



# Patient Experience

## Annual Report 2022/23



**“Your Views Matter To Us”**

## Introduction

NHS Borders Patient Experience Annual Report 2022/23 is a summary of feedback received by NHS Borders from 1 April 2022 to 31 March 2023. 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/](http://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 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](mailto:patient.experience@borders.scot.nhs.uk)
- Patient feedback provided by other organisations
- Online feedback through Care Opinion [www.careopinion.org.uk](http://www.careopinion.org.uk)
- Feedback in the local press
- Public Involvement Groups
- National patient experience surveys

Based on feedback received during 2022/23 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 or 0800 7314052  
[Public.Involvement@borders.scot.nhs.uk](mailto: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](mailto: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 site 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), when able to 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 2022/23 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 our process is that the relevant service agrees to an improvement plan, this is thereafter monitored by the General Manager for each service who is responsible in escalating the learning to the appropriate Governance Group. Complaints are also a standard agenda item on the meetings of each of the service's Clinical Governance Groups. Every Stage 2 complaint is approved by either The Chief Executive, Medical Director or Director of Nursing, Midwifery & Allied Health Professionals. 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 patient feedback, complaints and Care Opinion stories:

- The Thistle Clinic is a specialist midwifery led clinic within the Borders General Hospital. The clinic provides an opportunity to discuss mode of birth, location of birth and aid the development of a personalised birth preference plan. The clinic is aimed at women, birthing people and their birth partners, who wish to have an elective caesarean section, have a history of complex birth, require additional support due to adverse life events or require additional birth planning. Those attending can discuss their birth choice, including reviewing previous notes, and will be provided with evidence based information and guidelines to facilitate fully informed decisions.

Women and birthing people including birth partners can also attend to reflect on their birth experience. This should ideally be a minimum of 6 weeks after birth. We recognise some birth experiences can leave some with unanswered questions, feelings of disappointment if the birth was not what they hoped for. The process of birth reflections can support women and birthing people and their birthing partners to:

- Reflect on their birth experience, feel listened to and validated in their feelings.
  - Provide feedback on the care they received.
  - Resolve unanswered questions about their birth.
- A refreshed approach to Leadership Walk rounds within Acute services are being introduced. Facilitated by the Patient Safety Team, the Clinical Nurse Manager and Senior Charge Nurse are invited to share information and to review their clinical area's adverse events, quality audits, complaints and patient experience. A performa is used during each walk round which aims to help the leadership team understand the quality of care, excellence and challenges each area is experiencing. Each team are then offered support to consider improvement actions for their area. From the themes identified within the walk round, teams can choose any topic that makes a difference to one or more of the following:
    - Patient safety
    - Patient experience
    - Staff experience
    - The environment
  - Learning Disability have developed a poster and stickers to put on case notes to identify to staff that there is a hospital passport for LD patients to assist clinical staff with their care. The LD hospital passport contains everything staff need to know about the person. The aim of the poster and stickers is to increase visibility of this important document and to reduce instances of errors that can happen when this vital document has not been reviewed prior to engaging with a patient.
  - "No place like Home" banners were developed as part of the changes made to our discharge processes. The banners have been placed in all the hospital public areas within NHS Borders area and a poster displayed in the wards. The

key messages are to support family, carer and public understanding of the role they can play in supporting their loved one with the discharge process. The key messages shared adhere to the principles of Home First and Discharge without Delay.

- Productive Ward – Releasing Time to Care - The well organised ward is an approach to simplify the ward as a workplace and to reduce waste by having everything in the right place at the right time, ready to go. The aims are:
  - To free up staffing capacity – time wasted because ward spaces are not utilised fully
  - To reduce excess stock waste – out of date/not required and can be used elsewhere
  - To assess current storage capacity/space
  - To produce an inventory of stock – description/quantity/usage including frequency/outcome

### **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 2022/23 only 2 completed questionnaires were received by the Patient Experience Team.

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

## Complaint Handling

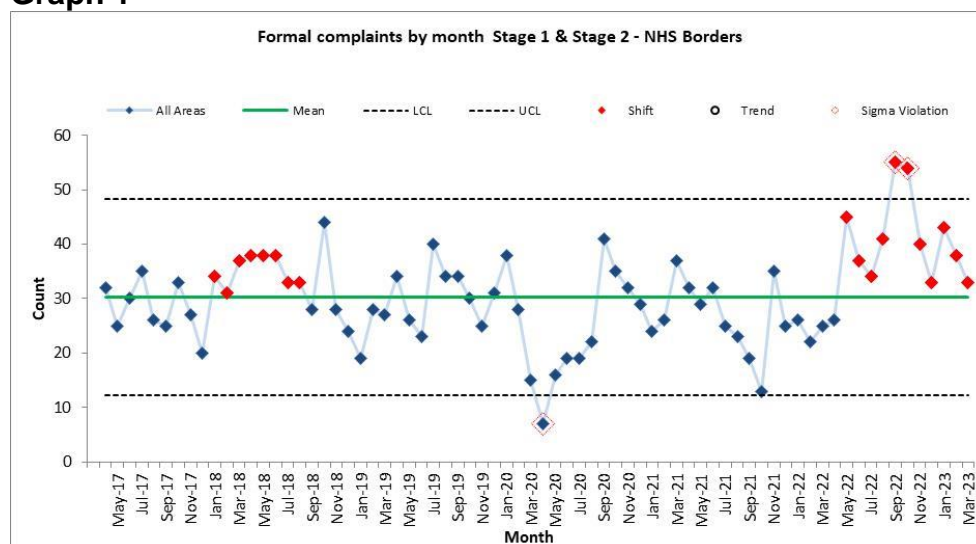
During 2022/23 the Patient Experience Team used their twice weekly team meetings to identify ways to improve our complaint process. These team meetings gave the team an opportunity to put forward and test ideas to improve our processes. The team meetings also ensure that all team members were aware of the actions that need to be taken when a complaint is received.

### The total number of complaints received

A total of 479 complaints were received between 1 April 2022 and 31 March 2023. This is an increase of 179 complaints when compare with 2021/22, when 303 complaints were received

Graph 1 shows the number of complaints received by month between April 2022 and March 2023. An explanation of the graph content is given in Appendix 1.

### Graph 1



Out of the 479 complaints received, 347 related to the Borders General Hospital, 59 related to Primary & Community Services, 67 related to Mental Health and 6 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. Charts outlining performance are included in Appendix 2.

### Complaints upheld, partially upheld and not upheld

There is a requirement for an 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 2022/23, our average time to respond to complaints at Stage 1 was 6.5 working days. Our average time to respond to complaints at Stage 2 was 39.3 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 2022/23, we closed 73% of all Stage 1 complaints within 5 working days and 32% 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. Additional support has been provided to support workload. 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.

