



NHS Borders Feedback and Complaints Annual Report 2014-15



Introduction

NHS Borders Feedback and Complaints Annual Report 2014-15 is a summary of the feedback provided by the complaints, comments, concerns and commendations received by NHS Borders from 1 April 2014 to 31 March 2015. This includes a description of the lessons learnt and improvements made. The report also contains information on feedback and complaints that have been 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 being taken to proactively gather feedback to inform and develop local services is also included in this report.

Encouraging and Gathering Feedback

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

- Correspondence received via letter, email, telephone and in person by the Feedback and Complaints Team
- Patient feedback provided by other organisations
- Online feedback through Patient Opinion [_www.patientopinion.co.uk](http://www.patientopinion.co.uk)
- NHS Borders website <http://www.nhsborders.scot.nhs.uk/feedback-and-complaints/>
- Feedback in the local press
- Public Involvement Groups
- Better Together National patient experience surveys
- Leadership walkrounds in clinical areas seek to speak directly with patients, carers and families to hear their experience
- Daily conversations at ward level with patients and families – led by Senior Charge Nurses as co-ordinators of care
- Person Centred Care Collaborative through
 - local patient experience surveys e.g. ‘2 minutes of your time’ survey
 - feedback provided to staff during care and treatment
 - preparation of digital, video and face to face stories
- Letter and information from elected members of Parliament on behalf of patients and families.

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 <http://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 complaint.

Based on feedback received during 2014/15 we know that most of our patients are happy most of the time with the care and treatment provided by NHS Borders. However, on occasion the care and treatment provided does fall short of the high standards we expect. When this happens it is very important that we hear about it so we can learn from any mistakes made and improve the way we do things in the future.

NHS Borders is committed to handling feedback and complaints in an honest, open and transparent way. We welcomed the introduction of the Patient Rights (Scotland) Act (2011) that gives every patient the right to provide feedback or make a complaint and are given the support they need to do this.

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

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 join walkrounds as members of the team specifically to seek feedback from patients, carers and families.

‘Two Minutes of Your Time’

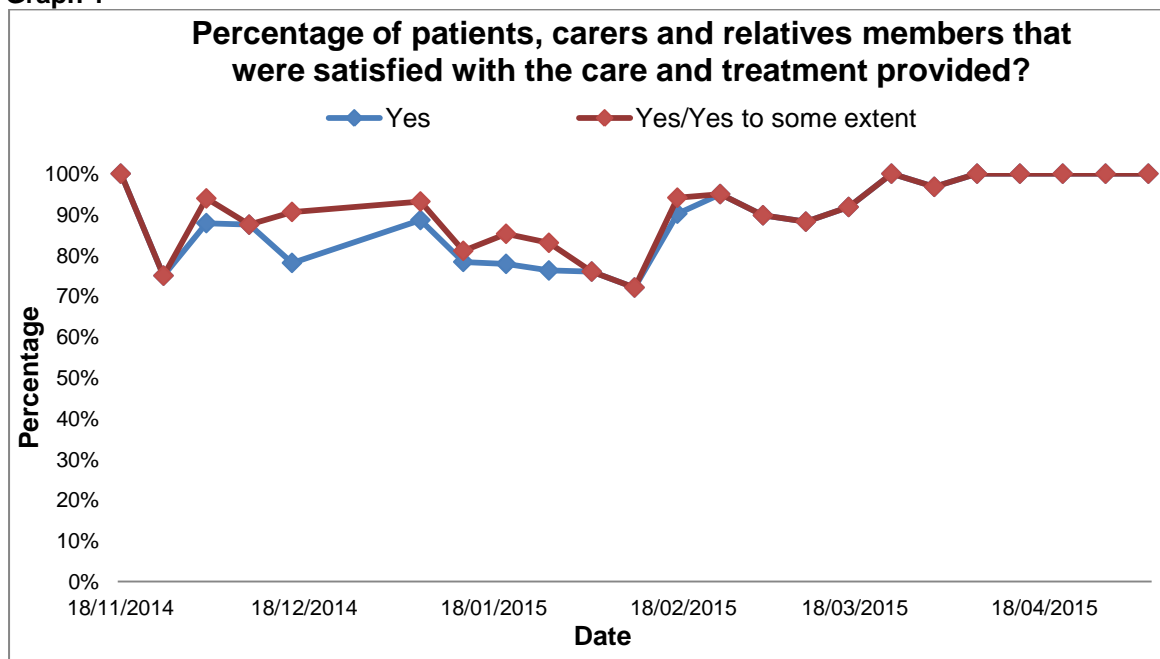
During the past year a new feedback questionnaire, ‘Two Minutes of Your Time’ has been introduced to gain patient, carer and visitor feedback within Borders General Hospital (BGH). Since November 2014, NHS Borders has recruited 12 patient feedback volunteers to support clinical teams to gather feedback about their services using the ‘Two Minutes of Your Time’ questionnaire. Feedback is gathered in the BGH Discharge Lounge, Outpatients Department, the Royal Voluntary Service cafeteria area and, wards 5, 9 and 12. As the volunteers’ confidence and experience increases, it is planned that they will gradually begin to gather feedback in other areas within the BGH and in the Community Hospitals. The eventual aim is to be able to gather real time feedback and to report this back to staff in the respective areas within a two hour period.

In addition to the feedback gathered by the volunteers, questionnaires and boxes in which to put these when completed, are located in public areas throughout the BGH, four Mental Health units and the four Community Hospitals.

The graphs 1- 4 below represent the data gathered, between November 2014 and April 2015, from over 800 patient feedback questionnaires. This was carried out using patient feedback volunteers within several departments and wards in the hospital to engage with patients, relatives and visitors.

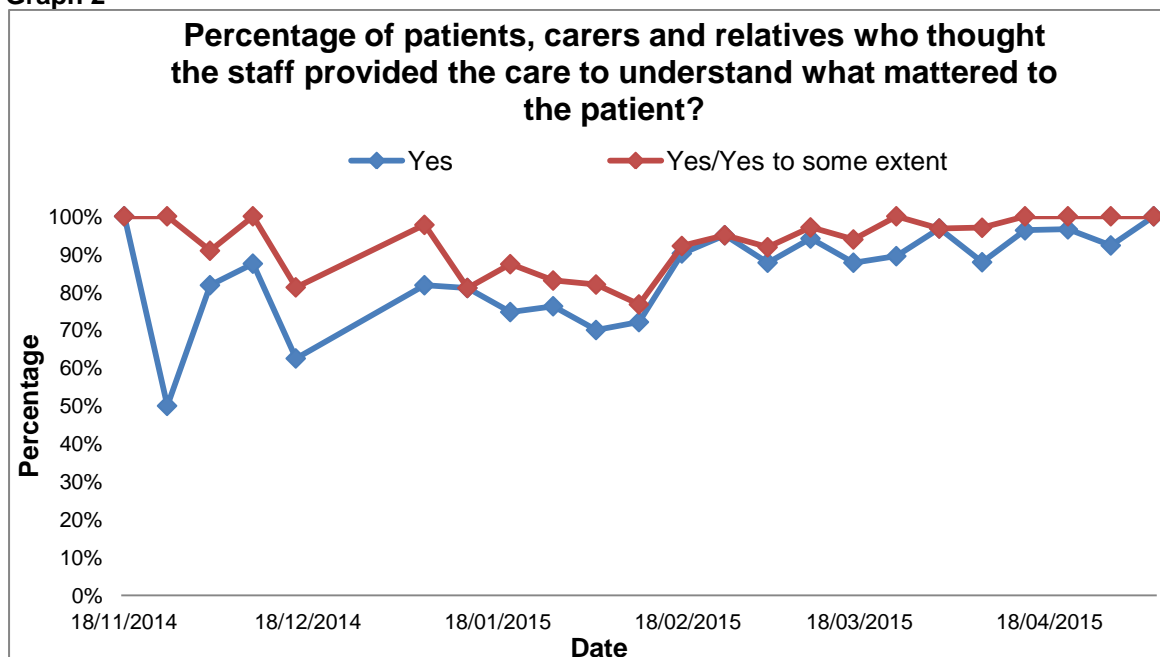
This graph demonstrates the percentage of patients, carers and relatives that were satisfied with the care and treatment provided. The lower line throughout the graph notes the 'Yes' responses and the higher line notes the 'Yes/Yes to some extent' responses.

