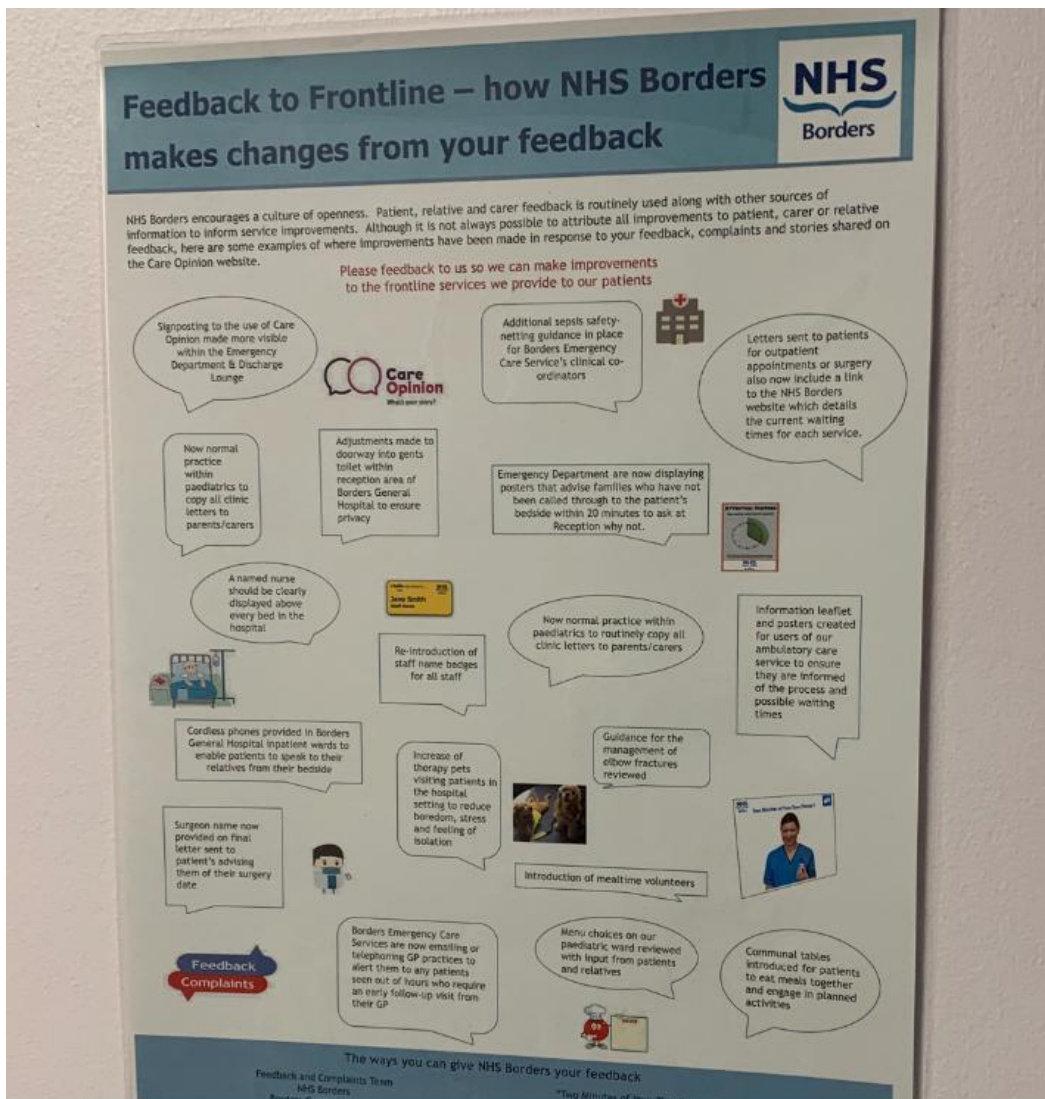




NHS Borders Feedback and Complaints Annual Report 2018-19



Introduction

NHS Borders Feedback and Complaints Annual Report 2018-19 is a summary of the feedback received by NHS Borders from 1 April 2018 to 31 March 2019. 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 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 relatives 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 relatives 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 available throughout all of NHS Borders patient areas.

Based on feedback received during 2018/19 we know that the majority of our patients are satisfied 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, Ability Borders 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.

Peebles Citizens Advice Bureau
Chambers Institution
High Street
Peebles
EH45 8AG
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 variety 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

NHS Borders has 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, eight of our BGH inpatient wards and one 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 April 2018 and March 2019, from over 4000 patient feedback questionnaires. This was carried out using patient feedback volunteers and the “2 minutes of your time” feedback boxes 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 again in April 2018 and during the period January to March 2019.

Chart 1

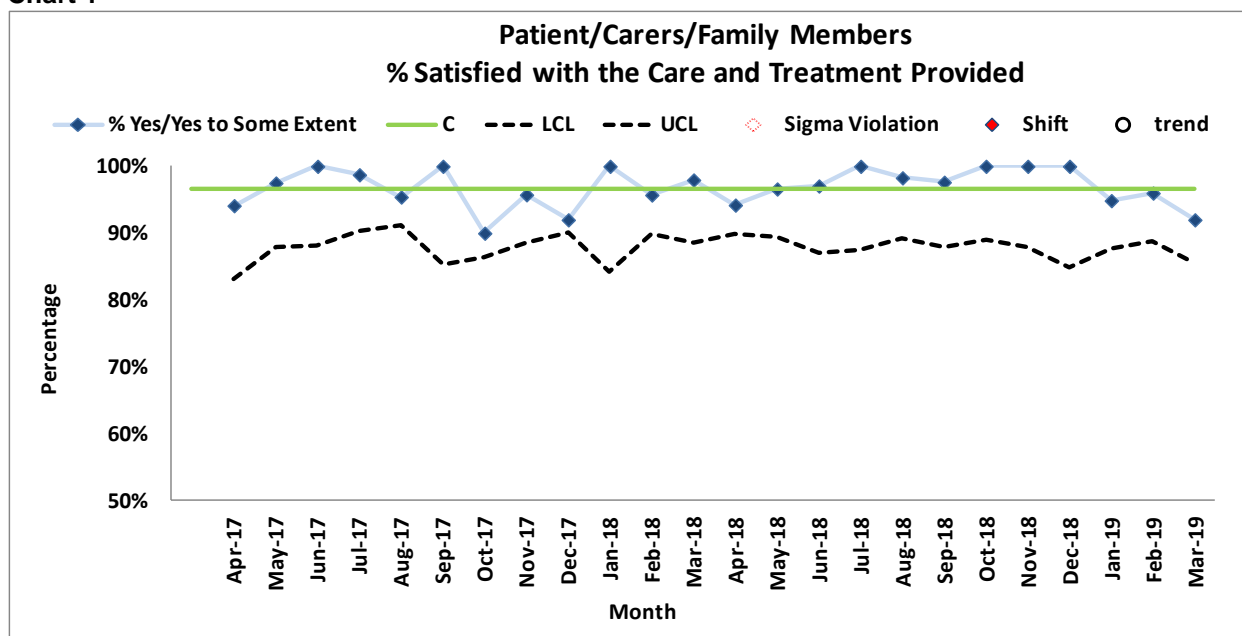


Chart 2 below shows the percentage of patients, carers and relatives who thought the staff that provided the care understood what mattered to the patient. The 'Yes' response has remained fairly steady throughout 2018/19 but dropping in February 2018

Chart 2

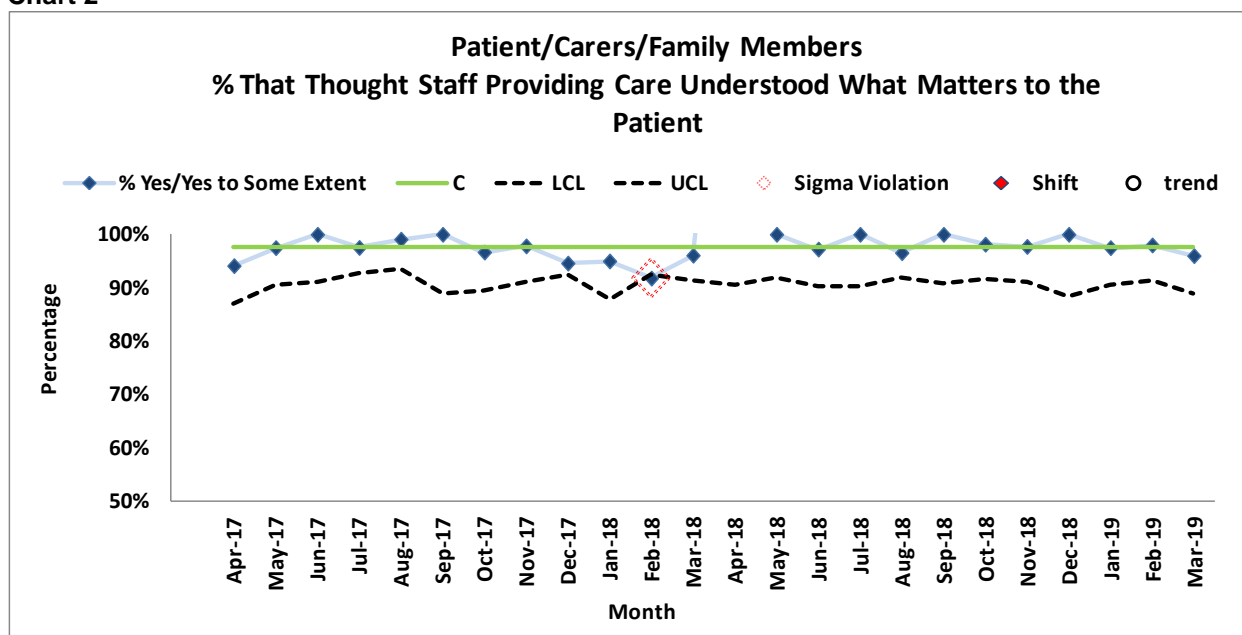
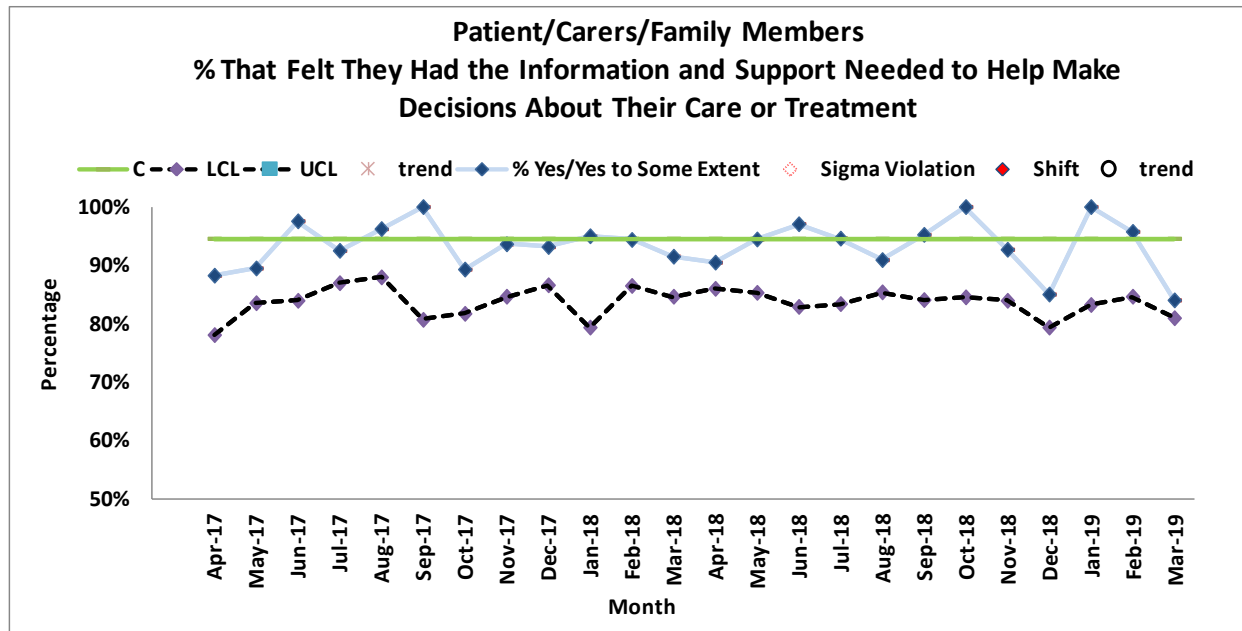


