



Patient Experience

Annual Report 2021/22



“Your Views Matter To Us”

Introduction

NHS Borders Patient Experience Annual Report 2021/22 is a summary of feedback received by NHS Borders from 1 April 2021 to 31 March 2022. 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.

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 our leaflet 'NHS Borders Public Facing Model Complaints Handling Procedure' for patients, relatives and carers 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 our Public Facing Model Complaints Handling Procedure leaflet 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.

Based on feedback received during 2021/22 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 that 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, 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 is committed to improving the way that individual people, and communities of people, are involved in decision-making that affects them.

Our aim is to deliver person centred decision making by working with people who have experienced our services, the wider public and our partners.

This approach is to ensure that the experiences of patients, service users and the public are central to the development and delivery of services through a constant cycle of feedback, evaluation and involvement in service design and change.

We work across our range of services and with groups and partner organisations that are supported by members of the public and people with lived experience, including unpaid carers. We have public members and volunteers who sit on our Public Involvement Partnership Group, as representatives on various working groups and committees, and as part of our 'Hear from You' public engagement forum and Public Involvement Pillar. The Public Involvement Pillar is part of NHS Borders quality management strategy, and is working towards ensuring that;

- Services are co-produced with communities to meet the needs of our population
- We provide realistic care and treatment that takes account of what matters to the patient
- We use patient experience data to drive improvement
- We actively collaborate with the third sector to design and deliver services

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

We are always looking to work with new people so if you would like to find out more about how you can get involved please get in touch.

Public Involvement Team
NHS Borders
Education Centre
Borders General Hospital
Melrose TD6 9BD

07971 833185
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

Recording Complaints

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

Complaint Handling

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

- A person centred 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, virtual meetings, 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 which respond to the issues raised
- 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 not used during the 2021/22 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:

- Work has been taking place to improve the way we use the rooms available with our Outpatient Department (OPD) at the Borders General Hospital. The aim is to utilise the available rooms to improve our OPD capacity which should help us to see more patients and reduce our outpatient waiting times.
- We are reviewing medication management within the clinical areas by recruiting more Pharmacy staff to support this in the wards. We are trialling which areas of medication management currently carried out by registered nurses that could be done by the Pharmacy technicians or Pharmacists. The longer term aim is that the Pharmacy staff will be based within ward teams and working with nurses to improve medication availability, checking and administration along with improving the current processes for discharging patients with their medications.
- By supporting patients to access the right care at the right time we aim to re-establish the Medical Assessment Unit at the Borders General Hospital as a short stay assessment unit (<48hrs).
- We have reviewed the Multidisciplinary Assessment & Communication (MAC) documentation to produce a highly effective multi-disciplinary assessment document that actively enables an effective discharge process.
- Our Inpatient Falls Management Group have been focusing on safer mobility together with balancing risk and the negative effect a stay in hospital can have on someone's mobility. Falls improvement work has taken place within the Medical Assessment Unit, Department of the Medicine of the Elderly Ward, Hay Lodge Community Hospital and the Borders Specialist Dementia Unit.
- The Borders General Hospital and Community Hospitals Person Centred Falls bundle has been reviewed, and ward audits have been updated to match with the new falls bundle question. Head to toe post falls assessment is available as a sticker to be placed in the patient notes. The assessment can now also be completed on Trak-Care (electronic patient administration system). Step by step instructions on how to do this have also been developed too.

- Mental Health Services have undertaken a review of the themes raised in complaints and services across mental health were asked to consider the themes identified in the review and identify relevant actions. Actions included
 - Community Mental Health Teams
 - ❖ Improved written communication with patients by identifying specific points which trigger a letter being issued to patients e.g. when a referral is accepted
 - ❖ Ensure all patients are offered written copy of their care plans
 - ❖ Nursing and AHP staff to write to patients and copy in GP following assessment etc.
 - Borders Addiction Service (BAS) –
 - ❖ There has been significant movement within BAS to promote flexible and person centred care that realistically meets the needs of those affected by substance use; with the development of the drop in services that has seen a move to a less formal setting which is more in line with patients' needs.
 - ❖ There has been a focus on the language used/promoted by staff when discussing/talking to people affected by substance use; with the aim of ensuring the service remains non-judgmental.

Complaint Process Experience – Complainants

We gather 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 feedback on our complaint process. Whilst questionnaires continued to be issued during 2021/22 no completed questionnaires were received by the Patient Experience Team.

The Patient Experience Team continues to work to improve the experience complainants have. Given that no completed questionnaires were received the team will review how this feedback is gathered.

Complaint Handling

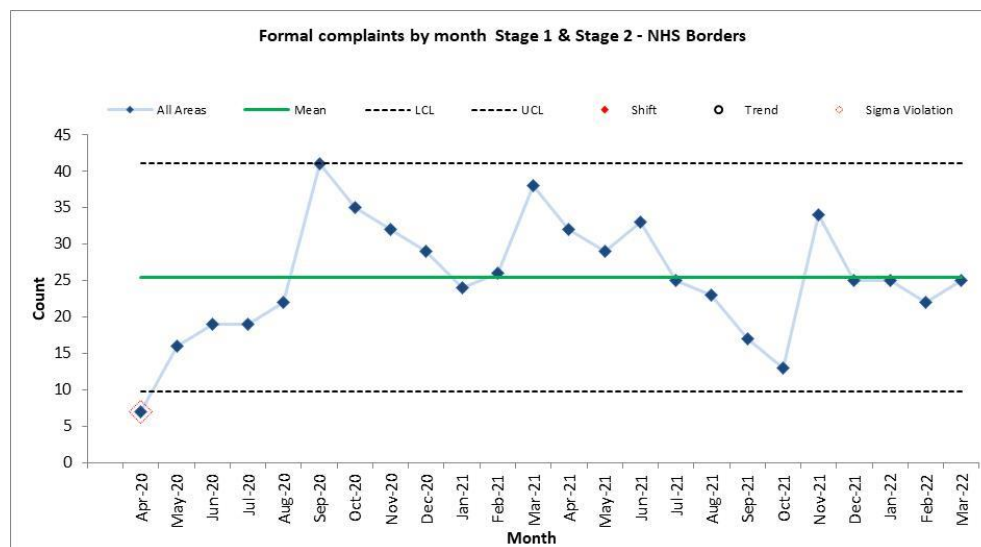
During 2021/22 the Patient Experience Team held regular sessions to identify ways to improve our complaint process. These sessions gave the team an opportunity to review previous complaint responses to check that all the points raised in a complaint had been answered and that the response was easy to read and understandable. The sessions also enabled the team to review processes to ensure that all team members were aware of the actions that need to be taken when a complaint is received.

The total number of complaints received

A total of 303 complaints were received between 1 April 2021 and 31 March 2022. This number is similar to the number of complaints received during 2020/21, when 302 complaints were received

Graph 1 shows the number of complaints received by month between April 2020 and March 2022. An explanation of the graph content is given in Appendix 1.

Graph 1



Out of the 303 complaints received, 203 related to the Borders General Hospital, 47 related to Primary & Community Services, 46 related to Mental Health and 7 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.

During 2021/22, we closed 21% of complaints at Stage 1 and 77% of 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 2021/22, our average time to respond to complaints at Stage 1 was 5.1 working days. Our average time to respond to complaints at Stage 2 was 22.8 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 2021/22, we closed 72% of all Stage 1 complaints within 5 working days and 53% of all Stage 2 non escalated complaints were closed within 20 working days. Charts outlining this performance are included in Appendix 5. The Patient Experience Team continues to work to improve performance against the 20 working day timescale. Responding to complaints requires the involvement of our clinical staff that remain exceptionally busy following the Covid-19 pandemic. The on-going clinical pressures mean that the time clinicians have available to them to respond to the issues raised in complaints is reduced and can mean that they are unable to respond within normal timescales.