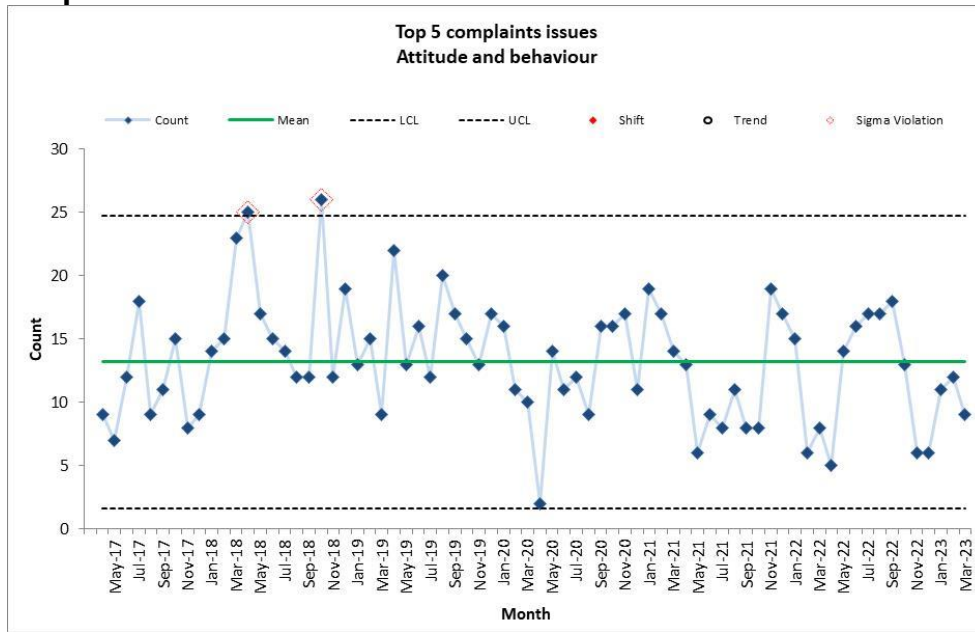
## **Number of cases where an extension is authorised**

The model complaints handling procedure allows for an extension to the timescales to be authorised in certain circumstances. During 2022/23, no Stage 1 complaints had an extension authorised, 17%, or 48 Stage 2 non escalated complaints had an extension authorised. Charts outlining this performance are included in Appendix 6.

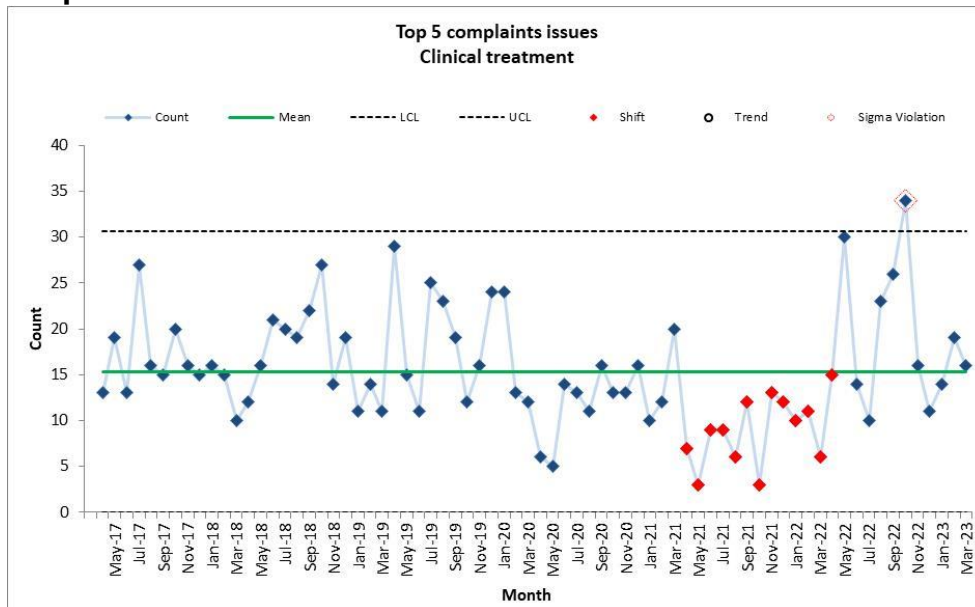
## **Complaints Themes**

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 (2021/22).