Chart 3 below demonstrates the percentage of patients, carers and relatives who thought the patient always had the information and support needed to make decisions about their care or treatment. The 'Yes' responses have been quite variable dropping quite considerably during December 2018 and March 2019.

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 received by NHS Borders which is updated on a daily basis. Complaints that are partly or fully upheld are also recorded in the relevant services' improvement plan which are then monitored and updated by each service.

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, carers and relatives 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 key, 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 Scottish Public Services Ombudsman's (SPSO) Guidance on Apology is followed when considering the best way to handle and respond to a complaint

When receiving a written complaint (by letter or email), 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 an acknowledgement letter within 3 working days confirming receipt of their complaint, detailing their issues and advising of our intended response date. 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/carer/relative
- 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, carers or relatives would like to speak with someone independently whilst in NHS Borders care and often respond rapidly by meeting with patients, carers and relatives when they request this.

Within the NHS Borders area, independent contractors were not used for alternative dispute resolution during the 2018/19 reporting period.

Each of the NHS Borders' Clinical Boards (Acute Services, Mental Health, 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.

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. The Chief Executive, Medical Director or Director of Nursing, Midwifery & Acute Services read and sign every Stage 2 complaint response. They are explicitly committed to improving the experience of patients, carers and relatives 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:

- Introduction of mealtime volunteers
- Guidance for the management of elbow fractures reviewed
- Signposting to the use of Care Opinion made more visible within the Emergency Department
- Additional sepsis safety-netting guidance in place for Borders Emergency Care Service's clinical co-ordinators
- Adjustments made to doorway into gents toilet within reception area of Borders General Hospital to ensure privacy
- Radiology Department are currently setting up a system where our scans can be reported by an external company in order to reduce the time patients are waiting for results.
- Emergency Department are now displaying posters that advise families who have not been called through to the patient's bedside within 30 minutes to ask at Reception why not.
- Letters sent to patients for outpatient appointments or surgery also now include a link to the NHS Borders website which details the current waiting times for each service.
- Now normal practice within paediatrics to routinely copy all clinic letters to parents.

- Changes to electronic patient administration system (TrakCare) to ensure staff booking appointments are able to see any alerts about requirement to book assistance such as interpreters.
- A named nurse should be clearly displayed above every bed in the hospital.

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 2018/19, NHS Borders held meetings with a total of 15 complainants which equates to 4% of the total number of complaints received. Out of the 15 meetings held, 7 of these (or 42%) were held after our response letter was issued in order to provide further resolution and explanation.

Complaint Process Experience - Complainants

We have been gathering feedback from patients, carers and family members who have engaged with NHS Borders Feedback & 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 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 24 questionnaires returned during 2018/19 is shown below:

- 67% of complainants agree that finding information on how to make a complaint was easy
- 79% of complainants agree that submitting a complaint was easy
- 88% of complainants agree that complaints staff were helpful and polite
- 83% of complainants agree that complaints staff listened and understood their complaint
- 77% of complainants agree that complaints staff asked what outcome they wanted
- 79% of complainants agree that complaints staff explained the complaints process
- 71% of complainants agree that their complaint was handled in a timely manner and they were kept informed of any delays
- 63% of complainants agree that all their complaint points were answered
- 88% of complainants agree that the complaint response was easy to read and understandable

Staff awareness and training

Complaint Process Experience -Staff

We have been gathering feedback from staff who have engaged with NHS Borders Feedback & Complaints team to find out if they have been satisfied with our complaints process. The Feedback & Complaints Team are keen to learn if staff had any difficulties in carrying out the investigation into the complaint, were supported throughout the complaints process and if they require any additional training with complaint handling.

We have sent out questionnaires with all of our complaint response letters to all of the staff involved in the handling of the complaint in order to gather much more detailed feedback on our process. The feedback from the 9 questionnaires returned during 2018/19 is shown below:

- 90% of staff agree that the Feedback & Complaints Team were clear in what was expected from them in terms of investigating the complaint
- 90% of staff agree that the Feedback & Complaints Team made it clear what the key issues from the complaint were
- 90% of staff agree that the complaint was sent to the correct people to investigate the issues that were raised
- 80% of staff agree that they felt supported through the complaints process by the Feedback & Complaints Team
- 50% of staff agree that they felt supported through the complaints process by their manager
- 10% of staff agree that they experienced difficulties in undertaking the complaint investigation
- 10% of staff agree that they require training in complaint handling/investigation

Complaint Handling – Guidance for Staff

The Feedback & Complaints Team have produced a guidance leaflet for staff which provides information on what they need to know about the complaints process and where they can access support. This was circulated to all staff and is available on NHS Borders intranet for staff to refer to.

Internal Audit Report – Complaints Handling

Pricewaterhouse Cooper (PwC) undertook an internal audit on the NHS Borders complaint handling process in August 2018. The purpose of this was to audit our compliance with the new complaint handling process which was implemented in April 2017.

PwC noted several areas of good practice during the audit process:

- comprehensively documented complaint handling processes and procedures were found to be in place to provide NHS Borders staff with the appropriate guidance over the identification, recording and handling of complaints
- a sample of 25 complaints reviewed demonstrated they were all appropriately categorised, recorded and dealt with in accordance with established procedures. Communication with complainants in terms of acknowledging their complaints and keeping them informed of progress and the outcome

were all clearly documented and undertaken in accordance with the procedures.

- there was evidence of adequate training being provided to complaint handlers
- there was effective reporting of complaint related Key Performance Indicators such as volume, category and resolution times culminating in a publically available annual report published online which compares year on year trends. The reporting is transparent and shows where improvements have been made or have still to be made in the complaint handling process and/or root cause of the complaints
- complaints referred to the Scottish Public Service Ombudsman (SPSO) which were partly or fully upheld, were appropriately assigned to a 'lead person' to follow up and action the recommendations from the SPSO and report back to the Clinical Governance Group meetings on progress and outcomes

One area was identified for improvement which was of low risk:

- complaints which are very simple to understand and remedy are classified as Stage 1. Those which cover multiple issues and are more complex are classified as Stage 2. For those which are borderline, discussions are held between two complaint handlers to ascertain and assign a category but there wasn't a formal process in place to record the rationale for how the decision was reached. We now have a revised complaint cover sheet template in place which includes a section for recording this information.

Feedback gathered in relation to 70th anniversary of the NHS

As part of the celebrations for the 70th anniversary of the NHS in July 2018, we asked patients, relatives, carers and visitors the question "What would you like to see the NHS provide in your local community?" We received 69 comments which were themed into five locality areas and service provisions and the results were shared with the relevant local Area Partnerships in conjunction with Health & Social Care for their consideration.

Feedback gathered in relation to 30th birthday of the Borders General Hospital

In addition to the NHS celebrating its 70th anniversary in July 2018, the Borders General Hospital (BGH) celebrated its 30th birthday. As part of the celebrations we asked patients, relatives, carers and visitors to share their memories of the BGH. We received comments from 108 people on the day. This feedback has been collated and displayed around the BGH site.

'What Matters to You' (WMTY) 2018

As part of the 'What Matters to You' day on the 6 June 2018 we spoke to patients and staff and received 504 comments. The five main themes which were:

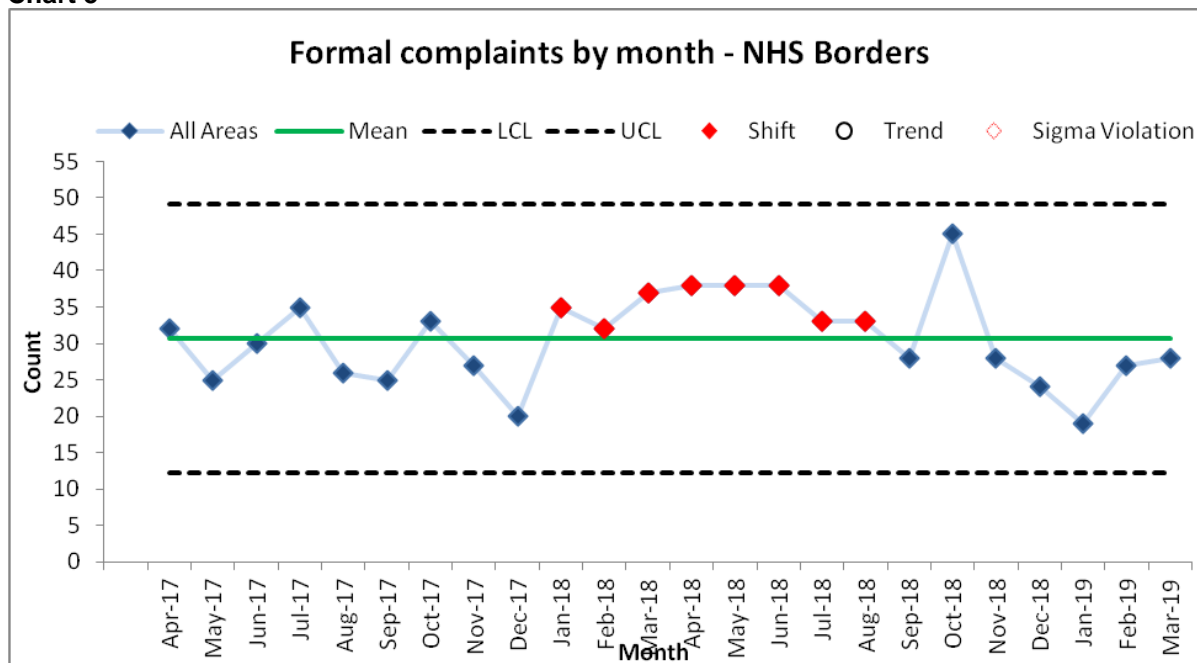
- Patient Care/Treatment/Service
- Staff/attitude/morale
- Staffing levels/morale
- Communication/Confidentiality/Consideration
- Dignity/Respect/Compassion/Equality

These will be taken forward as part of the work of the BGH Participation Group.