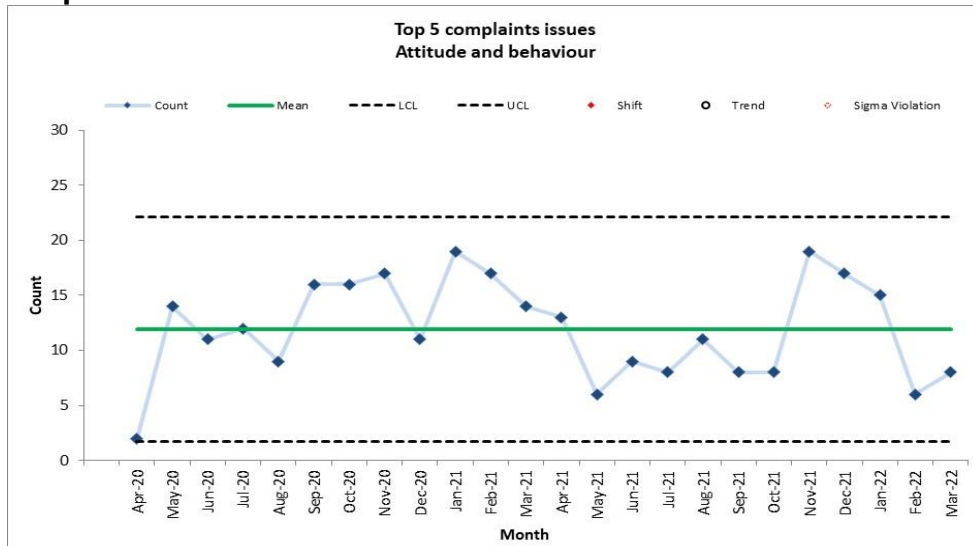
Number of cases where an extension is authorised

The model complaints handling procedure allows for an extension to the timescales to be authorised in certain circumstances. During 2021/22, no Stage 1 complaints had an extension authorised, 18%, or 42 Stage 2 non escalated complaints had an extension authorised. Charts outlining this performance are included in Appendix 6.

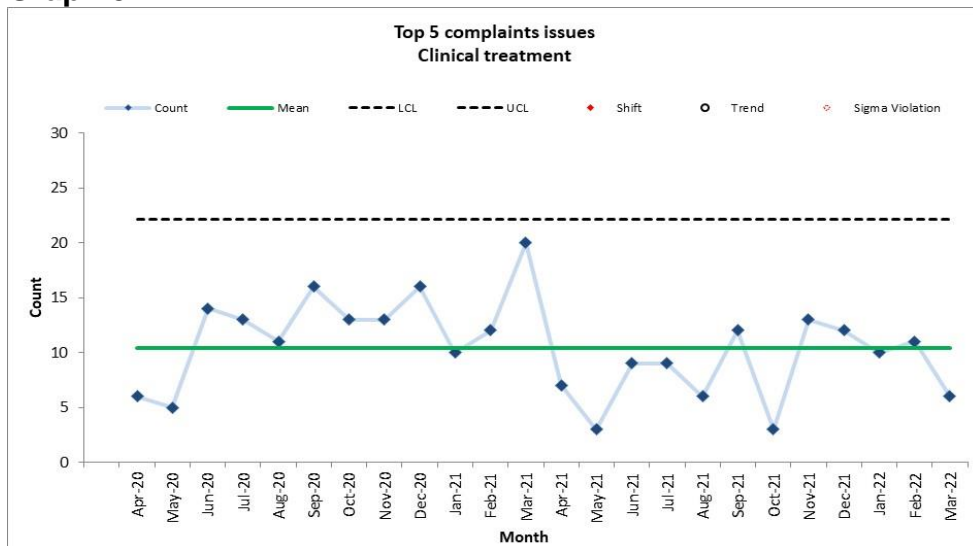
Complaints Themes

Graphs 2 to 6 below outline the top five themes emerging from complaints we received. The top five themes for complaints have remained the same as the previous year (2020/21).