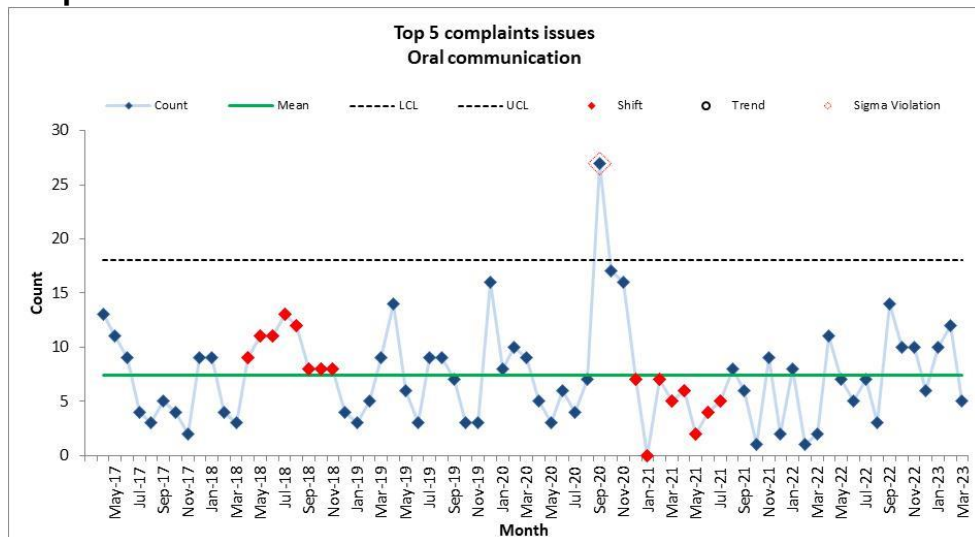
**Graph 2**



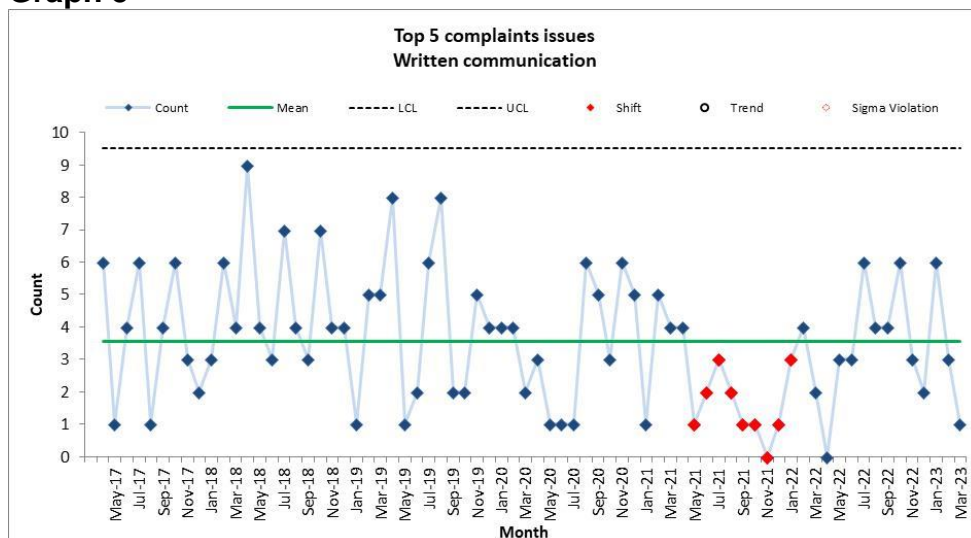
**Graph 3**



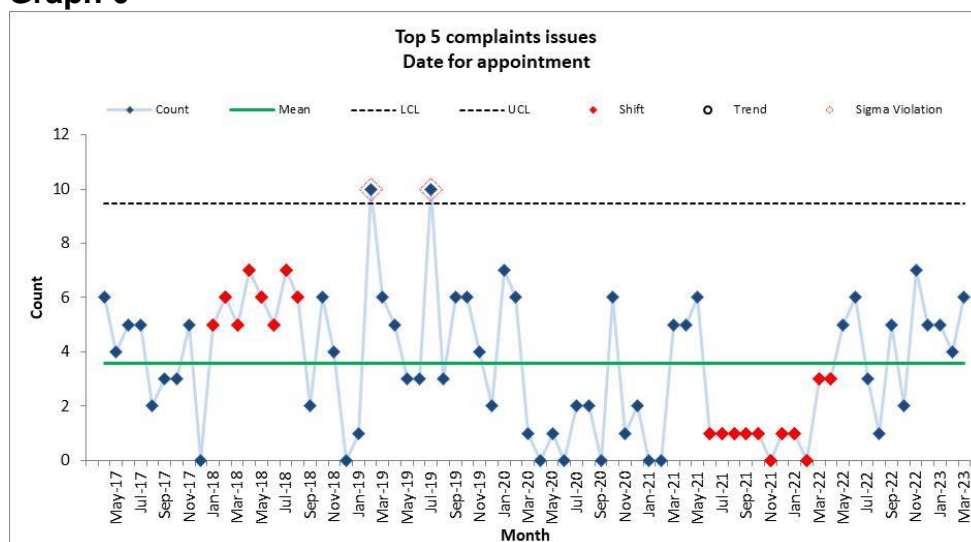
**Graph 4**



**Graph 5**



**Graph 6**



When a comparison is made, between 2021/2022 and 2022/23 (see table below) there was an increase in the numbers in each of the themes included in the Top 5.

<b>Top 5 Issues</b>	<b>Total 2021/22</b>	<b>Total 2022/23</b>
Attitude and Behaviour	128	144
Clinical Treatment	101	228
Communication – Oral	54	100
Communication – Written	24	41
Date of Appointment	21	52

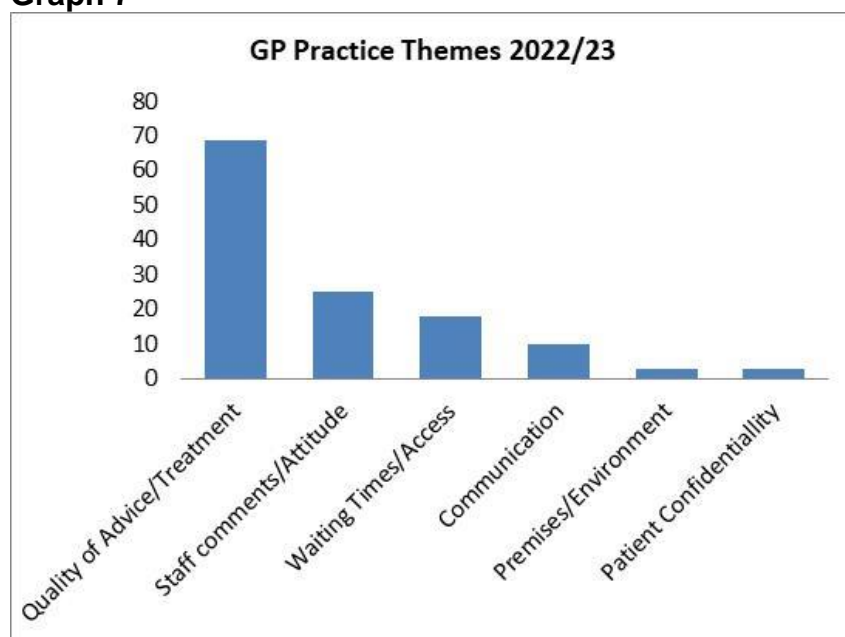
## Primary Care Service Providers Complaints

The table below outlines the number of complaints received for complaints by Primary Care Service Providers operating in the Scottish Borders between 1 April 2022 and 31 March 2023

	GP	Dentist	Pharmacist	Optician
<b>No. of Complaints received</b>	124	3	44	0

Graph 7 below outlines the top themes emerging from the complaints received by General Practitioners operating in the Scottish Borders between April 2022 and March 2023

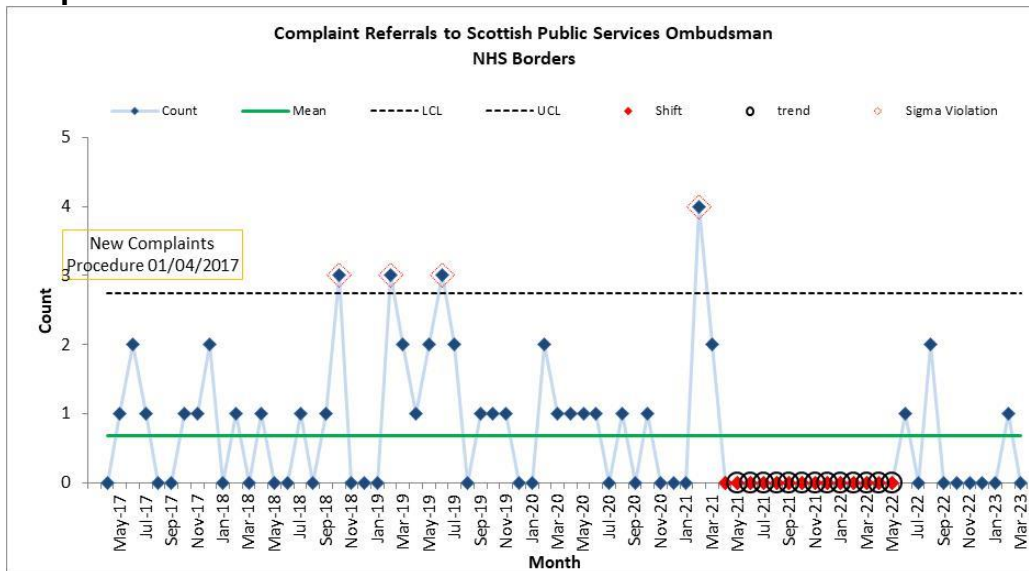
**Graph 7**



## Scottish Public Services Ombudsman (SPSO)

Graph 8 below outlines referrals accepted by the SPSO. For the year 2022/23 NHS Borders were not advised of any new referrals that the SPSO were carrying out an investigation. In 2022/23 4 SPSO decisions were received; 2 upheld, 1 not upheld and one where NHS Borders were asked to provide a further response to the complainant. After review SPSO advised there were 13 cases which would not be taken forward by them.