The total number of complaints received

A total of 379 complaints were received between April 2018 and March 2019. When a comparison is made with 2017/18, this shows there has been an increase of 26 in the number of complaints received during the year. Chart 5 below shows the number of formal complaints received by month between April 2017 and March 2019.

Chart 5



Out of the 379 complaints received, 260 related to the Borders General Hospital, 40 related to Primary & Community Services, 50 related to Mental Health and 29 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 2018/19, we closed 29.3% Stage 1 complaints, 69% Stage 2 non escalated and 1.7% 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 2018/19, out of all complaints closed at Stage 1, 61.6% were upheld,

27.7% were not upheld and 10.9% were partly upheld. Out of all complaints closed at Stage 2 not escalated, 18.9% were upheld, 45.8% were not upheld and 35.3% were partly upheld. Out of all complaints closed at Stage 2 after escalation, 50% were upheld, 0% was not upheld and 50% 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 2018/19, our average time to respond to complaints at Stage 1 was 3.7 working days. Our average time to respond to complaints at Stage 2 was 18.8 working days and our average time to respond to complaints at Stage 2 after escalation was 13.8 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 2018/19, we closed 81.2% of all Stage 1 complaints within 5 working days. We closed 78.1% 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 2018/19, 4% or 4 Stage 1 complaint had an extension authorised, 6.3% 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 on the following pages outline the top five themes emerging from complaints received between April 2018 and March 2019. Whilst the top five themes for complaints have remained the same, the totals for each theme have increased in number.

