



## NHS Borders Feedback and Complaints Annual Report 2016-17



## Introduction

NHS Borders Feedback and Complaints Annual Report 2016-17 is a summary of the feedback provided by the complaints, comments, concerns and commendations received by NHS Borders from 1 January 2014 to 31 March 2017. 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 & Complaints

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

- Patients, carers and family members can provide feedback to any NHS Borders' member of staff who will be happy to help them. Correspondence can be received via letter, email, telephone and in person. Alternatively they can contact the Feedback and Complaints Team as follows:
  - Feedback and Complaints Team  
NHS Borders  
Borders General Hospital  
Melrose TD6 9BS  
01896 826719  
[complaints.clingov@borders.scot.nhs.uk](mailto:complaints.clingov@borders.scot.nhs.uk)  
[www.nhsborders.org.uk/complaints-and-feedback](http://www.nhsborders.org.uk/complaints-and-feedback)
- 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.
- Our Patient Feedback Volunteers in clinical areas.

NHS Borders welcomes and encourages feedback from patients, carers and family members about the services we provide. Information about how to provide feedback is made available to patients, carers and family members via the NHS Borders website <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 2016/17 we know that the majority of our patients are happy most of the time with the care and treatment provided by NHS Borders. However, on occasion the care and treatment provided does fall short of the high standards we expect. When this happens it is very important that we hear about it in order that we can learn from mistakes made and improve the way we do things in the future.

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

NHS Borders works in partnership with and provides funding to a number of agencies and services. The range of groups and services this includes are the 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).

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](mailto: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 a number of groups which are supported by members of the public. We have patient feedback volunteers and public members who sit on our various public involvement groups or are part of our Public Participation Network.

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

As well as learning from feedback and complaints, NHS Borders involves the public in the design and planning of services. NHS Borders believes that involving patients, carers and the public is a very important part of improving the quality of the services we provide. There are a number of public/patient involvement groups which provide the opportunity for people to give their views and feedback on local NHS services. We value this because it makes our services more efficient and responsive to local needs, helps us to prioritise services and to make best use of the available resources and encourage more patients to provide feedback.

Anyone wishing to find out more about getting involved is invited to contact:

Public Involvement Team  
NHS Borders  
Borders General Hospital  
Melrose TD6 9BS  
0800 7314052  
[publicinvolvement@borders.scot.nhs.uk](mailto: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](mailto:info@bordersadvocacy.org.uk)

## **Proactive Patient Feedback**

### **Leadership Walkrounds**

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

### **‘Two Minutes of Your Time’**

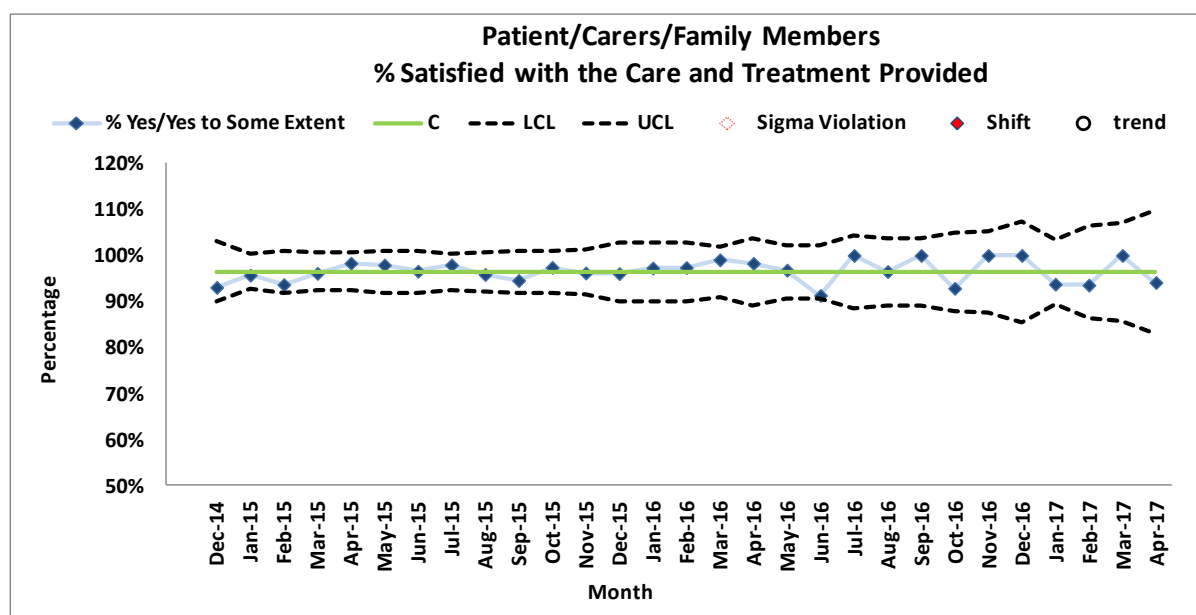
We continue to use our, ‘Two Minutes of Your Time’ feedback questionnaire to gather anonymous patient, carer and visitor feedback within the Borders General Hospital (BGH). Since November 2014 NHS Borders has recruited patient feedback

volunteers to support clinical teams to gather feedback about their services. Feedback is gathered in the BGH Discharge Lounge, Outpatients Departments, the Royal Voluntary Service cafeteria area and six of our wards. We shall be using the support of our feedback volunteers to speak to patients, carers and relatives within our mental health units and community hospitals. Information gathered by the volunteers is reported back to the relevant areas on a regular basis or in a real time way. 'Two Minutes of Your Time' questionnaires and boxes are located within 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 2017, from over 3000 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. The graphs all show a decrease in February 2016, this was due to the need to recruit and train new patient feedback volunteers.

