



Patient Experience

Annual Report 2023/24



**“Your Views Matter
To Us”**

Introduction

NHS Borders Patient Experience Annual Report 2023/24 is a summary of feedback received by NHS Borders from 1 April 2023 to 31 March 2024. This includes a description of the lessons learnt and improvements made. The report also contains information on feedback received by other independent health service providers, such as GPs, pharmacists and opticians who provide services to patients in the Scottish Borders.

Encouraging and Gathering Feedback & Complaints

NHS Borders welcomes and encourages feedback from patients, carers and family members. Information about how to provide feedback is made available to patients, carers and family members via the NHS Borders website www.nhsborders.scot.nhs.uk/feedback-and-complaints/ and our leaflet 'NHS Borders Public Facing Model Complaints Handling Procedure' for patients, relatives and carers encourages and informs individuals how to provide feedback and make a complaint. Signposting to the Care Opinion website and our Public Facing Model Complaints Handling Procedure leaflet are available throughout all of NHS Borders patient areas.

NHS Borders gathers patient feedback in several different ways, including:

- Feedback provided to any NHS Borders' member of staff by letter, email or telephone
- Feedback provided to the Patient Experience Team as follows:
 - Patient Experience Team
NHS Borders
Borders General Hospital
Melrose TD6 9BS
Tel: 01896 826719 Email: patient.experience@borders.scot.nhs.uk
- Patient feedback provided by other organisations
- Online feedback through Care Opinion www.careopinion.org.uk
- Feedback in the local press
- Public Involvement Groups
- National patient experience surveys

Based on feedback received during 2023/24 we know that most 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 several 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 system, 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:

Communications and Engagement Team
Telephone: 0800 7314052
Email: Public.Involvement@borders.scot.nhs.uk

NHS Borders continues to support the provision of independent advocacy. Locally this is provided by the Borders Independent Advocacy Service (BIAS). The service which supports people to be heard, access services and raise concerns is free and confidential. To find out more about the advocacy service please contact:

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

Recording Complaints

The Patient Experience Team records all complaints electronically on the adverse event system. 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 daily. 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 and Monitoring Weekly Dashboard

The Clinical Governance and Quality Team complete and distribute the Safety Measurement and Monitoring Weekly Dashboard. This provides a range of information in the form of charts displaying data over time. The dashboards are used to monitor quality and performance and to identify 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 2023/24 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 considering 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 and Allied Health Professions 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 and 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:

Clinical Treatment:

- Mandatory attendance at Nursing staff developmental days for both registered and non-registered staff. The day includes:
 - Why clear documentation and communication is essential
 - Discussions on crucial clinical decision making, early recognition, escalation and treatment of the deteriorating patient
- A transitions of care policy is under development. This will allow for safer and improved communication between teams when patients are transferred to other areas, ensuring that staff involved in the care transition are suitably informed and supported via education and training.

Leadership WalkRounds:

- Using the Excellence in Care (EiC) Care Assurance template. The Clinical Nurse Manager (CNM) and Senior Charge Nurse (SCN)/staff member from the clinical area complete a monthly walk round. Carrying out an in-depth audit of the chosen care element. The completed elements provide a comprehensive review where care standards of good practice are being met and potential areas for improvement.

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 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 our Stage 2 complaint response letters to gather feedback on our complaint process. Whilst questionnaires continued to be issued during 2023/24 only 12 completed questionnaires were received by the Patient Experience Team:

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

Complaint Handling

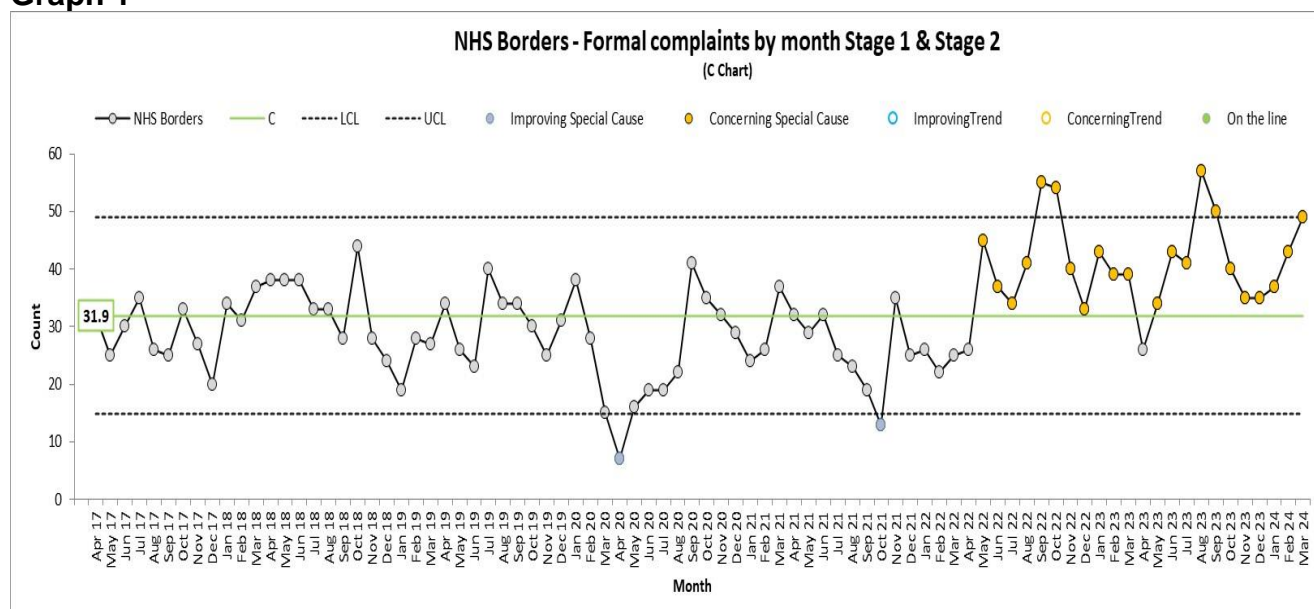
During 2023/24 the Patient Experience Team used their twice weekly team meetings to identify ways to improve our complaint process and regular more in-depth Improvement Team Meetings. These team meetings gave the team an opportunity to put forward and test ideas to improve our processes. The team meetings 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 515 complaints were received between 1 April 2023 and 31 March 2024. This is an increase of 36 complaints when compared with 2023/24, when 479 complaints were received.