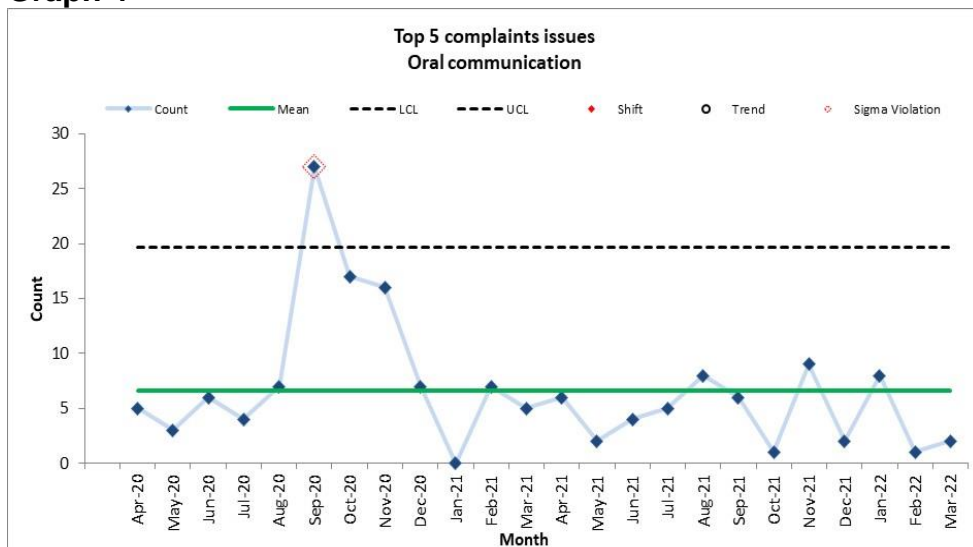
Graph 2



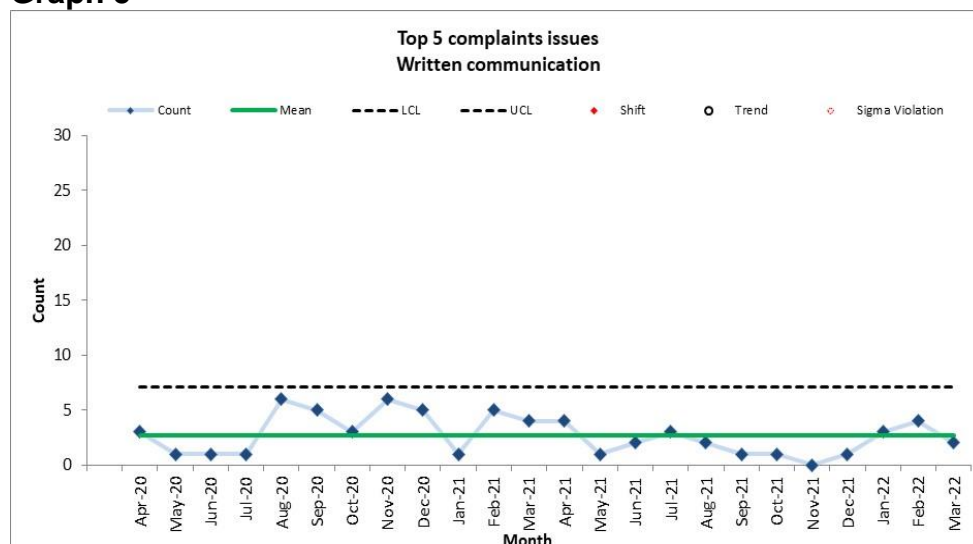
Graph 3



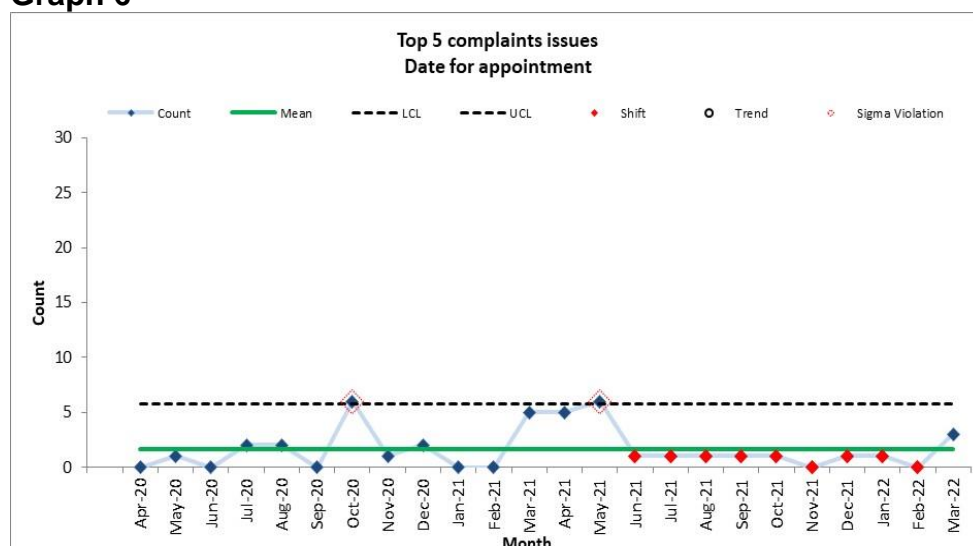
Graph 4



Graph 5



Graph 6



When a comparison is made, between 2020/2021 and 2021/22 (see table below) with the exception of Date for Appointment there was a reduction in all of the themes included in the Top 5.

Top 5 Issues	Total 2020/21	Total 2021/22
Attitude and Behaviour	158	128
Clinical Treatment	149	101
Communication – Oral	104	54
Communication – Written	41	24
Date of Appointment	19	21

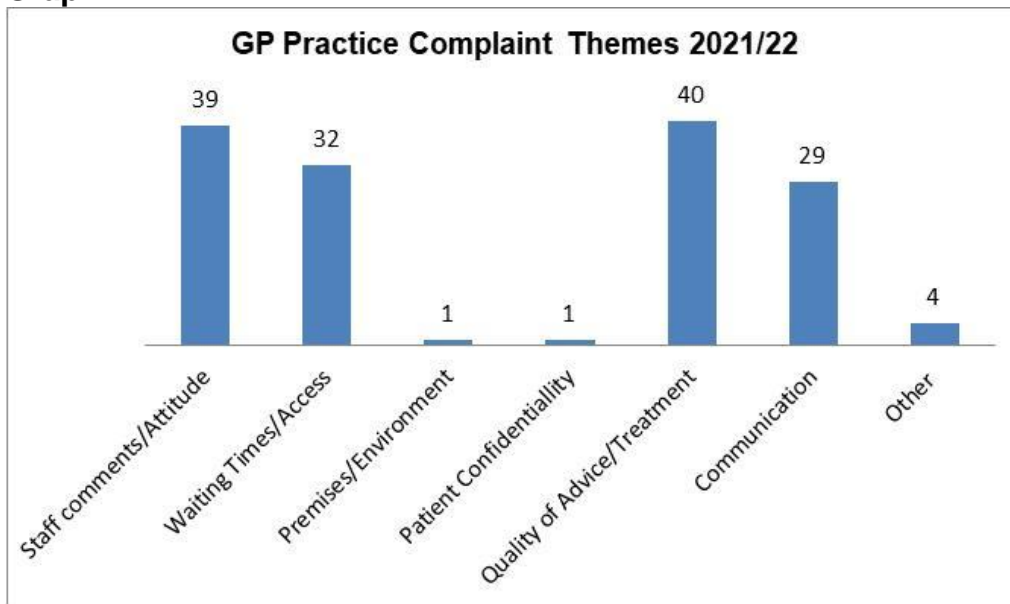
Primary Care Service Providers Complaints

The table below outlines the number of complaints received for complaints by Primary Care Service Providers operating in the Scottish Borders between 1 April 2021 and 31 March 2022.

	GP	Dentist	Pharmacist	Optician
No. of Complaints received	158	0	11	0

Graph 7 below outlines the top themes emerging from the complaints received by General Practitioners operating in the Scottish Borders between April 2021 and March 2022

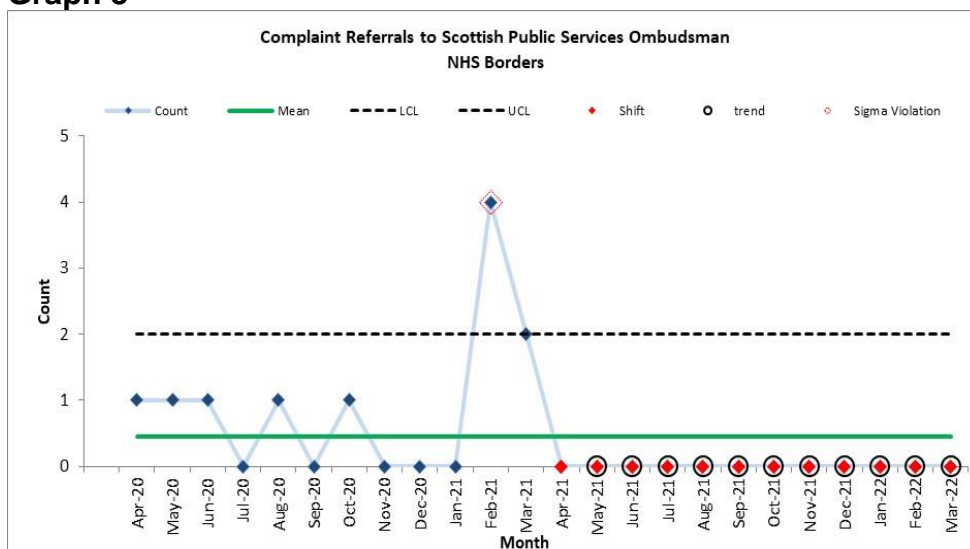
Graph 7



Scottish Public Services Ombudsman (SPSO)

Graph 8 below outlines referrals accepted by the SPSO. For the year 2021/22 NHS Borders were not advised of any new referrals that the SPSO were carrying out an investigation. In 2020/21 there were 11 cases being investigated by the SPSO.