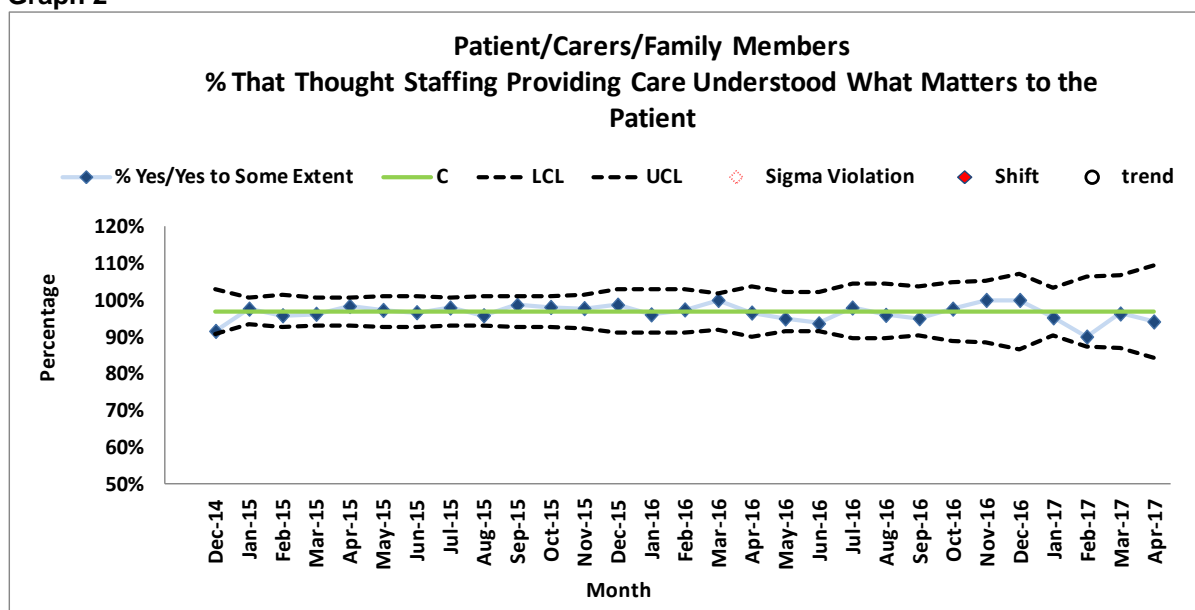
Graph 1 demonstrates the percentage of patients, carers and relatives that were satisfied with the care and treatment provided. The 'Yes' response starts lower in December 2014 but improves and then remains steady throughout.

**Graph 1**



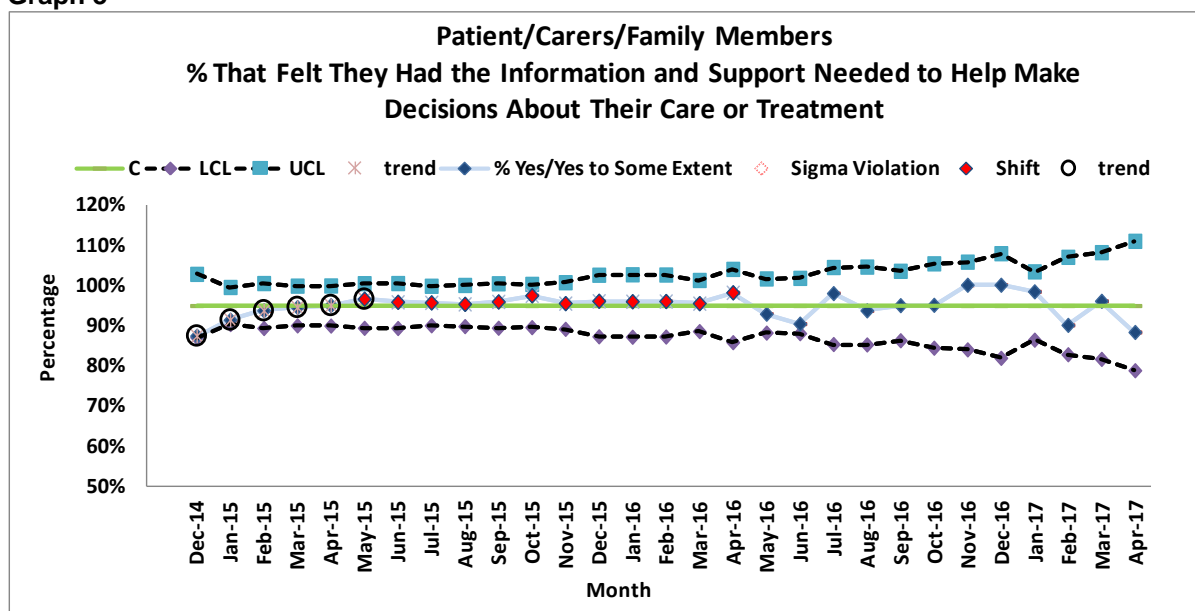
Graph 2 shows the percentage of patients, carers and relatives who thought the staff that provided the care understood what mattered to the patient. The 'Yes' response steadily improves and the 'Yes/Yes to some extent' is fairly steady throughout.

Graph 2



Graph 3 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 December 2014 but gradually increases throughout the rest of the period. The 'Yes/Yes to some extent' response dipped in January and February 2016 but then remains fairly steady in March and April 2016. There is a similar pattern during these months in 2017 due to the availability of our feedback volunteers.

Graph 3



## 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. Each service has the responsibility for keeping their improvement actions up to date.

### **Quality Dashboards**

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

### **Ward Boards**

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

### **Complaint Handling**

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

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

Within 24 hours of receiving a written complaint, the Feedback & Complaints Team speak to the person raising concerns to agree the issues they wish addressed. This is then followed up with a letter confirming receipt of their complaint. A leaflet which explains what they should expect and how their feedback will be handled is included with the acknowledgement letter. This information is also discussed over the telephone with those who call to provide 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.

When responding to complaints, NHS Borders aims to:

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

- Share learning and improvement actions

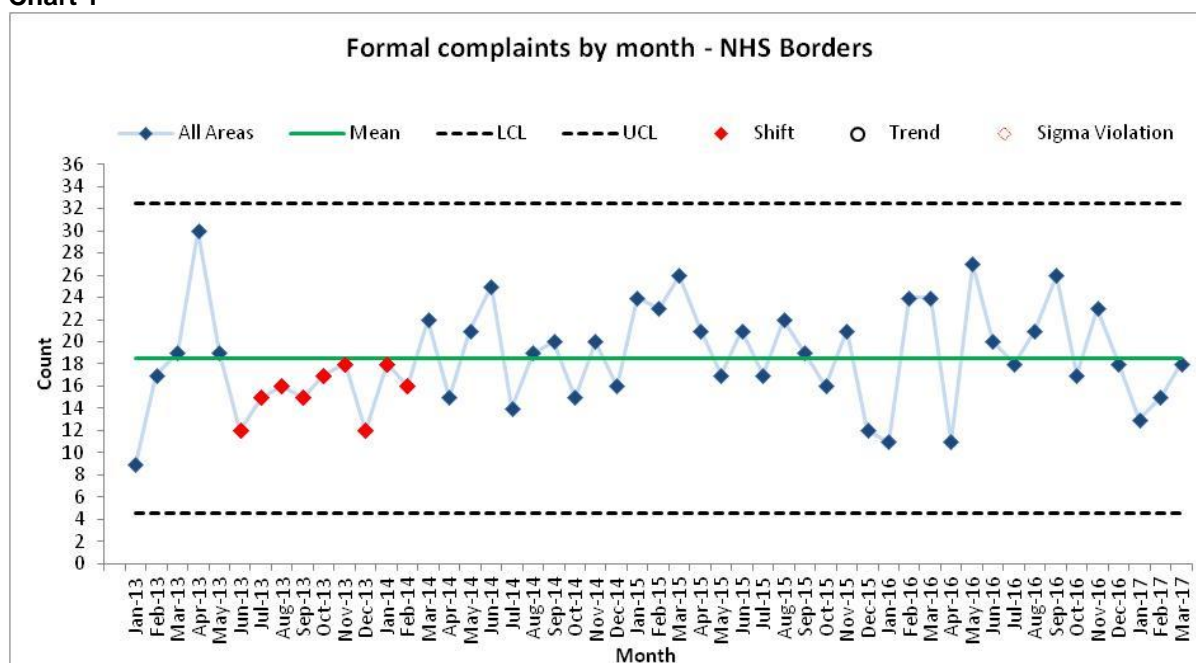
Complaints handling modules are available to staff and have been targeted at those who are dealing regularly with feedback. The feedback and complaints team provide direct advice and support to staff in handling feedback and often provide support in discussing and agreeing the best way forward. The team provide immediate support to staff on occasions when patients or relatives would like to speak with someone independently whilst in NHS Borders care and often respond rapidly by meeting with patients and carers when they request this.

A total of 227 complaints were received between April 2016 and March 2017. 222 complaints were received between April 2015 and March 2016. When a comparison is made with 2015/16, this shows there has been a slight increase (5) in the number of complaints received during the year.

From the 227 complaints received in 2016/17, 96.5% were acknowledged within 3 working days. 2016/17 has seen an increase in the number of complaints responded to within the 20 working day period with a 66% response rate achieved for the year, compared to the 64% response rate achieved during 2015/16.

Chart 1 below shows the number of formal complaints received by month between January 2013 and March 2017.

**Chart 1**



Within the NHS Borders area, independent contractors were not used for alternative dispute resolution during the 2016/17 reporting period.

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



Members of the Clinical Board management teams are responsible for liaising directly with staff involved in complaints 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 2016 and March 2017. This year's 5 top themes remain similar to those identified in previous Feedback and Complaints Annual Reports.