**Graph 8**



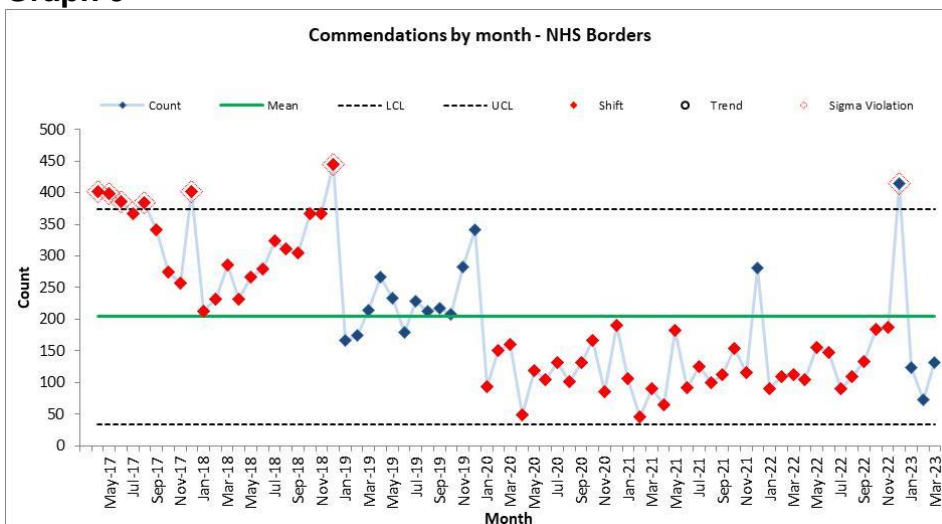
The following decisions and recommendations were received by the SPSO between 1 April 2022 and 31 March 2023 for cases investigated by them in relation to complaints made to NHS Borders:

	Status
<b>SPSO Case Reference 202006891</b>	<b>Progress</b>
Upheld, recommendations	Closed
<b>SPSO Case Reference 202203211</b>	<b>Progress</b>
Upheld, recommendations	Closed
<b>SPSO Case Reference 202006731</b>	<b>Progress</b>
Not upheld	Closed

**Commendations**

During 2022/23 NHS Borders received 2,879 commendations, an increase from the previous year (1853). Graph 9 shows commendations received to 31 March 2023:

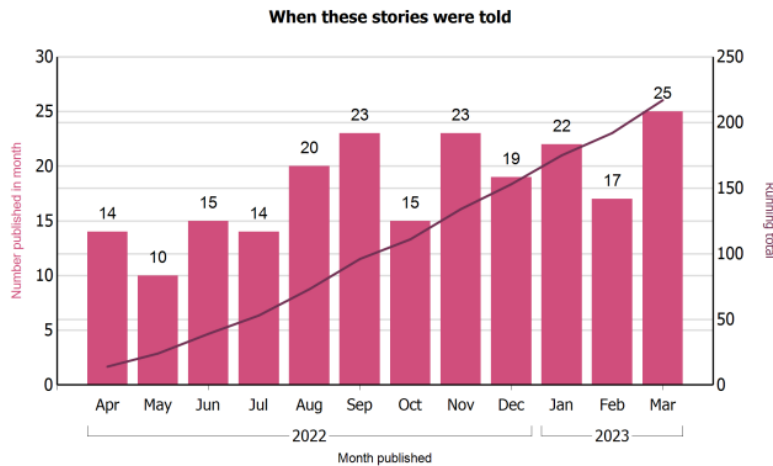
**Graph 9**



## Care Opinion

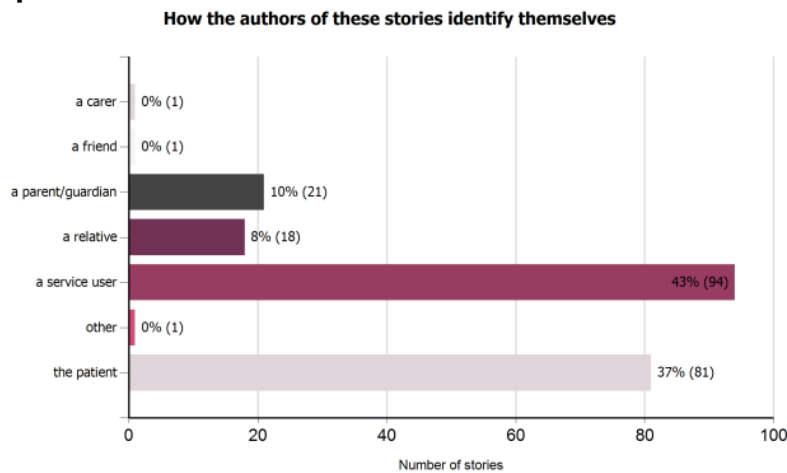
Between 1 April 2022 and 31 March 2023, 217 stories were shared on Care Opinion about NHS Borders. At the time of preparing this report, these stories had been viewed on Care Opinion 32,544 times in total. 76% of the stories shared were positive stories. The following graphs/charts have been produced 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 37% having been written by the patient themselves.

**Graph 11**





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. This close working relationship 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.

## **Future Developments**

There is always room for improvement to be made and the following have been identified for 2023/24:








- Continue with our improvement programme with the aim of refining all parts of the feedback and complaint handling process, including the complainant's experience of the process, and timeliness of response.
- Work with the Clinical Board's to improve the way we learn as the result of a complaint.
- Reintroduce Patient Feedback Volunteers to enable feedback to be obtained whilst patients are within the hospital.
- As part of the quality improvement work one of our Quality Improvement Facilitators has been working with the Allied Health Professionals (Physiotherapy, Occupational Therapy and Speech & Language Therapy) within Primary & Community Services to proactively collect valuable feedback from service users, carers and family members. In order to this they are using MS forms and created posters which are placed in patient waiting areas etc. The posters included a QR code to take people direct to the MS form. The responses are then reviewed by relevant teams and included in staff workshops to shape improvement work going forward.

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;