Graph 8



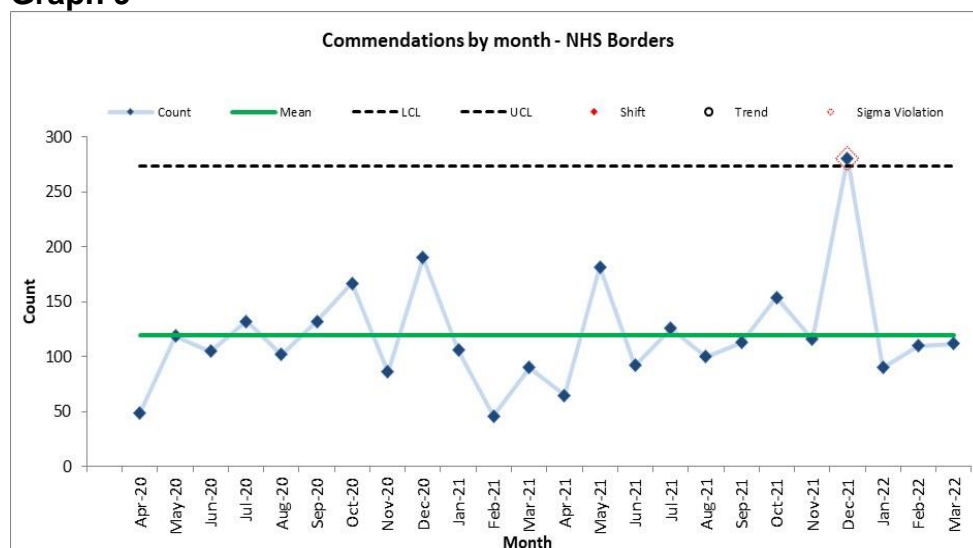
The following decisions and recommendations were received by the SPSO between 1 April 2021 and 31 March 2022 for cases investigated by them in relation to complaints made to NHS Borders:

SPSO Case Reference 202003940	Progress
Not Upheld	Closed
SPSO Case Reference 201909530	Progress
Some upheld, recommendations	Closed
SPSO Case Reference 201910513	Progress
Upheld, recommendations	Closed
SPSO Case Reference 202001654	Progress
Upheld, recommendations	Closed
SPSO Case Reference 202007186	Progress
Upheld, recommendations	Closed

Commendations

During 2021/22 NHS Borders received a total of 1541 commendations which is an increase from the 1324 received during 2020/21. Graph 9 below shows commendations received to 31 March 2022:

Graph 9

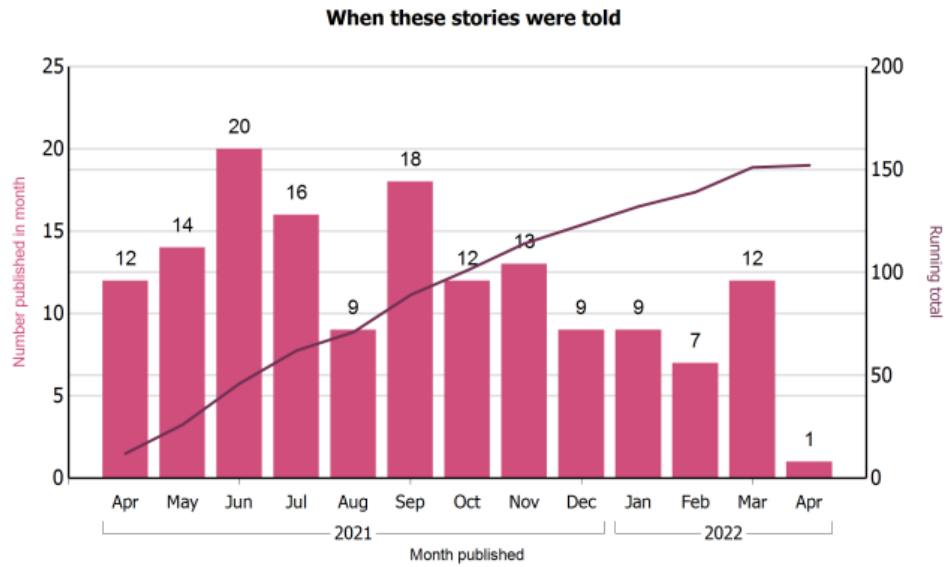


Care Opinion

Between 1 April 2021 and 31 March 2022, 152 stories were shared on Care Opinion about NHS Borders. At the time of preparing this report, these stories had been viewed on Care Opinion 31,407 times in total. 73% of the stories shared were positive stories. The following charts have been produced from the information held on the Care Opinion website.

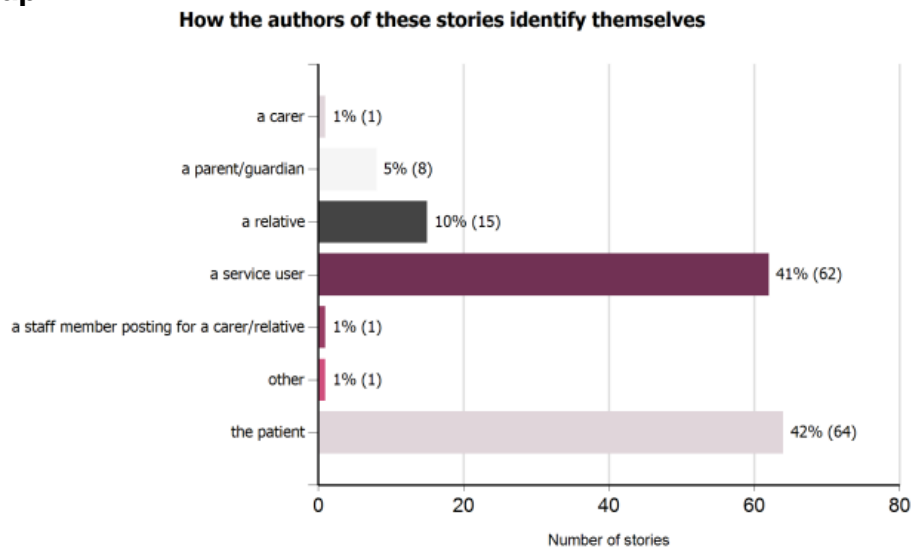
Graph 10 below shows the number of stories shared about NHS Borders during 2021/22.

Graph 10



Graph 11 below shows who has written the stories about NHS Borders with 43% having been written by the patient themselves.

Graph 11



The word clouds below show what people told Care Opinion in their stories was good and what could be improved on.

What was good?



What could be improved?



Accountability and Governance

The 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 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 is 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, 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 as reflected in this report. However, there is always room for further improvement to be made and the following have been identified for 2022/23:

- Continue with our improvement programme with the aim of refining all parts of the feedback and complaint handling process, including the complainant's experience, and timeliness of response.
- Identify and offer different routes to encourage patients, carers and relatives to provide their feedback and use this to improve our complaint handling.
- Identify and offer alternative ways of receiving feedback from complainants on their experience of the complaint process so that we can use this feedback to improve our complaint handling
- Work with the Clinical Board's to improve the recording of actions taken as the result of a complaint.

