

Patient Experience Annual Report 2019/20



Introduction

NHS Borders Patient Experience Annual Report 2019/20 is a summary of feedback received by NHS Borders from 1 April 2019 to 31 March 2020. 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. The period covered by this report was largely before Covid-19 however during the last 2 months NHS Borders was focussing all its efforts into responding to the pandemic.

Encouraging and Gathering Feedback & Complaints

NHS Borders welcomes and encourages feedback from patients, carers and family members. 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.

NHS Borders gathers patient feedback in a number of different ways; including:

- Feedback provided to any NHS Borders' member of staff by letter, email or telephone
- Feedback provided to the Patient Experience Team as follows:
 - Patient Experience Team
NHS Borders
Borders General Hospital
Melrose TD6 9BS
Tel: 01896 826719
Email: patient.experience@borders.scot.nhs.uk
- Patient feedback provided by other organisations
- Online feedback through Care Opinion www.careopinion.org.uk
- Feedback in the local press
- Public Involvement Groups
- National patient experience surveys
- Local patient experience surveys e.g. '2 minutes of your time' survey
- Preparation of digital, video and face to face stories.
- From our Patient Feedback Volunteers in clinical areas.

Based on feedback received during 2019/20 we know that the majority of our patients are satisfied with the care and treatment provided by NHS Borders. However, sometimes the care and treatment we provide falls short of the high standards we expect. When this happens it is very important we hear about it so we can learn and improve the way we do things in the future.

NHS Borders has a dedicated centrally based Patient Experience Team who supports patients to provide their 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. PASS promotes an awareness and understanding of the rights and responsibilities of patients. It also advises and supports people who wish to give feedback, 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 PASS Helpline telephone number: 0800 917 2127

NHS Borders works 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
Education Centre
Borders General Hospital
Melrose TD6 9BD
01896 825545
0800 7314052
public.involvement@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 please contact:

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

Proactive Patient Feedback

‘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 gathering feedback from patients, carers and relatives about their experiences. Feedback is gathered in the BGH Discharge Lounge, Outpatients Departments, eight of our BGH inpatient wards and one of our community hospitals. The information gathered by the patient feedback 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 2019 and March 2020. This was collated using patient feedback volunteers and the “2 minutes of your time” feedback boxes within several departments and wards to engage with patients, relatives and visitors.

Chart 1 demonstrates the percentage of patients, carers and relatives that were satisfied with the care and treatment provided. In 2019/20 98% of patients/carers/family members were satisfied with the care and treatment provided and the chart continues to display normal variation.

An explanation of the terms used in all of the charts in this report can be found in appendix 1.

Chart 1

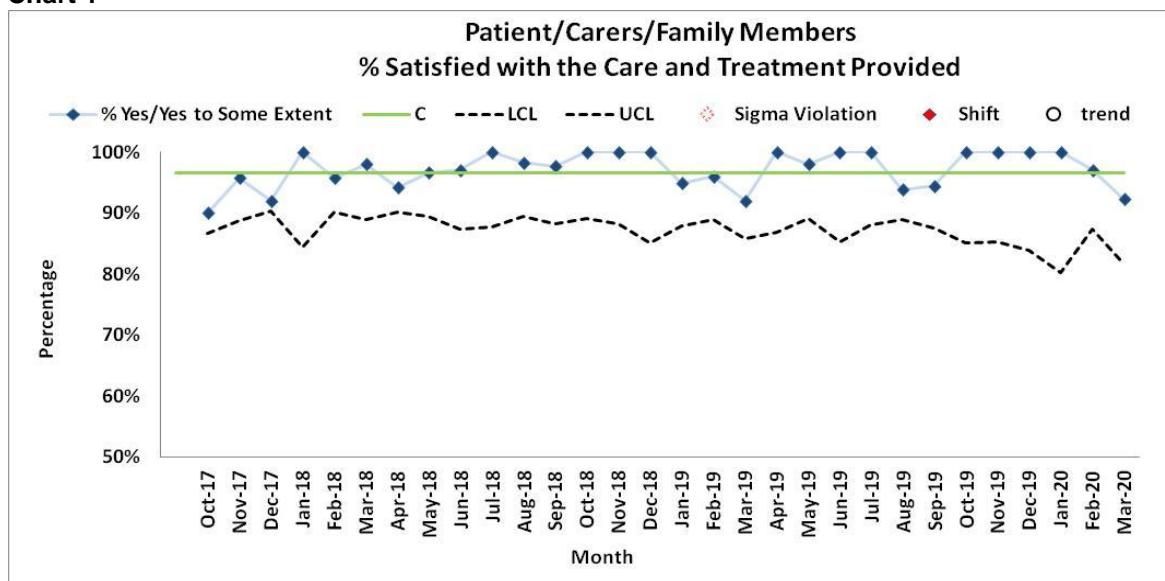


Chart 2 demonstrates the percentage of patients, carers and relatives that thought the staff that provided the care understood what mattered to the patient. In 2019/20 99% of patients/carers/family members thought the staff that provided the care understood what mattered to the patient and the chart continues to display normal variation.

Chart 2

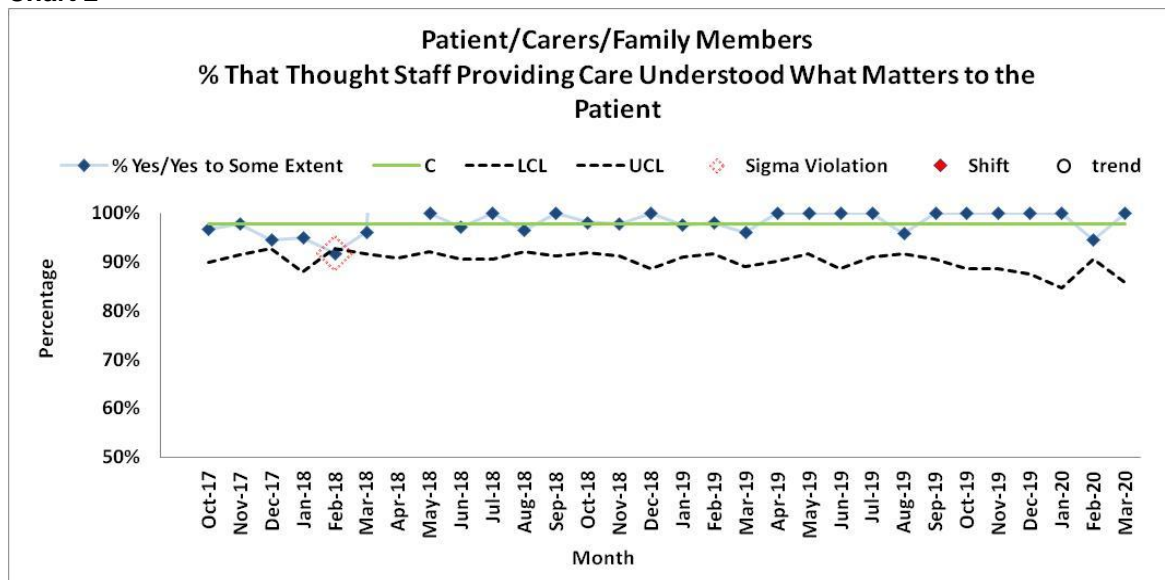
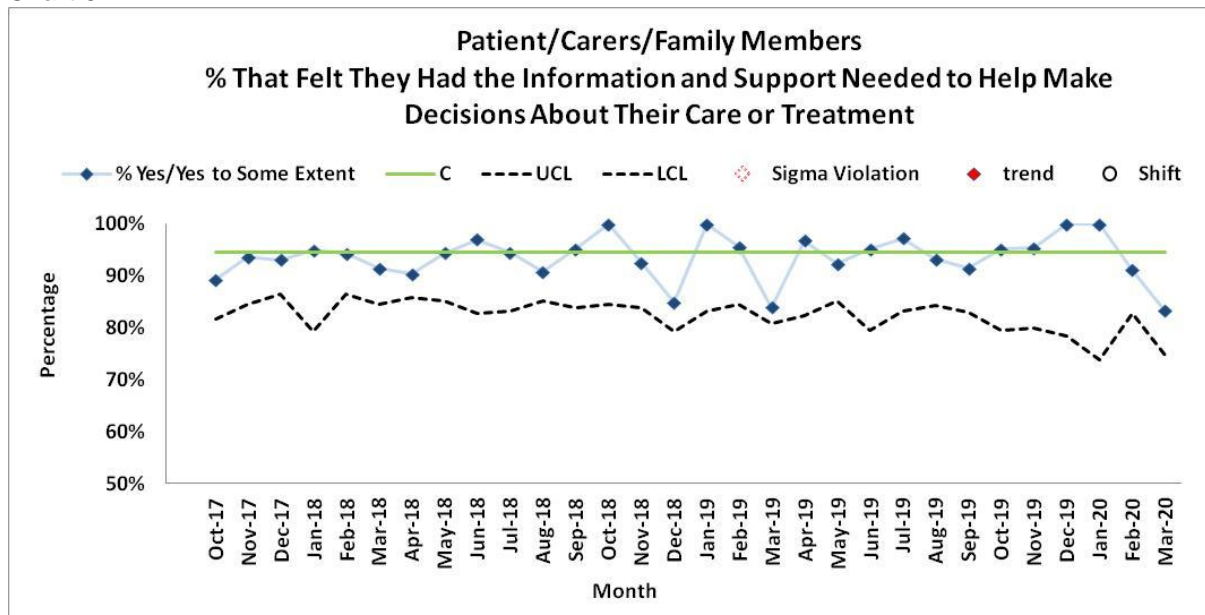


Chart 3 demonstrates the percentage of patients, carers and relatives that thought the patient always had the information and support needed to make decisions about their care or treatment. In 2019/20 94% of patients/carers/family members thought the patient always had the information and support needed to make decisions about their care or treatment and the chart continues to display normal variation.

Chart 3



Recording Complaints

The Patient Experience Team record all complaints on the electronic system, Datix. A log in the form of a spreadsheet is also maintained to track all open complaints received by NHS Borders. This spreadsheet 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.