Graph 1



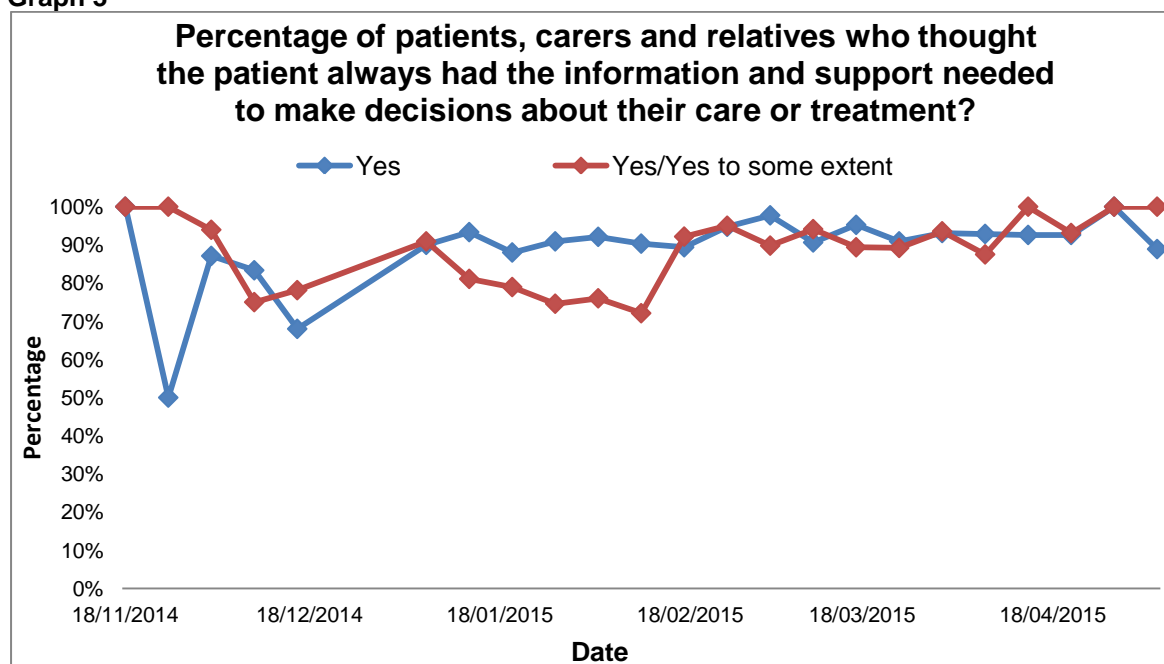
Graph 2 shows the percentage of patients, carers and relatives who thought the staff that provided the care understood what mattered to the patient. The 'Yes' response steadily improves and the 'Yes/Yes to some extent' is fairly steady throughout.

Graph 2



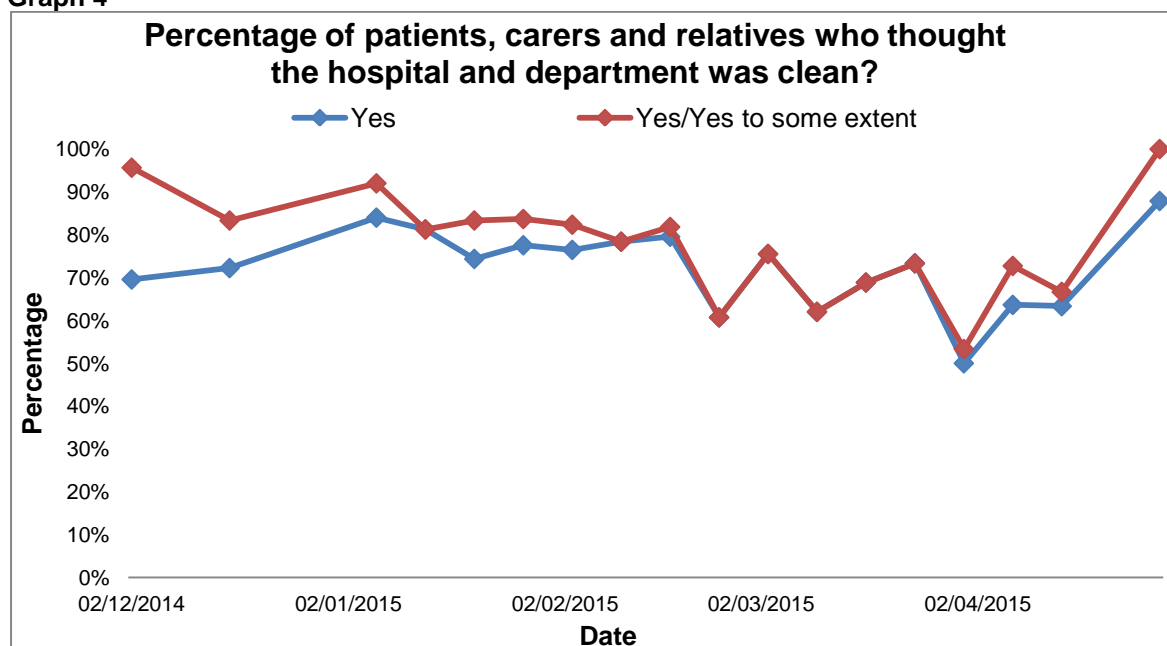
This graph demonstrates the percentage of patients, carers and relatives who thought the patient always had the information and support needed to make decisions about their care or treatment. The 'Yes' responses starts lower in November 2014 but gradually increases throughout the rest of the period. The 'Yes/Yes to some extent' response dipped in December and again in January and February but steadily improves and remains consistent to the end of the noted period.

Graph 3



The graph below demonstrates the percentage of patients/carers/family members who thought the hospital and department was clean? The 'Yes' response is lower than the 'Yes/Yes to some extent' from beginning of December 2014 continually until beginning of March 2015 where for a whole month no definite 'Yes' response has been received but gradually improves during April.

Graph 4



2014 Scottish Patient Experience Survey

The 2014 postal patient experience survey was sent to 720 patients who had stayed overnight within the BGH between 01 April and 30 September 2013. There was a 52.5% (378) response rate to the survey which was made up of 70 questions. The survey can be accessed via the link below, provides patient feedback data that can be compared with other hospitals across Scotland:

<http://www.careexperience.scot.nhs.uk/Results2014/index.html?ID=22>

The results obtained in addition to providing statistical information gave some good qualitative information gained from the responses to the following three questions:

- Was there anything particularly good about your hospital care?
- Was there anything that could be improved?
- Do you have any other comments?

This information was shared with the BGH Management Team. Feedback was provided on areas where we are doing well and areas where there is a need for improvement. The BGH Participation group were asked to review the results of the survey and agree priority areas for improvement. These will be focussed on by the group in partnership with BGH management in the next year. This work will be guided by and reported to the BGH Clinical Governance Group.