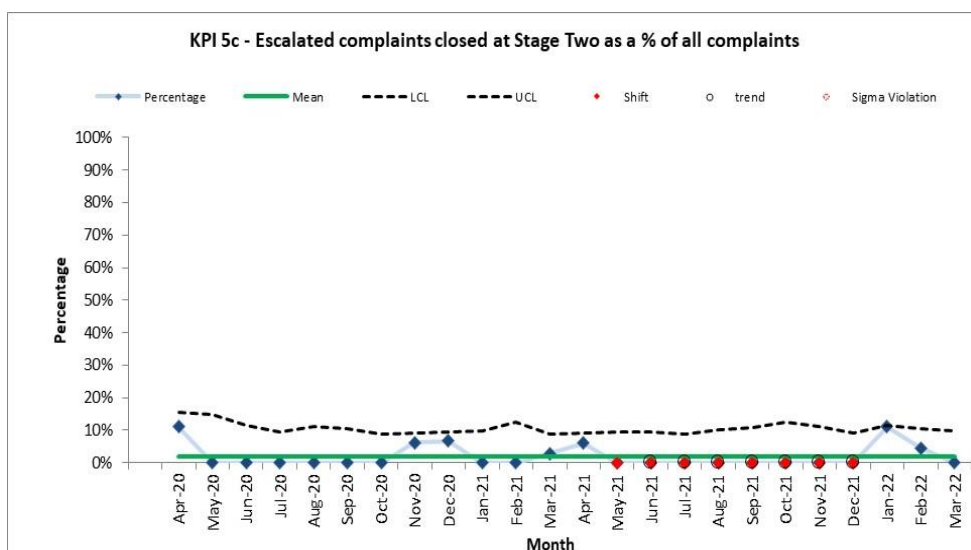
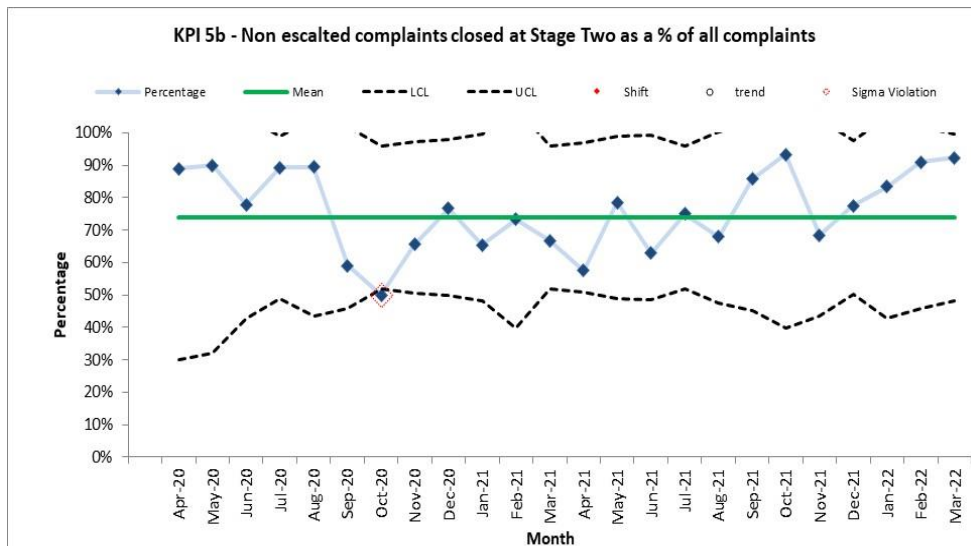
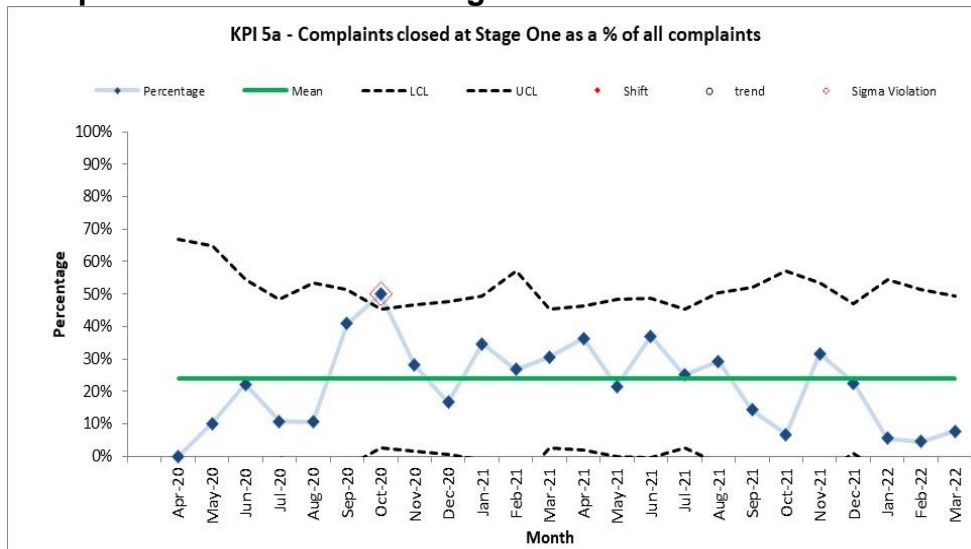
We would welcome your comments on this annual report. If you would like to comment or need this report in large print, audio, Braille, alternative format or in a different language please contact;

Patient Experience Team
Clinical Governance & Quality
NHS Borders
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01896 826719
patient.experience@borders.scot.nhs.uk
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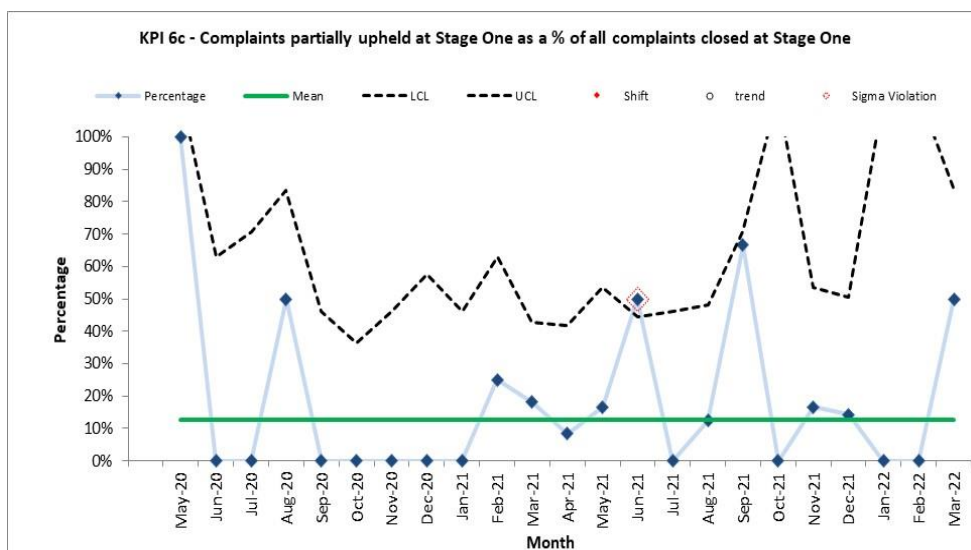
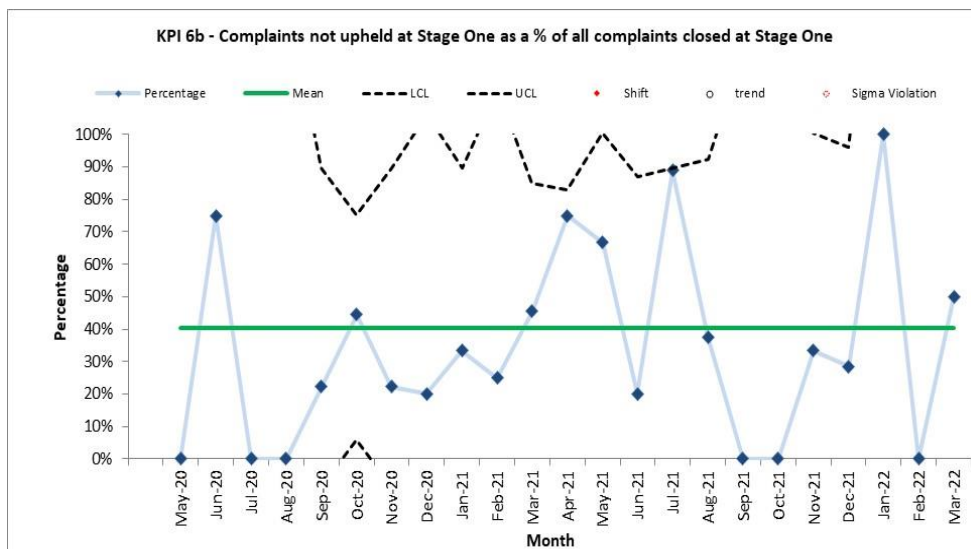
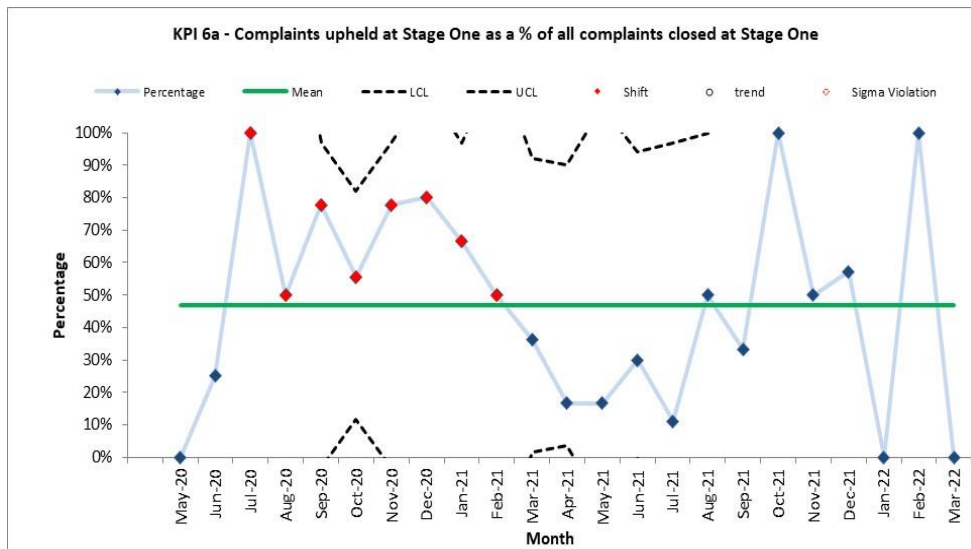
Graph explanation