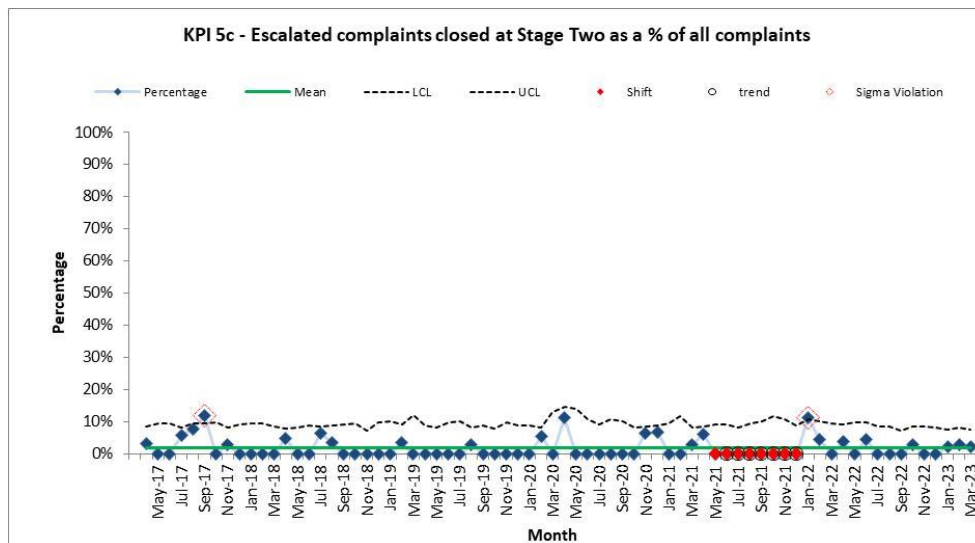
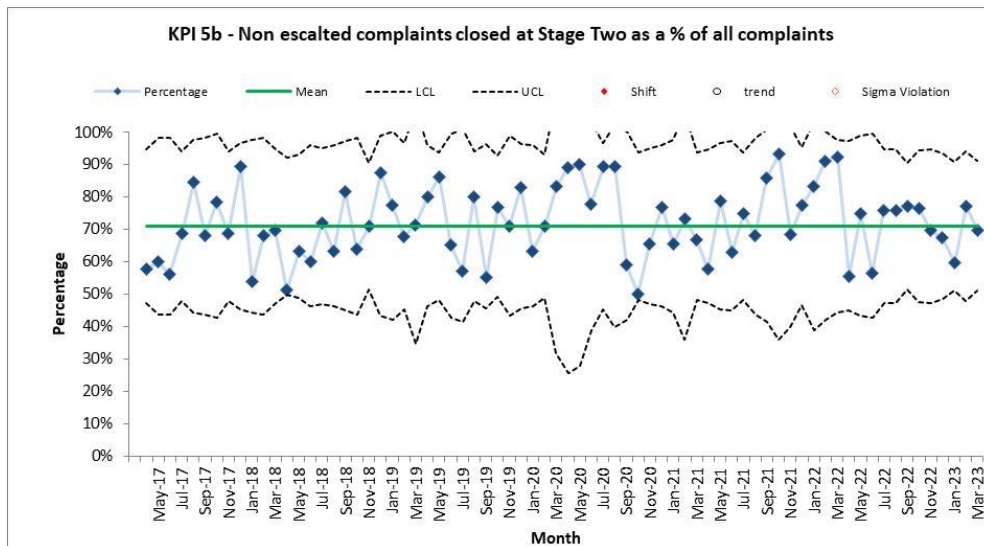
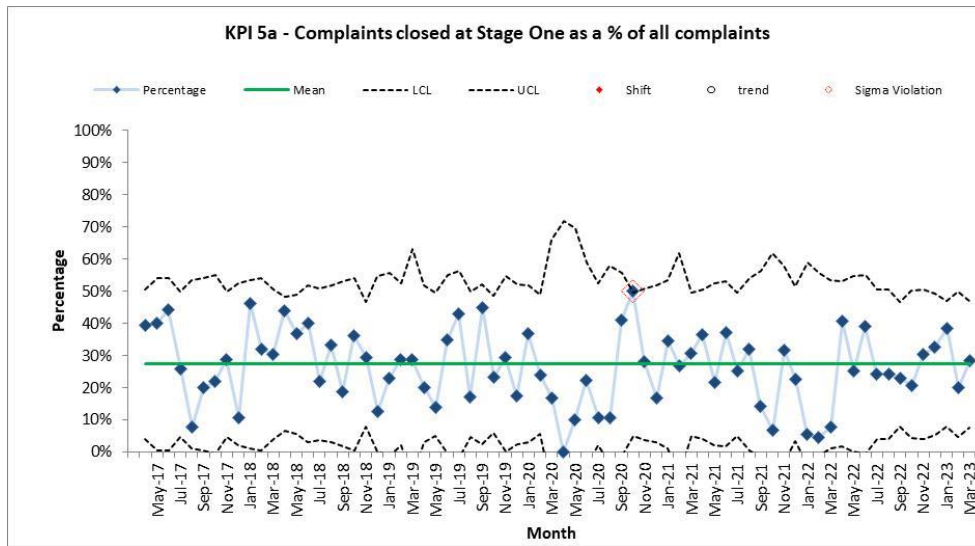
Patient Experience Team  
Borders General Hospital  
Melrose TD6 9BS  
01896 826719  
[patient.experience@borders.scot.nhs.uk](mailto:patient.experience@borders.scot.nhs.uk)  
[www.nhsborders.scot.nhs.uk/feedback-and-complaints/](http://www.nhsborders.scot.nhs.uk/feedback-and-complaints/)



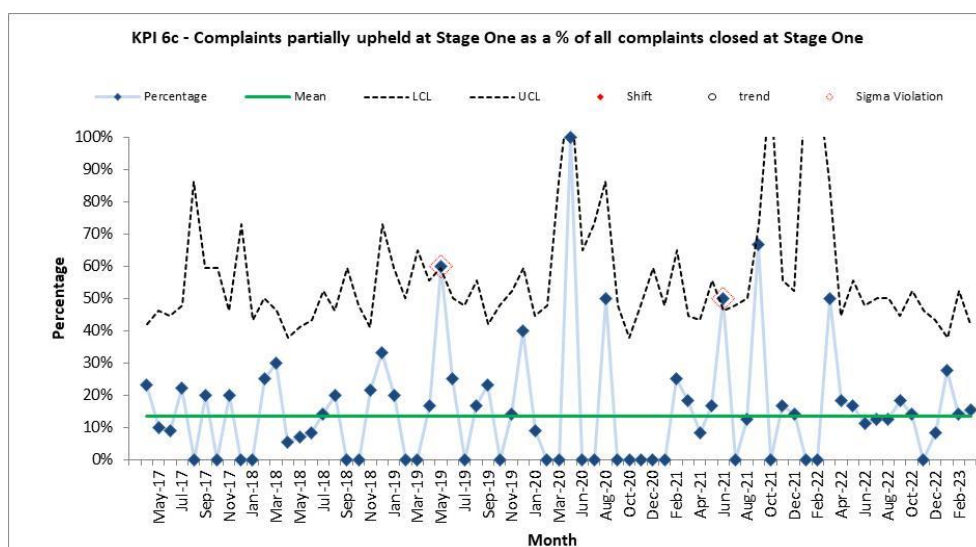
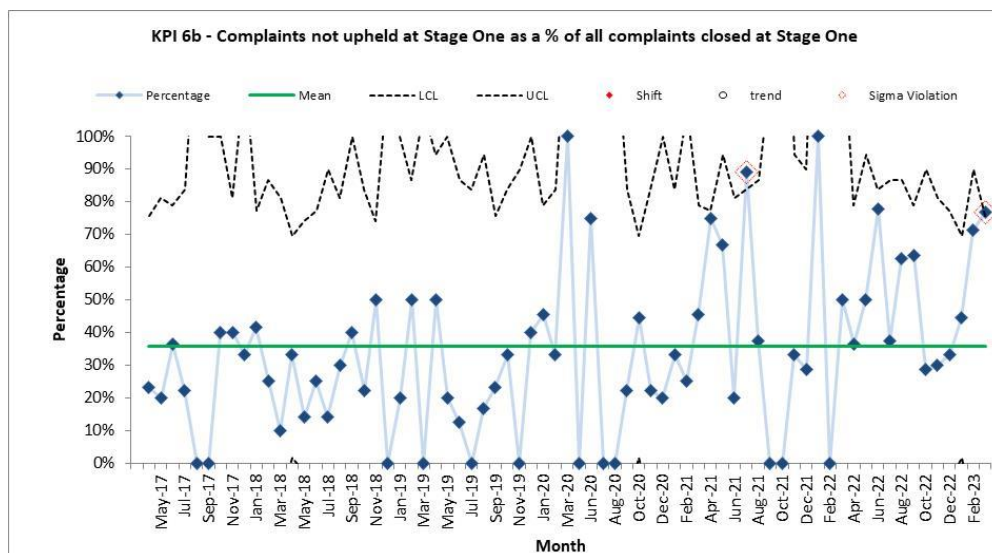
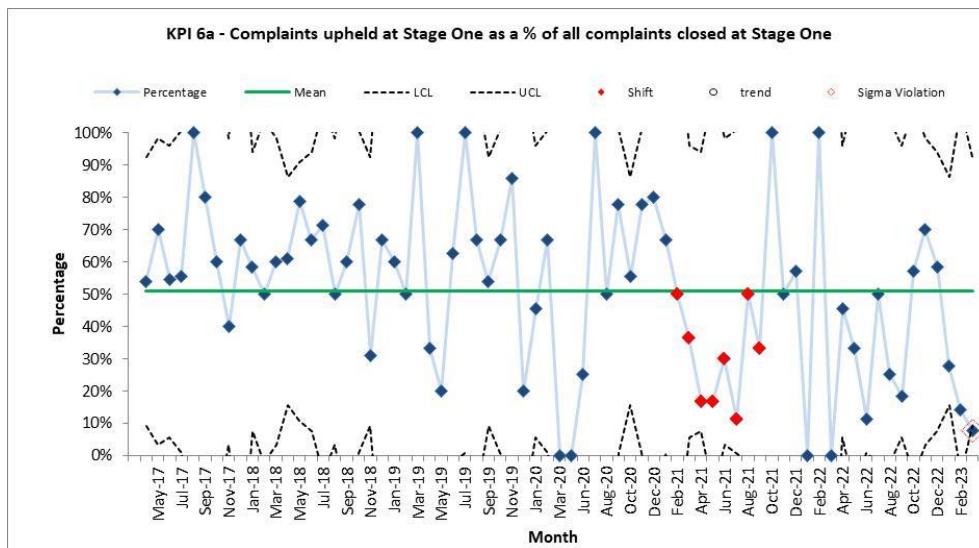
## Graph explanation