Recording

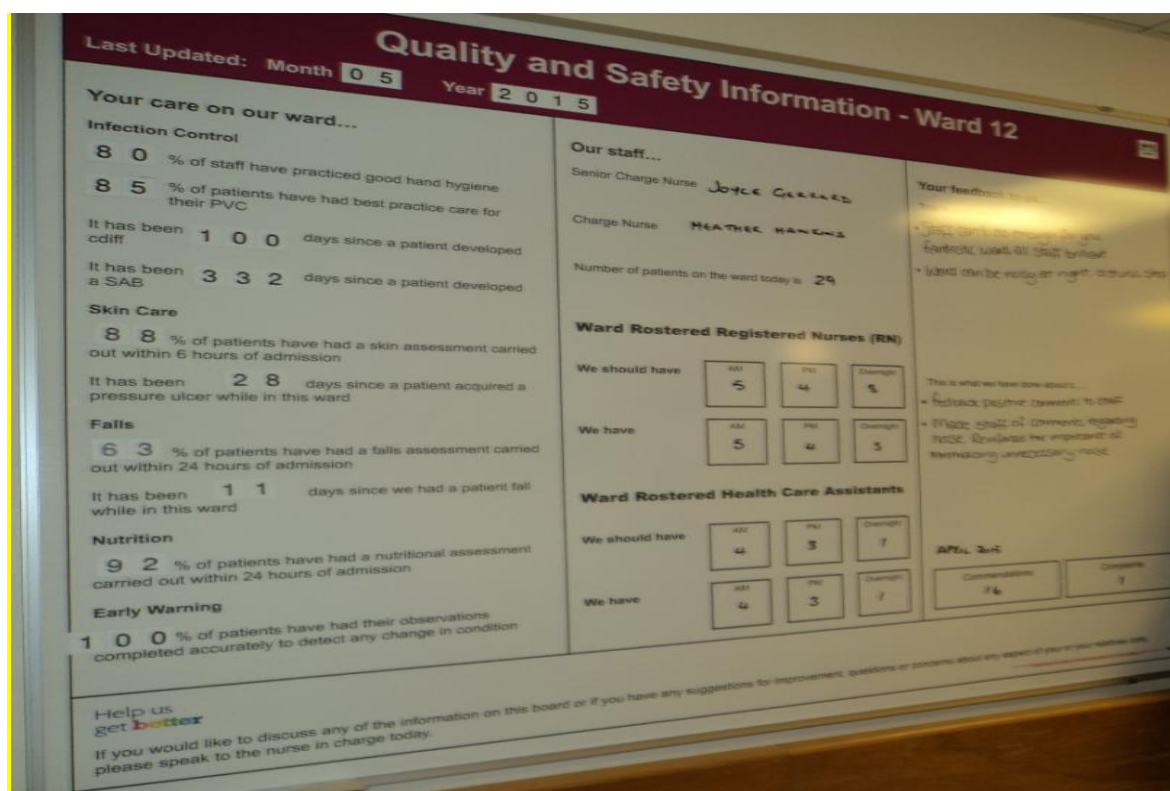
The Feedback and Complaints Team record all complaints and concerns on the electronic system, Datix. A log in the form of a spreadsheet is also maintained to track and record all complaints and the development of related improvement action plans for all upheld elements of each complaint and concern.

Quality Dashboards

Senior Charge Nurse and Board level quality dashboards have been developed and continued to be further improved during 2014/15. The 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 Quality and Safety Boards

An action NHS Borders took away from the Person Centred Learning Event held in May 2014 was to look at what information patients, carers and relatives want within the ward areas. This led to the introduction, between July and December 2014, of Quality and Safety Boards in inpatient areas across NHS Borders. These boards are used to display information about feedback received and what is being done as a result this to make improvements.



Encouraging Feedback and Handling Complaints

Patients, carers and family members can provide feedback to any NHS Borders' member of staff who will be happy to help them. Alternatively they can contact:

Feedback and Complaints Team
NHS Borders
Borders General Hospital

Melrose TD6 9BS
01896 826719
complaints.clingov@borders.scot.nhs.uk
www.nhsborders.org.uk/complaints-and-feedback

We also encourage patients to provide feedback online at, www.patientopinion.org.uk. A link to the website is available on the NHS Borders website Feedback and Complaints section. The website is monitored by the Feedback and Complaints Team. The Team ensures all feedback posted on the website that relates to NHS Borders' services is shared with the relevant services. In doing this we are able to ensure that the issues raised are responded to appropriately and services are able to learn from and make improvements based on the feedback received.

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 Carers Centre, Action for Children, Borders Independent Advocacy Service (BIAS), Patient Advice and Support Service (PASS), Local Learning Disability Citizens Panels and the Borders Voluntary Care Forum and Disability Forum (Ability Borders). This is a further way in which NHS Borders ensures the public are supported to engage and the voices of particular groups are heard.

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

Patient Advice & Support Service (PASS)
Peebles Citizens Advice Bureau
40 – 42 Old Town
Peebles EH45 8JF
Telephone: 01721 721722
manager@peeblescab.casonline.org.uk

NHS Borders' public involvement structure is well developed and we have a large number of members across the network of public involvement groups. We support and work with over four groups which are supported by members of the public. We have 12 patient feedback volunteers and over 50 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 by providing signing during meetings, holding meetings in venues where hearing loops and disabled access are available and by providing transportation to and from forums for those that need assistance.

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. Feedback and Complaints is routinely discussed as part of the agenda of the standing public involvement groups. This provides an opportunity for the public members to learn about feedback and complaints and make suggestions on how to improve the process 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. There is a dedicated hospital based service that is funded by NHS Borders. To find out more about the advocacy service contact:

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

Complaint Handling

NHS Borders takes complaints very seriously. Feedback and Complaint responses continue to be drafted by the manager for the area that the feedback or complaint refers to. In taking this approach, local ownership and early resolution of feedback and complaints is encouraged.

On making a complaint, the complainants are sent a letter confirming receipt of their complaint and confirming the issues they wish addressed. A leaflet which explains what they should expect and how their feedback will be handled is included with their acknowledgement letter. This information is also discussed over the telephone with those who call to provide direct feedback.

When feedback is 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 early resolution through local routes is not successful. Often complaints are dealt with immediately over the phone, work is underway to begin to capture the number of complaints and concerns which are handled in this way.

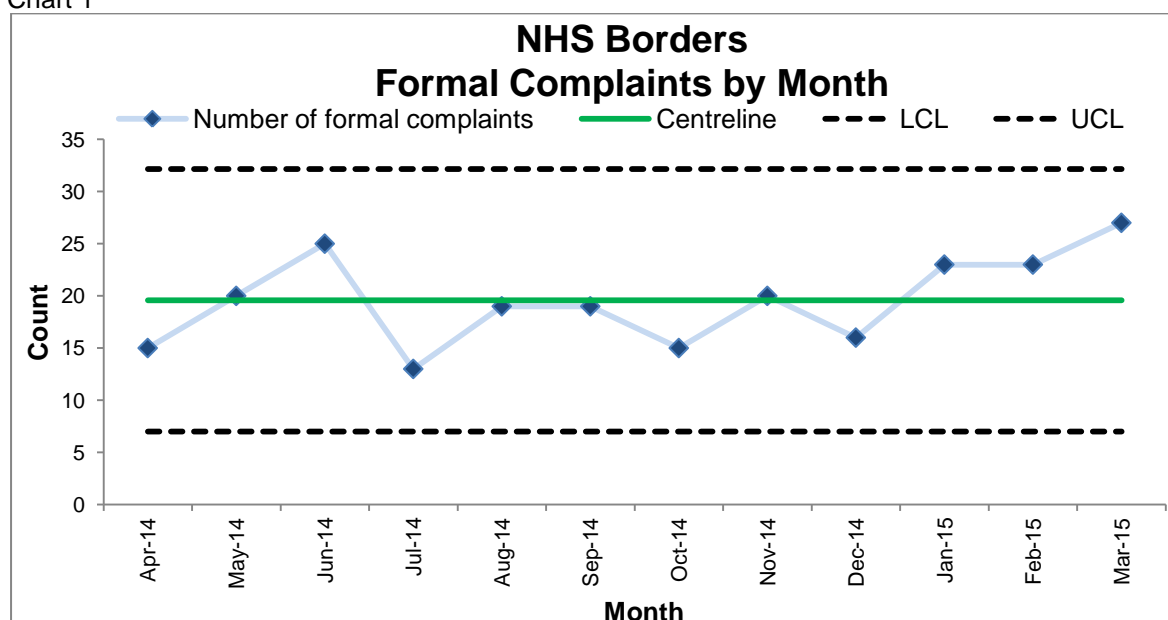
The Feedback and Complaints Team support the managers to review the investigation findings and response and give bespoke one to one support as required. This helps to ensure responses are as high quality, timely and person centred as possible.