Safety Measurement & Monitoring Weekly Dashboard

The Clinical Governance & Quality Team complete and distribute the Safety Measurement & Monitoring Weekly Dashboard. This provides a range of information in the form of charts displaying data over time at ward level and includes feedback and complaints, falls, adverse events, infection rates etc. The dashboards can be used to monitor performance and as a quality measure leading to identification of areas for improvement.

Senior Charge Nurse Monthly Quality Dashboards

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:

- A person centered approach to all feedback is key, e.g. walking in the shoes of the patient
- It is essential that a meaningful and timely response is delivered
- 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 Patient Experience Team aim to speak to the person raising concerns within 24 hours of receiving the complaint to agree the issues the complainant wishes addressed, to establish what outcome they want to achieve from their complaint and explain the complaint process. 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 the complainant should expect and how their feedback will be handled is included with the acknowledgement letter.

When complaints are received, the Patient Experience Team work closely with clinical and managerial staff from across NHS Borders 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 Patient Experience Team provide direct advice and support to staff in handling feedback and complaints, including discussing and agreeing the best way forward.

Within the NHS Borders area, alternative dispute resolution was used in one GP practice during the 2019/20 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 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 Patient Experience Team. This may include meeting with clinical or management staff, 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:

- A change in process implemented to ensure that any patients reviewed in the Virtual Fracture Clinic (VFC) who have a possible abnormality noted (and who do not already have follow up arranged) will be put back into the VFC for another review, as a double-check.
- A communication was sent out to all Borders GP's regarding the use of the Dermatology inbox to improve communication channels.
- Complaints have been used as a learning experience for staff in terms of involvement of carers in decision making.
- Whiteboards have been installed to display clinic waiting times.
- The process for sending appointment letters has been changed to ensure appointment letters are sent promptly.

Complaint Process Experience - Complainants

We have been gathering feedback from patients, carers and family members who have engaged with NHS Borders Patient Experience 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 2019/20 is shown below:

- 54% of complainants agree that finding information on how to make a complaint was easy
- 79% of complainants agree that submitting a complaint was easy
- 79% of complainants agree that complaints staff were helpful and polite
- 66% of complainants agree that complaints staff listened and understood their complaint
- 58% of complainants agree that complaints staff asked what outcome they wanted
- 70% of complainants agree that complaints staff explained the complaints process
- 58% of complainants agree that their complaint was handled in a timely manner and they were kept informed of any delays
- 50% of complainants agree that all their complaint points were answered
- 58% of complainants agree that the complaint response was easy to read and understandable

The Patient Experience Team are undertaking an improvement programme to look at all aspects of our complaint handling which will include improving the experience our complainants have.

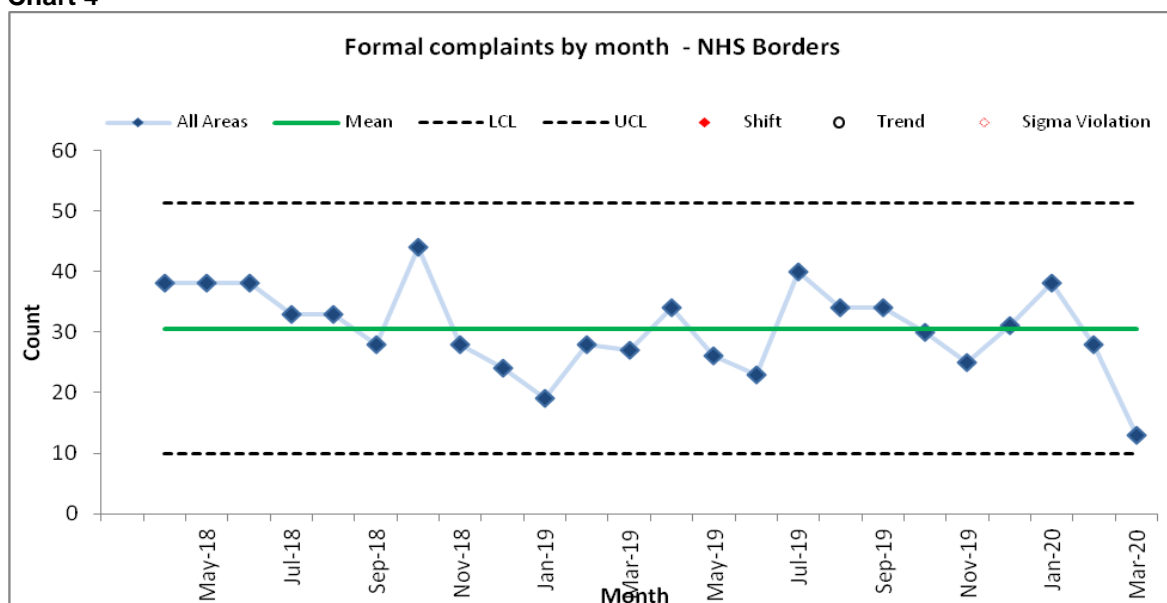
Complaint Handling – Guidance for Staff

The Patient Experience 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.

The total number of complaints received

A total of 356 complaints were received between April 2019 and March 2020. When a comparison is made with 2018/19, this shows a decrease of 23 in the number of complaints received during the year. Chart 4 shows the number of complaints received by month between April 2019 and March 2020.

Chart 4



Out of the 356 complaints received, 244 related to the Borders General Hospital, 38 related to Primary & Community Services, 53 related to Mental Health and 21 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 2019/20, we closed 27% of complaints at Stage 1 and 73% of non escalated complaints at stage 2. 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.

Charts outlining this information 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 2019/20, our average time to respond to complaints at Stage 1 was 3.6 working days. Our average time to respond to complaints at Stage 2 was 26.25 working days and our average time to respond to complaints at Stage 2 after escalation was 15.5 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 2019/20, we closed 88% of all Stage 1 complaints within 5 working days. We closed 43% of all Stage 2 non escalated complaints within 20 working days and 50% of all Stage 2 escalated complaints within 20 working days. Charts outlining this performance are included in appendix 5. During the year there was a reduction in the number of complaints responded to within complaint timescales. The Patient Experience Team were experiencing difficulties in managing the volume of patient feedback within the timescales expected. This was being reviewed as part of an assessment of workload within the Clinical Governance and Quality Team and solutions are being tested to address capacity to enable the team to meet timescales again and provide a timely service to patients, carers and families.

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 2019/20, no Stage 1 complaint had an extension authorised, 4% or 12 Stage 2 non escalated complaints had an extension authorised and there was 1 Stage 2 escalated complaint where an extension was authorised. Charts outlining this performance are included in appendix 6.

Complaints Themes

Charts 5 to 9 outline the top five themes emerging from complaints received between April 2019 and March 2020. The top five themes for complaints have remained the same as the previous year (2018/19).