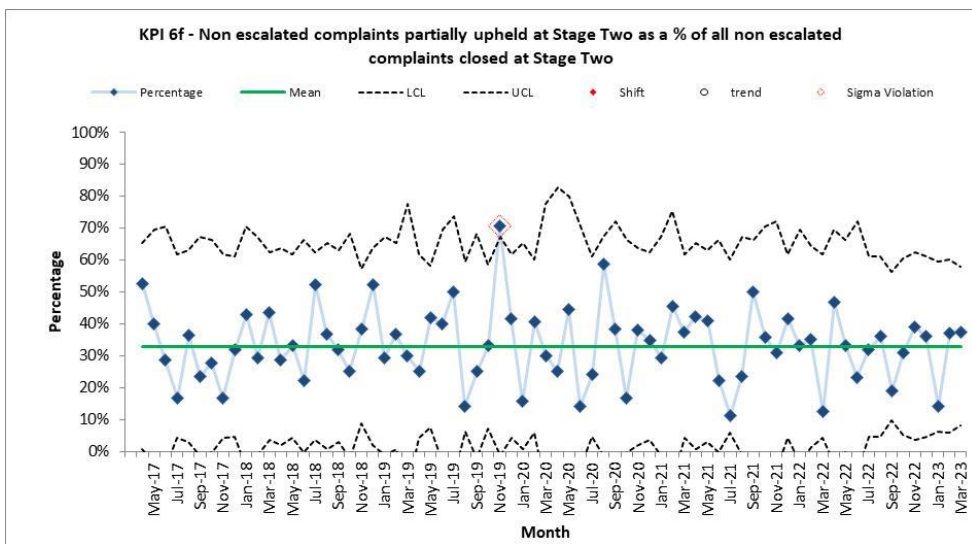
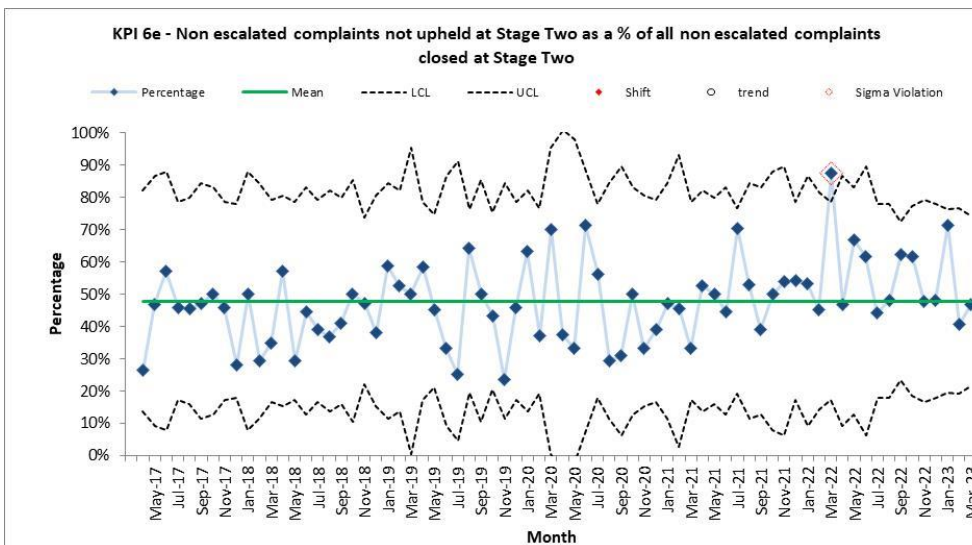
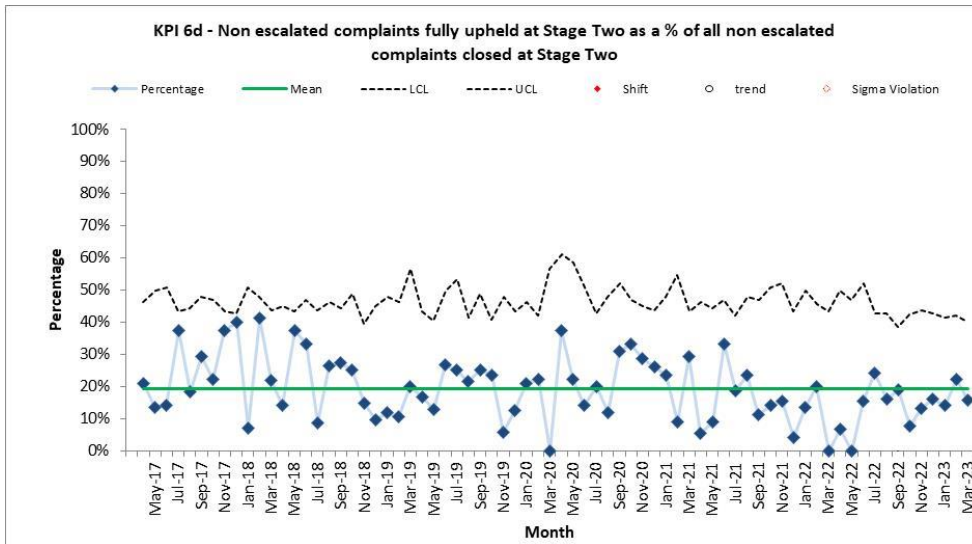
Code/ symbol on chart	Definition	Explanation
C 	Centre line	Line indicating the average performance over that time period
LCL 	Lower control limit	Line indicating lowest limit deemed an acceptable performance level
UCL 	Upper control limit	Line indicating highest limit deemed an acceptable performance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