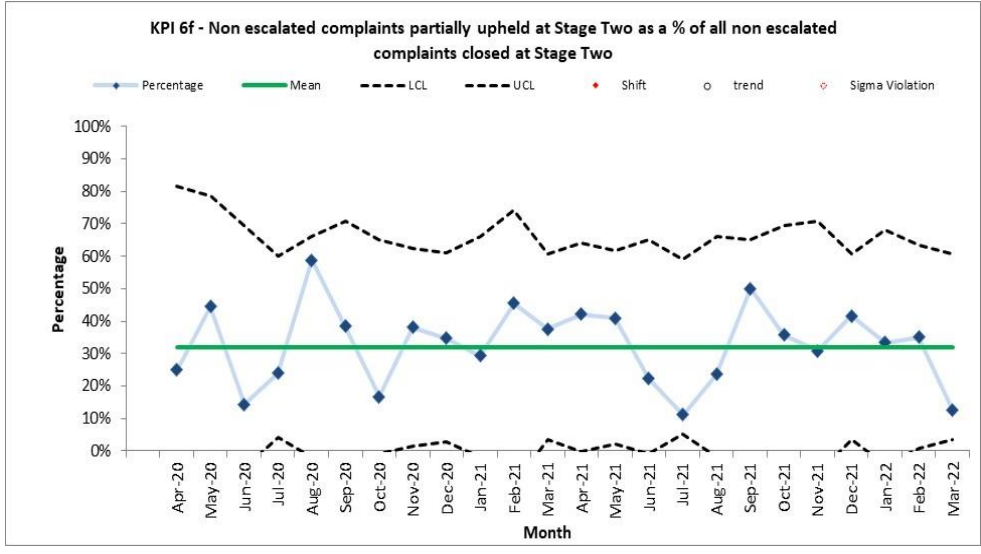
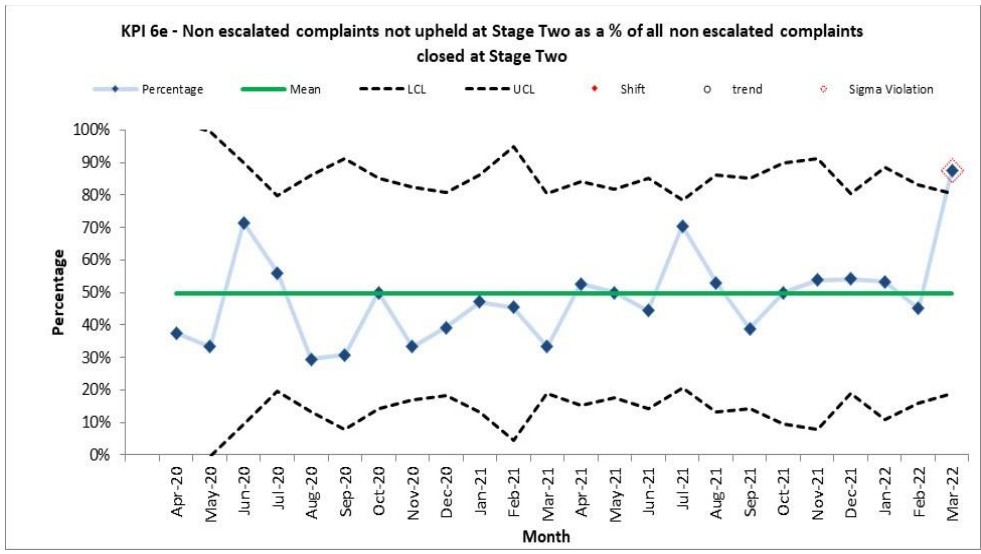
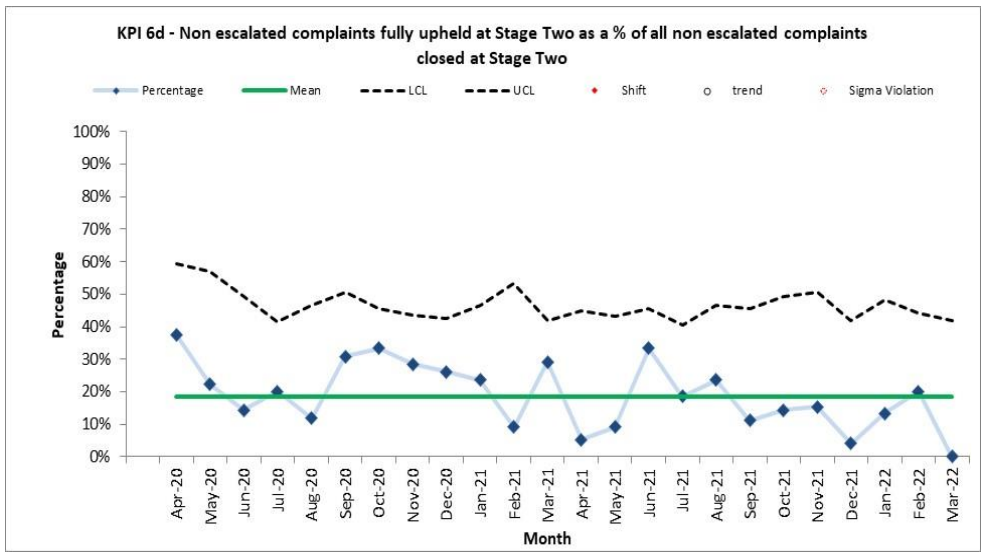
Code/ symbol on chart	Definition	Explanation
C 	Centre line	Line indicating the average performance over that time period
LCL 	Lower control limit	Line indicating lowest limit deemed an acceptable performance level
UCL 	Upper control limit	Line indicating highest limit deemed an acceptable performance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