Chart 5

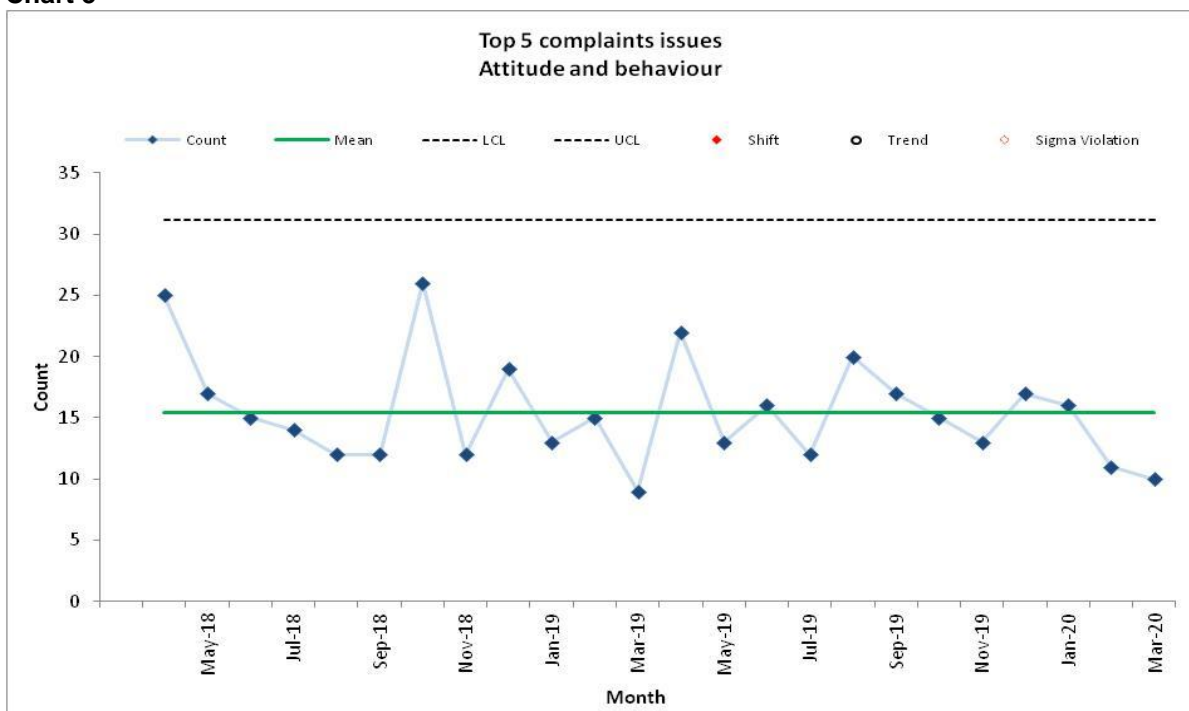


Chart 6

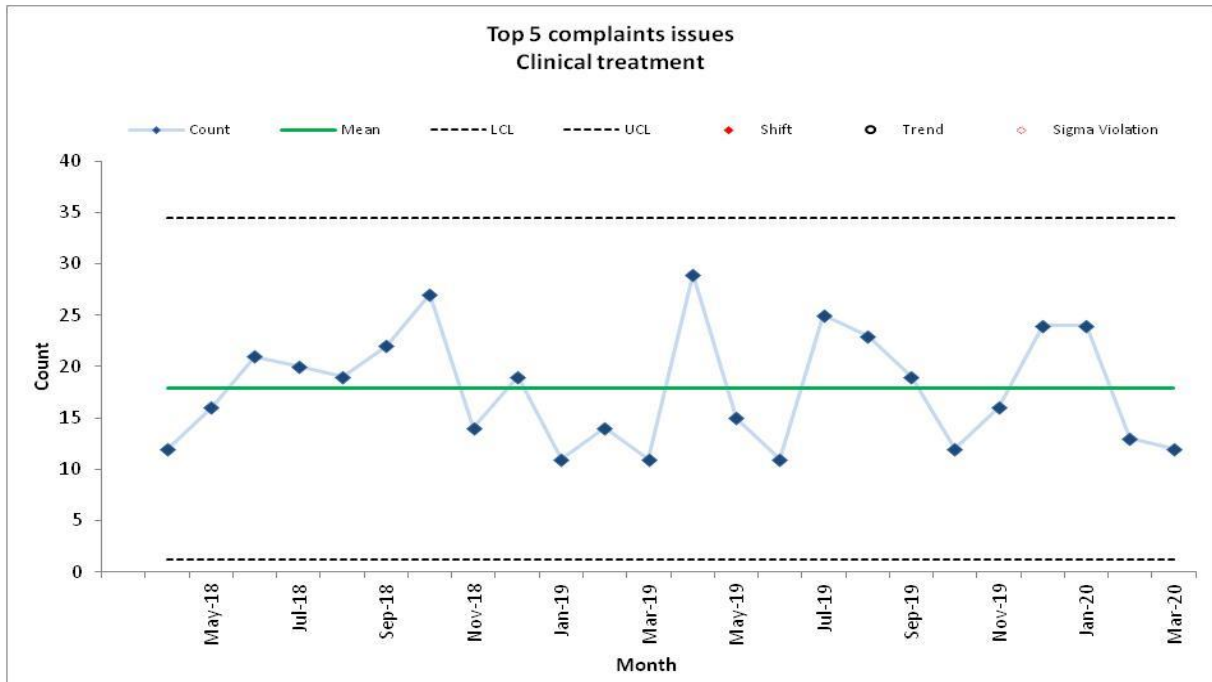


Chart 7

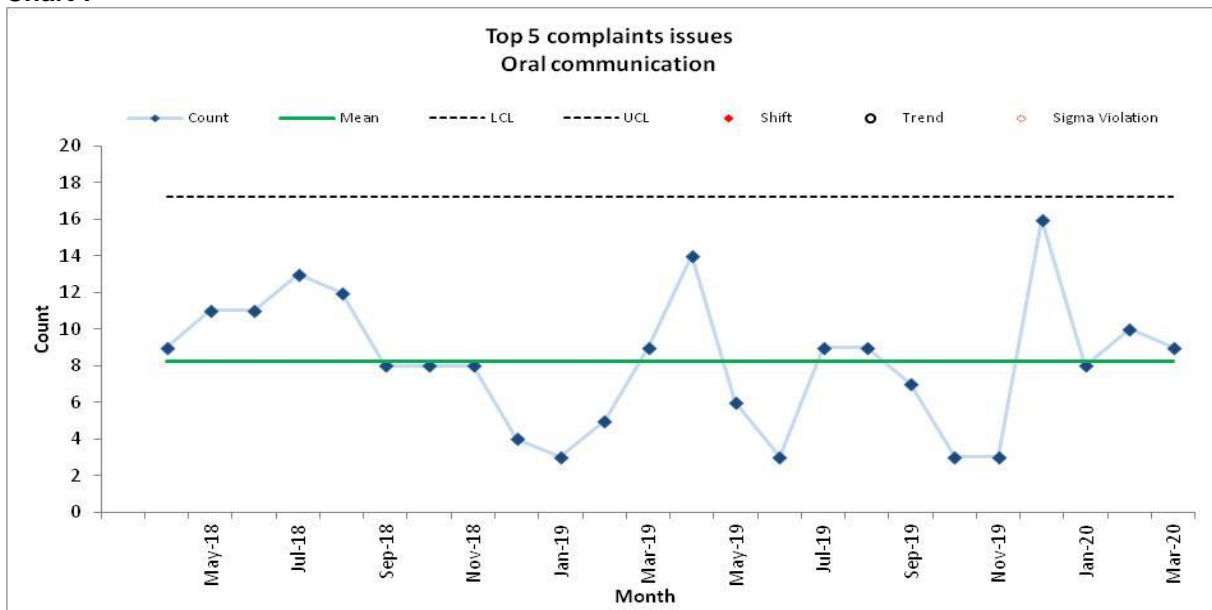


Chart 8

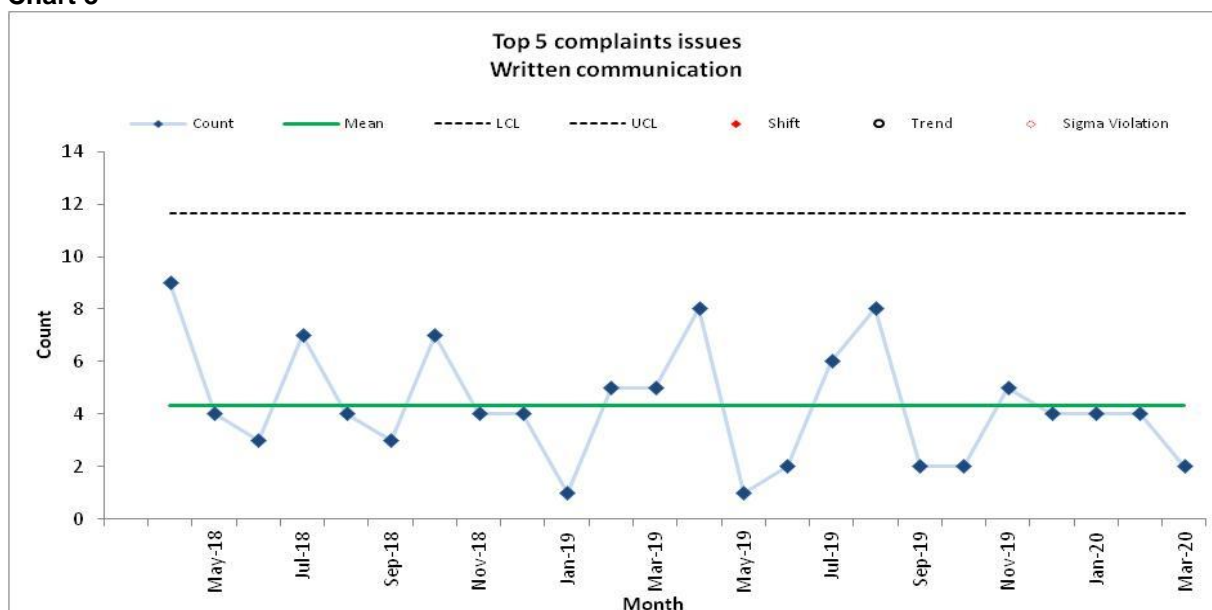
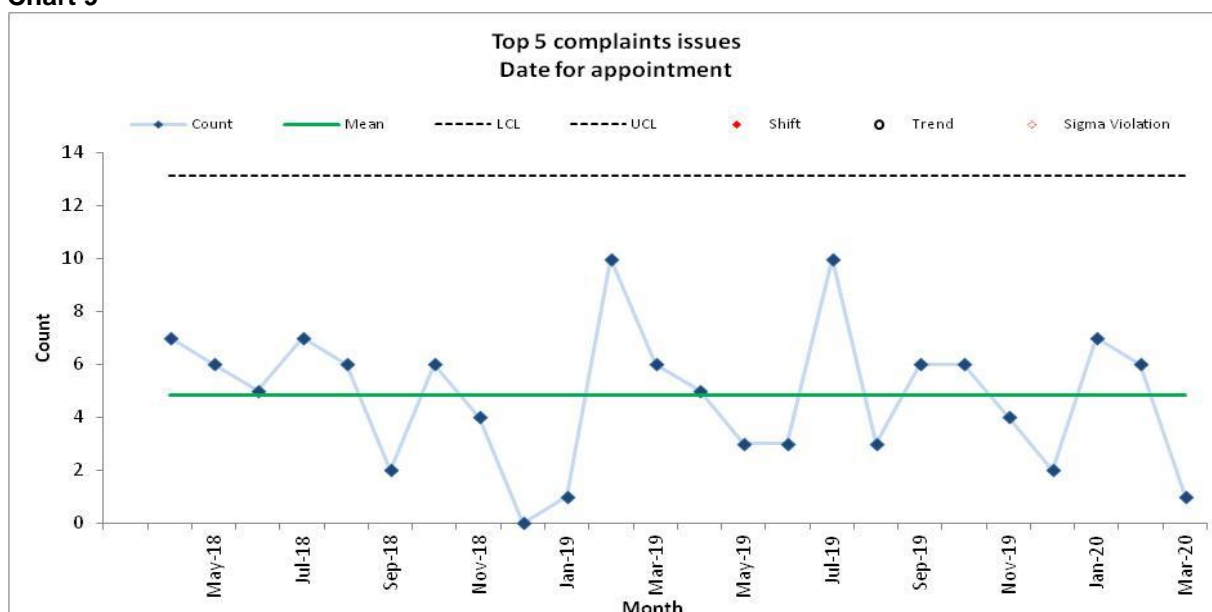


Chart 9



When comparison is made, as shown in the table below, between the figures for 2018/19 and those for 2019/20, there has been an increase in the total numbers of complaints relating to clinical treatment. There has been a reduction in complaints involving Attitude and Behaviour and communication both oral and written.