Graph 1 shows the number of complaints received by month between April 2023 and March 2024. An explanation of how to interpret graph 1 and the other graphs throughout the report is provided in Appendix 1.

Graph 1



Out of the 515 complaints received, 377 related to the Borders General Hospital, 79 related to Primary & Community Services, 46 related to Mental Health and 13 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 2023/24, our average time to respond to complaints at Stage 1 was 7.5 working days. Our average time to respond to complaints at Stage 2 was 49.6 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 2023/24, we closed 58% of all Stage 1 complaints within 5 working days and 29% 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, 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

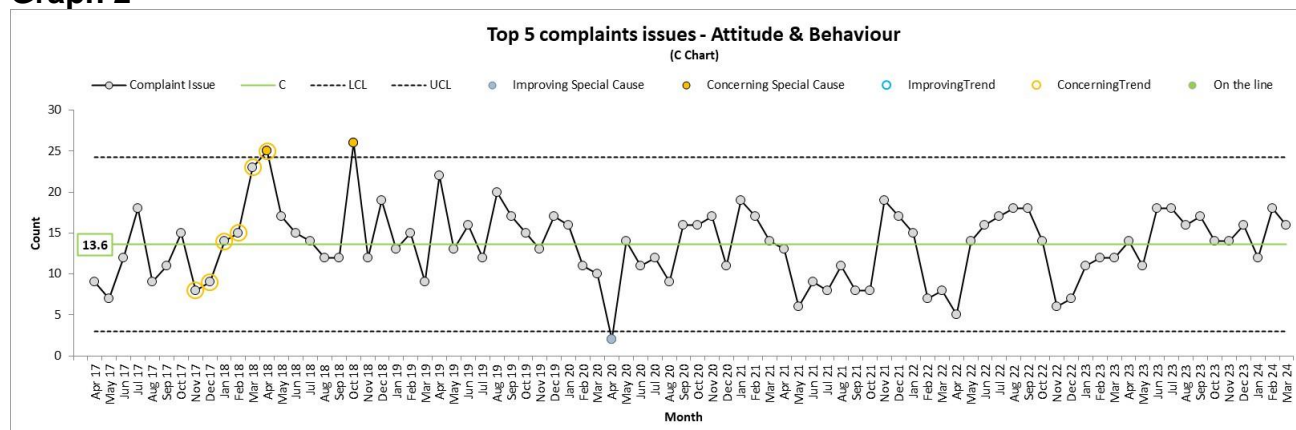
The model complaints handling procedure allows for an extension to the timescales to be authorised in certain circumstances. During 2023/24, no Stage 1 complaints had an extension authorised. A chart outlining this performance is included in Appendix 6.

During the period 2023/24 our Stage 2 response letter noted, when appropriate, the Board's apologies for the delay in responding to the concerns of the complainant. This was due to the extreme pressure all our services were experiencing. We have provided additional capacity to the Patient Experience Team to support the workload.

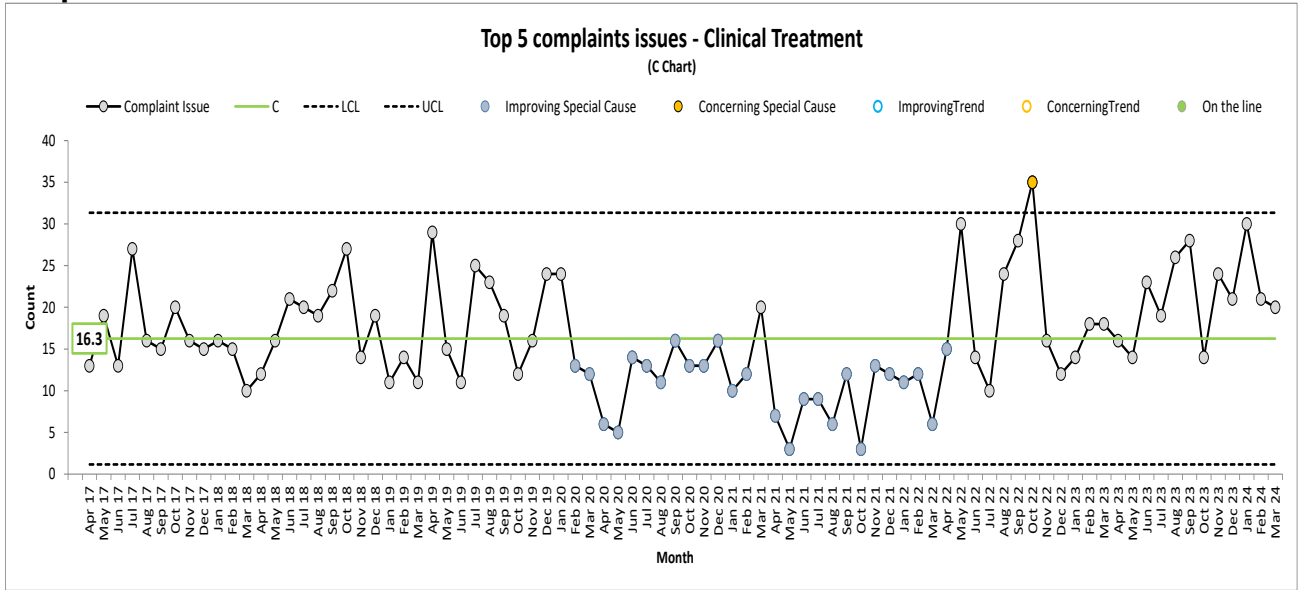
Complaints Themes

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 (2022/23).