Chart 2

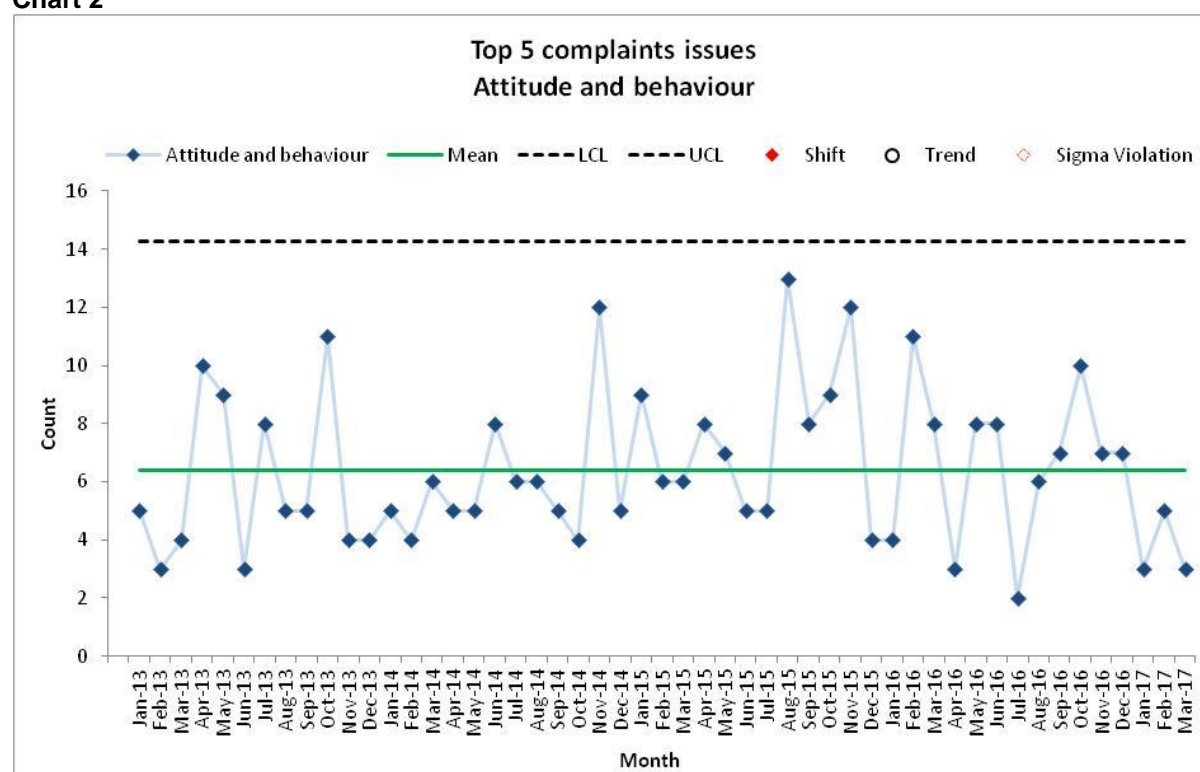


Chart 3

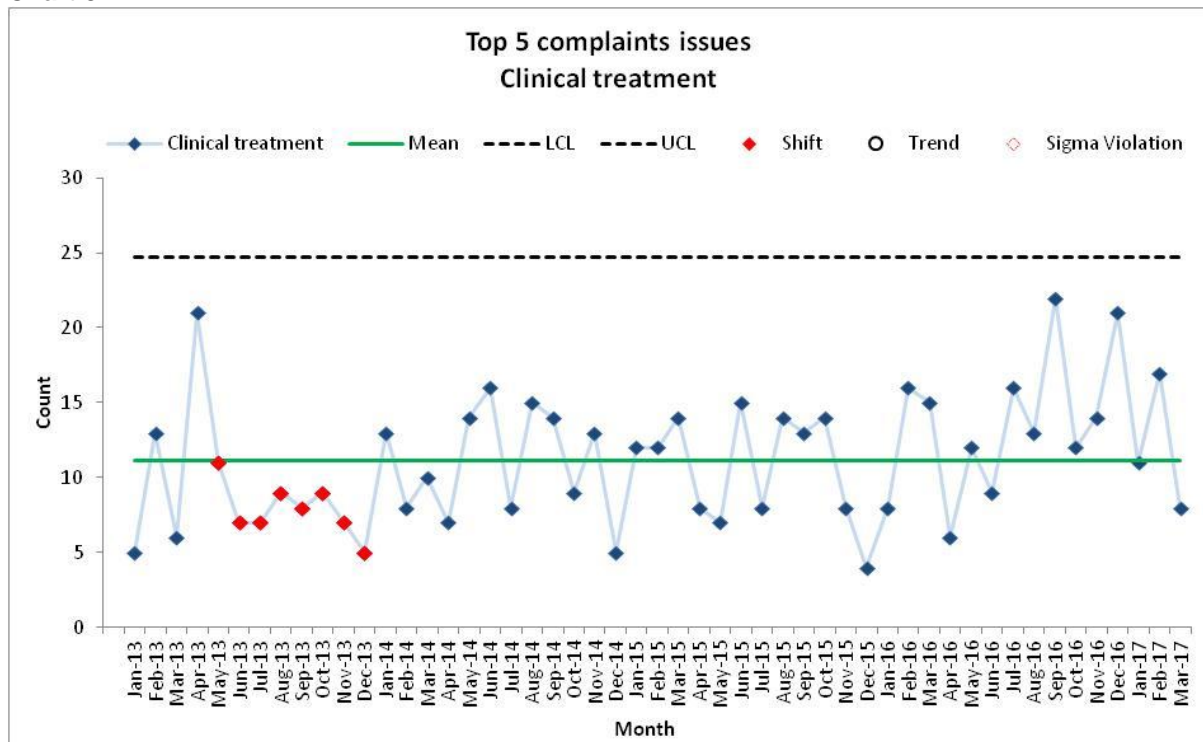


Chart 4

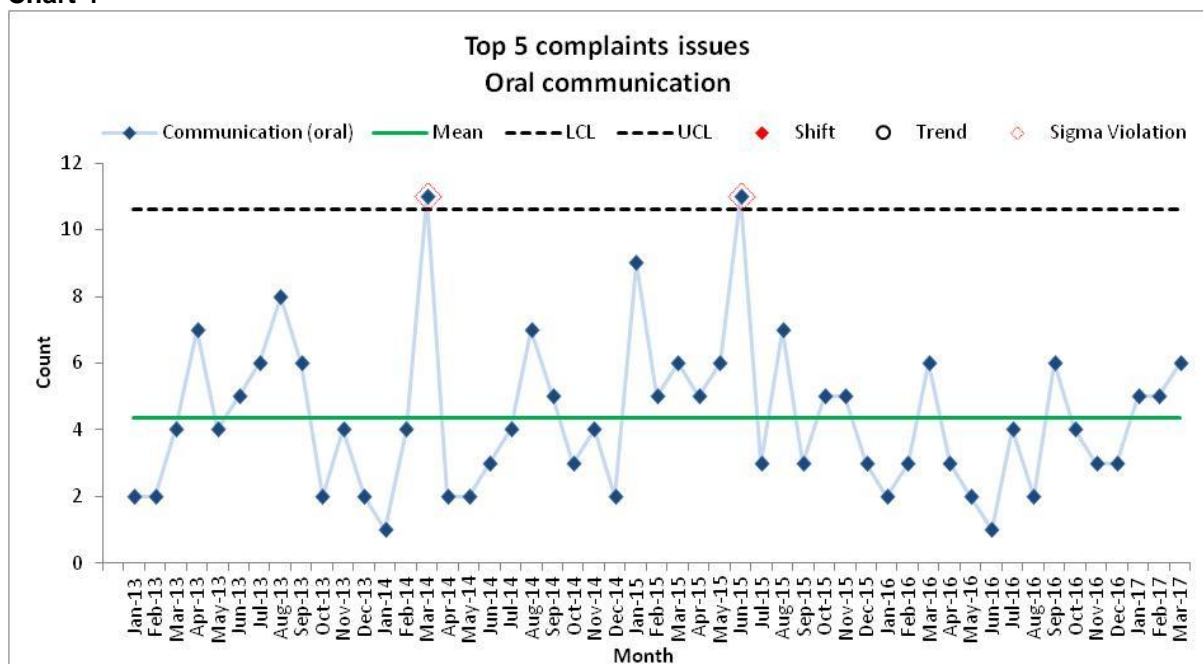


Chart 5

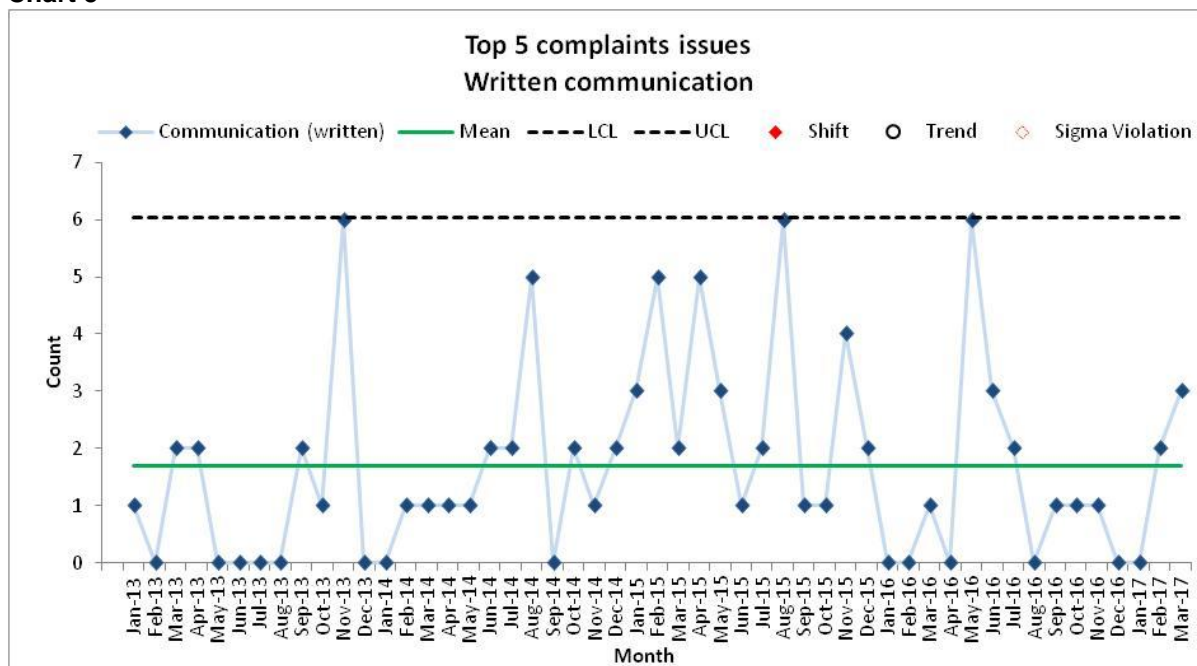
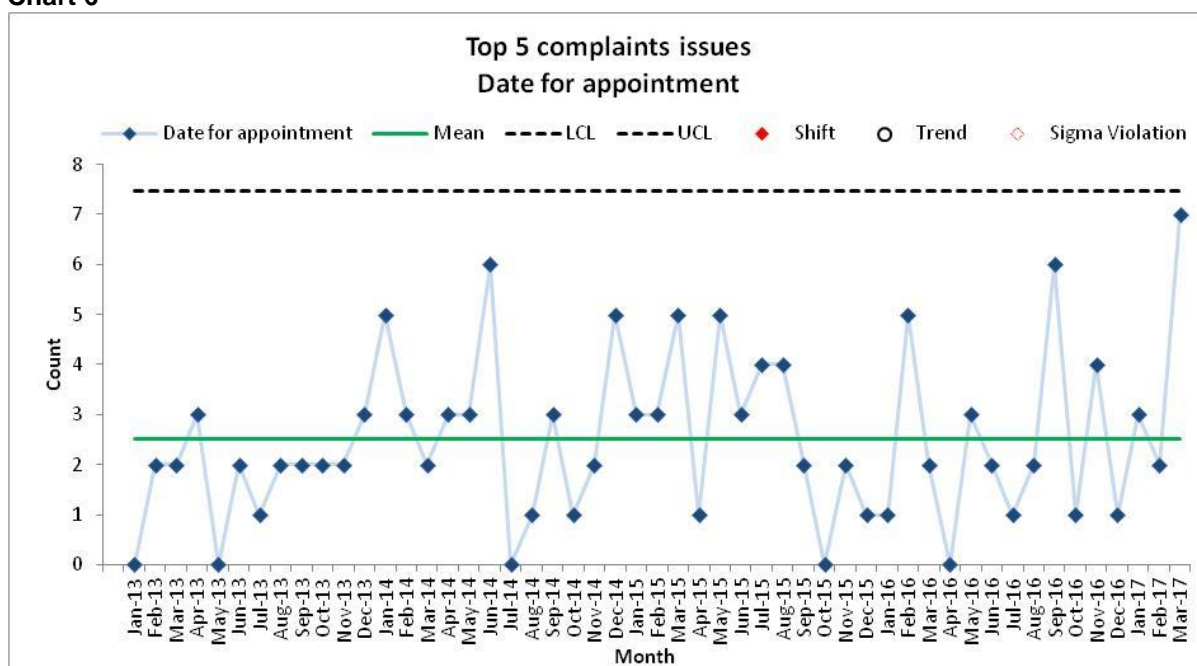


Chart 6



When comparison is made, as shown in the table below, with the figures for 2015/16 and those for 2016/17, there are increases in the total numbers