Chart 6

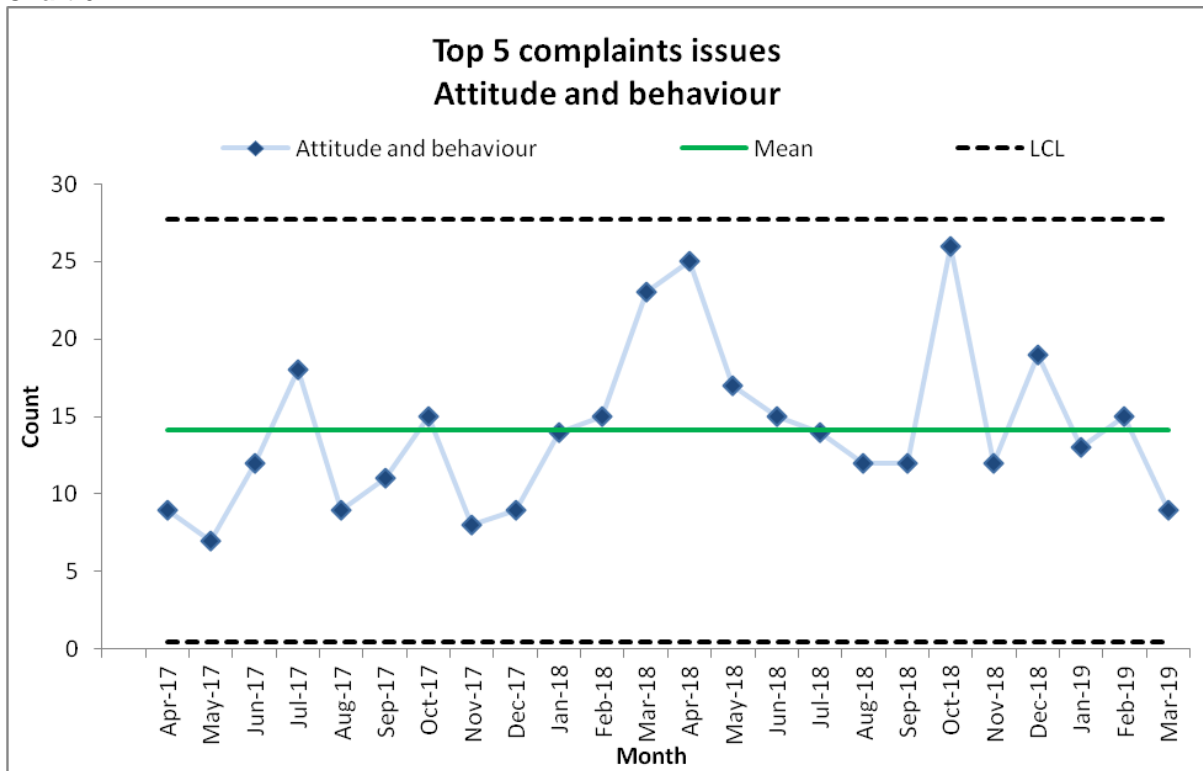


Chart 7

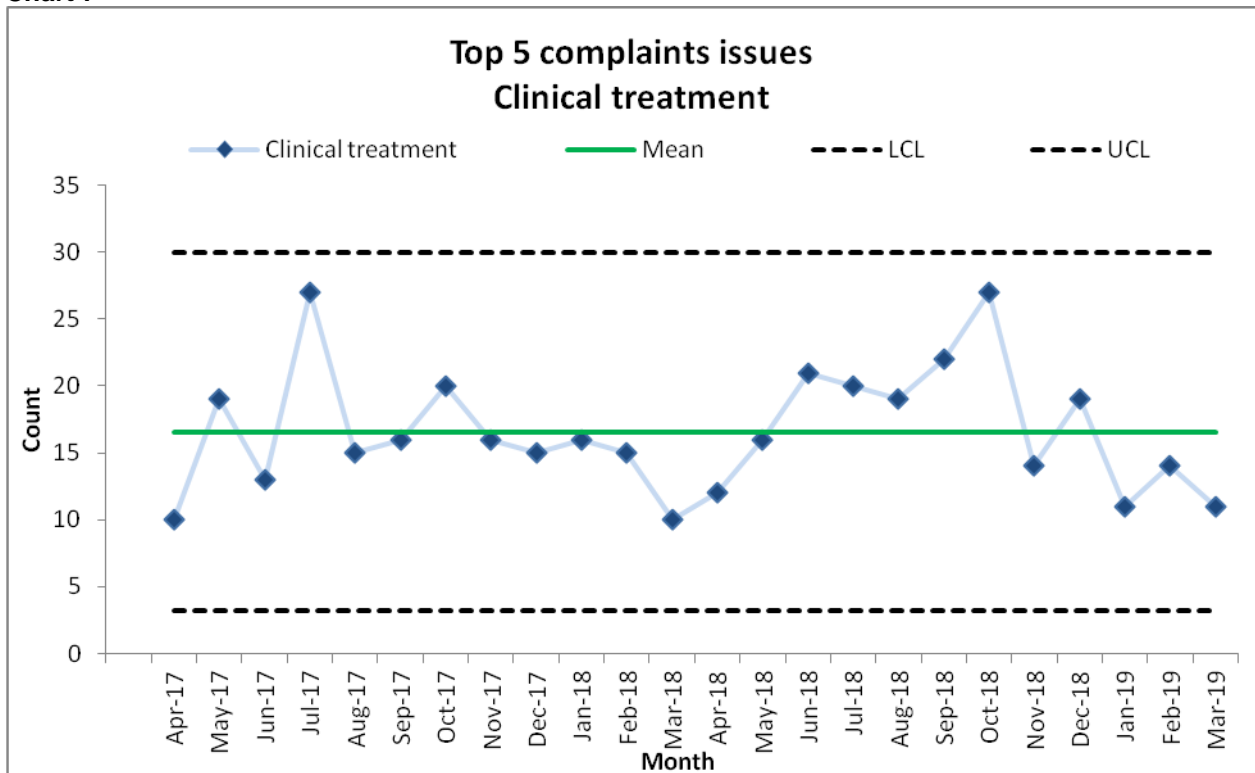


Chart 8

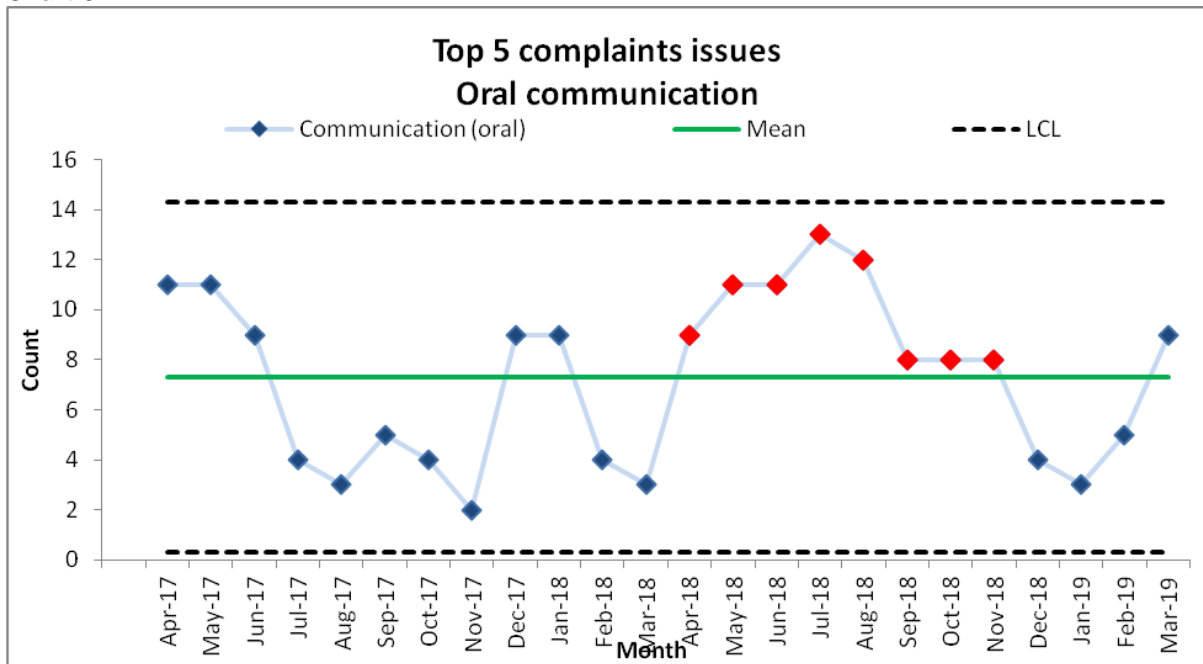


Chart 9

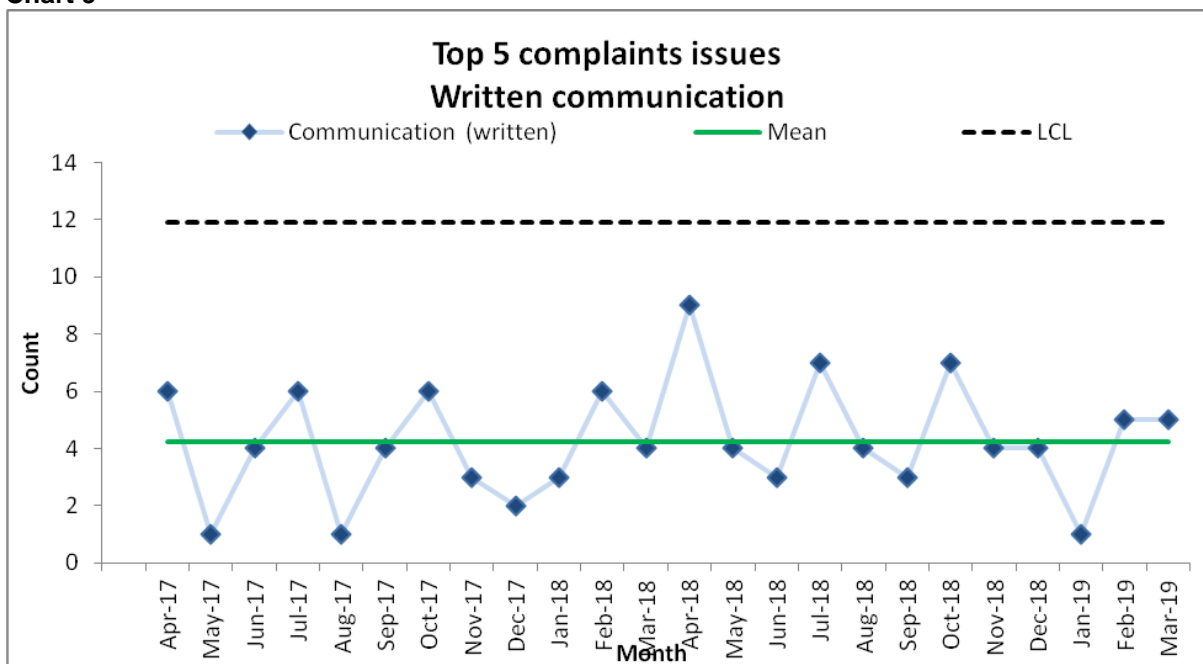
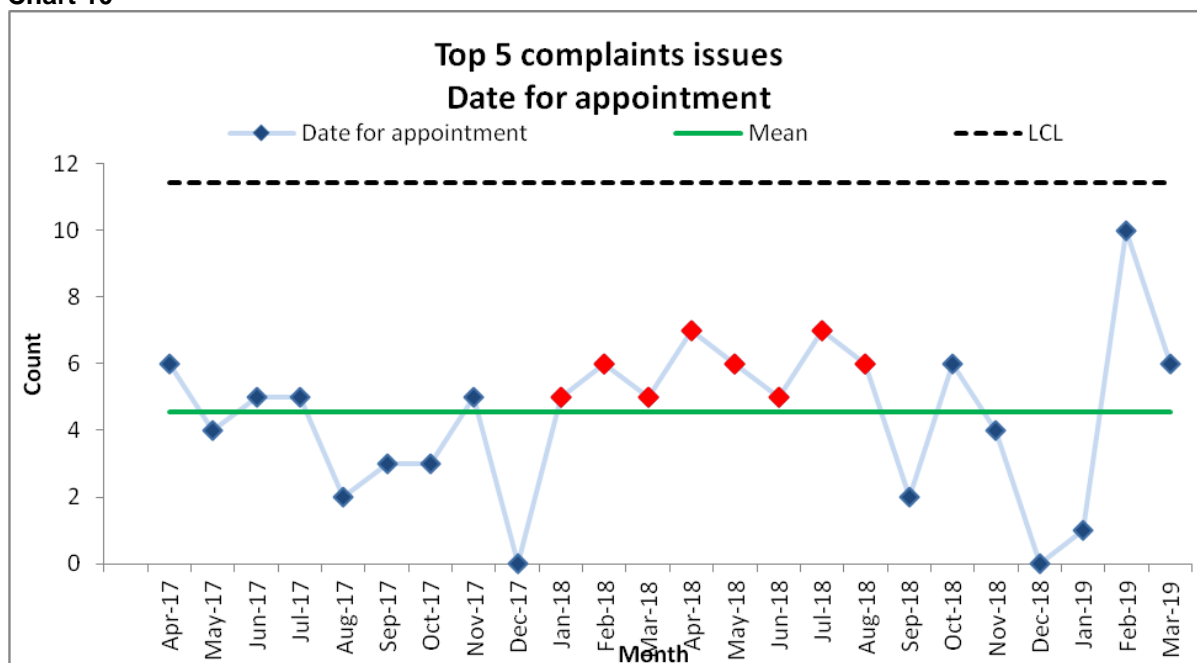


Chart 10



When comparison is made, as shown in the table below, between the figures for 2017/18 and those for 2018/19, 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 2017/18	Total 2018/19
Attitude and Behaviour	152	189
Clinical Treatment	194	206
Communication – Oral	76	101
Date of Appointment	52	56
Communication – Written	47	60

Primary Care Service Providers Complaints

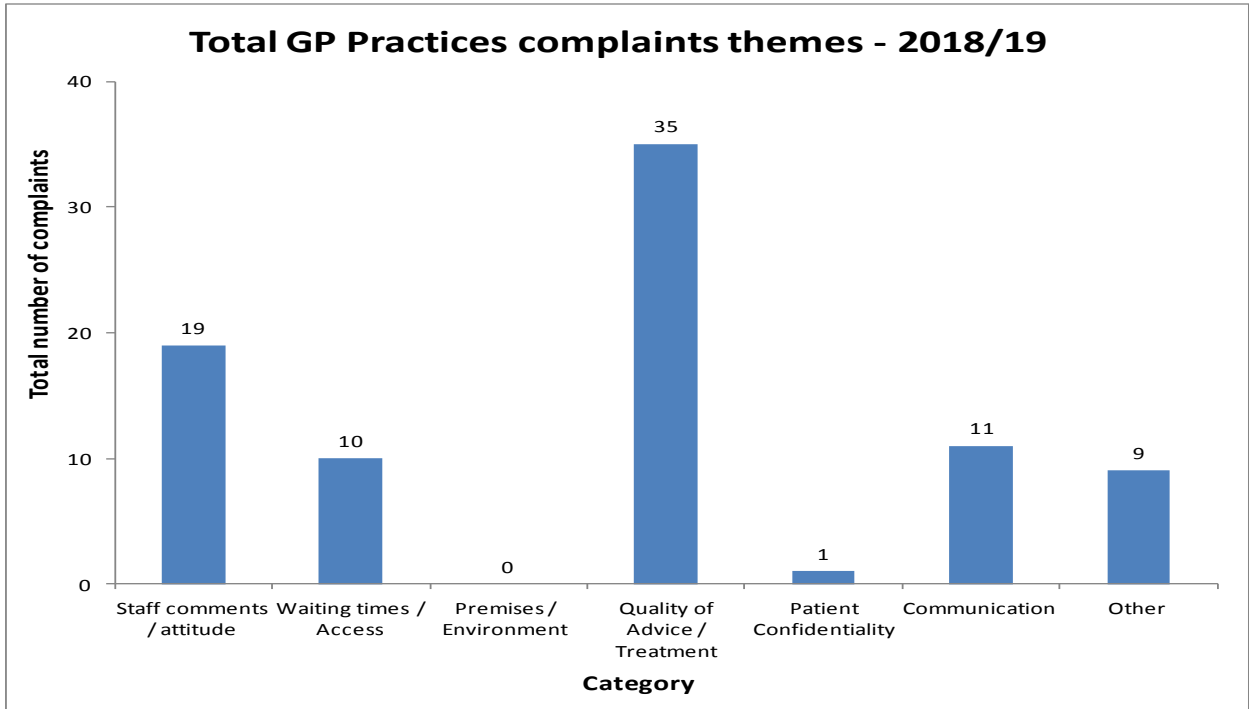
The table on the next page outlines the number of complaints received and the response rate for complaints by Primary Care Service Providers operating in the Scottish Borders between April 2018 and March 2019.

	GP	Dentist	Pharmacist	Optician
No. of Complaints received	125	N/A*	N/A*	N/A*

*N/A – not available

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 2018 and March 2019

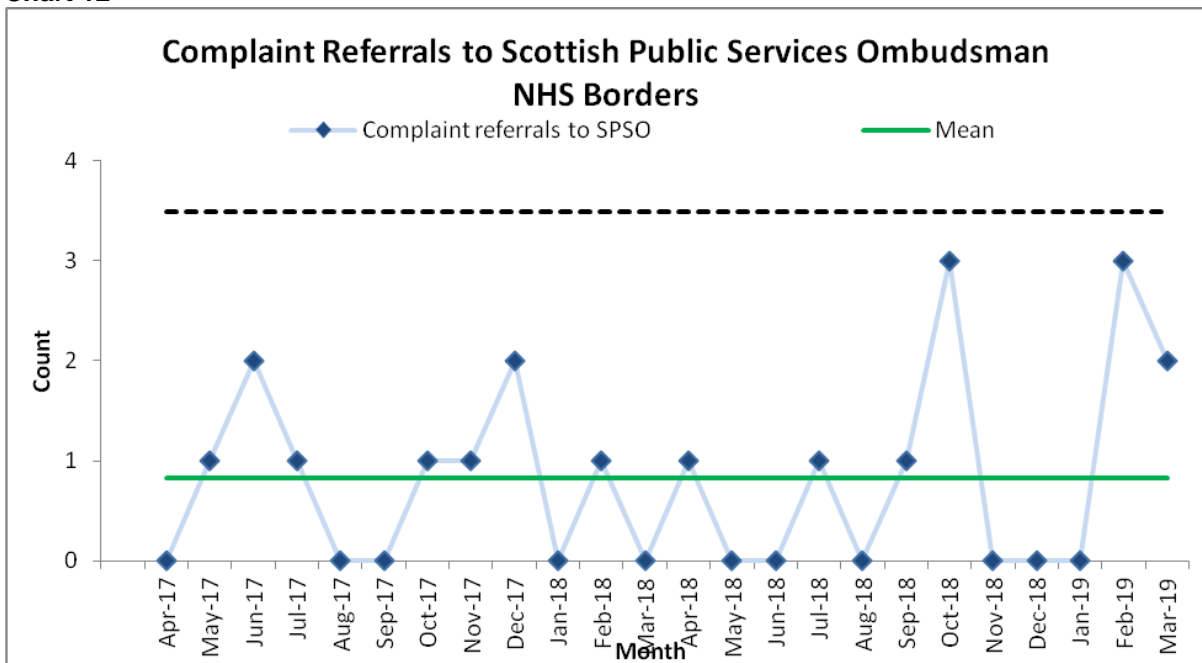
Chart 11



Scottish Public Services Ombudsman (SPSO)