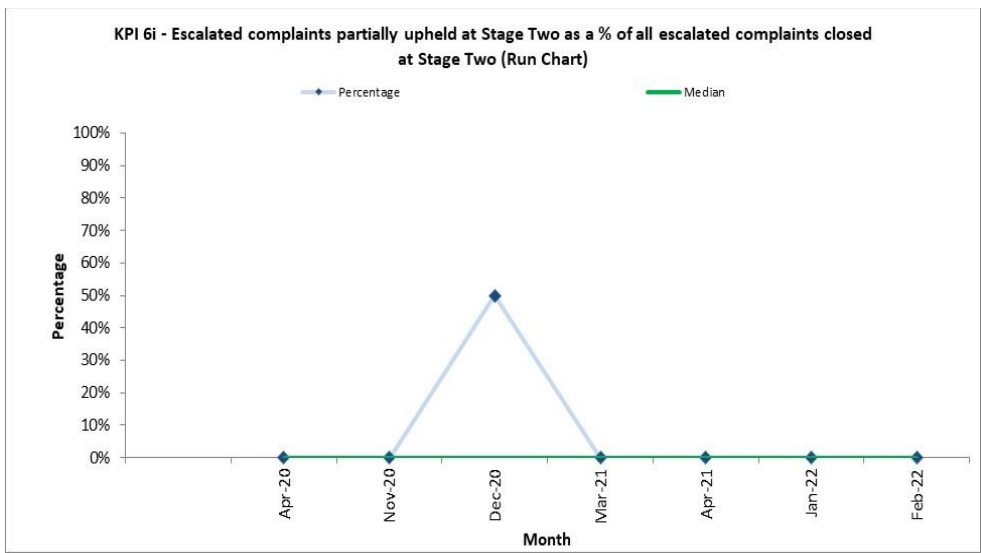
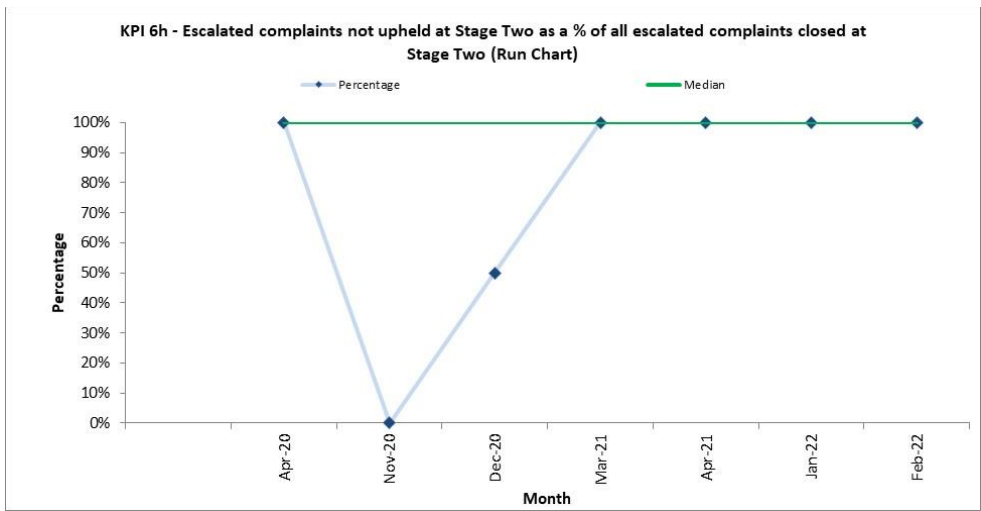
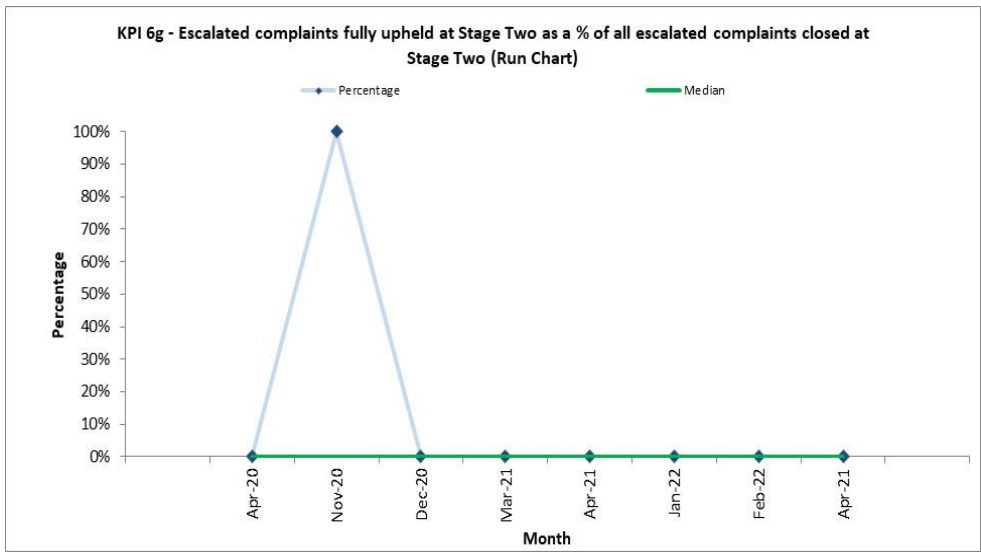
Complaints closed at each stage



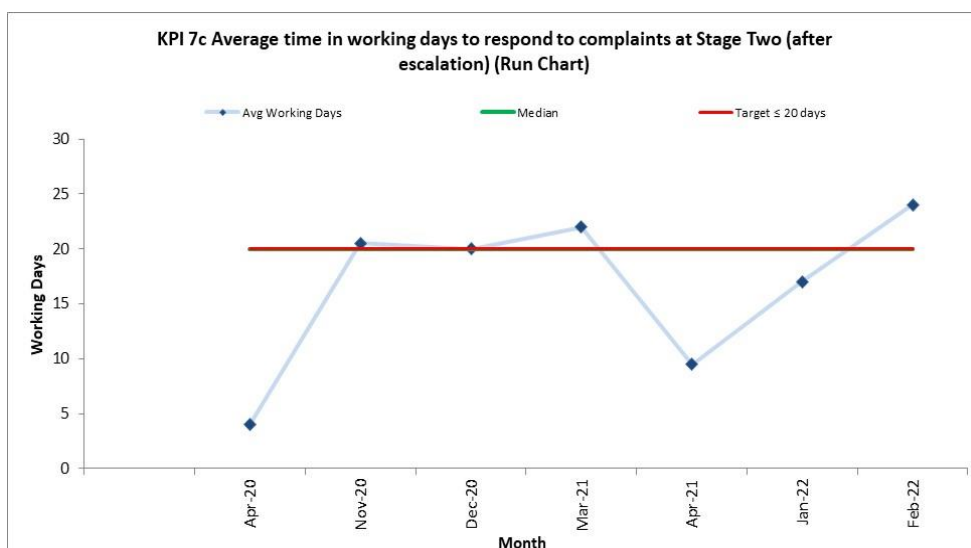
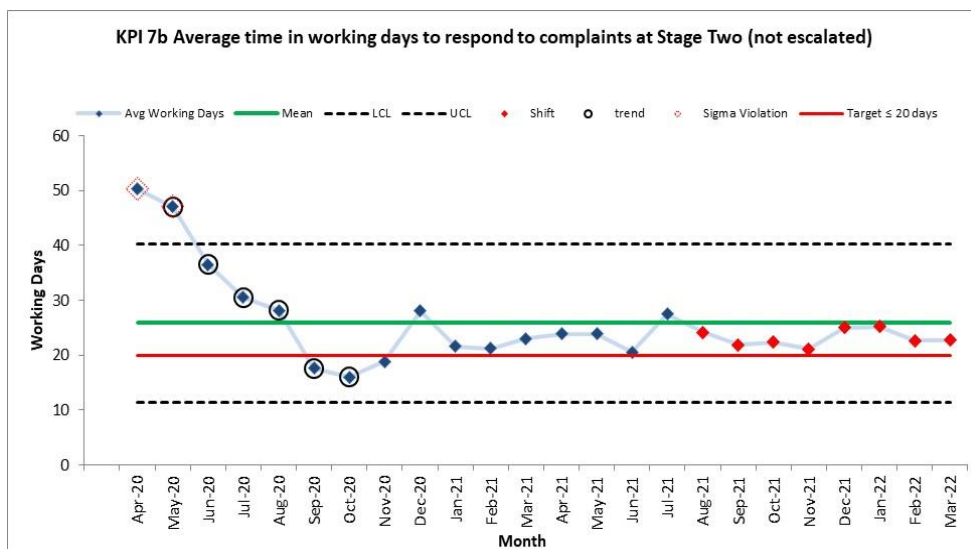
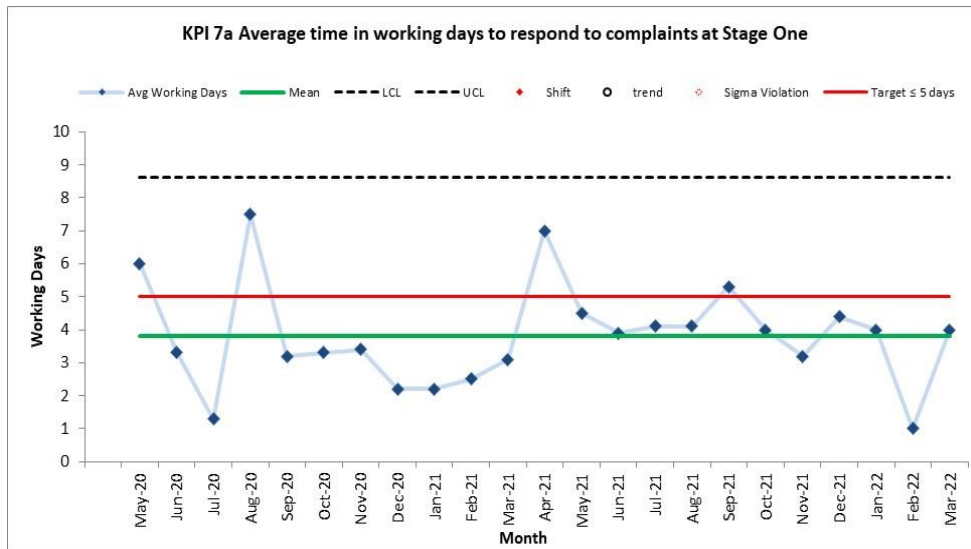
Complaints upheld, partially upheld and not upheld