of complaints for Clinical Treatment and Communication – Written.

Top 5 Issues	Total 2015/16	Total 2016/17
Attitude and Behaviour	92	69
Clinical Treatment	132	161
Communication – Oral	60	44
Date of Appointment	30	19
Communication – Written	25	32

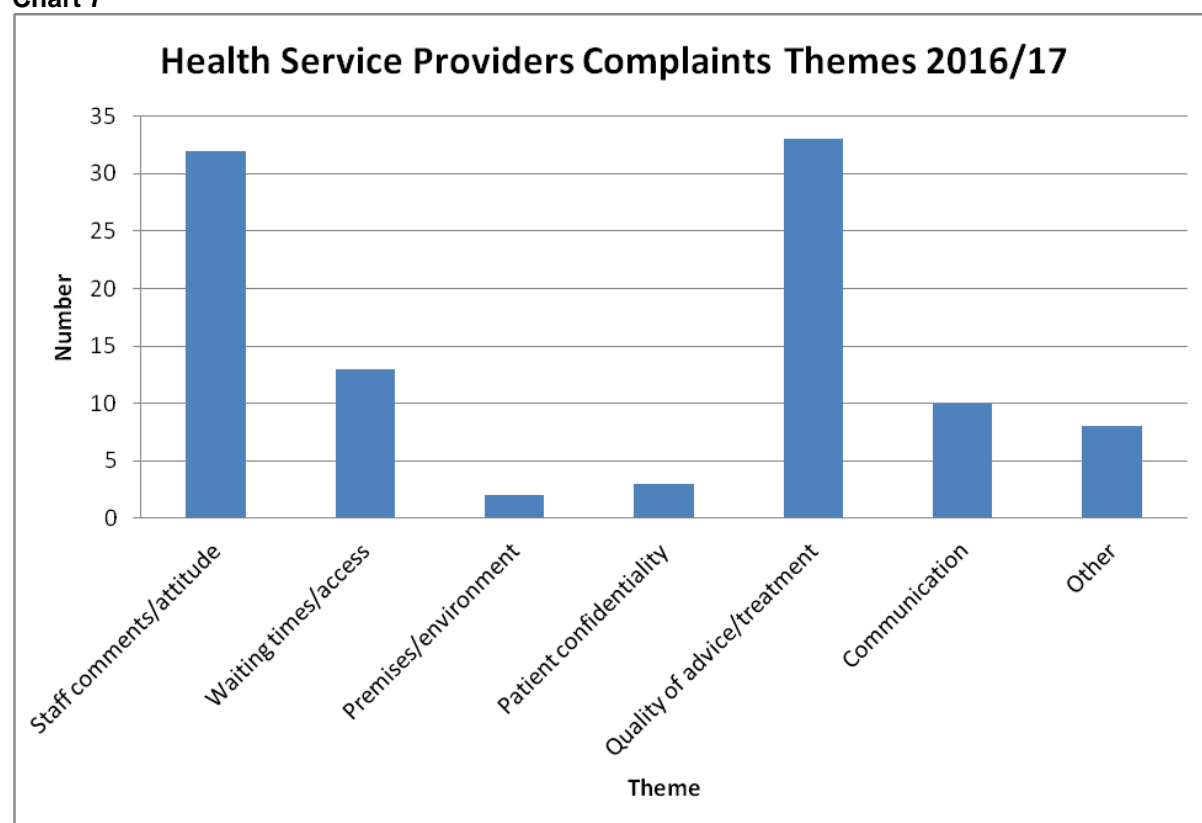
## Health Service Providers Complaints

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 2016 and March 2017.