Chart 12 outlines the referrals accepted by the SPSO between April 2017 and March 2019. In 2018/19, there were 11 referrals made to the SPSO which is an increase of 2 from the 9 made during 2017/18:

Chart 12



The following decisions and recommendations were received by the SPSO between April 2018 and March 2019 for cases investigated by them in relation to complaints made to NHS Borders:

SPSO Case Reference 201708429	Progress
Case was not upheld	Closed

SPSO Case Reference 201703851	Progress
Apologise for the failing to consider further investigations despite the persistence of pain.	Action plan submitted taking account of the recommendations to the SPSO on 12 December 2018.
Confirmation that clinical staff involved in this case have considered it as part of their next reflective learning discussion in their next annual appraisal. Evidence that the case has been reviewed in the next Morbidity and Mortality (M&M) meeting.	

SPSO Case Reference 201700001	Progress
Apologise for the failings in the patient's agreed care plan and poor record keeping.	NHS Borders submitted an action plan taking account of the recommendations to the SPSO on 5 September 2018.
When significant deviation from agreed care plans occurs, this should be escalated to the Responsible Medical Officer for discussion and a record made of what the response to this should be.	
Provide evidence of the action already taken.	
Evidence to show what consideration has been given to implementing measures to improve communication with relatives/carers.	

SPSO Case Reference 201703340	Progress
Apologise for the failings in relation to the patient's care and treatment.	Action plan submitted taking account of the recommendations to the SPSO on 29 November 2018.
Patients admitted to hospital should receive CT scanning in line with Scottish Stroke Care Standards.	
There should be ongoing structured assessment, management and review of patients with cognitive impairment and delirium in hospital settings.	
There should be a comprehensive approach to identifying and reviewing care needs and how these needs will be met during a patient's stay in hospital.	
The care needs of patients in relation to continence assessment and management in BGH should be appropriately met.	
The 'Getting to Know Me' document should be completed and used to inform a person centred care plan.	

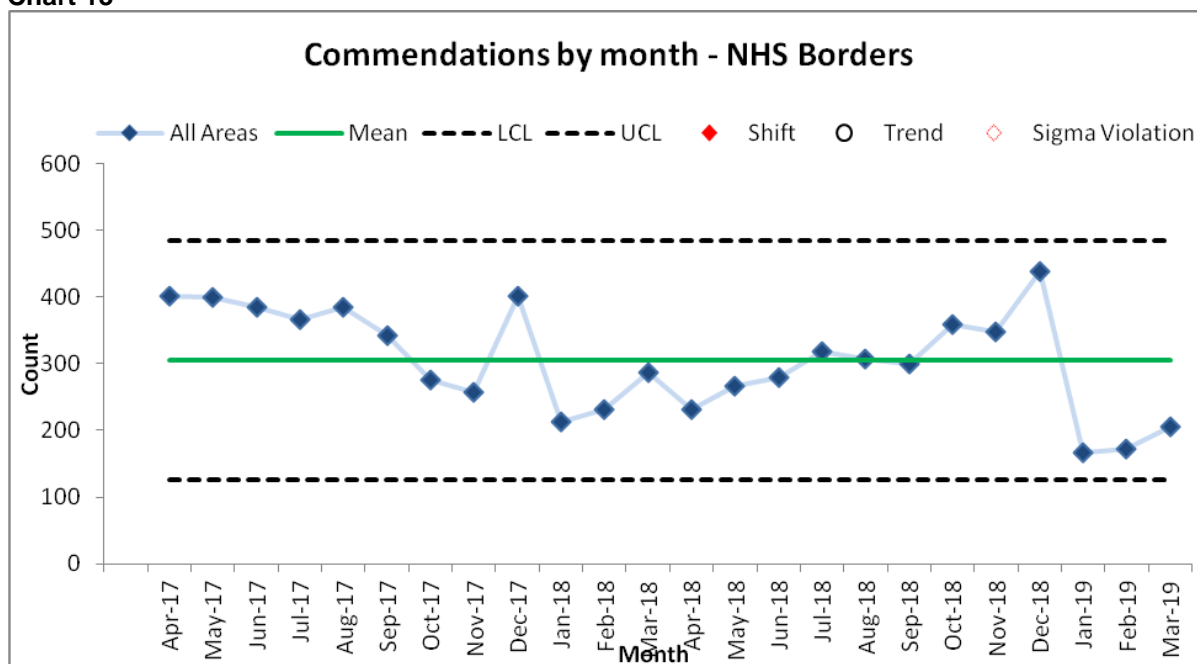
Patients with a serious chronic condition should have follow-up as agreed. Where it is decided to stop the follow-up appointments for a patient, the patient should be informed of this and the reasons for this.

SPSO Case Reference 201706740	Progress
Apologise for not fully assessing patient or following guidance which led to a delay in being screened for sepsis. The apology should also address the communication failures identified by the SPSO.	Action plan submitted taking account of the recommendations to the SPSO on 7 December 2018. On 10 December 2018 the SPSO confirmed that they were satisfied with the contents of the action plan and therefore closed the case.
Patients whose NEWS score triggers action should be appropriate assessed including screening for sepsis and delirium.	
Patients and/or their carers should receive appropriate information about their condition in a way that suits their communication needs.	

Commendations

During 2018/19 NHS Borders received a total of 3393 commendations which is a decrease from the 3860 received during 2017/18. Chart 13 shows commendations received from April 2017 to March 2019:

Chart 13



Care Opinion

Between 1 April 2018 and 31 March 2019, 189 stories were shared on Care Opinion about NHS Borders. At the time of preparing this report, these stories have been viewed on Care Opinion 30,750 times in total. 81% of the stories shared were positive stories. The following charts have been produced by the Care Opinion website.

Chart 14 shows the number of stories shared about NHS Borders during 2018/19.

Chart 14

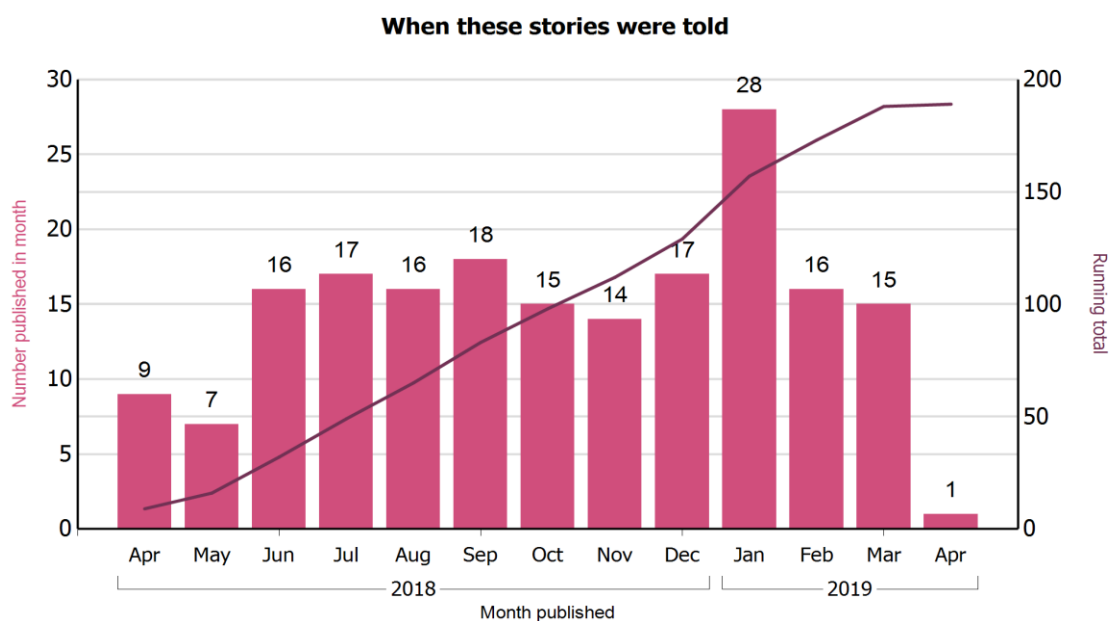
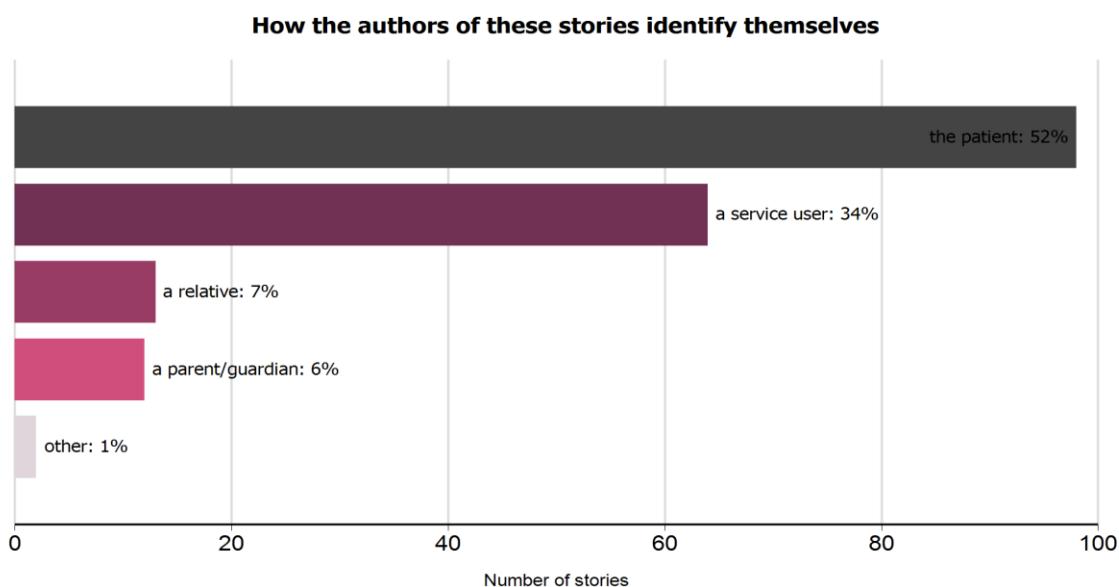


Chart 15 below shows who has written the stories about NHS Borders with 52% having been written by the patient themselves.