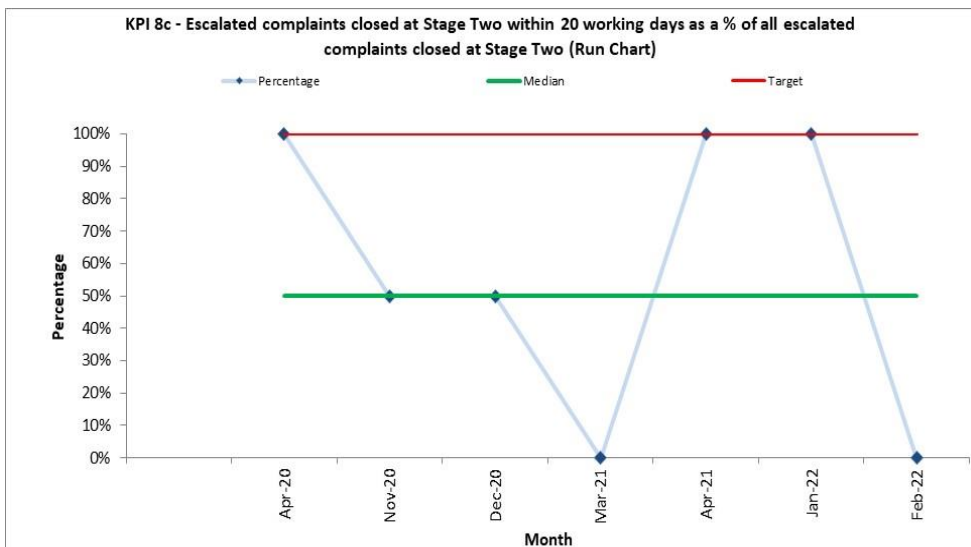
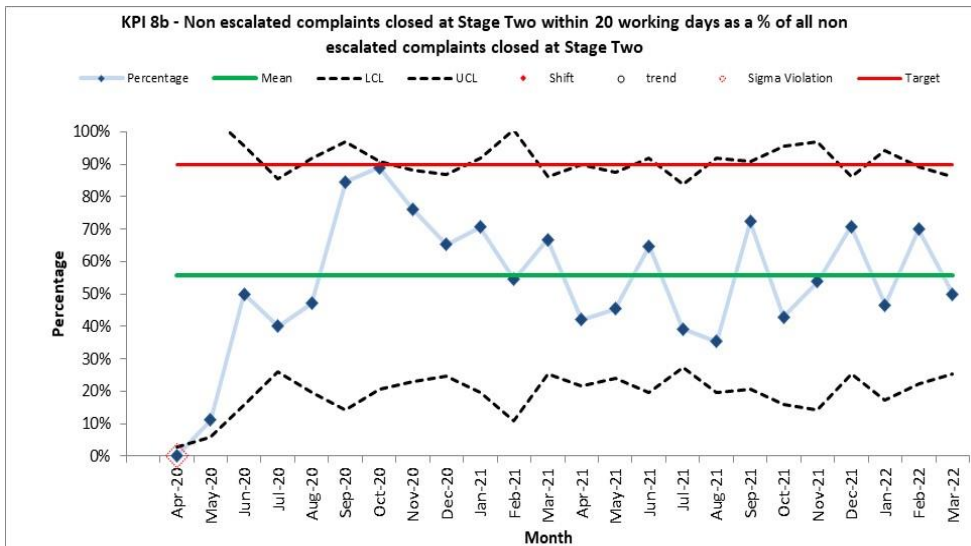
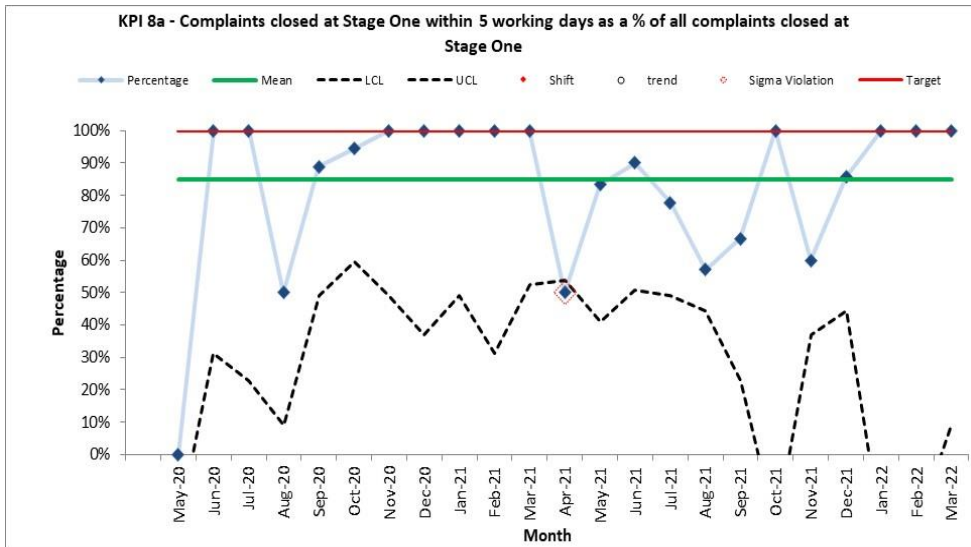




Average times



Appendix 5 Complaints closed in full within the timescales



Number of cases where an extension is authorised