	GP	Dentist	Pharmacist	Optician
No. of Complaints received	94	6	0	3
No. of Complaints responded to within 20 working days	84	5	0	3
No. of Complaints where alternative dispute resolution used	1	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 2016 and March 2017.

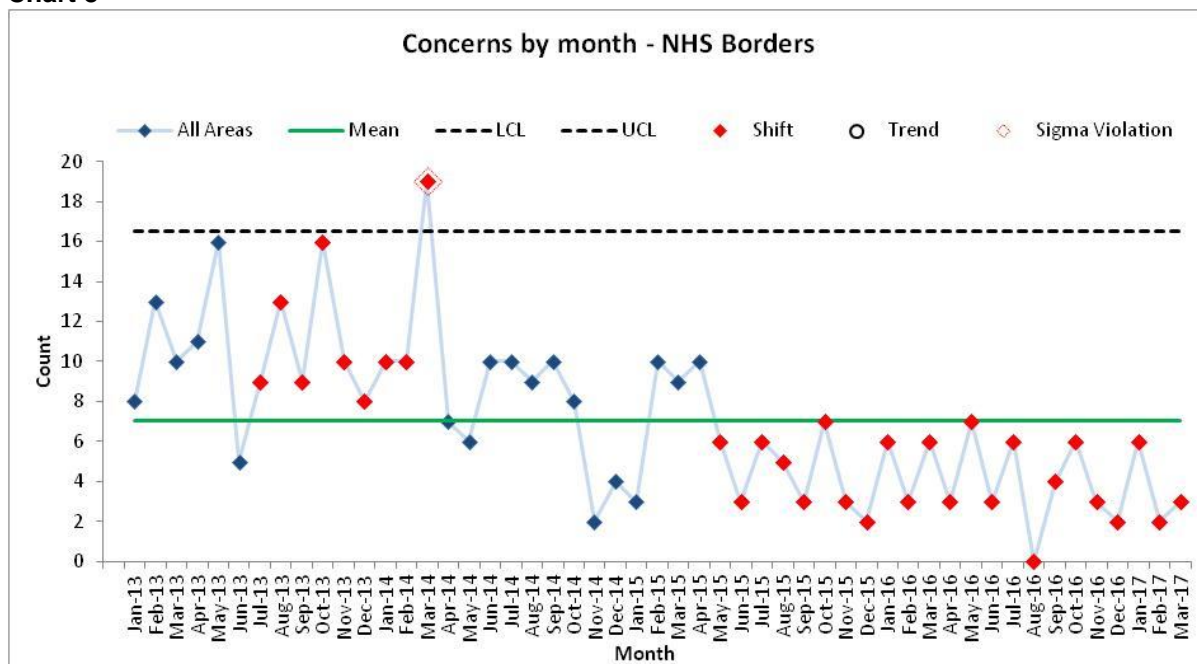
**Chart 7**



## Comments and Concerns

A total of 45 concerns were received by the Feedback and Complaints Team during 2016/17 which is a reduction from the 61 received in 2015/16. Chart 8 below shows the number of concerns received since January 2013.

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.

Chart 9 below outlines the referrals accepted by the SPSO between January 2013 and March 2017:

Chart 9

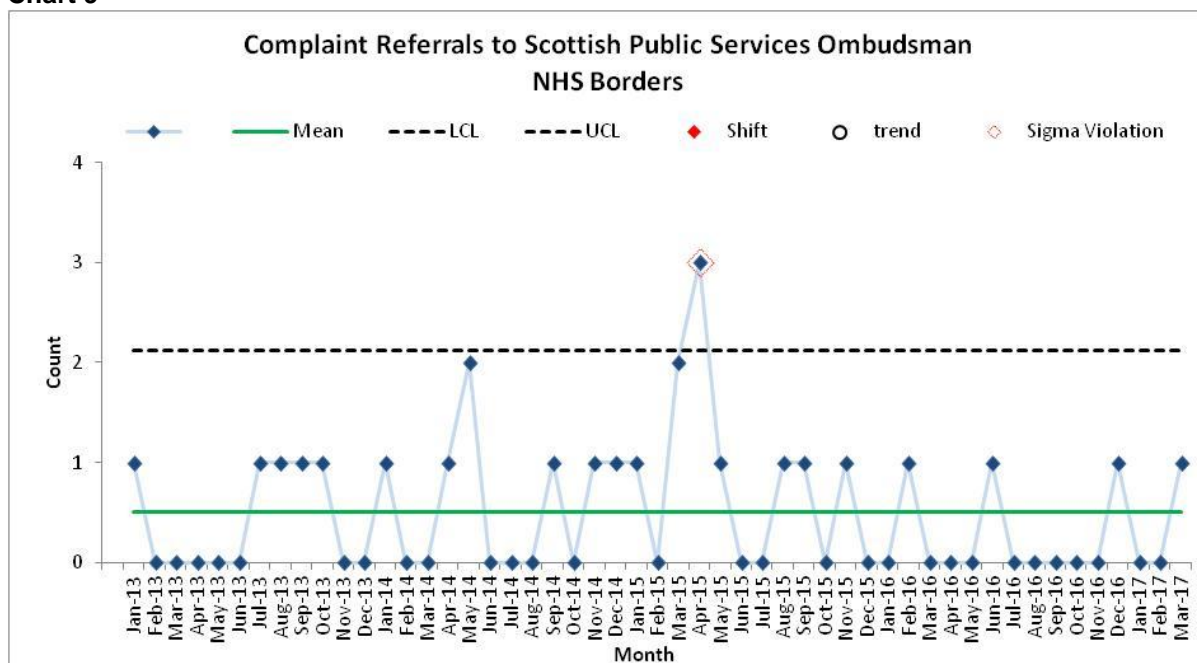
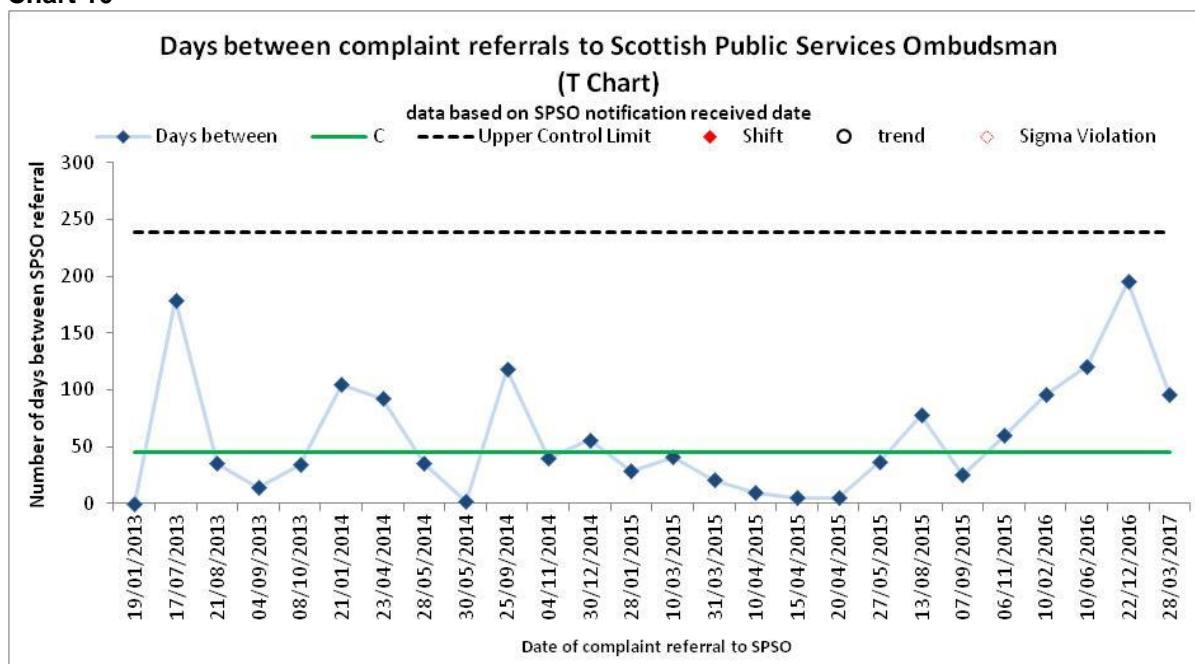




Chart 10 shows the number of days between complaints being referred to the SPSO which has increased during the year:

**Chart 10**



The following recommendations were made by the SPSO between April 2016 and March 2017 in relation to cases investigated by them that related to complaints cases from NHS Borders:

<b>SPSO Case 201407524 Recommendations</b>		<b>Progress</b>
Contact Doctor A in order that they can reflect on his practice at their annual appraisal for personal learning and practice improvement.		Complete
Provide evidence of the action they took in relation to Doctor B & C discussing this case at their annual appraisal and ensure the findings of this investigation are shared with them, including their assessments and record keeping.		Complete
Provide evidence of the review they carried out into the patient management system and process for reviewing imaging reports requested by the Emergency Department team to ensure it is effectively in line with Royal College of Radiology guidelines.		Complete
Apologise to Ms D for the failings identified.		Complete
Consider issuing guidance for the Emergency Department team regarding the necessity for the follow up of patients who are unable to weight bear following an injury.		Complete

<b>SPSO Case 201504267</b>	<b>Progress</b>
Case was not upheld.	

<b>SPSO Case 201506019 Recommendations</b>		<b>Progress</b>
Consider reviewing the procedure specific consent form for ERCP to include any alternatives to the procedure.		Complete

Consider the Adviser's comments on the importance of including in the medical records detail of discussions held with patients with regard to treatment options and their potential outcomes and report back on any action taken	Complete
Remind staff of the importance of recording key information given to patients.	Complete
Consider the Adviser's comments on the use of a leaflet for patients with information on how to manage surgical drains, including information on what to do if a drain appears blocked and report back on any action taken.	Complete

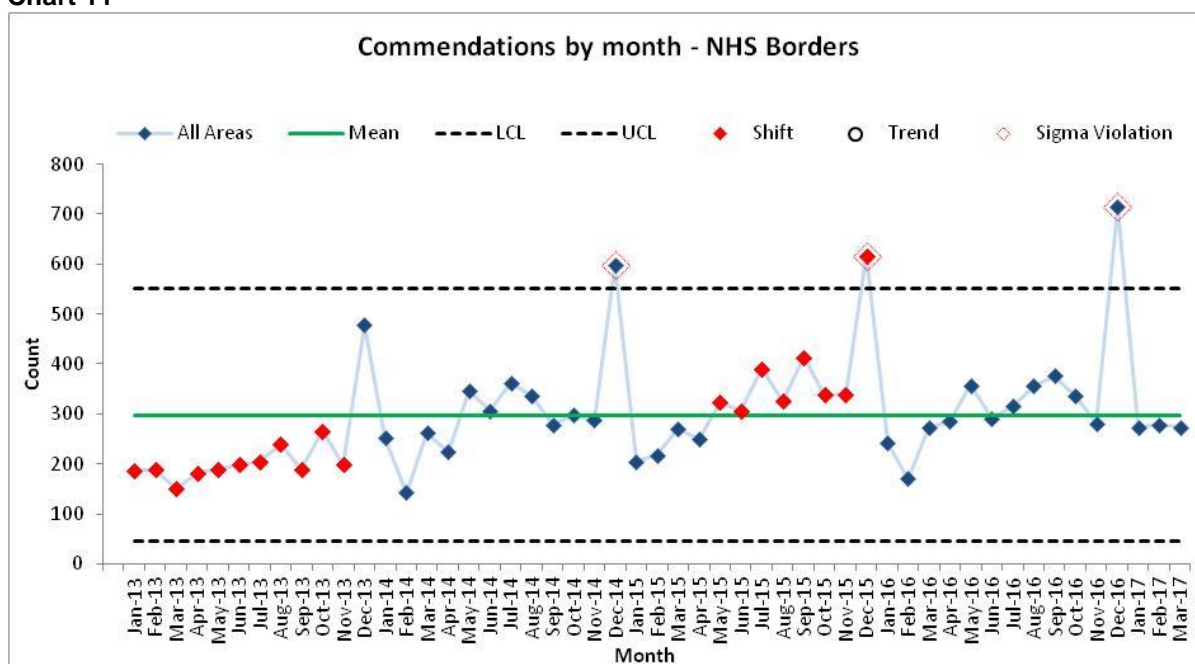
<b>SPSO Case 201500880 Recommendations</b>	<b>Progress</b>
Apologise to the family for the failings found by the SPSO.	Complete
Demonstrate what action has been taken to ensure Speech and Language Therapy referrals are properly actioned in future.	Complete
Review processes for ensuring joined up post treatment care for patients with head and neck cancer.	Complete
Demonstrate to the SPSO what steps are being taken to improve communication with patients and their families (and documentation of this) at the BGH	Complete