Top 5 Issues	Total 2018/19	Total 2019/20
Attitude and Behaviour	189	182
Clinical Treatment	206	223
Communication – Oral	101	97
Date of Appointment	56	56
Communication – Written	60	48

Primary Care Service Providers Complaints

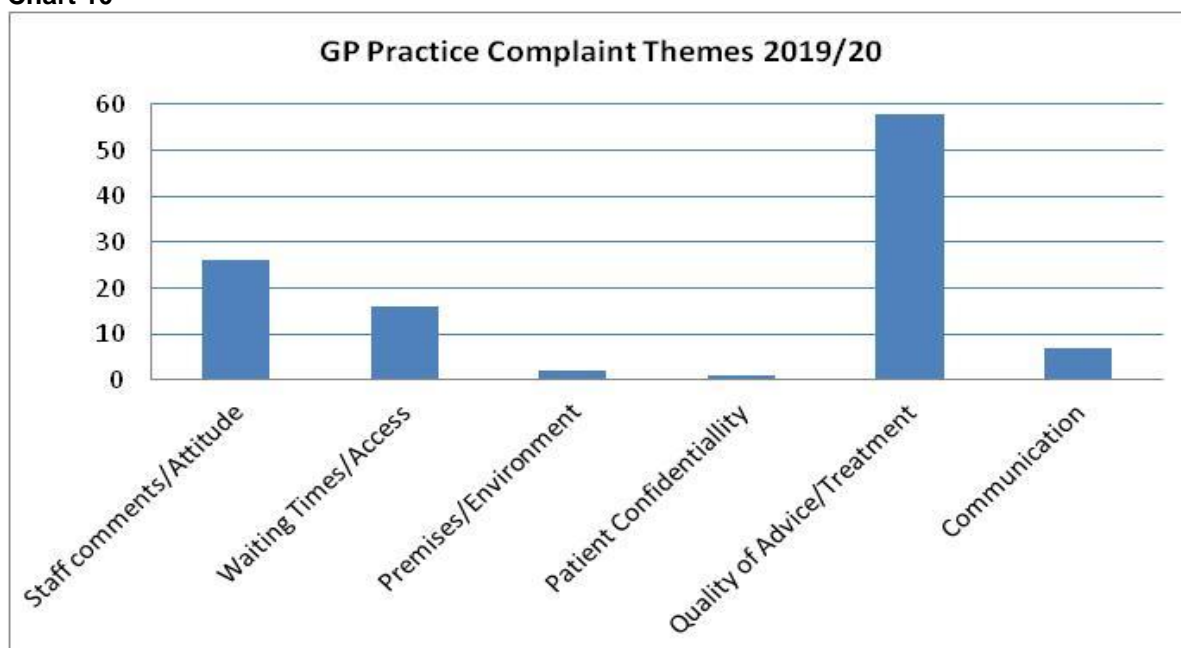
The table below outlines the number of complaints received for complaints by Primary Care Service Providers operating in the Scottish Borders between April 2019 and March 2020.

	GP	Dentist	Pharmacist	Optician
No. of Complaints received	122	7	60	9

*N/A – not available

Chart 10 outlines the top themes emerging from the complaints received by Primary Care Service Providers operating in the Scottish Borders between April 2019 and March 2020

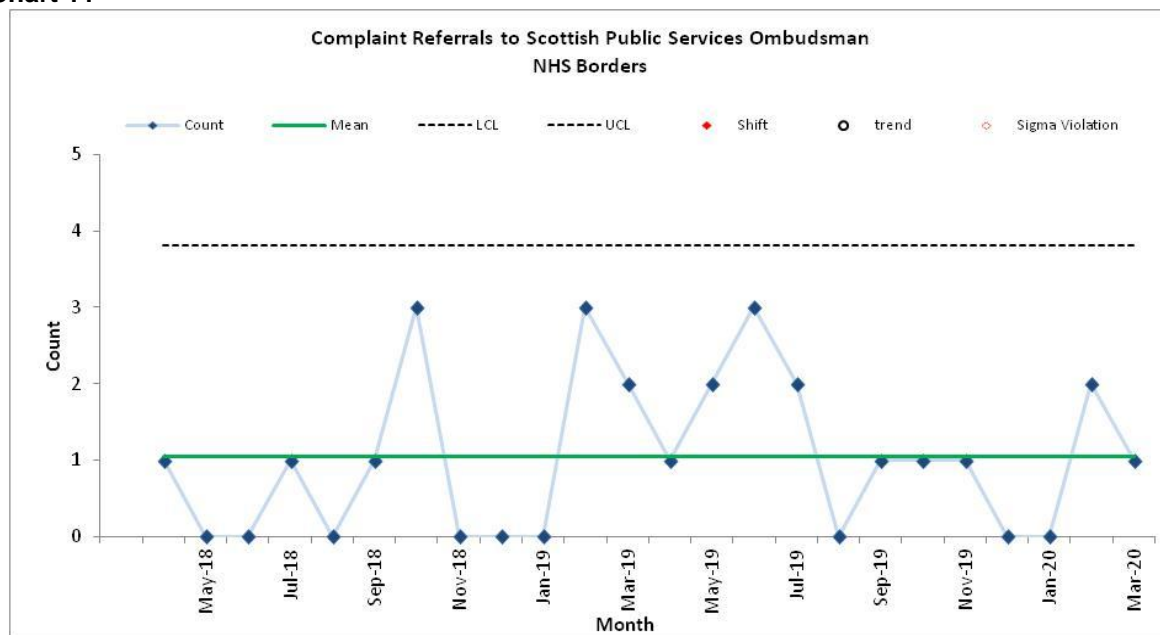
Chart 10



Scottish Public Services Ombudsman (SPSO)

Chart 12 outlines the referrals accepted by the SPSO between April 2019 and March 2020. In 2019/20, there were 14 referrals made to the SPSO which is an increase of 3 from the 11 made during 2018/19:

Chart 11



The following decisions and recommendations were received by the SPSO between April 2019 and March 2020 for cases investigated by them in relation to complaints made to NHS Borders:

SPSO Case Reference 201809603	Progress
Case was not upheld	Closed
SPSO Case Reference 201809975	Progress
Apologise for the failures identified.	Apology issued and action plan submitted taking account of the recommendations.
The consent process should follow national guidelines. Consent should be taken, where possible, prior to the day of surgery. As part of the consent process, there should be a clear discussion of the risks and benefits (of having the surgery and not having the surgery) and of any alternative options; and those discussions should be clearly documented.	
Staff should handle complaints in line with the model complaints handling procedure, which includes responding to all aspects of complaints.	
SPSO Case Reference 201808099	Progress
Case was not upheld	Closed

SPSO Case Reference 201800108	Progress
Apologise for failing to handle the Extra Contractual Referral appropriately.	Apology issued and action plan submitted taking account of the recommendations.
Decisions by the ECR panel should be appropriately documented and relevant sections of the Panel Decision Form completed making it clear what was taken into account when reaching a decision including any consideration of the Travel Protocol, where appropriate.	
Notification of the ECR panel's decision should include the right of appeal regarding the panel's decision process, in accordance with the Protocol	

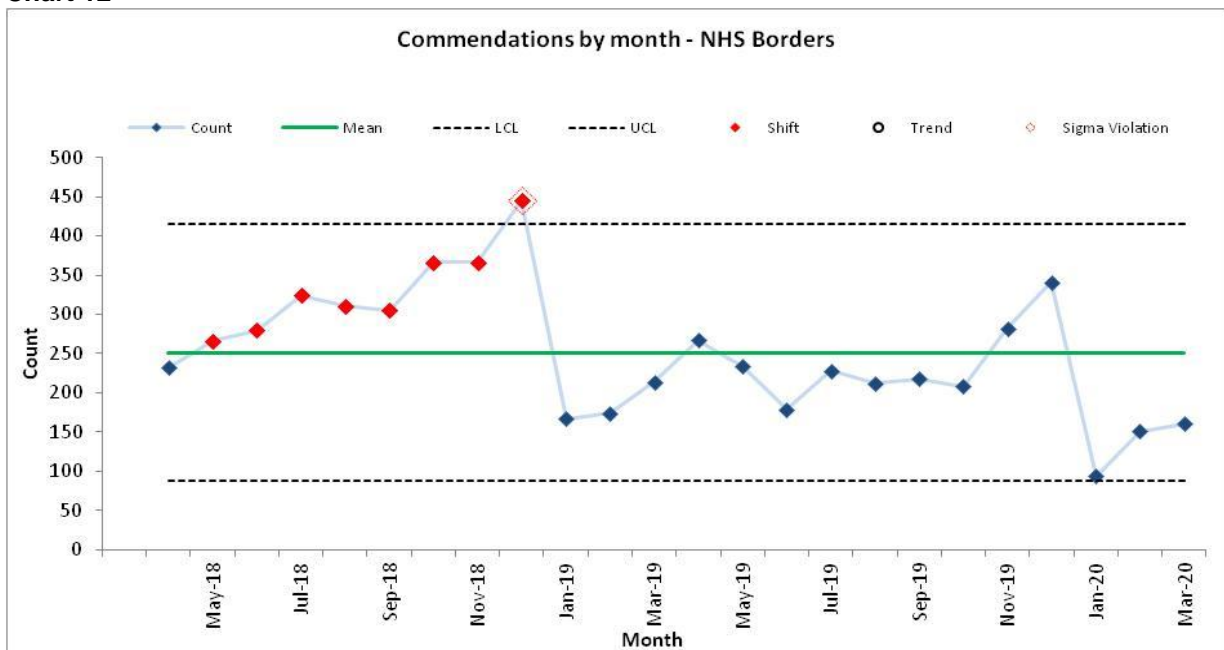
SPSO Case Reference 201807198	Progress
Apologise for scan being reported inaccurately and the response to the complaint being inaccurate.	Apology issued and action plan submitted taking account of the recommendations.
Scans should be reported to a reasonable standard and complaint responses should be accurate.	

SPSO Case Reference 201801303	Progress
Case was not upheld	Closed

Commendations

During 2019/20 NHS Borders received a total of 2575 commendations which is a decrease from the 3393 received during 2018/19. Given the decrease in reported commendations being sent to the Patient Experience Team a campaign will be undertaken to remind staff how to share commendations with the Patient Experience Team. Chart 12 shows commendations received from April 2018 to March 2020:

Chart 12



Care Opinion

Between 1 April 2019 and 31 March 2020, 211 stories were shared on Care Opinion about NHS Borders. At the time of preparing this report, these stories have been viewed on Care Opinion 31,255 times in total. 82% of the stories shared were positive stories. The following charts have been produced by the Care Opinion website.