Chart 15



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 2018/19:

In May 2018, the committee heard from a patient who has suffered trauma in their life and has both mental health and physical health issues. The committee were told about the difficulties in the patient receiving treatment for both their mental and physical health issues and lack of acknowledgement from clinicians of the impact they had on each other.

In October 2018, the committee heard from a patient relative who was not satisfied with the way they were spoken to by a Consultant Surgeon whilst their terminally ill relative was under our care. This was dealt with using the complaint handling procedure. However, the relative was not satisfied with our handling of the complaint.

In December 2018, the committee heard from a carer who cares for their child who has a number of health issues. They informed the committee of the difficulties experienced receiving continence supplies for their child and felt that the service did not respond in a person centred way.

In February 2019, the committee received an update on the volunteering programme within NHS Borders. The committee also watched two videos produced by Health Improvement Scotland for NHS Borders that showcase two of our volunteer roles. The roles were Breastfeeding Peer Support Volunteers and Mealtime Volunteers.

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 relating 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 2018/19, as reflected in this report. However, there is always room for further improvement to be made and the following have been identified for 2019/20:

- Continue to refine and improve both the feedback and complaint handling 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.
- Identify ways for staff to share their experience of the complaints process with the wider organisation
- Identify new way of seeking feedback from staff on their experience of the complaints process given poor response rate during the previous year
- Campaign for medical and nursing staff within the Borders General Hospital setting around the importance of good manners and kindness in our communications

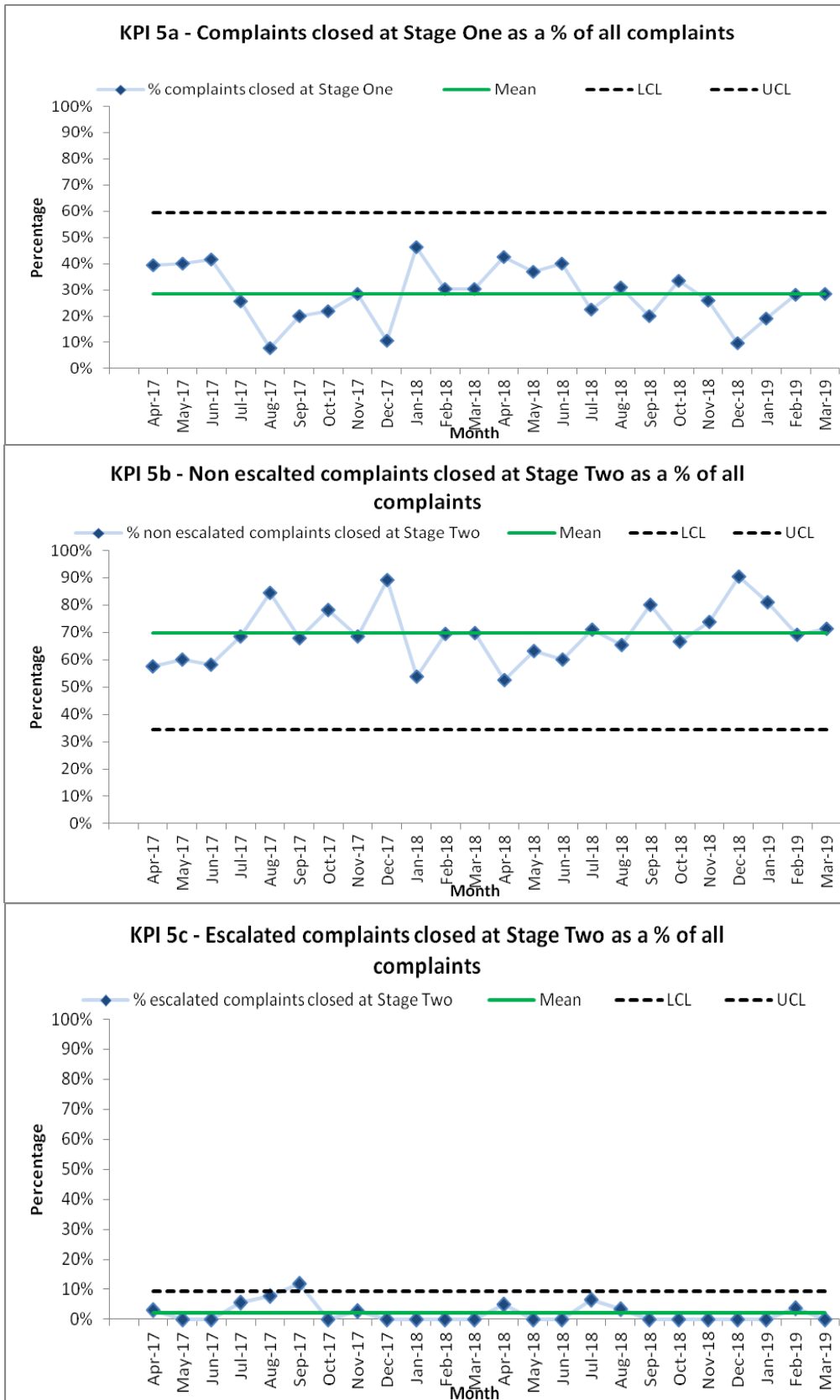
We would welcome your feedback on this annual report. If you would like to provide feedback or need this report in large print, audio, Braille, alternative format or in a different language please contact;