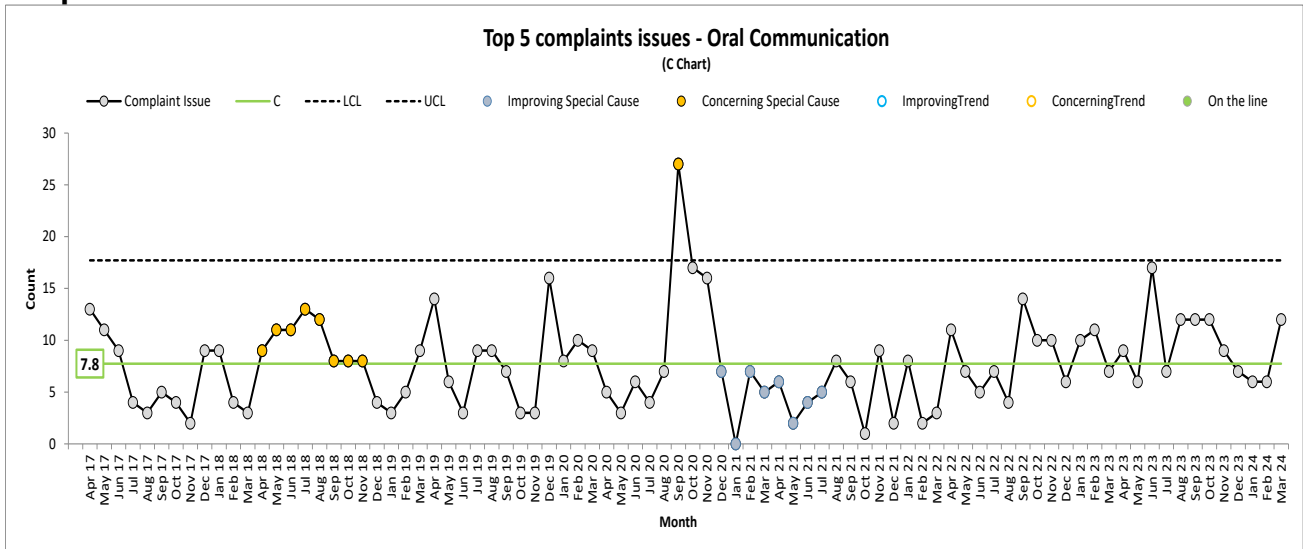
Graph 2



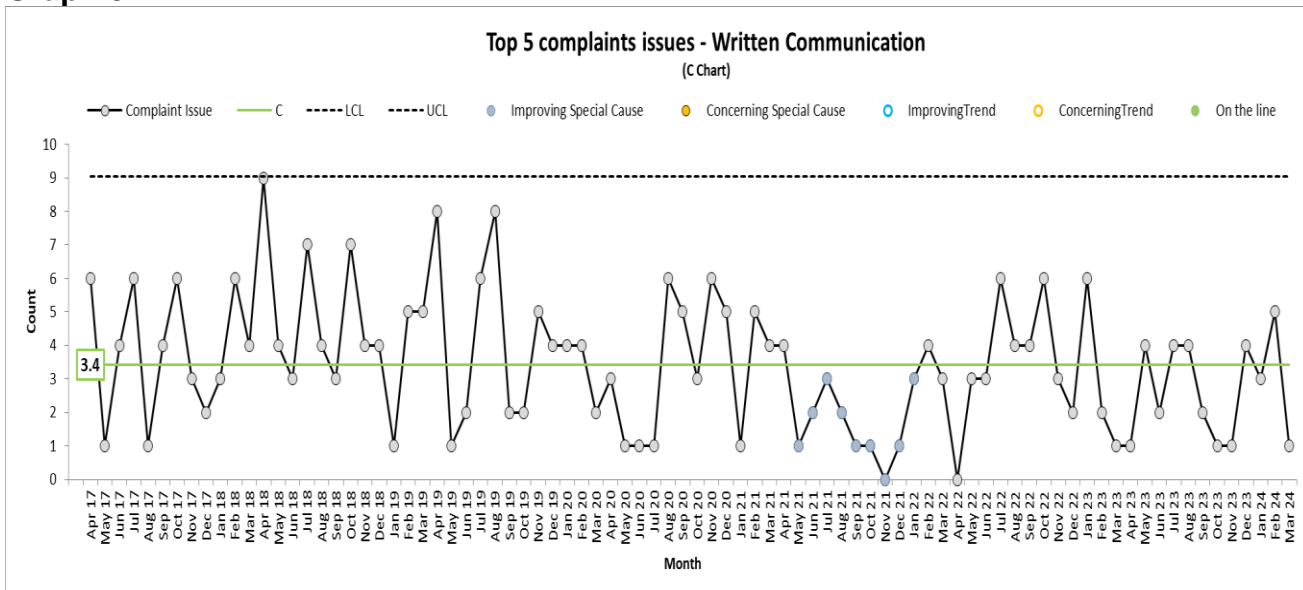
Graph 3



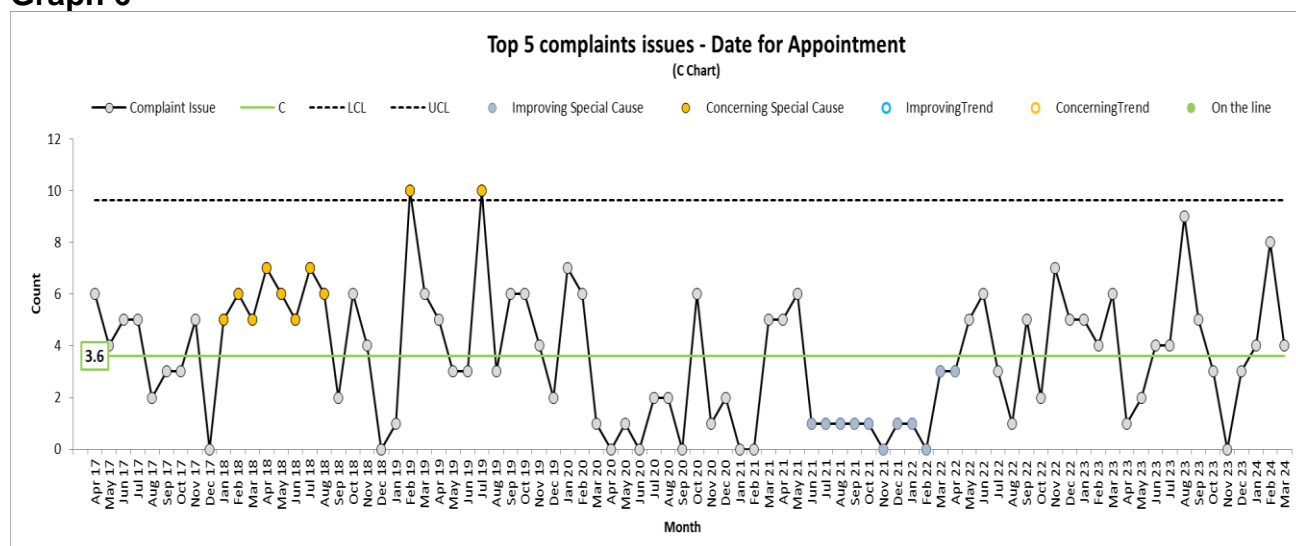
Graph 4



Graph 5



Graph 6



When a comparison is made, between 2022/2023 and 2023/24 (see table below) there was an increase in four of the themes included in the Top 5.