Chart 13 shows the number of stories shared about NHS Borders during 2019/20.

Chart 13

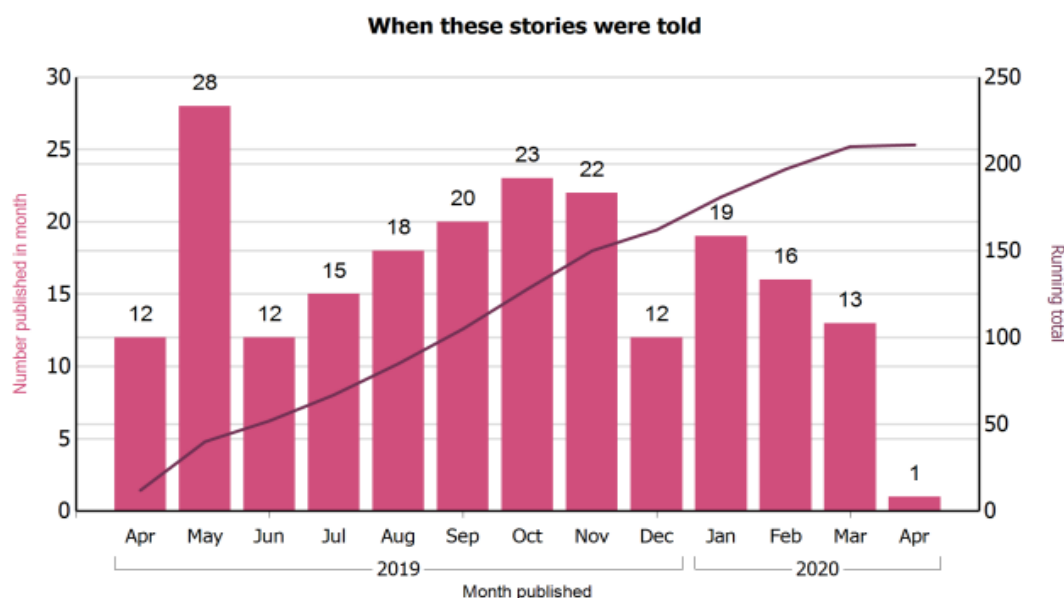
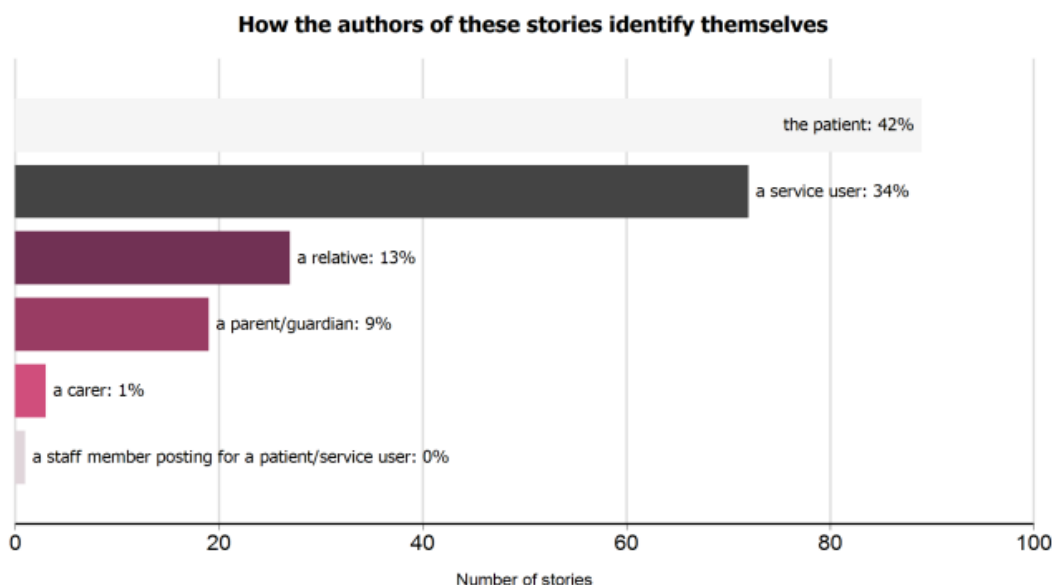


Chart 14 shows who has written the stories about NHS Borders with 42% having been written by the patient themselves.

Chart 14



Accountability and Governance

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. Data is presented over time to help identify any variation and to enable assessment of improvement efforts. There are a 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. Every Public Board receives a Clinical Governance and Quality report containing a section on patient feedback.

The reports to the Board committees include details of complaint numbers, themes and trends, information on response times, feedback posted on Care Opinion, and outcomes from SPSO cases in order that the committees may consider these.

The Patient Experience Team are part of the Clinical Governance & Quality Team which includes Patient Safety Team who oversee adverse events. 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 2019/20, as reflected in this report. However, there is always room for further improvement to be made and the following have been identified for 2020/21:

- Through a focussed improvement programme refine and improve all parts of the feedback and complaint handling process, including the complainants experience and timeliness of response.
- Continually explore and offer different routes to encourage patients, carers and relatives to provide their feedback and use this to improve our complaint handling.
- Identify new way of seeking feedback from staff on their experience of the complaints process given previous poor response rate in 2017/18.

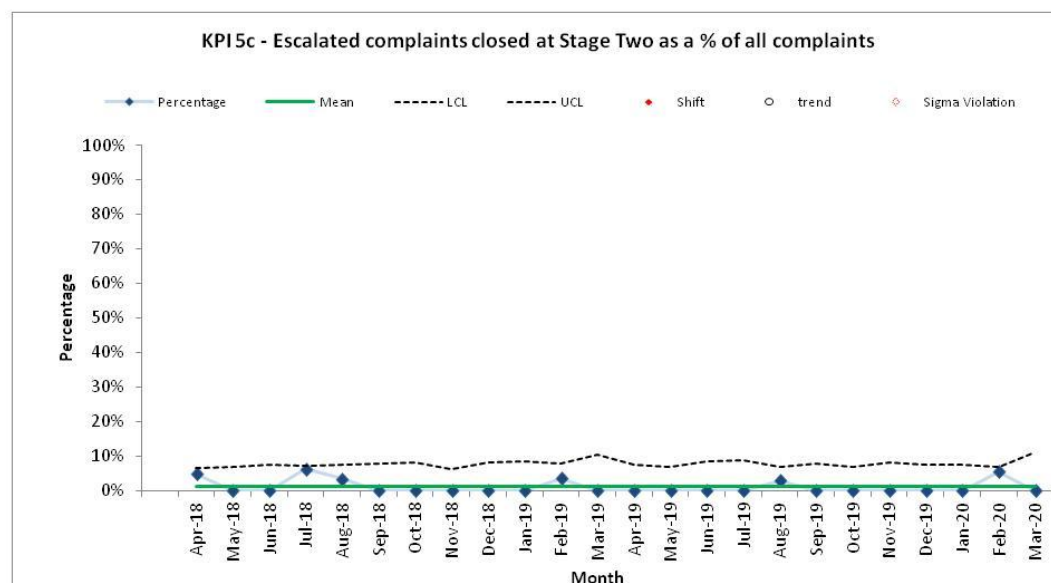
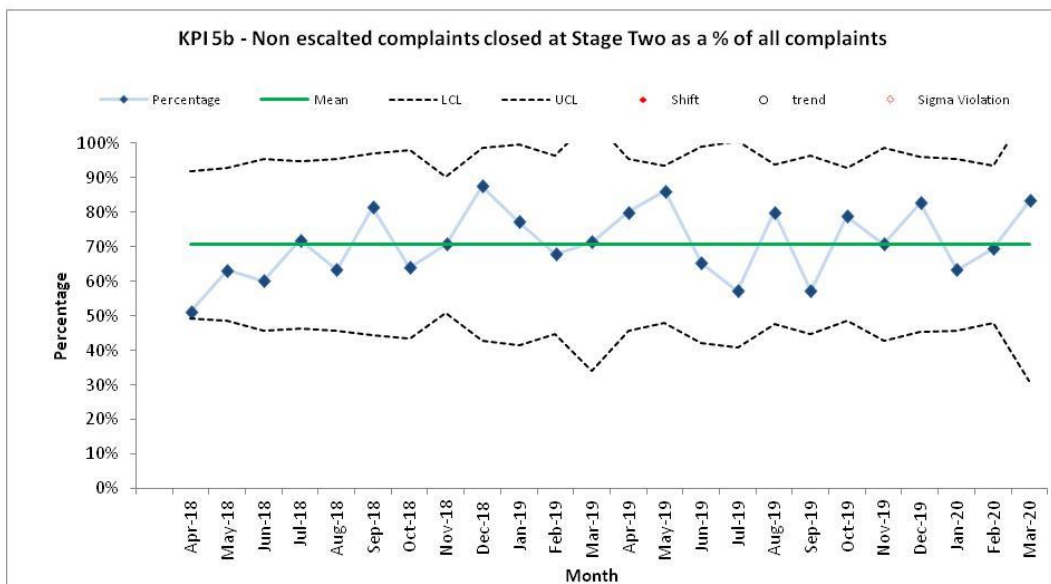
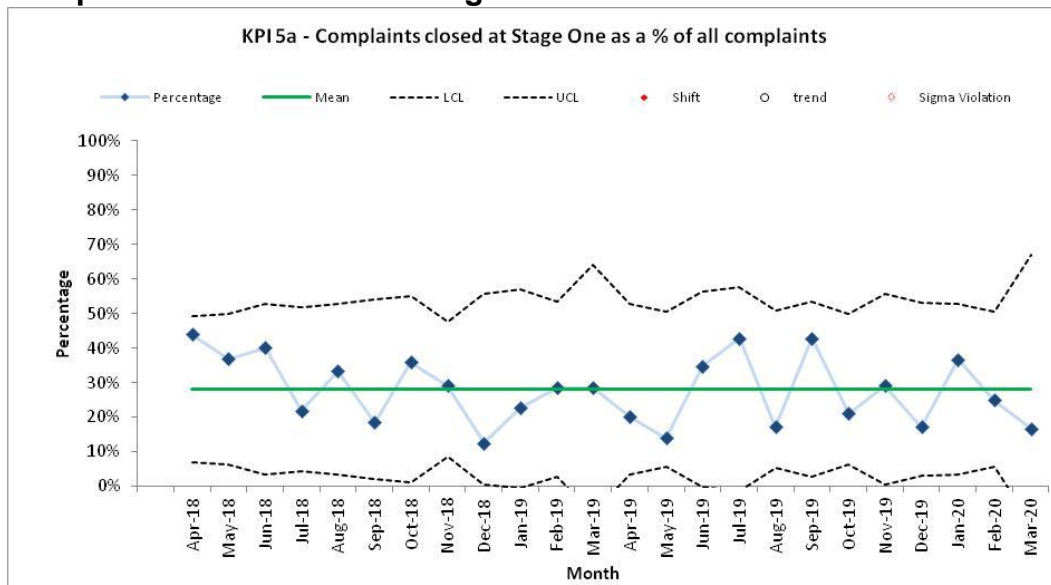
We would welcome your feedback on this annual report. If you would like to provide feedback or need this report in large print, audio, Braille, alternative format or in a different language please contact;