Complaints handling modules are available to staff and have been targeted at those who are dealing regularly with feedback. 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 someone would like to speak with someone independently whilst in NHS Borders care and often respond rapidly by meeting with patients and carers when they request this.

From 238 complaints received in 2014/15, 92% were acknowledged within 3 working days. 2014/15 has however, seen a slight decrease in the number of complaints responded to within the 20 working day period with an 89% response rate achieved for the year, compared to the 91% response rate achieved during 2013/14.

A total of 235 complaints were received between April 2014 and March 2015. When a comparison is made with 2013/14, this shows there has been an increase of 56 complaints received in the year 2014/15. Chart 1 below shows the number of formal complaints received by month between April 2014 and March 2015.

Chart 1



Within the NHS Borders area, independent contractors were not used for alternative dispute resolution during the 2014/15 reporting period.

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

Members of the Clinical Board management teams are responsible for liaising directly with staff involved in complaints and concerns 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 and Midwifery or Medical Director.

The Feedback and Complaints Team support staff to value feedback and complaints and to address it at the earliest possible point. The Team makes every effort to resolve issues in a timely manner to increase patient satisfaction and avoid escalation of problems that can be resolved.

Complaints Themes

Charts 2 to 6 below outline the top five themes emerging from complaints received between April 2014 and March 2015. This year's 5 top themes remain similar to those identified in 2013/14 Feedback and Complaints Annual Report.