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/

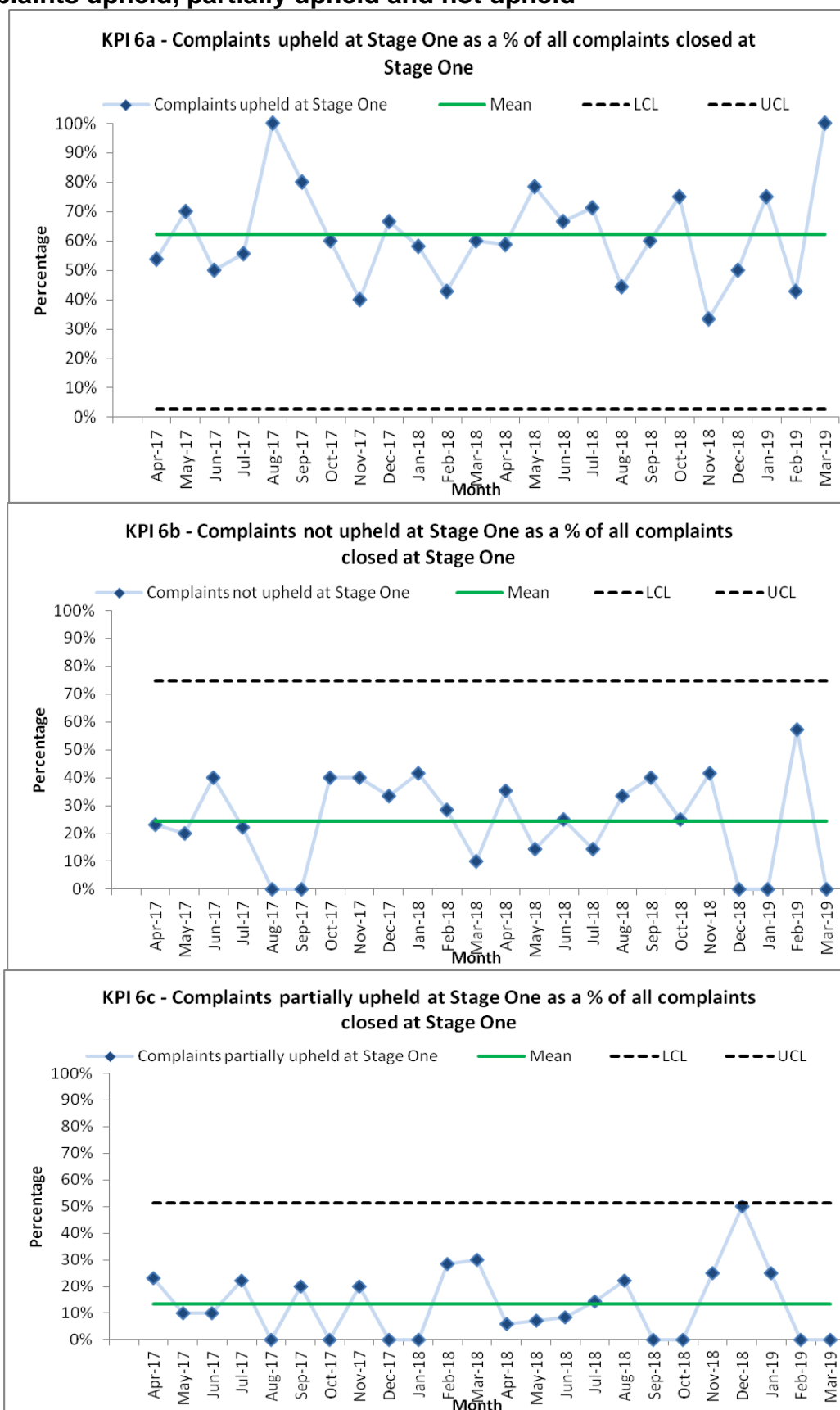
Chart explanation

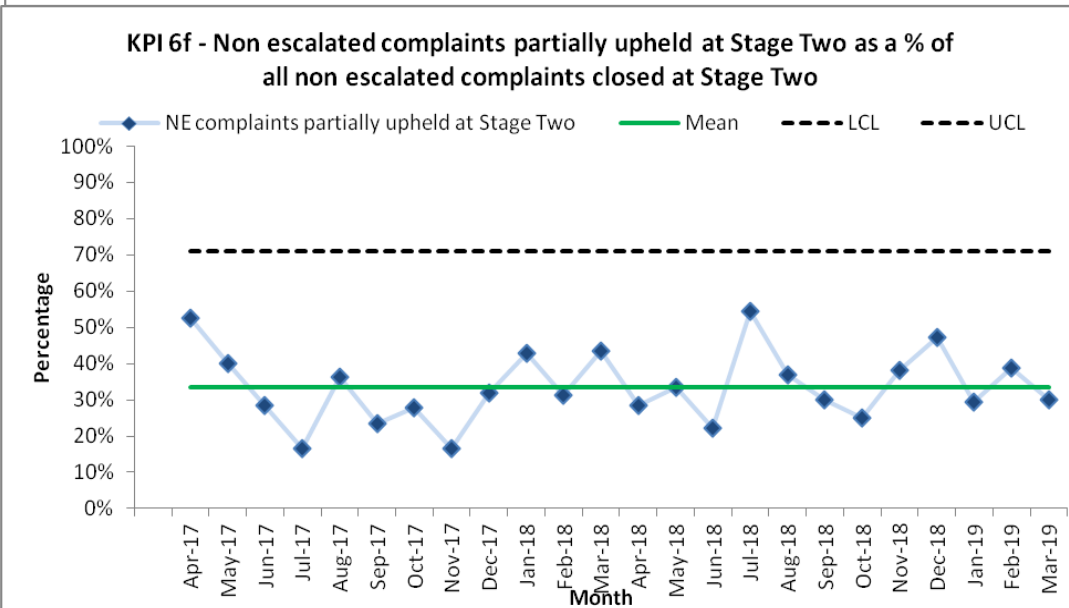
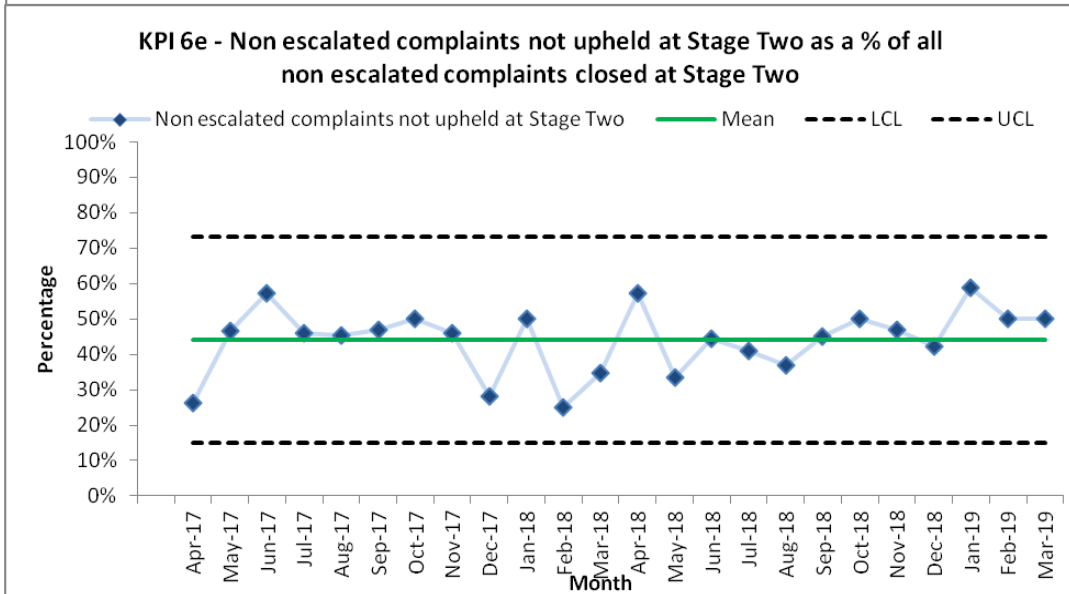
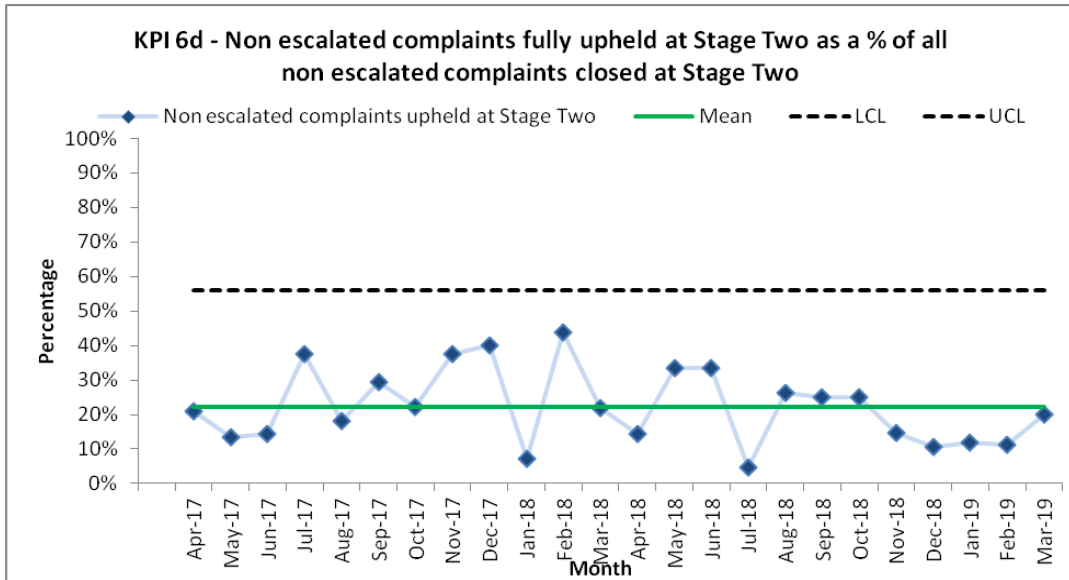
Code/ symbol on chart	Definition	Explanation
C 	Centre line	Line indicating the average performance over that time period
LCL 	Lower control limit	Line indicating lowest limit deemed an acceptable performance level
UCL 	Upper control limit	Line indicating highest limit deemed an acceptable performance 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

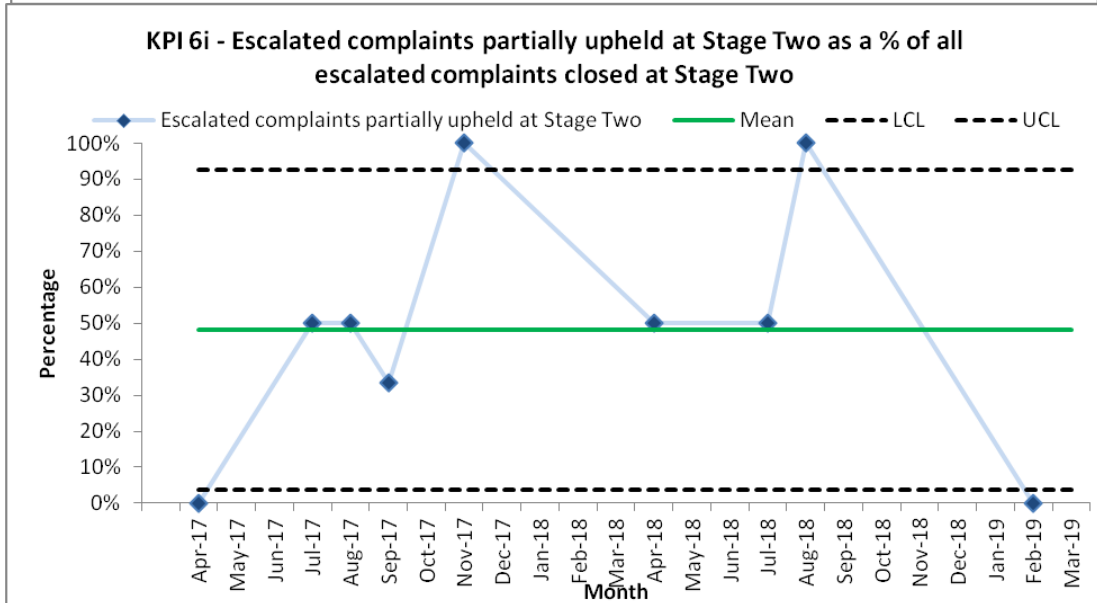
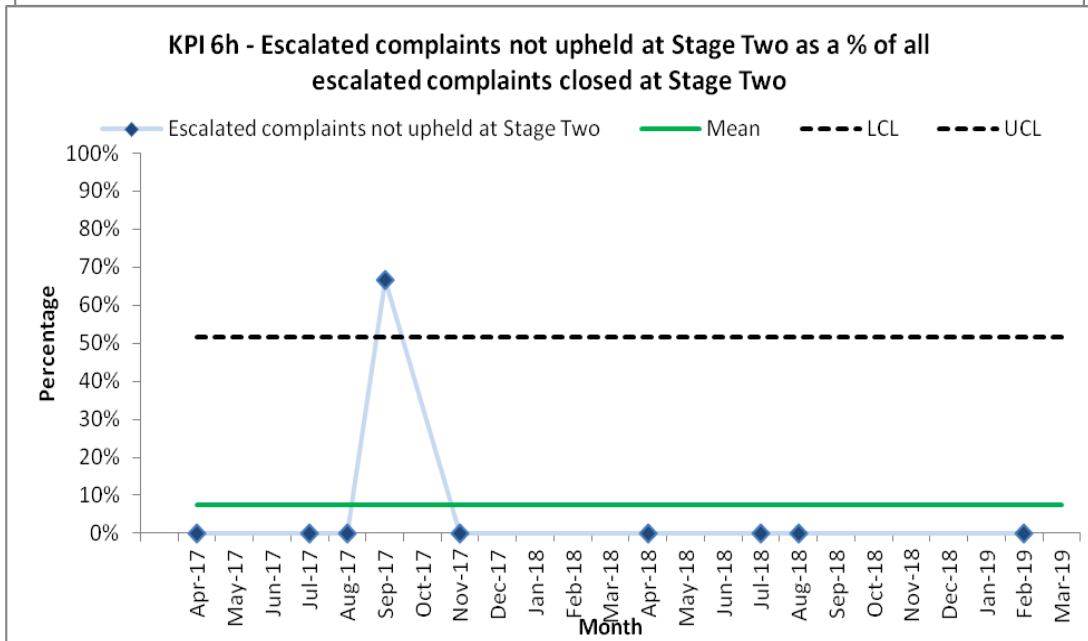
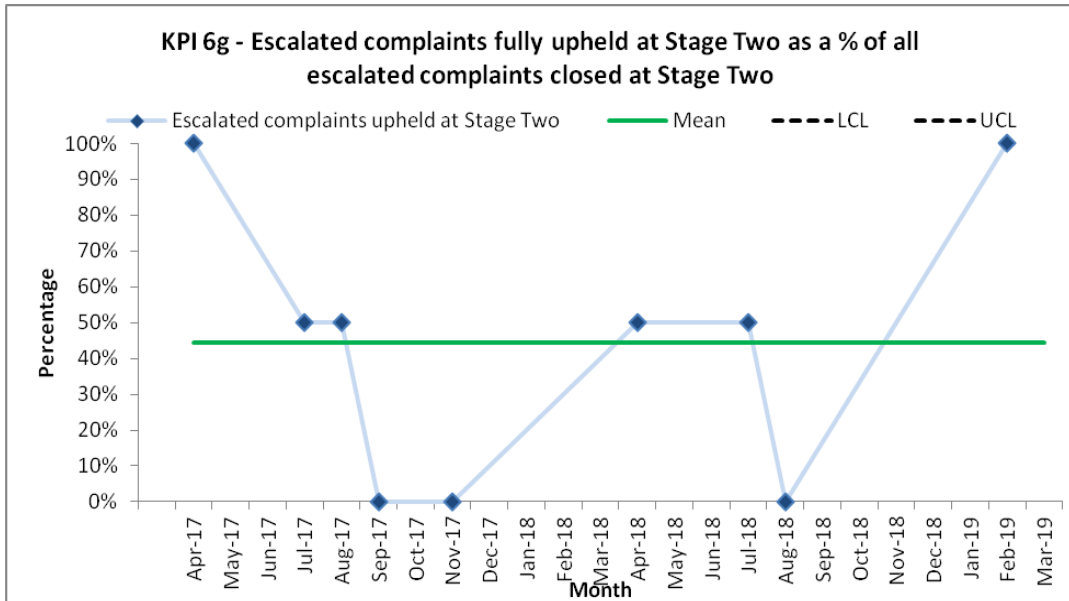
Appendix 2 Complaints closed at each stage



