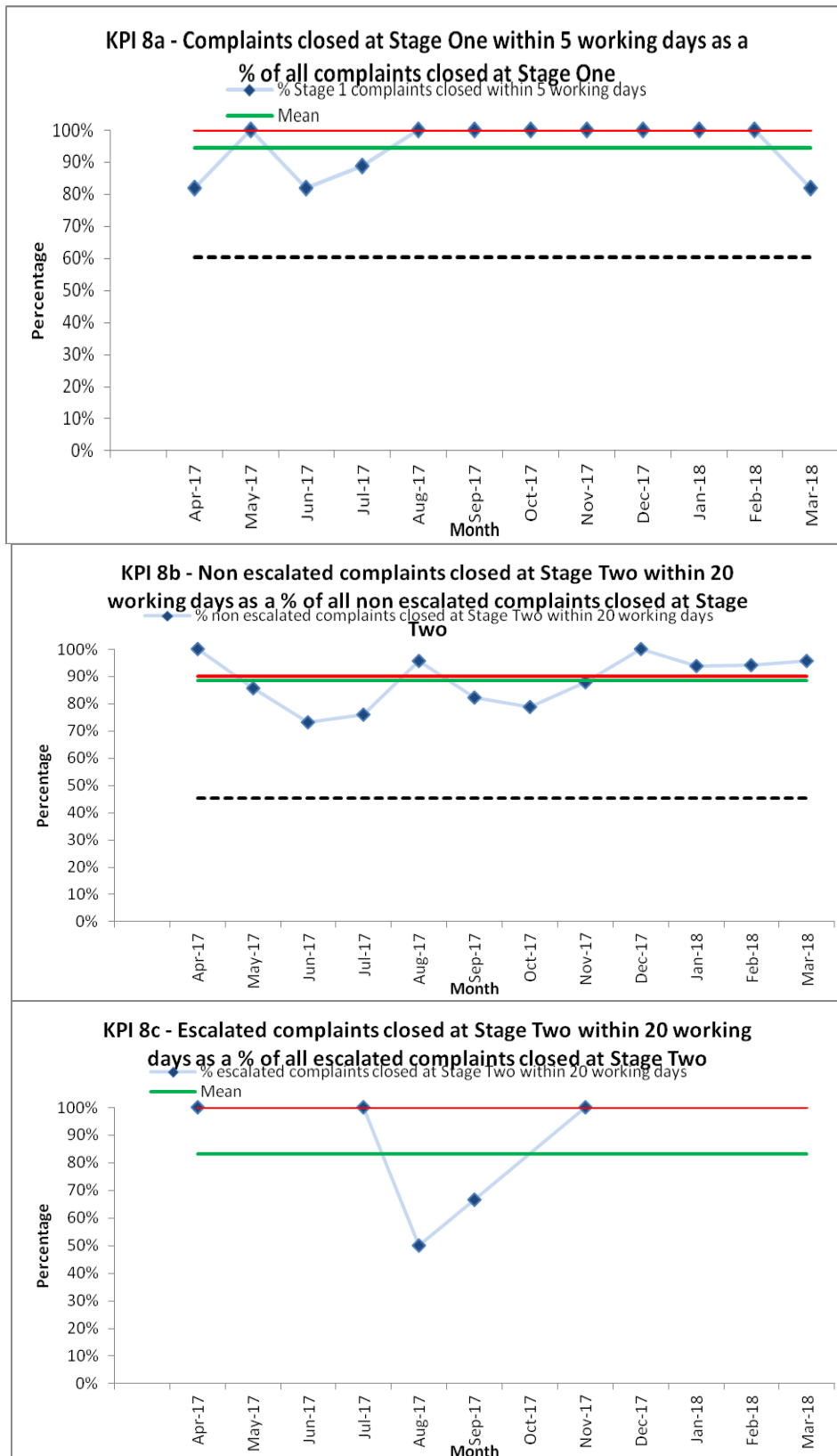




Average times



Complaints closed in full within the timescales



Number of cases where an extension is authorised