Chart 2

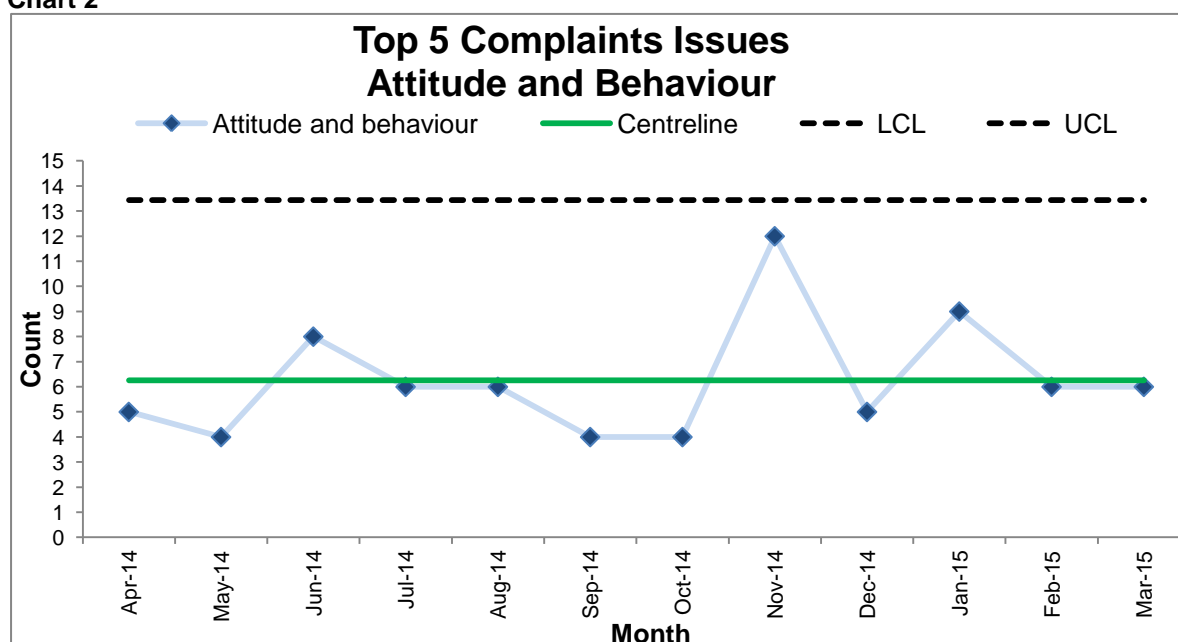


Chart 3

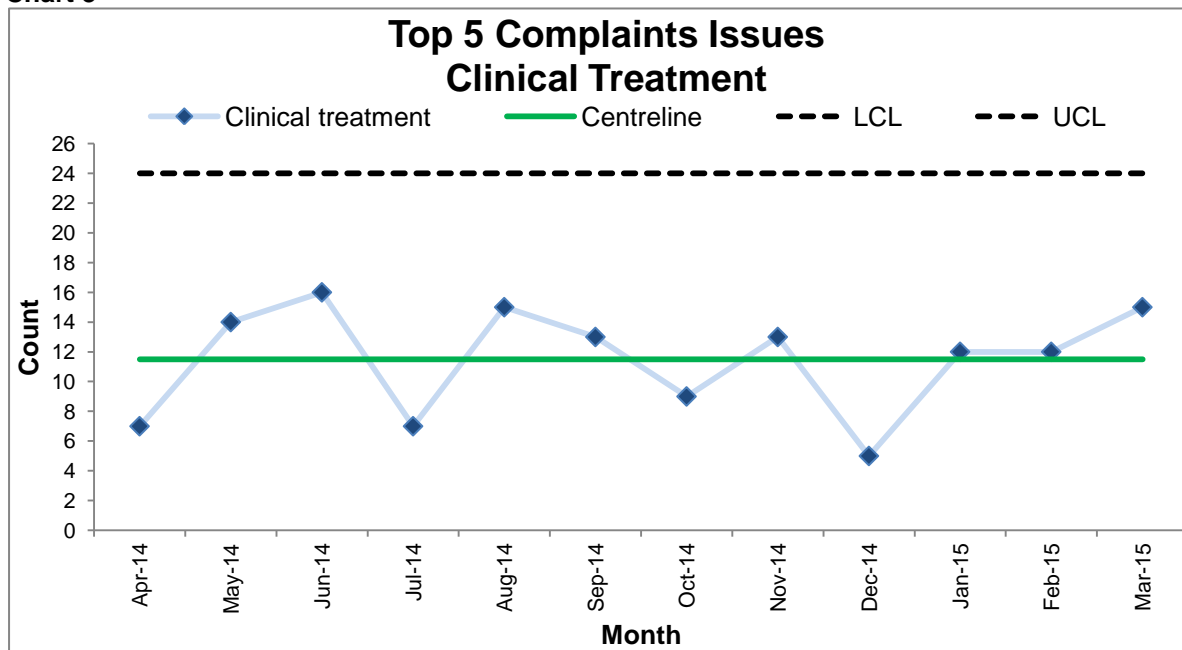


Chart 4

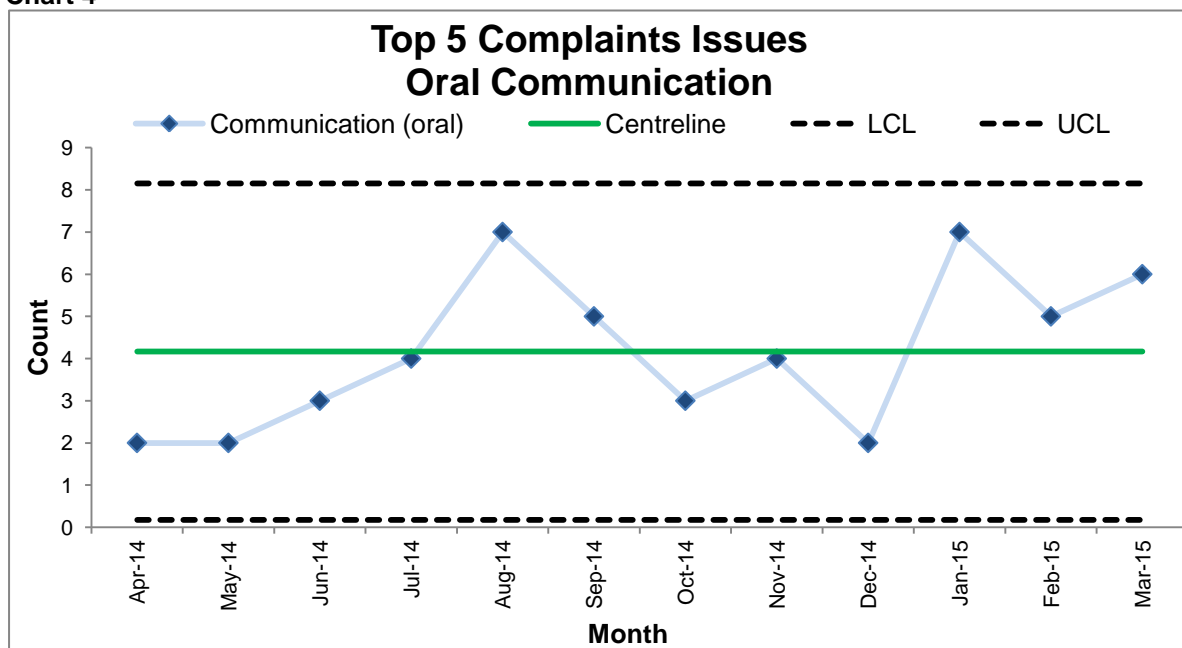


Chart 5

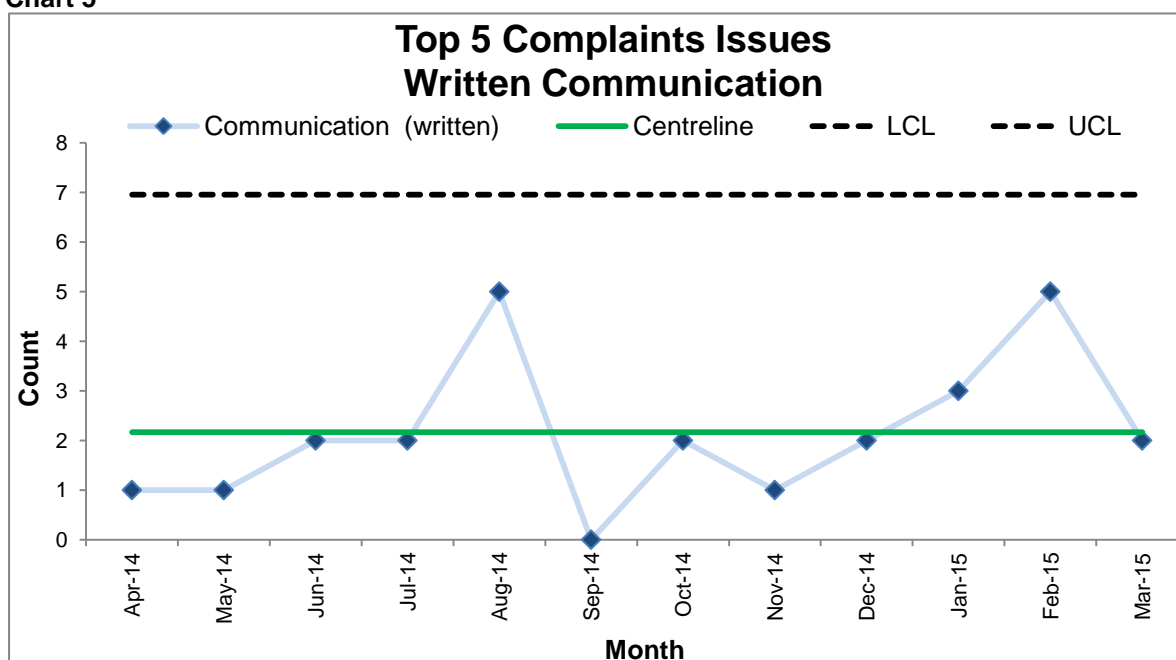
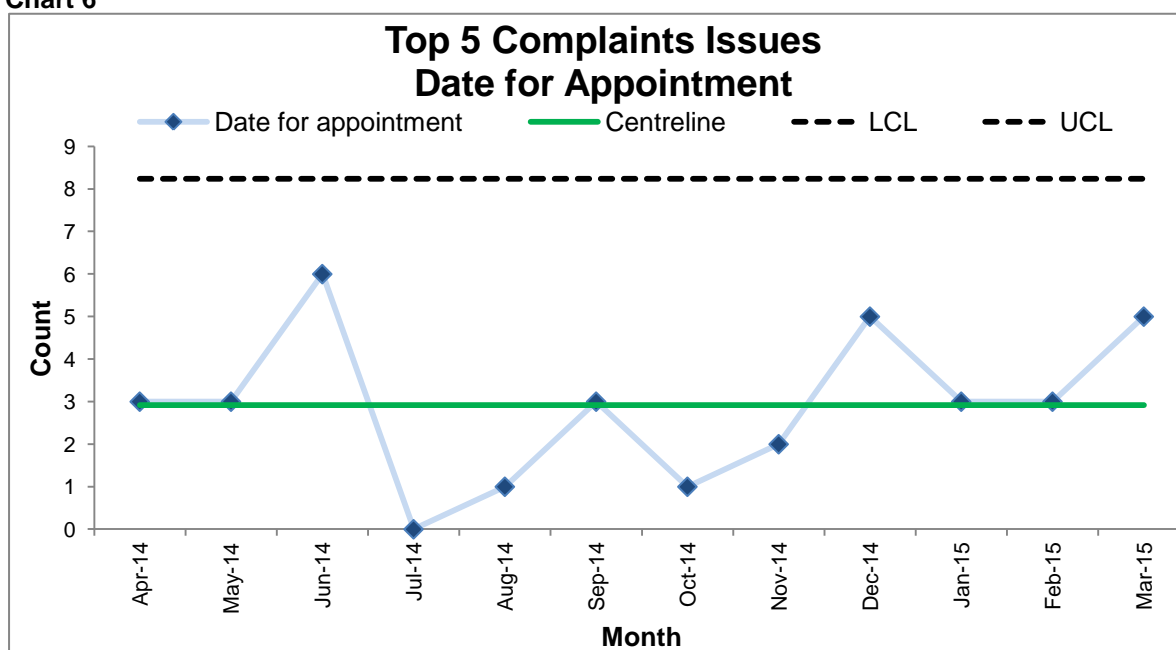


Chart 6



When comparison is made, as shown in the table below, with the figures for 2013/14 and those for 2014/15, there are notable increases in the total numbers of complaints in each of the top 5 issues. In 2013/14, communication was reported as a single item rather than as split in the 2014/15 report as Oral Communication and Written Communication.