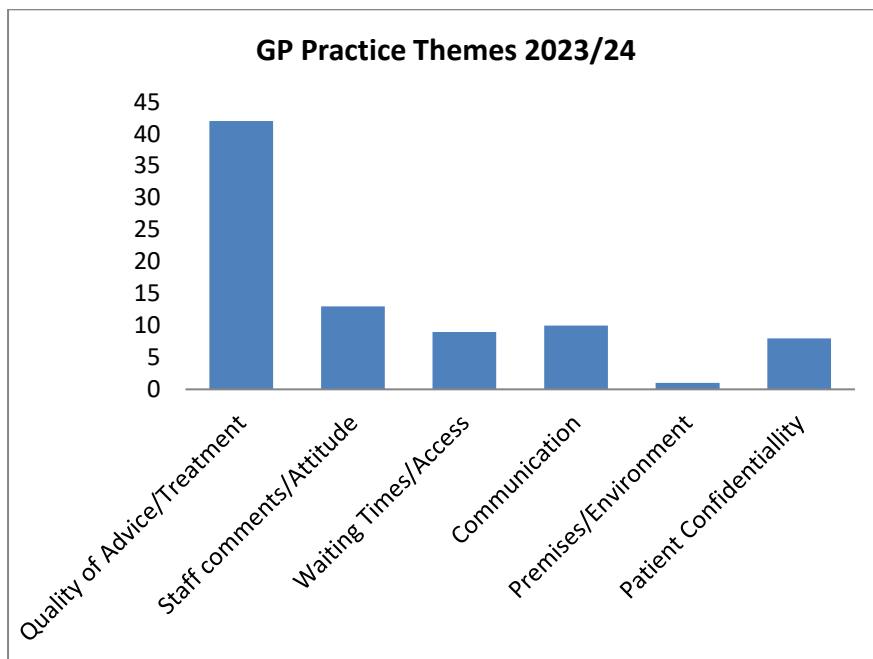
Top 5 Issues	Total 2022/23	Total 2023/24
Attitude and Behaviour	144	184
Clinical Treatment	228	292
Communication – Oral	100	116
Communication – Written	41	34
Date of Appointment	52	57

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 2023 and 31 March 2024:

	GP	Dentist	Pharmacist	Optician	TOTAL
No. of Complaints received	85	1	3	0	89

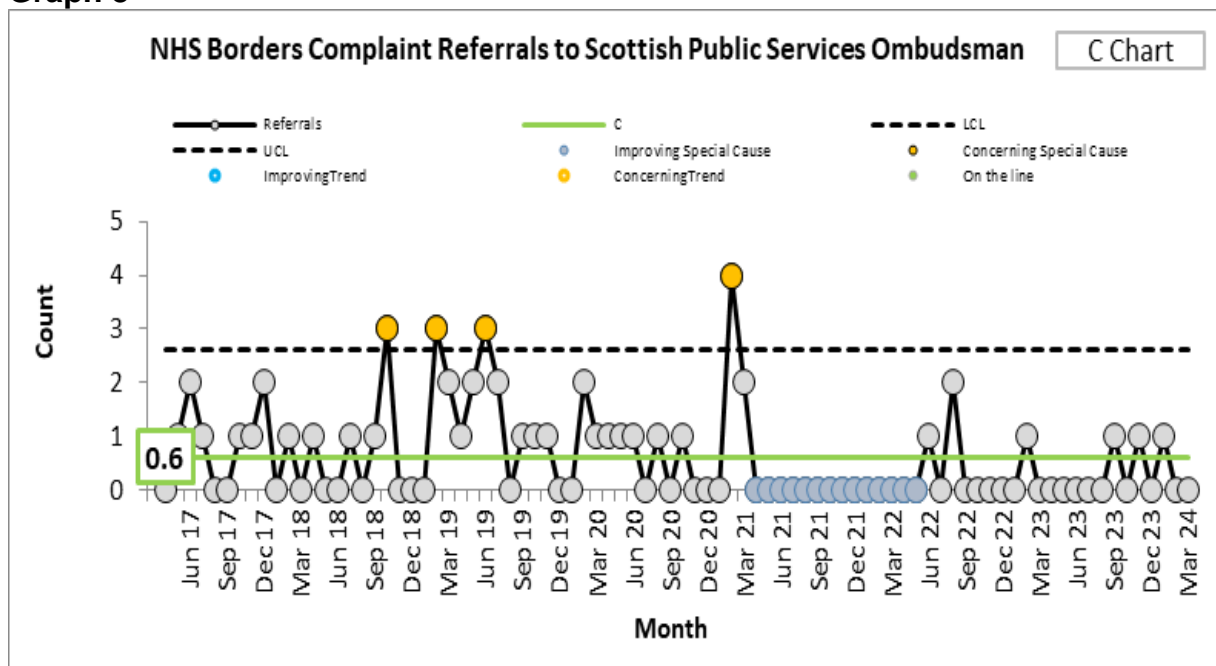
Graph 7 below outlines the top themes emerging from the complaints received by General Practitioners operating in the Scottish Borders between April 2023 and March 2024:



Scottish Public Services Ombudsman (SPSO)