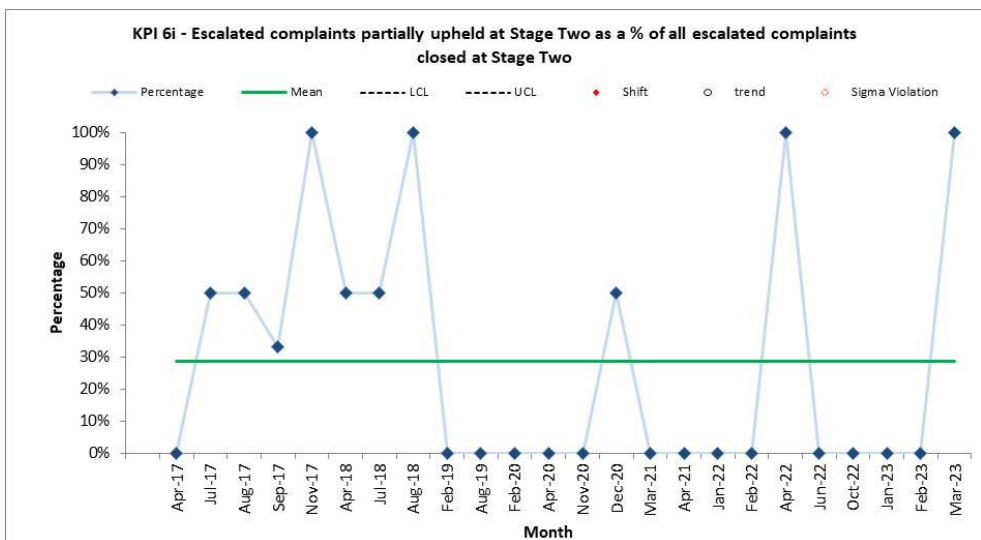
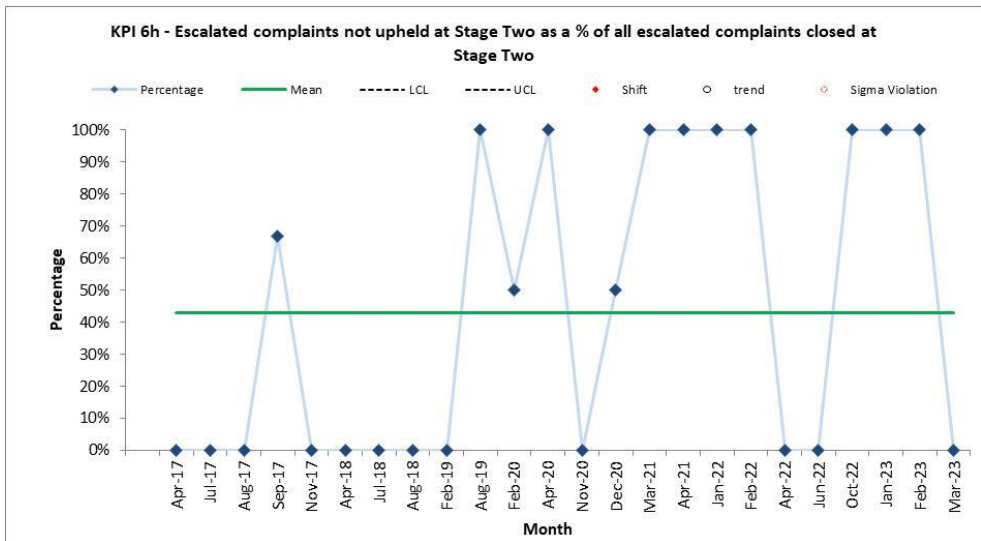
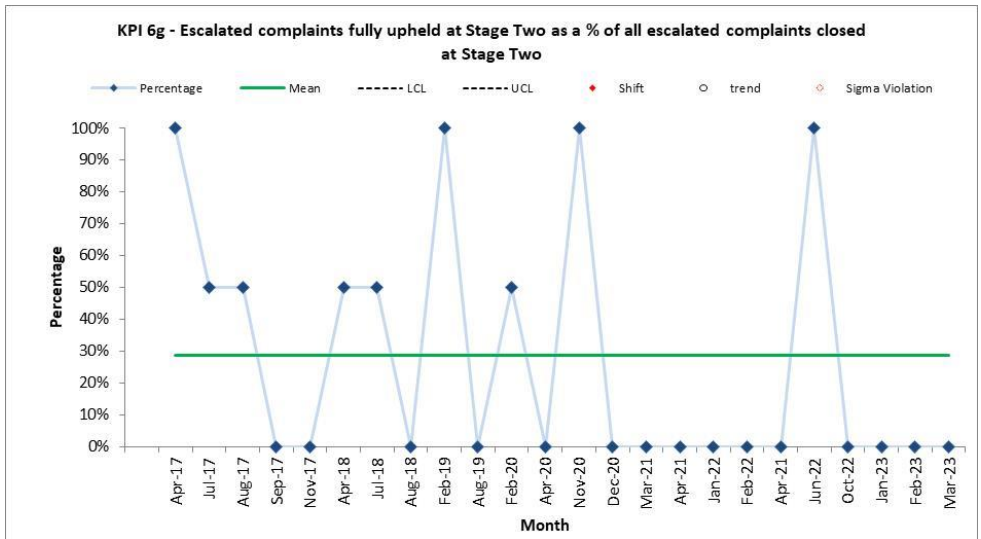
Complaints closed at each stage



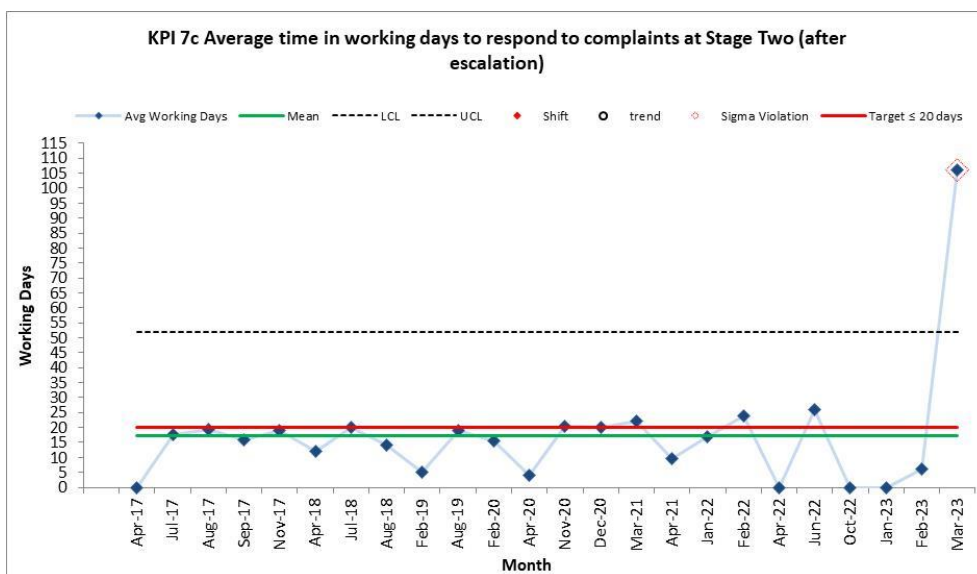
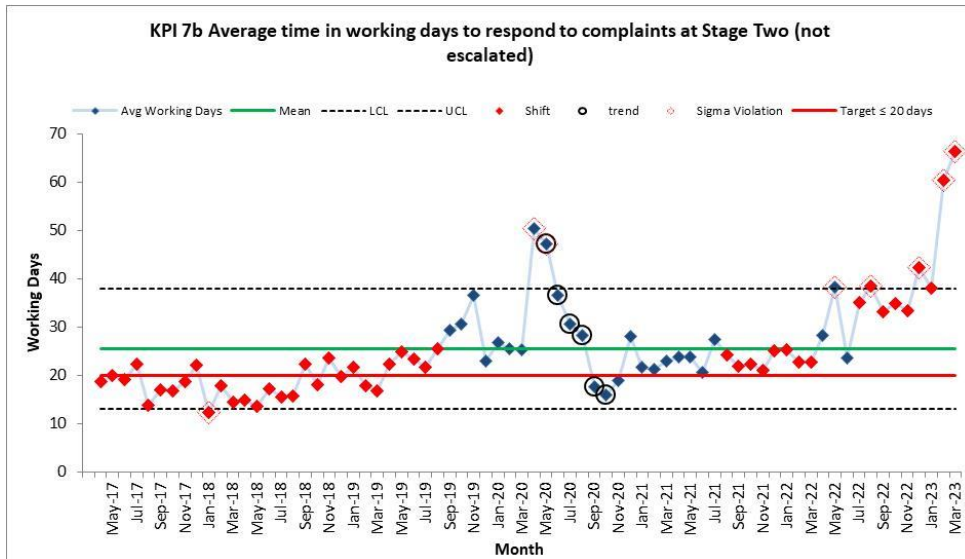
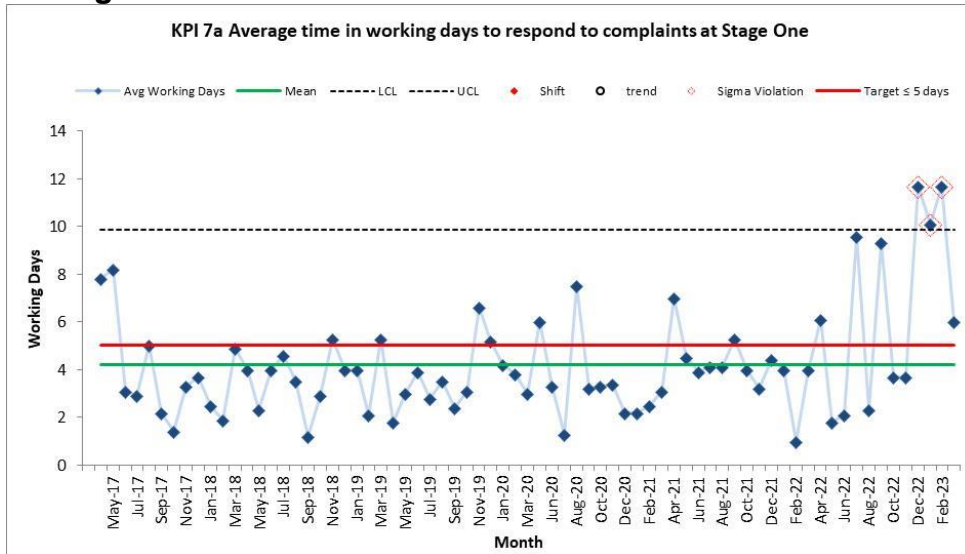
### Complaints upheld, partially upheld and not upheld