The increase seen in the number of complaints reported for 2014/15 compared to 2013/14, is interpreted by NHS Borders as an indicator of how receptive we are and a measure of success in enabling people to provide feedback.

Top 5 Issues	Total 2013/14	Total 2014/15
Attitude and Behaviour	48	75
Clinical Treatment	124	138
Communication - Oral	59	49
Communication - Written		26
Date of Appointment	17	35
Admission/Transfer/Discharge	13	Not Applicable

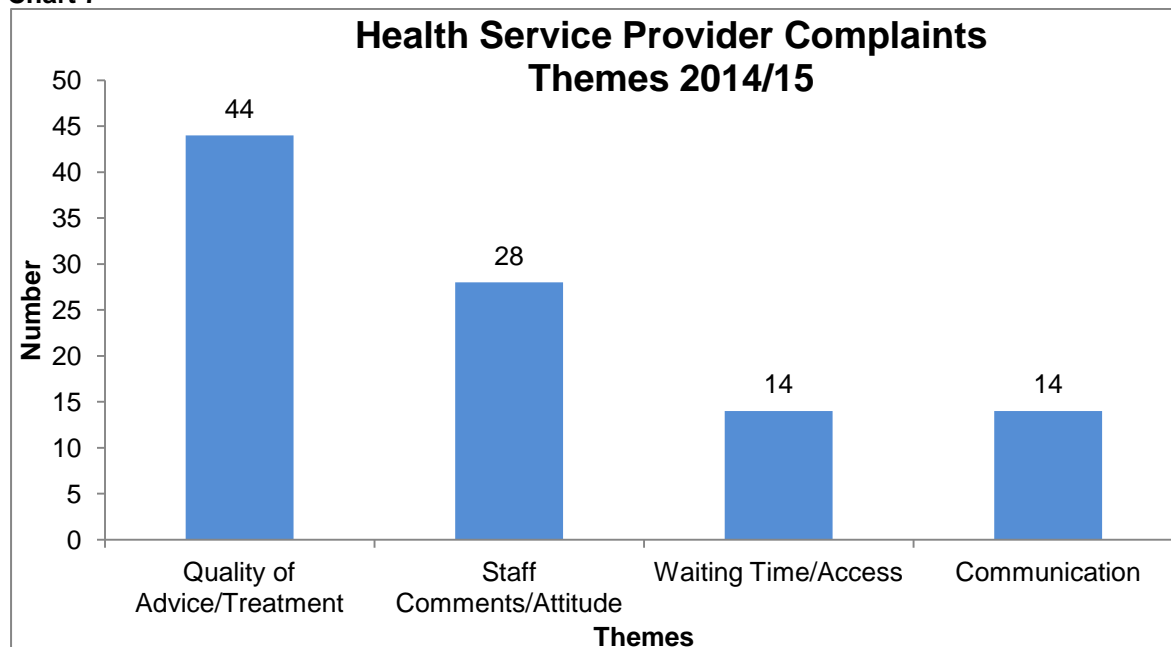
Health Service Providers Complaints

The table below outlines the number of complaints received, the response rate and the number of times alternative dispute resolution was used by Health Service Providers operating in the Scottish Borders between April 2014 and March 2015.

	GP	Dentist	Pharmacist	Optician
No. of Complaints received	95	3	20	2
No. of Complaints responded to within 20 working days	76	2	10	1
No. of Complaints where alternative dispute resolution used	0	0	0	0

Chart 7 below outlines the top themes emerging from the complaints received by Health Service Providers operating in the Scottish Borders between April 2014 and March 2015.

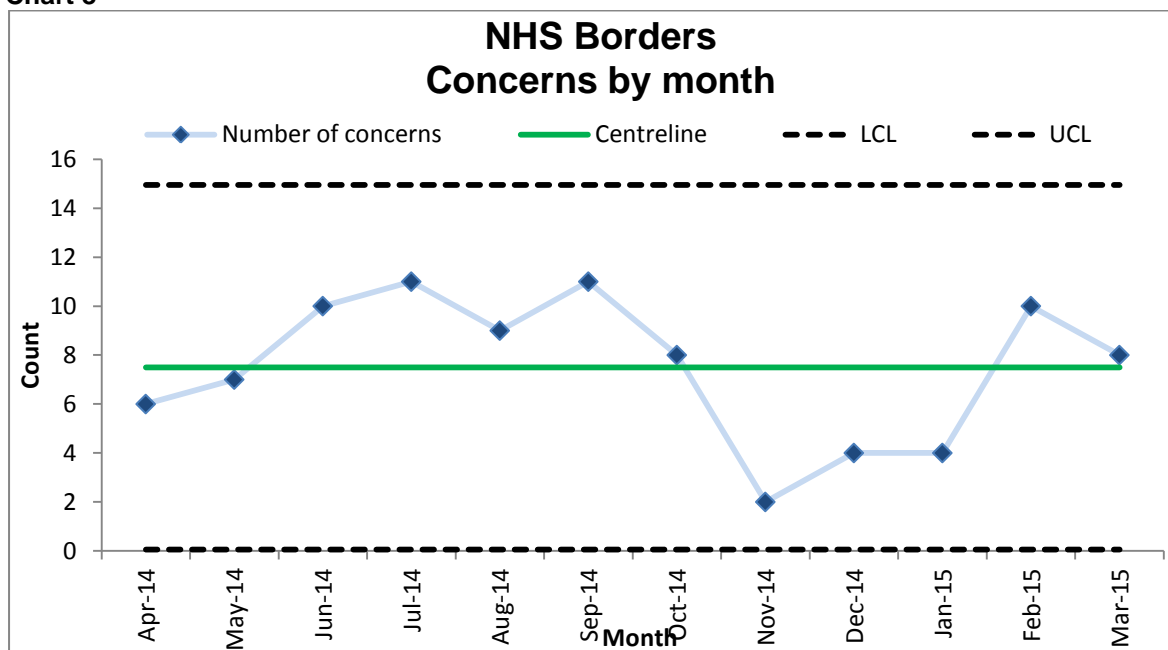
Chart 7



Comments and Concerns

As detailed in Chart 8, a total of 87 concerns were received by the Feedback and Complaints Team during 2014/15:

Chart 8

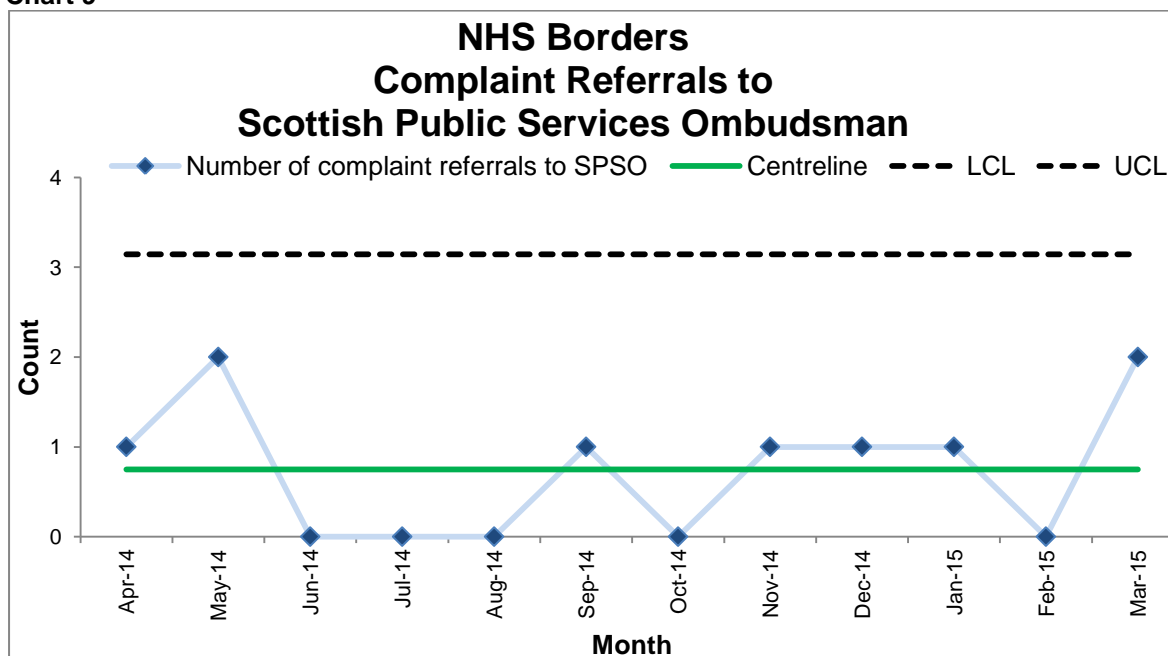


Scottish Public Services Ombudsman (SPSO)

NHS Borders maintains a close overview of all cases accepted by the SPSO. This gives us a measure of the effectiveness of our complaints response.