Graph 8 below outlines referrals accepted by the SPSO. For the year 2023/24 NHS Borders were not advised of any new referrals that the SPSO had taken on for investigation. In 2023/24 3 SPSO decisions were received; 2 were upheld and 1 was not upheld. After initial assessment the SPSO advised there were 15 cases which would not be taken forward for review by them:

Graph 8



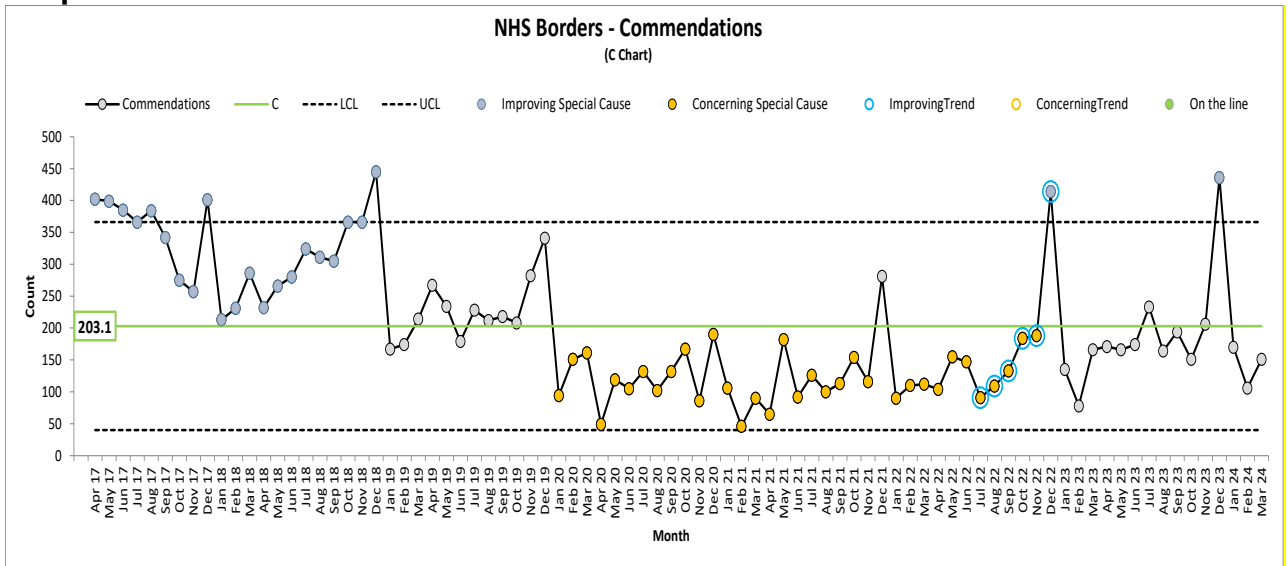
The following decisions and recommendations were received by the SPSO between 1 April 2023 and 31 March 2024 for cases investigated by them in relation to complaints made to NHS Borders:

	Status
SPSO Case Reference 202207070	Progress
Not upheld	Closed
SPSO Case Reference 202305863	Progress
Not upheld	Closed
SPSO Case Reference 202306031	Progress
Not upheld	Closed
SPSO Case Reference 202307454	Progress
Not upheld	Closed
SPSO Case Reference 202300199	Progress
Further response to complainant	Closed
SPSO Case Reference 202308654	Progress
Not upheld	Closed
SPSO Case Reference 202304646	Progress
Not upheld	Closed
SPSO Case Reference 202310173	Progress
Not upheld	Closed
SPSO Case Reference 202309761	Progress
Not upheld	Closed
SPSO Case Reference 202301720	Progress
Not upheld	Closed
SPSO Case Reference 202300887	Progress
Not upheld	Closed
SPSO Case Reference 202206708	Progress
Not upheld	Closed
SPSO Case Reference 202210219	Progress
Not upheld	Closed
SPSO Case Reference 202204401	Progress
Not upheld	Closed
SPSO Case Reference 202209098	Progress
Not upheld	Closed

Commendations

During 2023/24 NHS Borders received 2,166 commendations, a decrease from the previous year (2,879). Graph 9 shows commendations received to 31 March 2024:

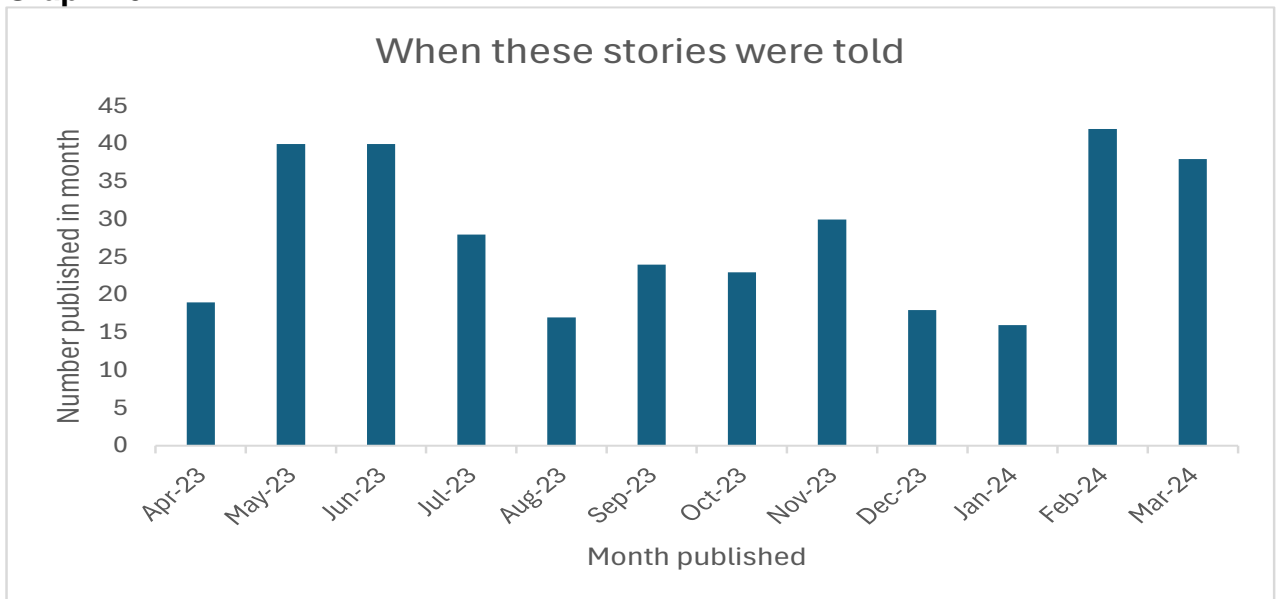
Graph 9



Care Opinion

Between 1 April 2023 and 31 March 2024, 335 stories were shared on Care Opinion about NHS Borders. At the time of preparing this report, these stories had been viewed on Care Opinion 42,459 times in total. 82% 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 2023/24:

Graph 10



Future Developments








There is always room for improvement to be made and the following areas have been identified for 2024/25:

- Work has just concluded within Psychology services to obtain feedback from service users (Social Work, Third Sector, Primary Care etc) and patients to assess the need and quality of Psychology services within the NHS Borders geographical area. We are currently analysing the responses, and a report will be available shortly
- Within the Adult Mental Health teams, a feedback exercise is due to commence in the next few weeks which will provide crucial feedback on the current performance of the services delivered for patients in NHS Borders. This will help the services target support where it is needed most and forms an integral part of their service reviews
- Plans are underway to recruit a new group of Patient Feedback Volunteers to enable real time feedback to be obtained from inpatients and those attending clinics
- Through alignment with ward-based quality and improvement work the patient experience team will working closely with Senior Charge Nurses within our Ward areas to provide real time data from feedback and complaints with a particular focus on areas of improvement. Making this data and the outcomes visible to patients and ward visitors

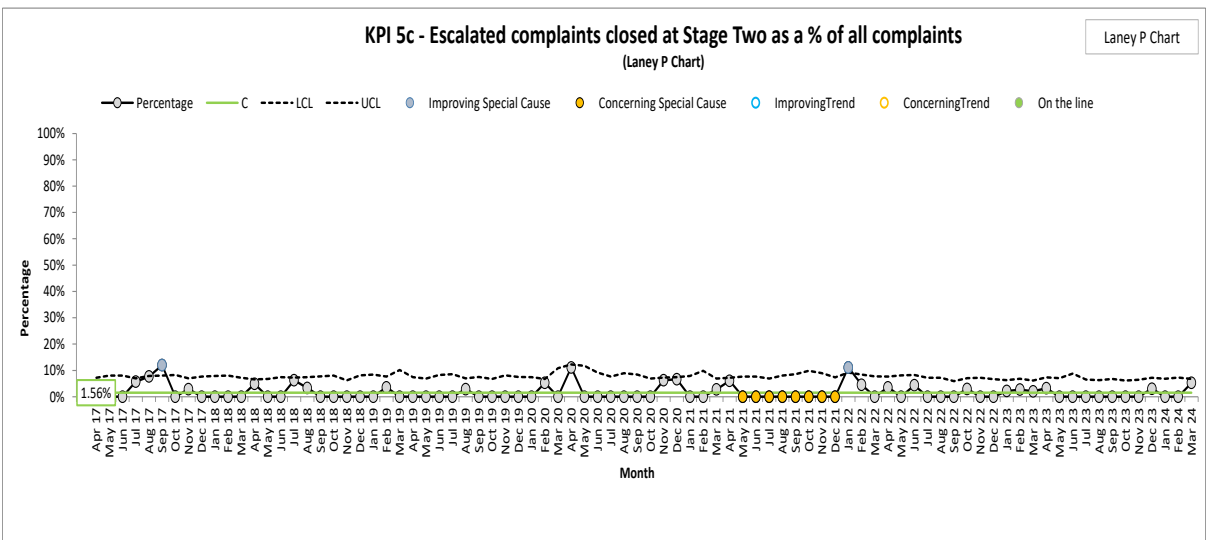
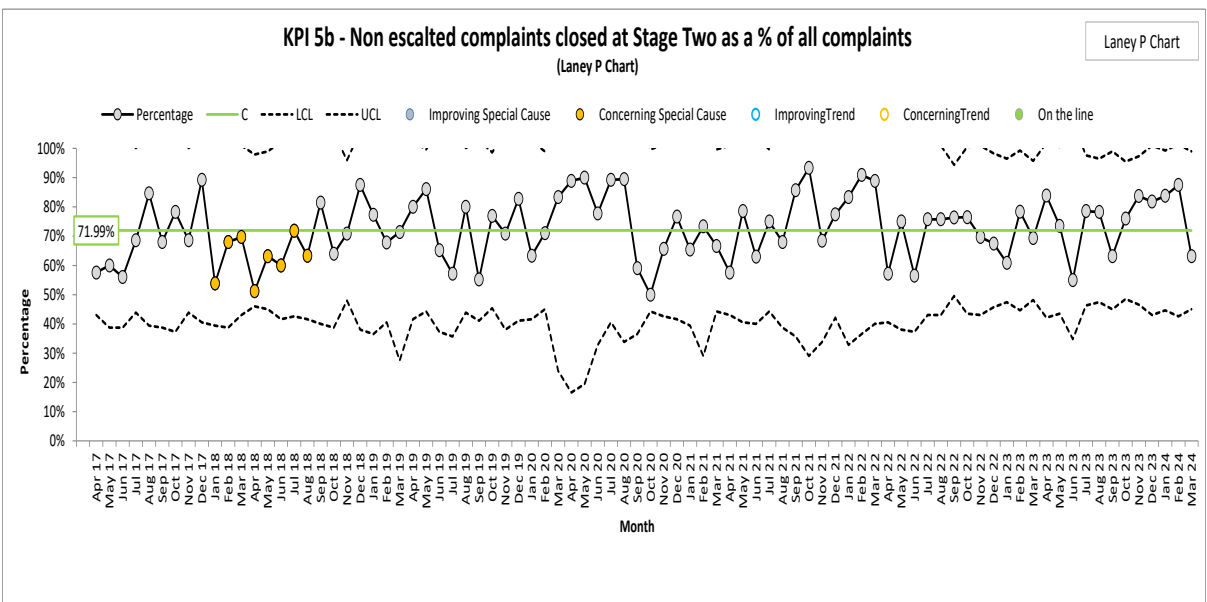
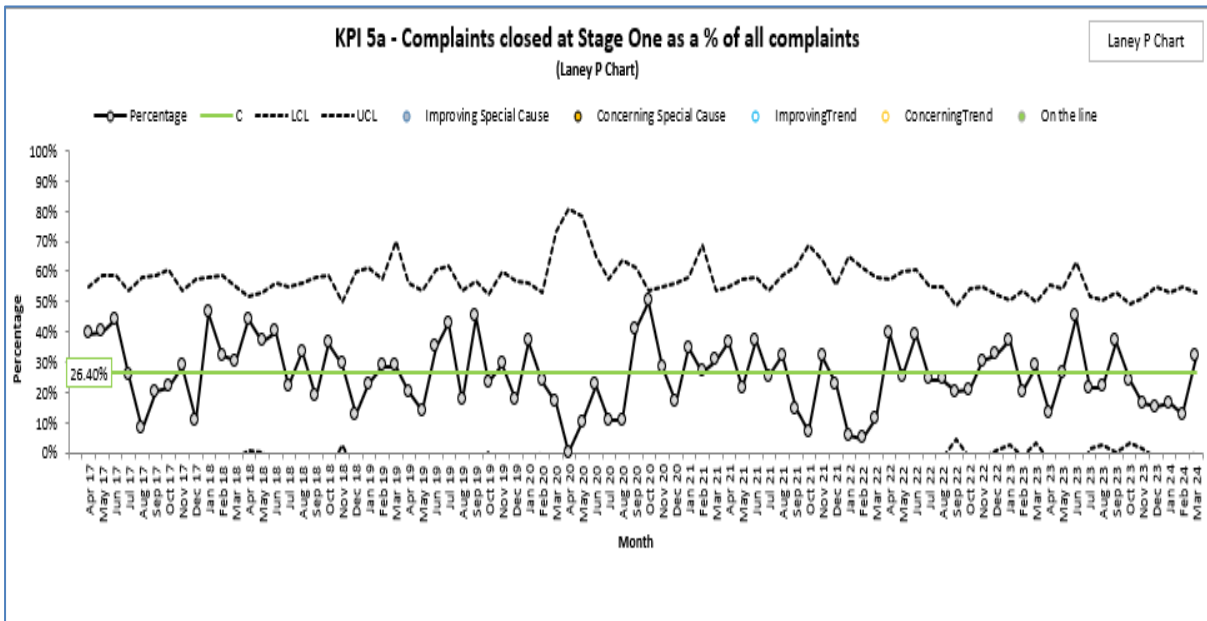
We would welcome your comments on this annual report. If you would like to comment or need this report in large print, audio, Braille, alternative format or in a different language please contact;