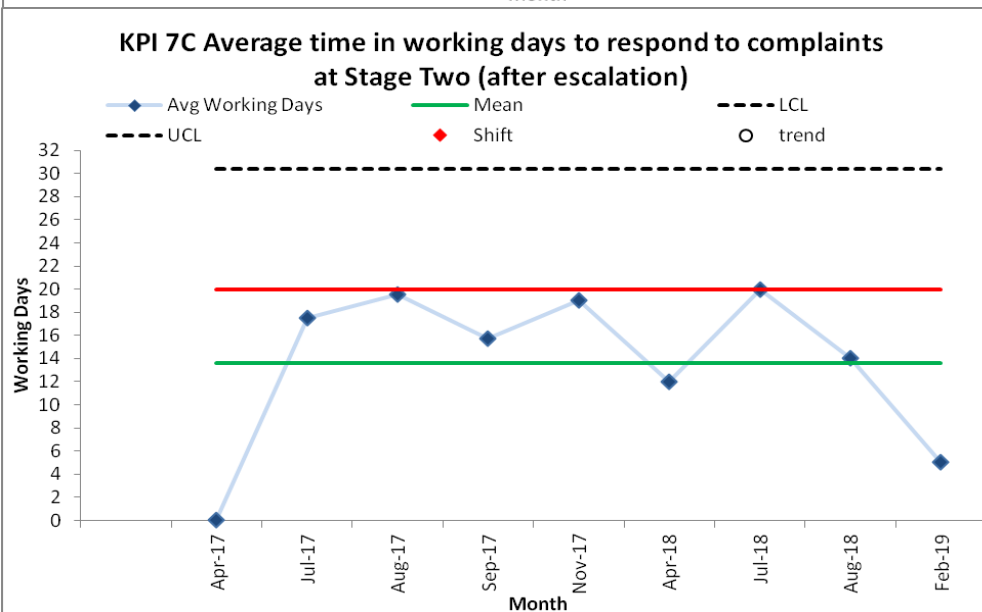
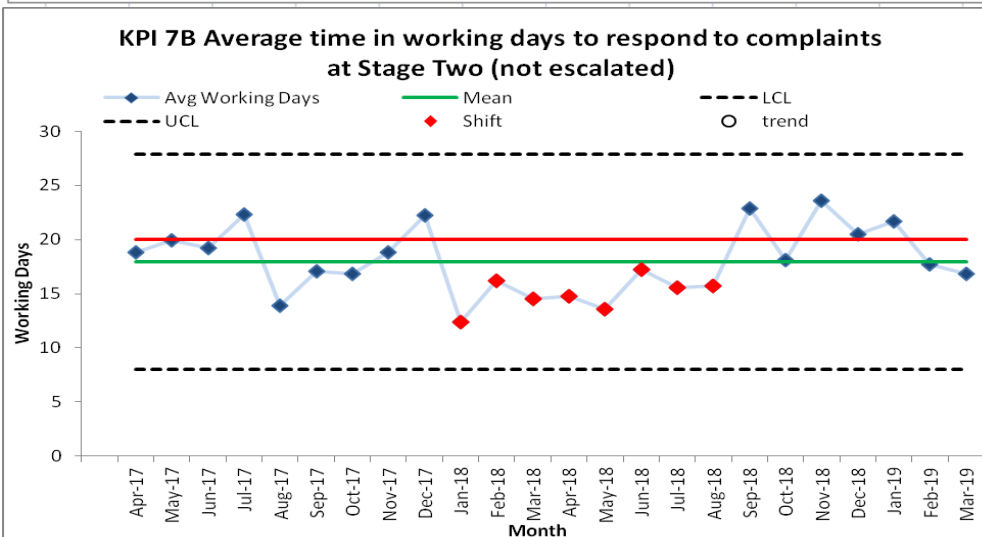
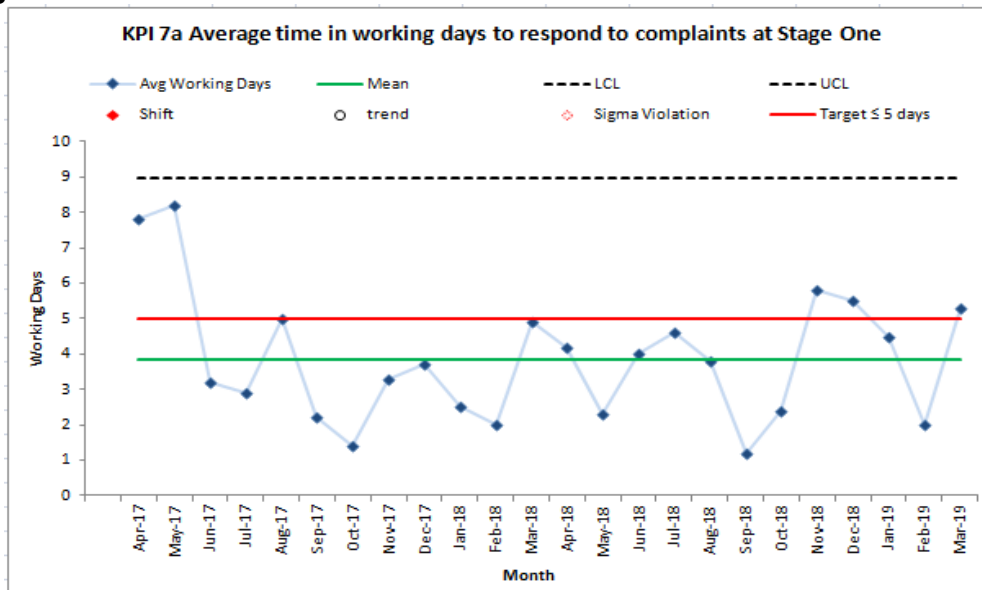
Complaints upheld, partially upheld and not upheld



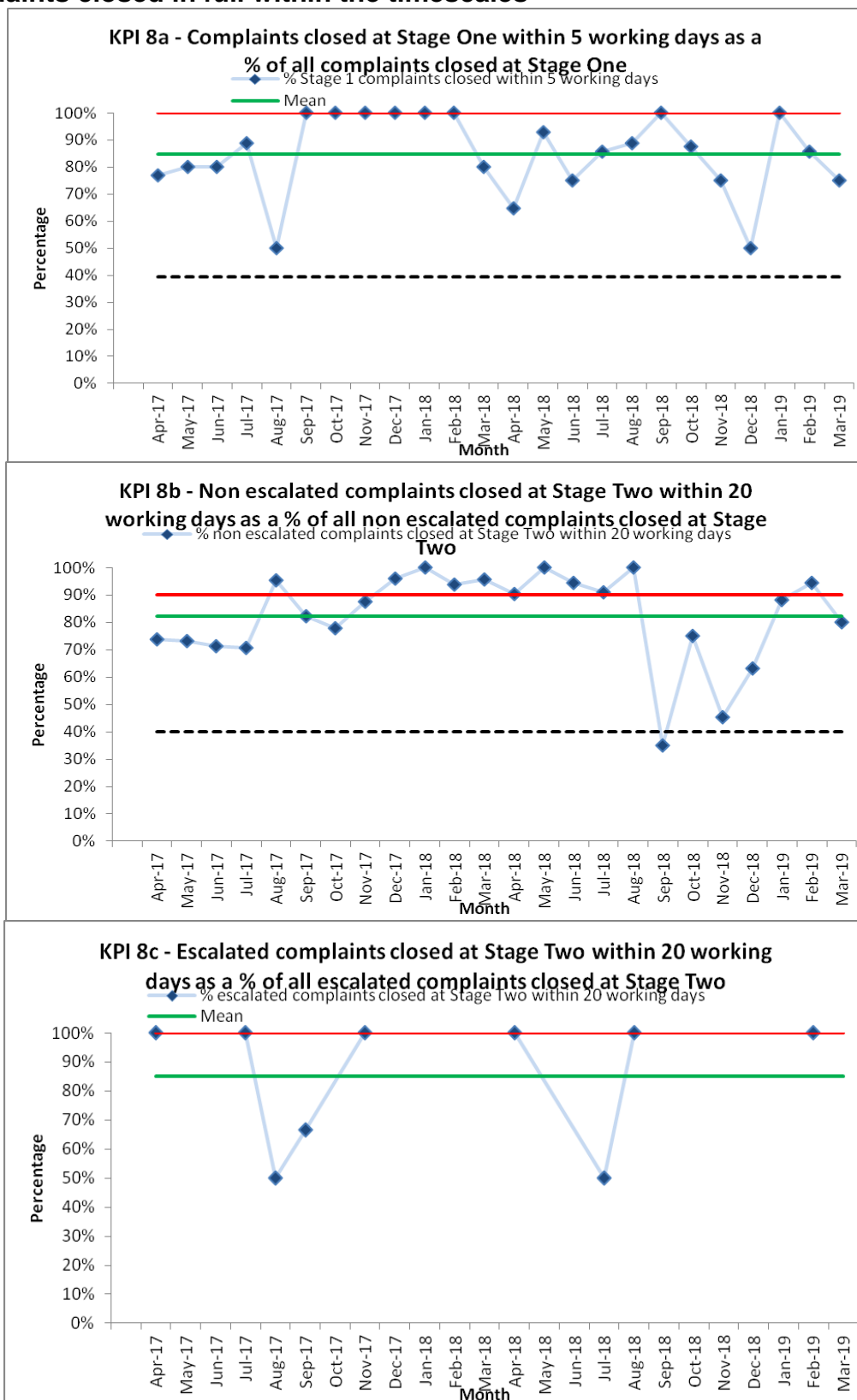




Average times



Complaints closed in full within the timescales



Number of cases where an extension is authorised