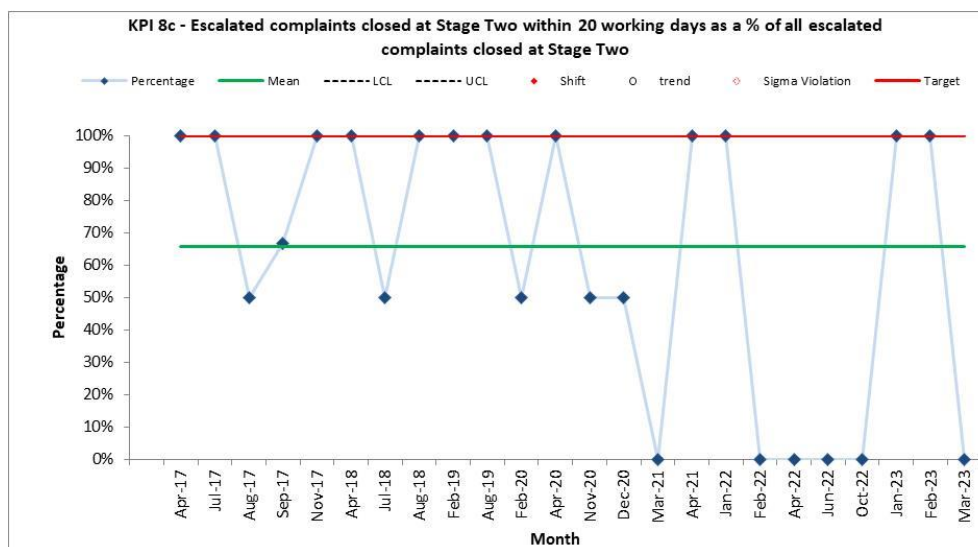
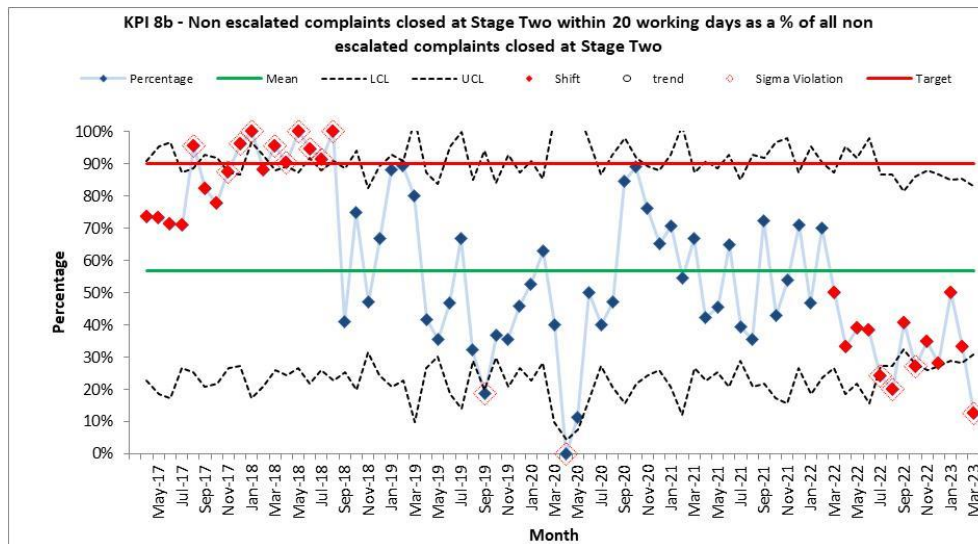
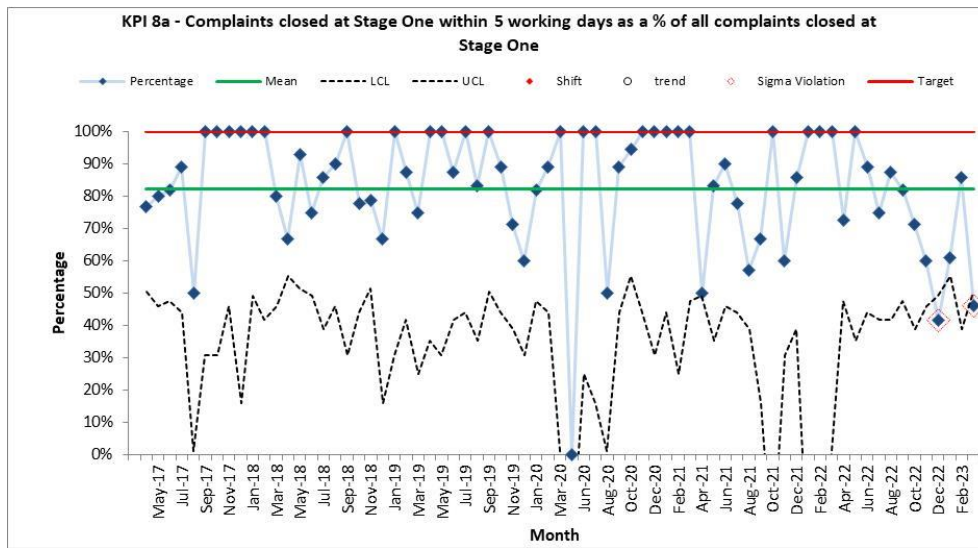




Average times



## Appendix 5 Complaints closed in full within the timescales



### Number of cases where an extension is authorised