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

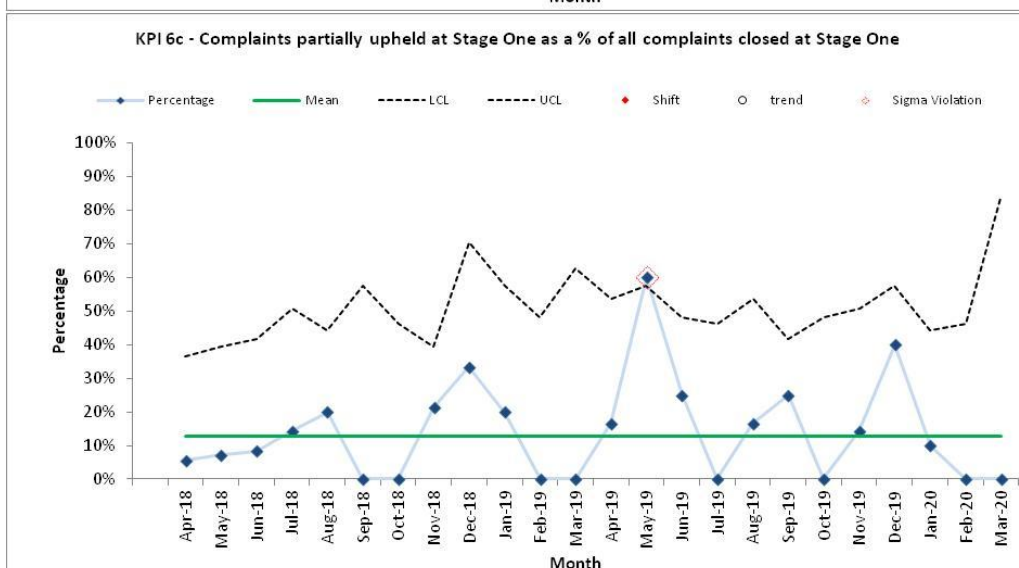
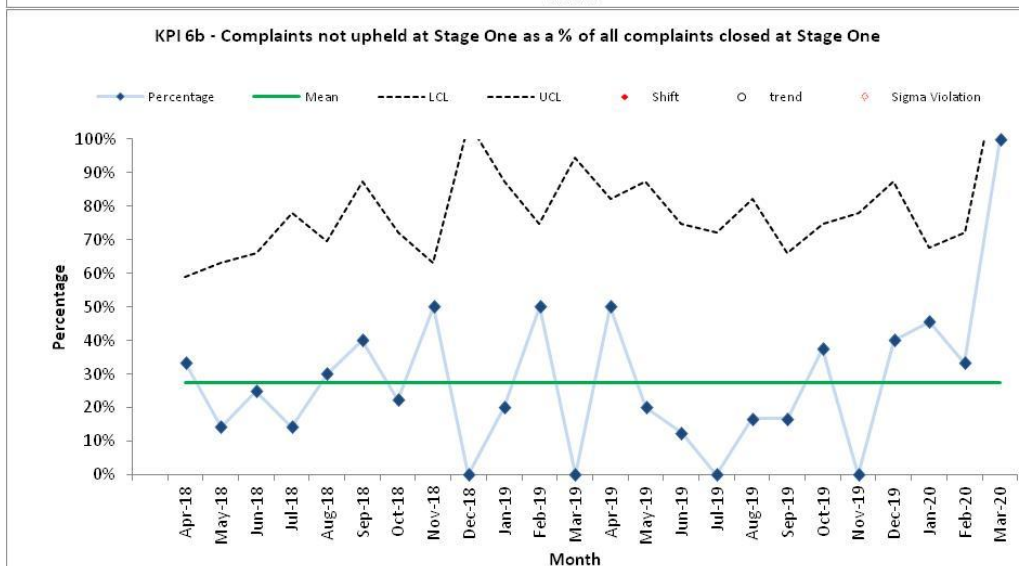
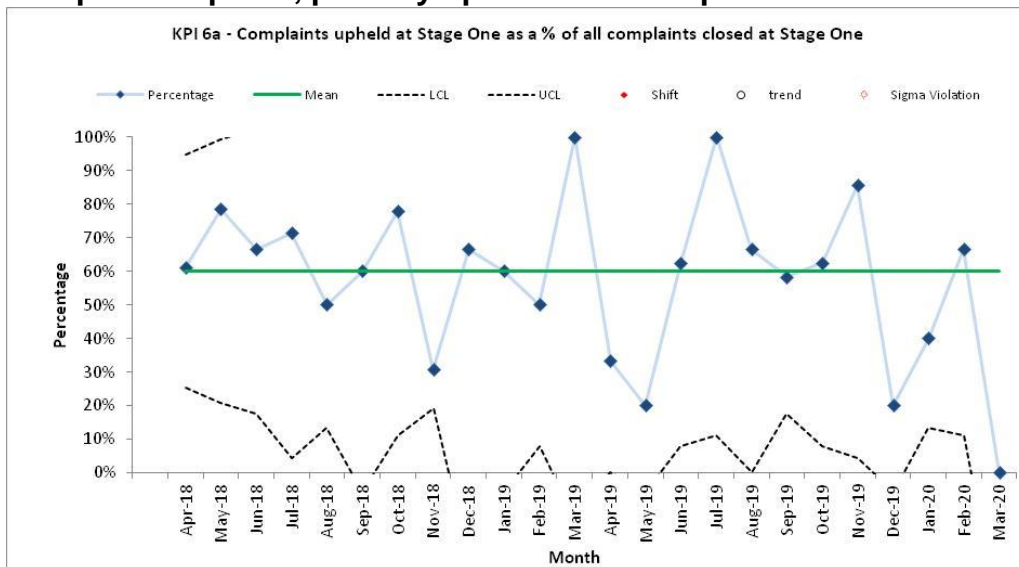
Chart explanation

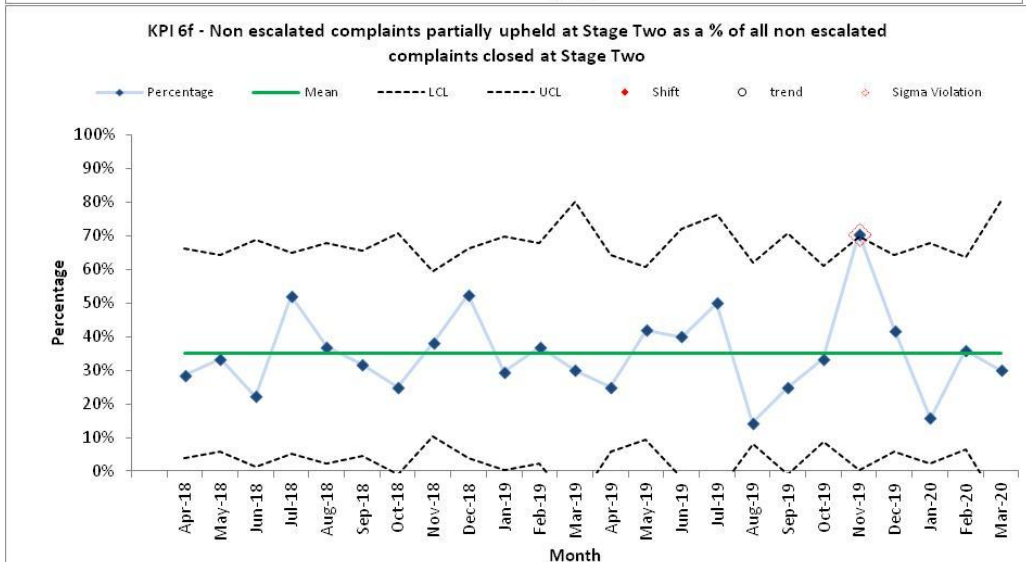
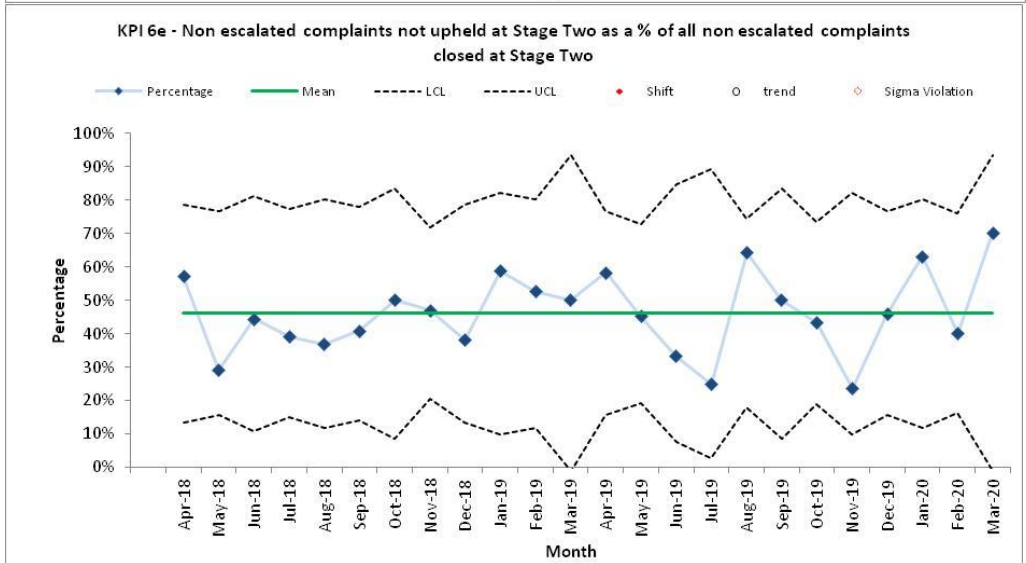
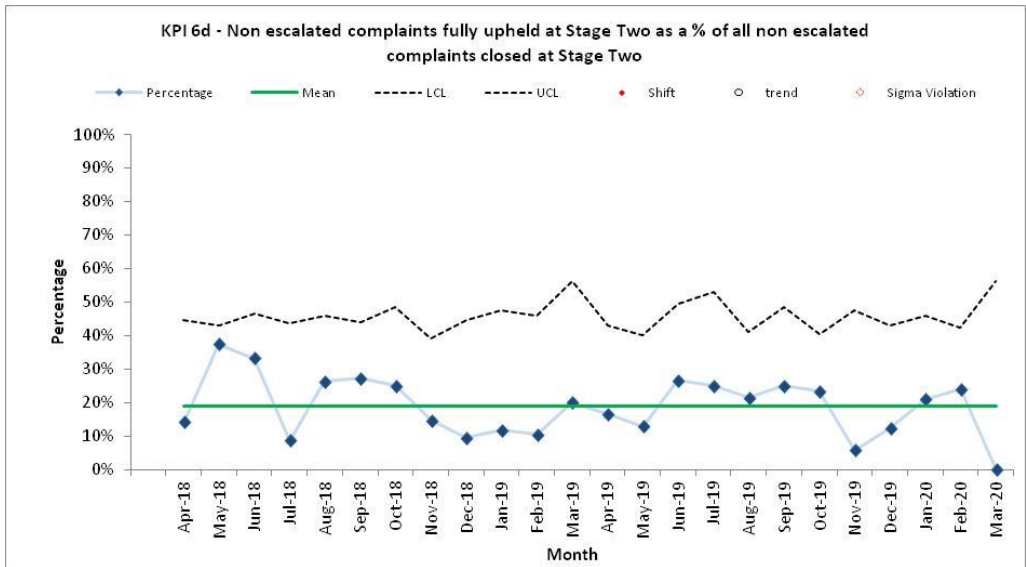
Code/ symbol on chart	Definition	Explanation
C 	Centre line	Line indicating the average performance over that time period
LCL 	Lower control limit	Line indicating lowest limit deemed an acceptable performance level
UCL 	Upper control limit	Line indicating highest limit deemed an acceptable performance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