<b>SPSO Case 201601443</b>	<b>Progress</b>
SPSO decision was that further consideration would be unlikely to result in additional information being obtained.	Closed

## Commendations

During 2016-17 NHS Borders received a total of 4140 commendations which is a decrease from the 4256 received during 2015/16. Chart 11 below shows commendations received from January 2013 to March 2017:

**Chart 11**



## **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:

- Addresses removed from patient wrist bands which had been identified as a possible home security risk.
- Posters displayed in Radiology Department waiting area which explains the time and process associated with getting x-ray results.
- Patients with learning disabilities identified at morning daily safety brief.
- Altered letters sent out to patients who were due to attend for a colonoscopy to ensure patients were aware of the current difficulties with waiting times for this procedure.
- Letter sent out to all diabetes patients informing them of delays with review appointments and who to contact should they require advice whilst they await an appointment.
- Not enough pillows restricted to two per bed so now more pillows are available to patients on request.
- Buzzer out of patients reach or not working. Staff have been reminded to ensure that the patient's buzzer is within reach and they know how to use it. Broken buzzers reported for immediate repair.
- Canteen staff are all very friendly. Catering manager informed and commendation displayed for staff to see.
- Noise at night on wards. Staff were asked to be mindful and keep noise to a minimum.
- Difficulty for patients in knowing the staff member who is talking to them. The introduction of 'Hello my name is.....' encourages staff to introduce themselves immediately.

## **Feedback from Complainants on our Complaints Process**

We have been gathering feedback from patients, carers and family members who have engaged with NHS Borders complaints team to find out if they have been satisfied with our complaints process. NHS Borders are keen to learn from users of this service if they 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. After talking to a large number of complainants, the majority of responses stated that NHS Borders handled their complaint in a timely and efficient manner.



## **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 established a Public Governance Committee of the Board whose role is to seek assurance that the Board takes seriously its responsibilities around communicating, engaging, consulting and that it meets its equality duty and aspirations around the delivery of person centred health and care.

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

Below is an example of a story shared at the Strategy and Performance Committee in September 2016:

The Committee heard from a carer about her and her late husband's experience whilst he was an inpatient within our acute hospital. Her story focussed on the poor experience both her and her husband had during his stay and his concerns about raising them whilst he was a patient.

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. They are also used as part of the staff induction process and enable staff to hear about patient experiences first hand.

## **Accountability and Governance**

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

The Clinical Executive Operational Group, Clinical Boards and Clinical Governance Groups oversee feedback and complaints and monitor performance using data from performance scorecards and patient feedback reports provided on a monthly basis. The indicators used for the Quality Dashboards also form part of the Board and Operational Scorecards. Data is presented over time to help identify any variation

and to enable assessment of improvement efforts. There are a growing number of public involvement representatives in several of these groups.

At Board level the Board Clinical Governance Committee and Public Governance Committee seek assurance and scrutinise the organisational approach to feedback and complaints. The Public Governance Committee reports to every meeting of the NHS Borders' Board.

Every Public Board receives a Clinical Governance and Quality report containing a detailed section on patient feedback. These reports include details of volumes, complaint themes and trends, information on response times, feedback posted on Patient Opinion, 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.

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.

### **NHS Scotland Model Complaints Handling Procedure**

From 1 April 2017, a new NHS Model Complaints Handling Procedure was implemented across Scotland. This revised procedure is intended to support a more consistently person-centred approach to complaints handling across NHS Scotland and bring the NHS into line with other public service sectors. This procedure also applies to primary care service providers.

The process from 1 April 2017 means that there are two stages to making a complaint. Stage 1 focuses on early resolution which can be dealt with by any member of staff and does not require a formal written response. Stage 1 complaints require a response within 5 working days. Stage 2 focuses on investigation of complex, serious or high risk cases and will follow our current processes. This stage will be managed by the Feedback and Complaints Team. Stage 2 complaints require a written response within 20 working days.

This new complaints procedure offers a person-centred and effective way of ensuring that complaints are thoroughly investigated and that areas for learning and improvement are identified and actioned.

## **Future Developments**

As previously stated, NHS Borders takes feedback and complaints very seriously; this has resulted in us making a number of improvements in 2015/16, as reflected in this report. However, there is always room for further improvement to be made and the following have been identified for 2016/17:

- Continue to refine and improve both the feedback and complaint handing process and the response to complainants.
- Further enhance improved data capture to enable development of a feedback and complaints scorecard.
- Link complaints improvement trackers with those from adverse events and mortality reviews to allow for a deeper analysis of data to identify links to such things as activity levels, seasonal variations, etc. as well as themes and trends
- Continually explore and offer different routes to encourage patients, carers and relatives to provide their feedback.
- Widen the scope of training to staff to further promote a person centred approach to responding to feedback and complaints and facilitate early resolution of concerns raised.
- Ongoing review and identification of changes to our governance mechanisms at service and clinical board level to ensure the improvements identified in complaints are implemented and sustained.
- Use of anonymous questionnaires to seek complainant feedback regarding feedback and complaints process and responses to develop an ongoing system which will continue to inform how we respond.
- Develop Commendations intranet site for staff to access
- Widen patient stories at the Board to include staff stories to share their experience of the complaints process
- Launch of Care Opinion (new name for Patient Opinion) across NHS Borders

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  
NHS Borders  
Borders General Hospital  
Melrose TD6 9BS  
01896 826719  
[complaints.clingov@borders.scot.nhs.uk](mailto:complaints.clingov@borders.scot.nhs.uk)  
[www.nhsborders.org.uk/complaints-and-feedback](http://www.nhsborders.org.uk/complaints-and-feedback)