Graph 9 below outlines the referrals accepted by the SPSO between April 2014 and March 2015:

Chart 9



The outcomes of the cases accepted by the SPSO between April 2014 and March 2015 are provided in the table below:

Upheld	Not Upheld	Not Investigated	Ongoing Investigation
4	2	4	4

The following recommendations were made by the SPSO in relation to cases investigated by them that related to complaints cases from NHS Borders:

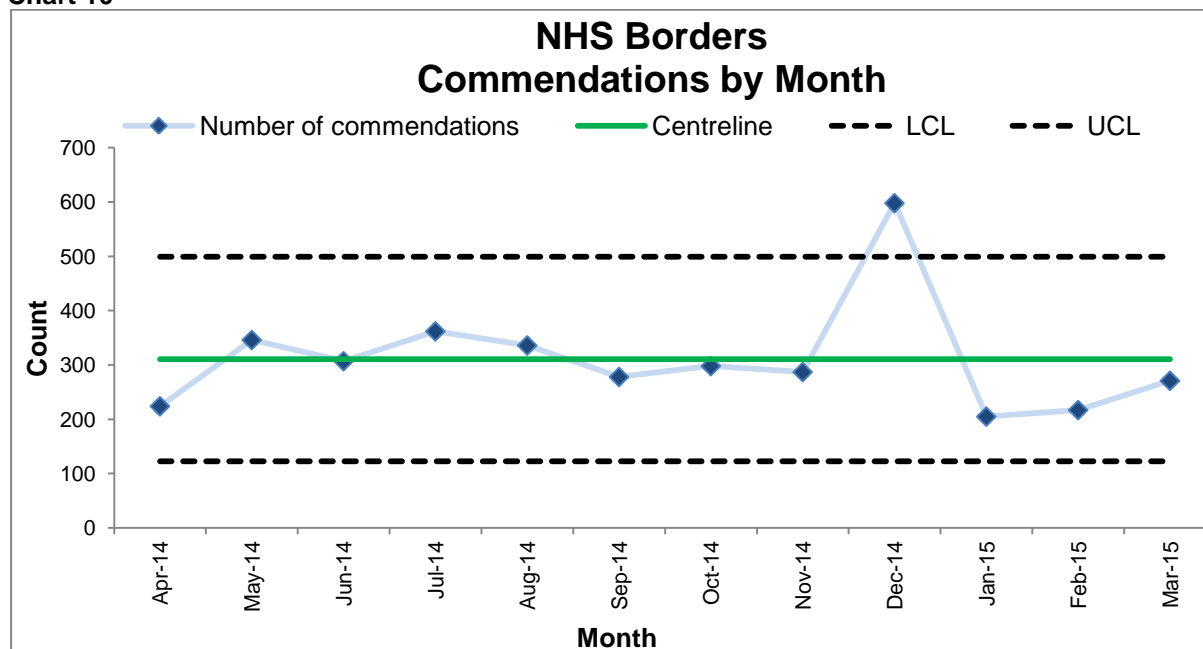
- Provide an update on the review of this complaint by the Service Manager for Medicine and any action plan arising from this.
- Undertake a further review of this complaint in light of SPSO findings and provide an action plan arising from this.
- Apologise that there was no assessment of whether pain and symptom relief should have been provided at an earlier point.
- Provide evidence of current plan for terminal and end of life care and of the staff training undertaken to support this.
- Review procedures concerning the timely dispatch of radiology reports.
- The Board to apologise for the standard of care and treatment provided between 10 & 12 February 2014
- Ensure that actions agreed following a complaint investigation are followed up promptly.
- Consider the Adviser's comments about taking the views of family members into account and determine whether there are lessons that can be learned.
- Make medical staff involved aware of the Adviser's concerns regarding the decision to discharge, including the lack of documentation, to ensure that a similar situation does not occur in future.
- That the Board apologise for the failings identified.
- Ensure that the Emergency Doctor reflects on the failings.

All of the above recommendations have been actioned.

Commendations

During 2014-15 NHS Borders received a total of 3729 commendations as detailed in Graph 10 below:

Chart 10



Culture and Using Feedback and Complaints to Inform Improvements

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 their clinical governance group. The Chief Executive and relevant Directors read, advise and sign every complaint response handled centrally. They are explicitly committed to improving the experience of patients, carers and staff and improving the quality of our services.

Although it is not always possible to attribute all improvements to patient feedback, the following are examples of where improvements have been made in response to patient concerns, feedback and complaints:

- Additional weekly sessions with Ear, Nose & Throat Nurse introduced to provide ear care. Also, arrangements put in place for additional ad-hoc sessions. Outpatient booking staff reminded to offer patients a short notice/cancellation appointment.
- All referrals to the Community Mental Health Teams from the Borders Crisis Team to be treated as urgent and the person seen within one week of referral.

- Additional staff appointed for 18 months to reduce waiting times in Physiotherapy.
- Agree emergency care pathway for Ear Nose and Throat department.
- Review the process for assessment of Physiotherapy referrals flagged as urgent. Implement a process to ensure the Booking Team are aware of the need to redirect patient enquires about urgent referrals which are recorded as routine on appointment system to the member of staff who assessed referral.
- To ensure parents have a single point of contact, and any child with the condition highlighted in the complaint will be allocated a Community Children's Nurse.
- Laminated signs placed in both Out Patient Phlebotomy rooms to inform staff and patients of actions to be taken if the Phlebotomist is not on duty.
- Patient information leaflet to be amended with contact details and given to patients at initial appointment.
- Sign now on display in waiting area asking patients attending the treatment room to highlight to reception staff if they have been waiting 15 minutes over their allocated appointment time. Reception staff made aware to highlight any patients waiting over 15 minutes to treatment staff.
- Discussion to take place with patients attending for pre-chemotherapy workup to agree suitable appointment times.
- Care plan will be adapted to note date when actions completed/ reviewed; to ensure review of input documented and dated following each contact.
- Standard Operating Procedure in place for escalating and communicating surgical cancellations in the absence of a dedicated bed manager.
- Increased presence of senior level doctors on days that Consultants do not carry out ward rounds. Improve input into discharge planning and support junior doctors by having named lead for ward rounds on a monthly timetable.
- Provision of a daily timetable for junior medical staff on general medical wards to ensure that there is an uninterrupted period of time for discharge prescriptions to be completed
- Ensure minimal delays for assessment within Medical Assessment Unit with the aim of achieving assessment within 60 minutes of arrival at the unit.
- Ensure patients admitted to the Medical Assessment Unit on a temporary basis have shortened paperwork completed.
- System introduced to open up any unused car share spaces when there is pressure on car parking at Borders General Hospital.
- Link nurses to be introduced within all areas for wound care, nutrition and falls.
- Lead professional to be designated to convey all important information to patients and families following multi-disciplinary meetings
- Stroke Co-ordinator's working hours adapted to enable access to patients and relatives.
- A Senior Nurse to undertake random checks of MUST assessments.