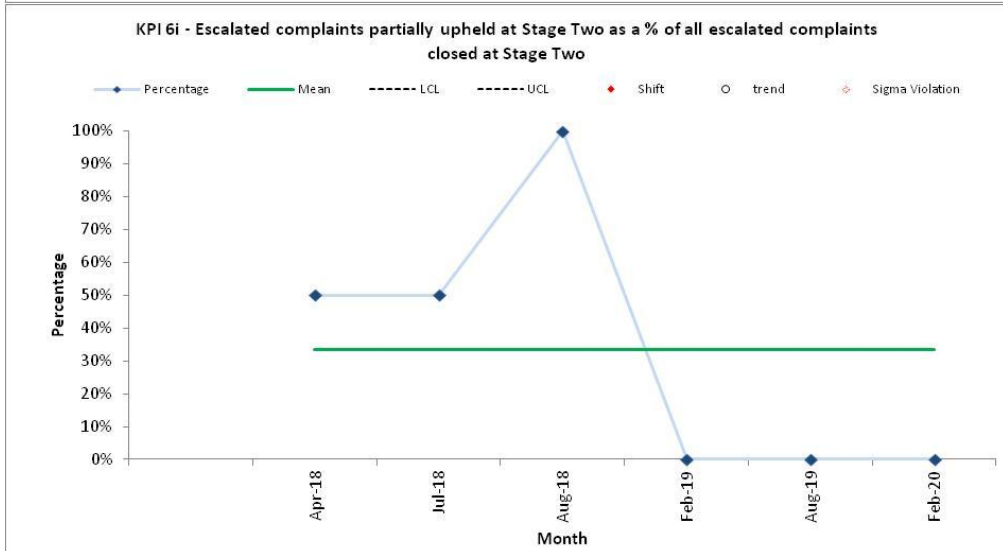
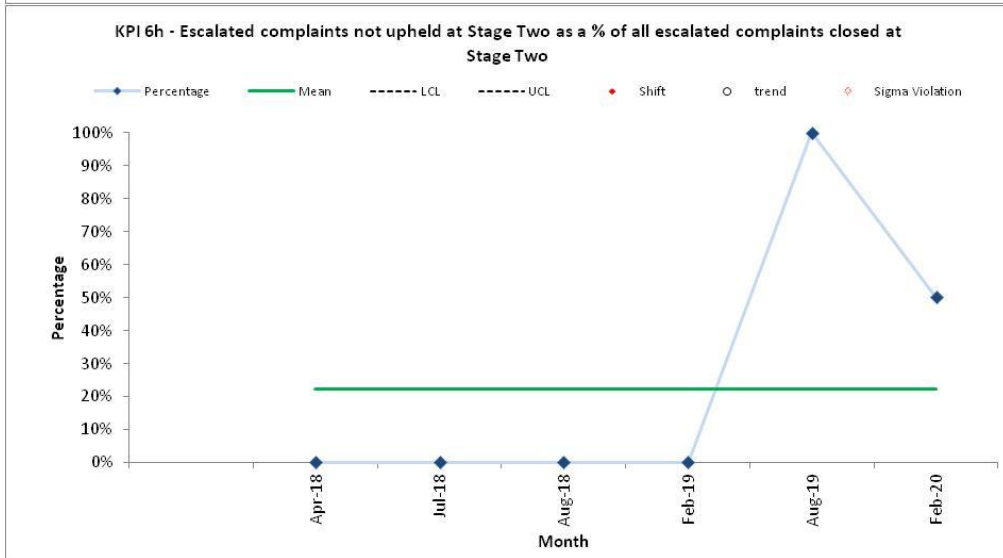
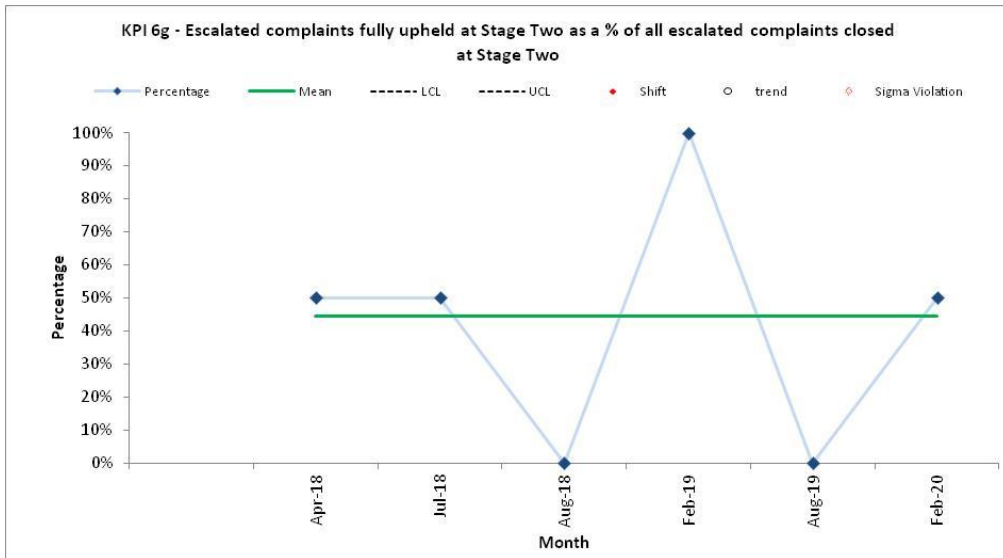
Complaints closed at each stage