Patient Stories

During the year 2014/15 NHS Borders has developed a series of patient stories. At each of NHS Borders Boards' Strategy and Performance Committee meeting 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 took the step to establish 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 or Head of Clinical Governance and Quality or the Clinical Governance and Quality Facilitator for Person Centredness. In telling their stories patients and patient's carers and relatives have been given an opportunity to reflect on their experience in a person-centred way. These stories have proved to be a powerful learning tool for improving patient experience.

Below are examples of the stories shared at the Strategy and Performance Committee over the year.

March 2014

A patient presented their story to the Committee recounting their journey through life, the complexities of their condition and how it affected their life. The patient then spoke about the Dialectical Behaviour Therapy (DBT) process.

The patient commented that they had met other people with the same diagnosis who had utilised some of the DBT skills and they suggested that working with others as a peer made a difference to those with Borderline Personality Disorder.

The patient spoke of the support in place once the DBT had concluded and how people could choose to remain in the system for support until they were comfortable with a complete discharge. The patient explained that it had been important to them to have felt safe by utilising the skills they had learnt prior to being fully discharged from the service.

A vote of thanks was given to the patient for speaking to the Committee.

May 2014

The Director of Nursing and Midwifery reminded members that they frequently enquired about improving attitudes and behaviours of staff in response to complaints. She had previously advised the Board about Care Behaviours Assurance System (CBAS) and the presentation before the Board was an opportunity to understand the use of a key tool sponsored by the Scottish Government. The Senior Charge Nurse, Kelso Community Hospital spoke of the implementation of CBAS and how it had been received by patients and staff. She

highlighted the benefits to patients, staff and herself as a Senior Charge Nurse of 40 years Registered Nurse experience. Discussion focused on patient feedback and learning and training for staff.

The Director of Nursing and Midwifery advised that 13 wards had received CBAS training and data on the improvements made had been collected. Practice Development Lead confirmed that the achievements of the programme would be reviewed in support of the next roll out across the wider system. It was confirmed that all 4 Community Hospitals, 7 wards within the Borders General Hospital and 2 wards within the Mental Health Service had received training in the application of CBAS.

September 2014

The Senior Charge Nurse, Melburn Lodge gave a very informative presentation to the Committee of the benefits that had been provided to a patient through using “Playlist For Life”, a music therapy for patients with dementia. Evidence and research shows this has a calming impact on people with dementia. She highlighted that she had adopted this approach following her attendance at the National Person Centred Collaborative earlier in the year.

November 2014

The Committee heard from a young person about their life experiences as a young carer and how NHS Borders had helped to support the Young Carers Service.

January 2015

The Committee heard from a relative of the care and treatment provided to their late father from his initial diagnosis through to his admittance to the Margaret Kerr Unit. Several issues were highlighted throughout the presentation identifying the provision of both positive and negative care experiences.

The Director of Nursing and Midwifery agreed that several improvements were required and agreed to consider the added value of “sit and see” against current practices for observing care. She shared the approach agreed by the Area Partnership Forum to ensure the assessment of nurses’ competency through the appraisal/professional personal development cycle, as well as providing support with further training and education.

A Non-Executive Director enquired about the facilities issues around supplies and The Director of Nursing and Midwifery advised that the SCNs were fully aware that there was no need to believe there was a shortage of supplies and that the notion of such needed to be addressed through them.

A Non-Executive Director noted that communication issues had led to a “learned helplessness” and commented that there was a need to eradicate such behaviours and culture and ensure staff were aware of the value they gave and could give further to enhance both patient and staff experience throughout the organisation.

The Consultant in Palliative Care commented that for the Margaret Kerr Unit the nursing staff believed they were the patient’s advocate which appeared to be a

culture welcomed by both patients, staff and families and enabled planning on a real time basis.

The Chairman expressed that there was a sense of shame in hearing the negatives that had been experienced by this family and gave an assurance that the organisation would learn and improve on all the areas that had been highlighted and would continue to commit to being a positive enhancing staff and patient experience organisation.

March 2015

The Committee heard from an individual about their, and their late husband's experience of NHS Borders' services. This led to the Chief Executive (Interim) proposing undertaking a table top exercise from the patient perspectives to gain an insight into what works well and what requires improvement.

In addition to the patient stories presented to the Strategy and Performance Committee, NHS Borders gathers patient and carer stories from a number of sources including complaint letters, commendations, online feedback forums, third sector partners and from staff. NHS Borders has also produced a series of patient and carer video stories. In addition a series of action learning sessions has been progressed with invited speakers telling their stories of their care experience to staff from across the organisation. Patient stories presented in the various forms highlighted are used to support organisational learning.

NHS Borders has welcomed the 'Can I Help You?' guidance and the NHS Education Scotland and the Scottish Public Services Ombudsman e-learning modules on Feedback, Comments, Concerns and Complaints. The training has been promoted via LearnPro. During 2014/15, 74 NHS Borders' staff have completed the online modules. Encouragement will continue to be given for staff to complete the online modules.

In addition to providing one-to-one support to service managers, the Feedback and Complaints Team also provide training on feedback and complaints handling to staff groups. A session on Feedback and Complaints is also included as part of NHS Borders' corporate induction training.

Some of the patient stories provided are produced in the form of audio and video recordings. In addition to being shared at the Board, these are also used to provide staff training opportunities to encourage reflective practice and to drive improvement. This has further been encouraged during the year through learning sessions that have been run for staff. These the recordings and learning sessions have enabled staff to hear experiences first hand before discussing and agreeing improvements.

Accountability and Governance

The Feedback and Complaints Team provide weekly updates on feedback and complaints received by NHS Borders. These are shared across all NHS Borders' services.

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

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

NHS Borders took the step to establish a Public Governance Committee of the Board. The role of this committee is to seek assurance that the Board takes seriously its responsibilities around communicating, engaging, consulting with patients, carers, relatives and the public. The Committee also has a role in providing assurance that the Board meets its equality duty and aspirations around the delivery of person centred health and care. The members of this committee are drawn from a wide number of community organisations, public involvement members and the Scottish Health Council.

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. The reports provided include feedback from complaints, concerns and commendations and the Patient Opinion website. They details of volumes, complaint themes and trends, information on response times, referrals accepted and outcomes from SPSO cases in order that the committees may give these consideration.

These governance committees also review the outputs of patient stories they hear to ensure actions have been taken.

A feedback and complaints Annual Report is prepared each year. This contains information on the range of routes by which feedback may be provided, outlines the organisation's response to feedback, reasons for and trends in complaints, information about independent contractor complaints and details of the improvements that have been made to services in response to complaints and feedback.

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 is seen in performance and improvements made in 2014/15, as reflected in this report. However, there is always room for further improvement to be made and the following have been identified for 2015/16:

- Improve data capture in respect of feedback and complaints dealt with over the telephone
- Continue to work on addressing barriers to patients, carers and relatives being able to provide feedback by offering different routes by which this can be given.
- Staff training to encourage and support appropriate response and early resolution of feedback and complaints
- Development of more robust governance mechanisms at service and clinical board level to provide assurance that improvements are implemented and sustained
- Deeper analysis of feedback and complaints data to identify links to such things as activity levels, seasonal variations, etc. as well as themes and trends
- Seek complainant feedback regarding feedback and complaints process and responses to inform manager training in response writing.

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;

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