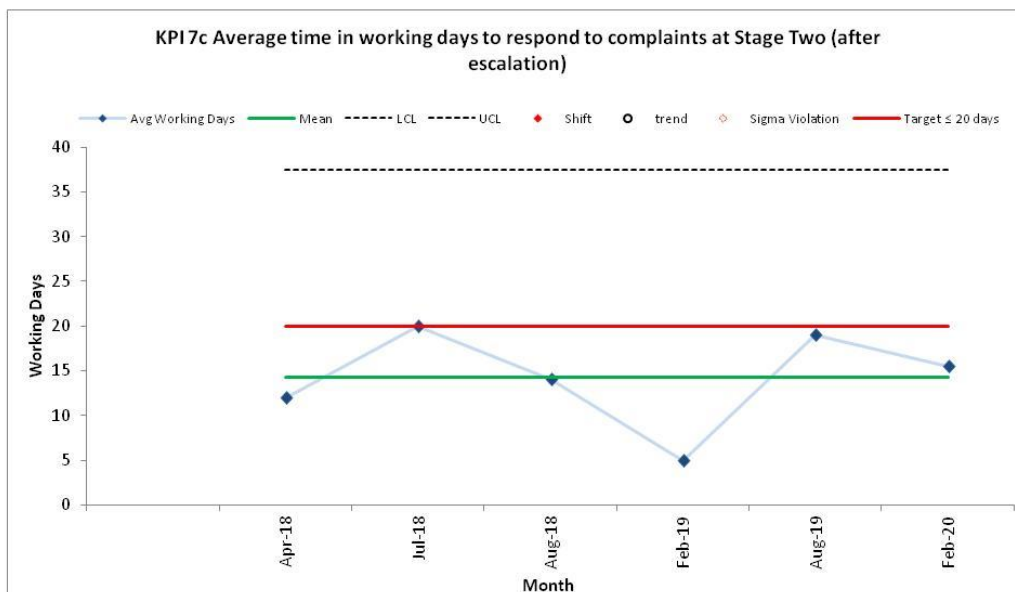
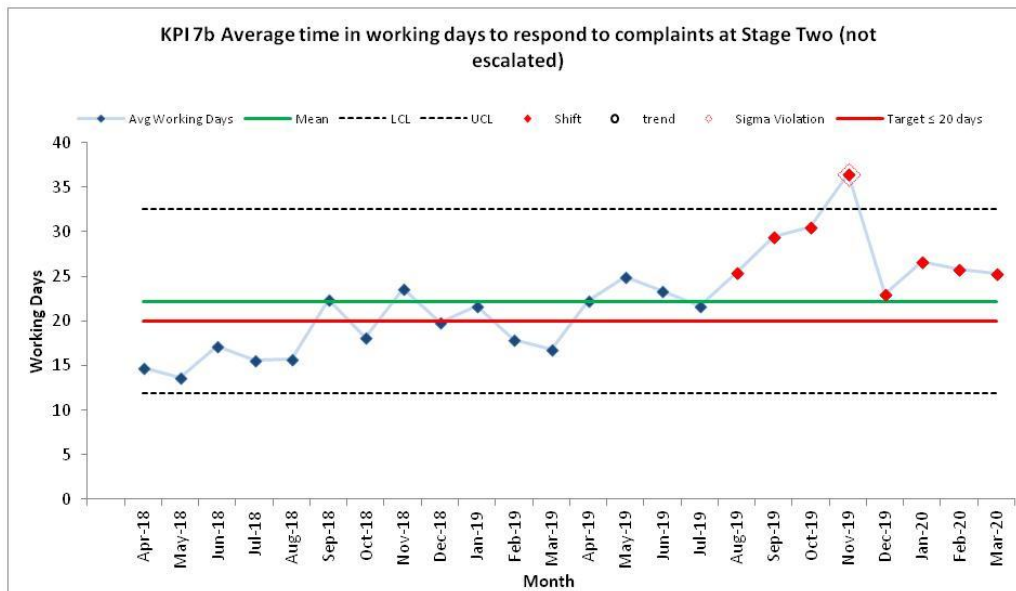
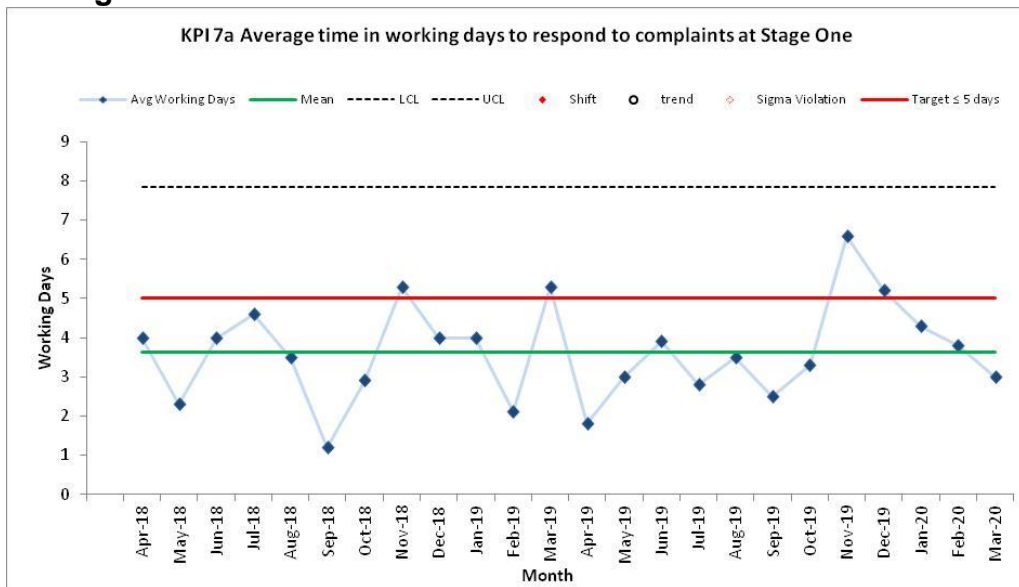
Complaints upheld, partially upheld and not upheld



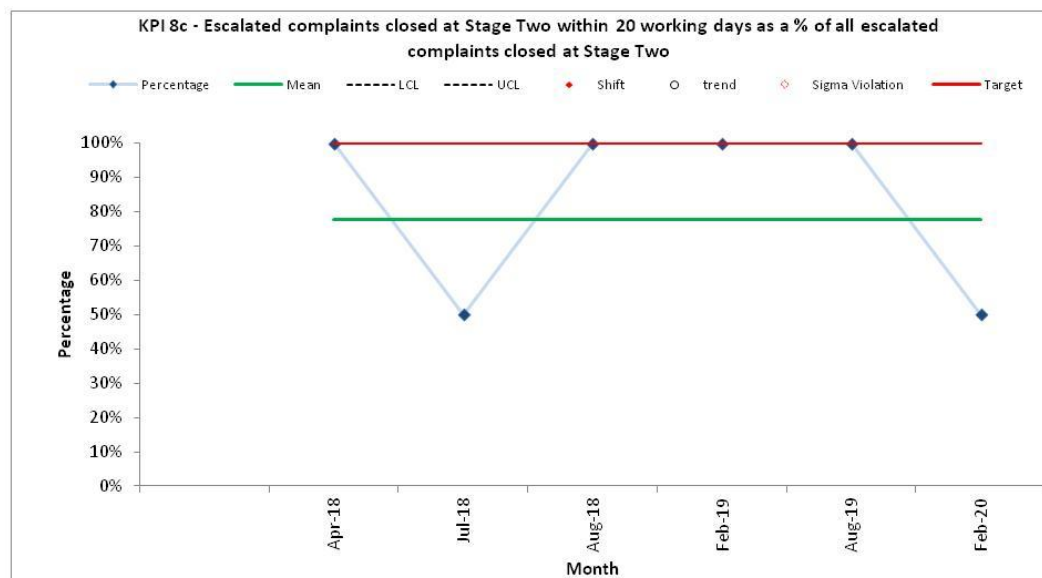
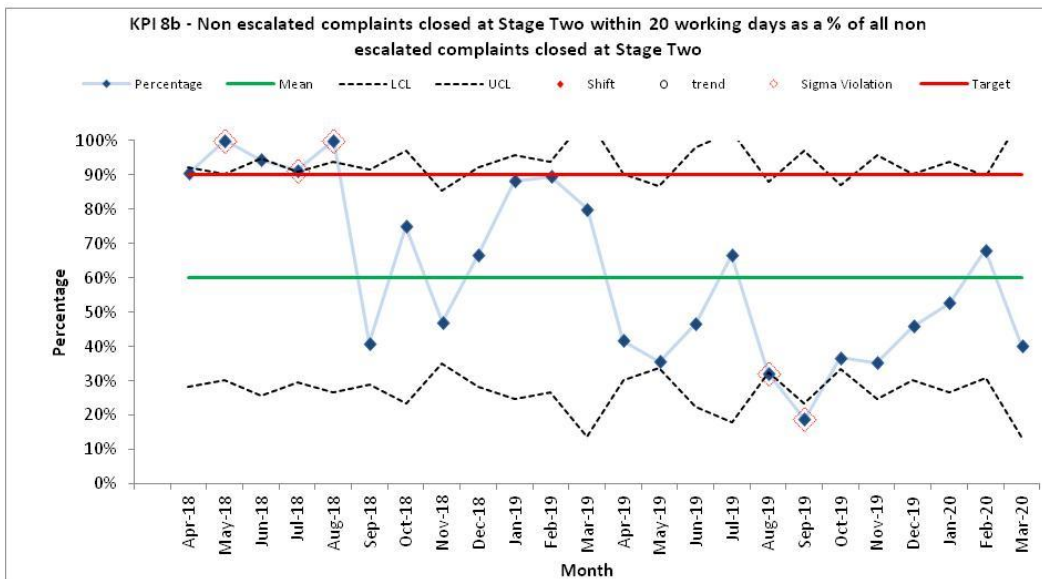
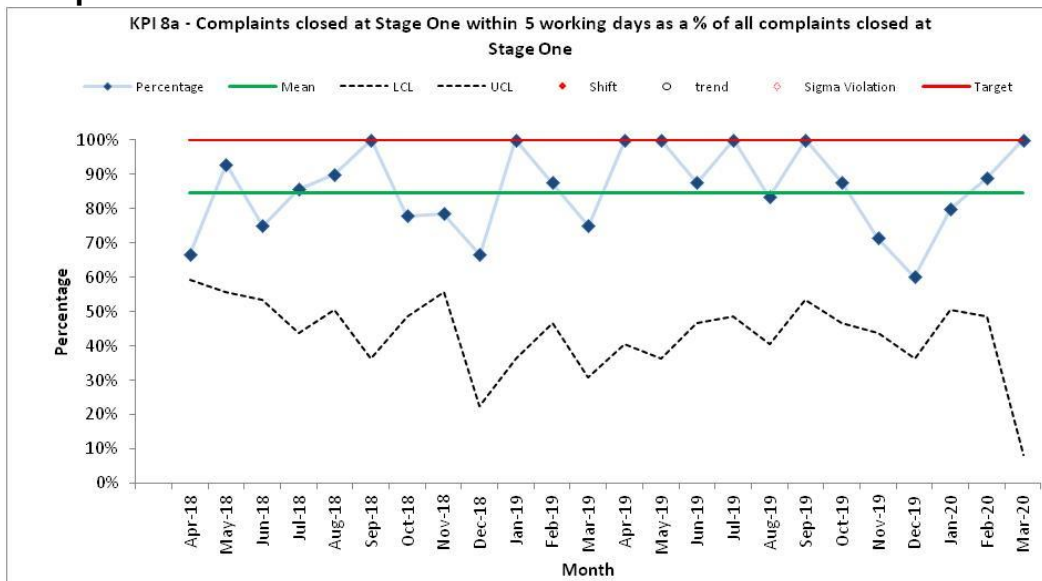




Average times



Complaints closed in full within the timescales



Number of cases where an extension is authorised