Patient Experience Team
Borders General Hospital
Melrose TD6 9BS
01896 826719
patient.experience@borders.scot.nhs.uk
www.nhsborders.scot.nhs.uk/feedback-and-complaints/

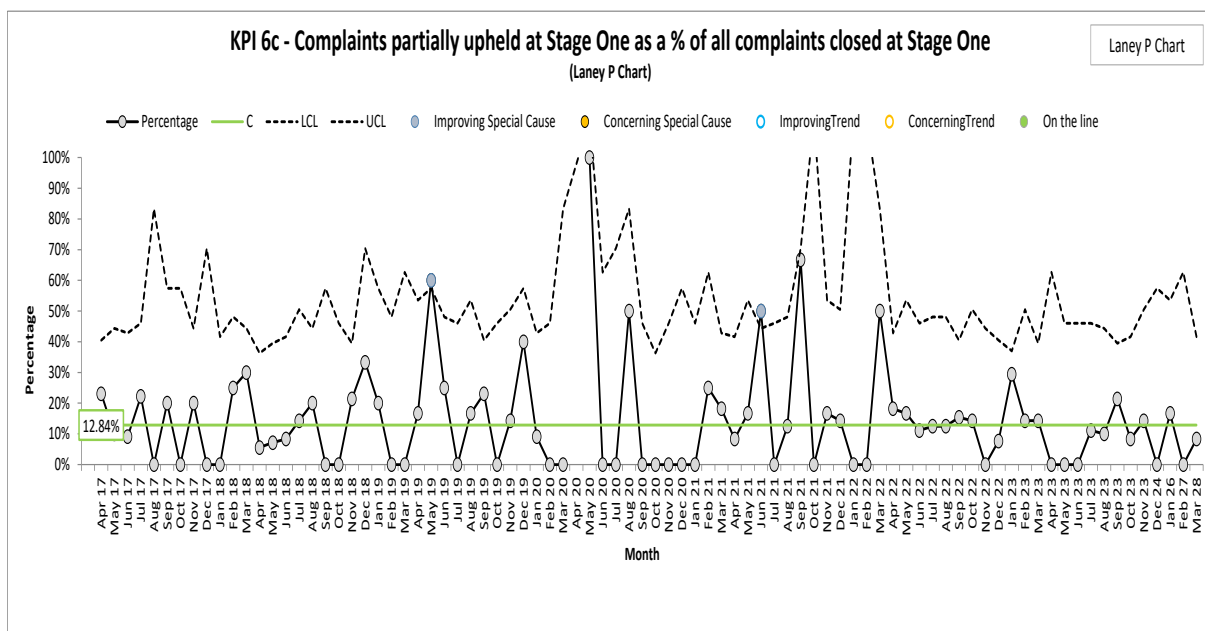
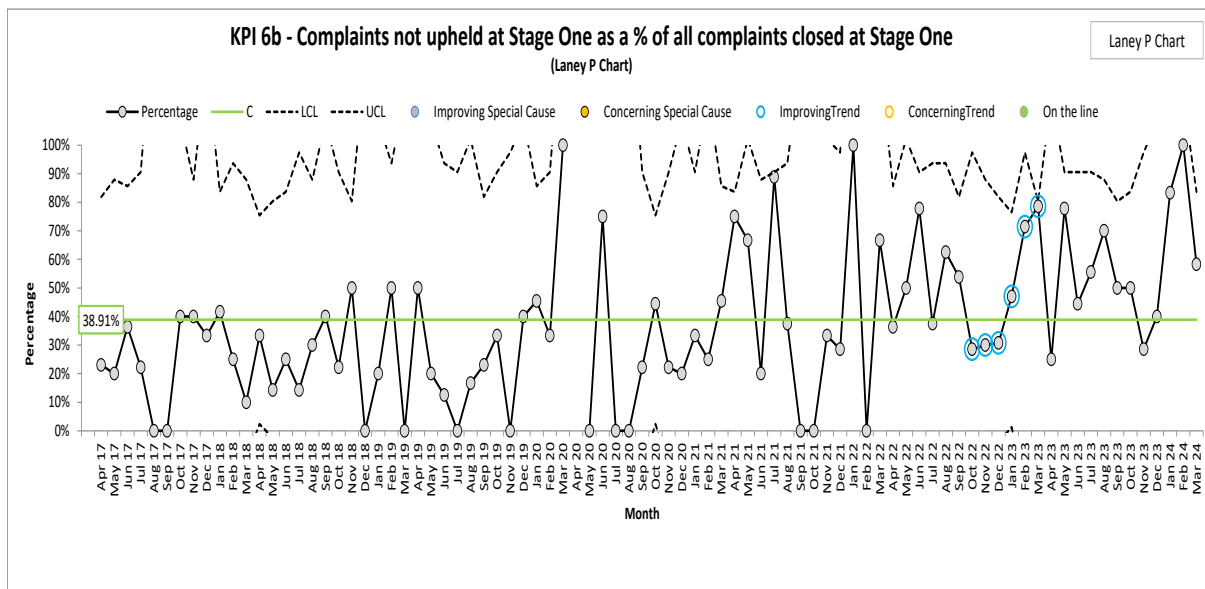
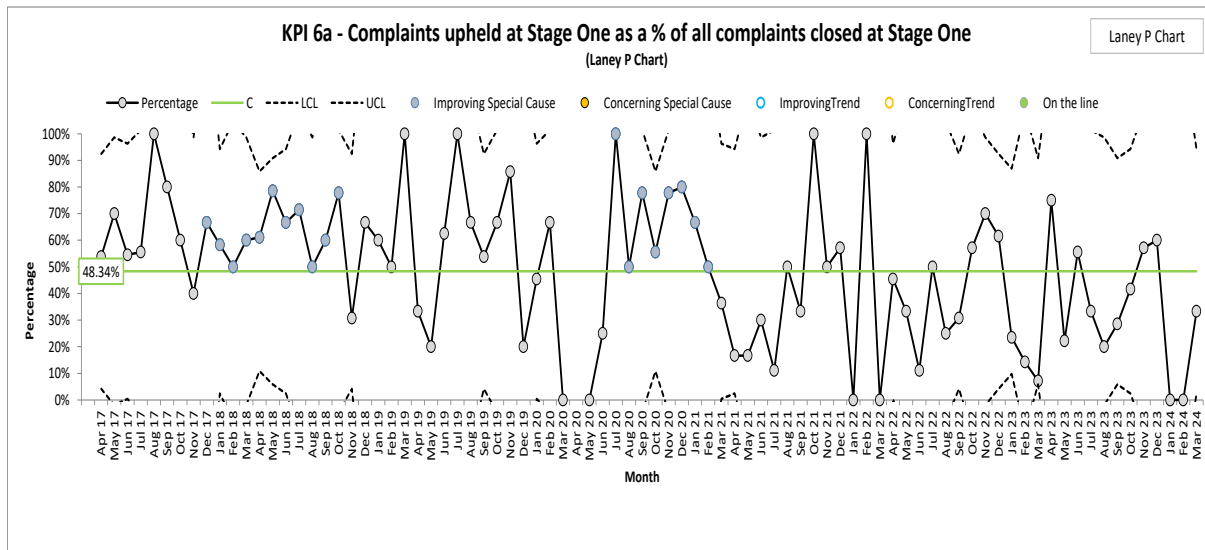
Graph explanation

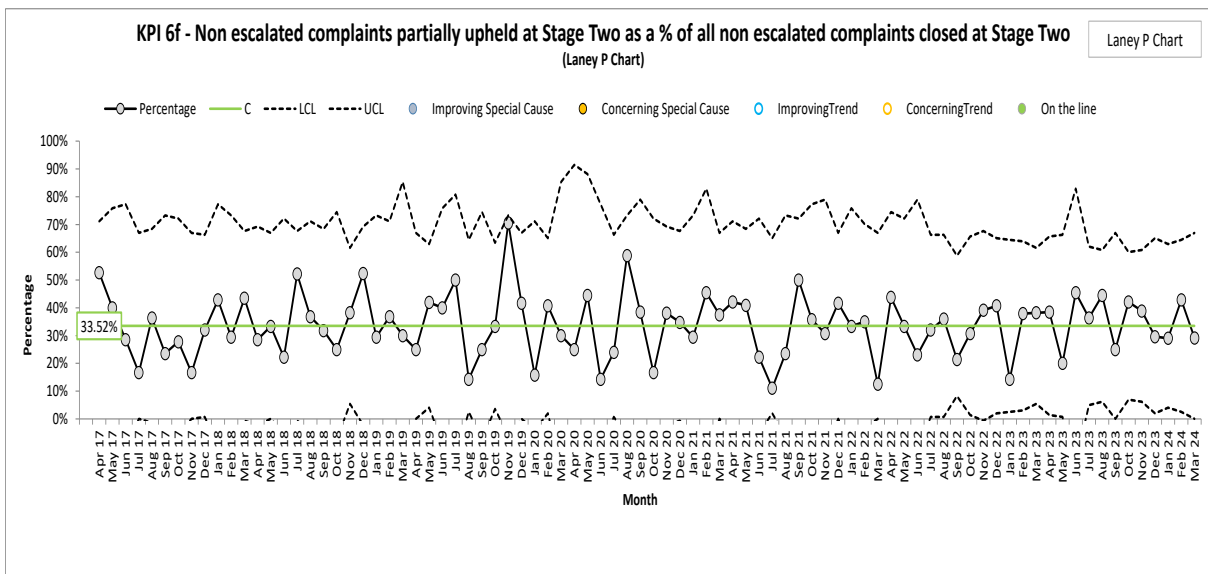
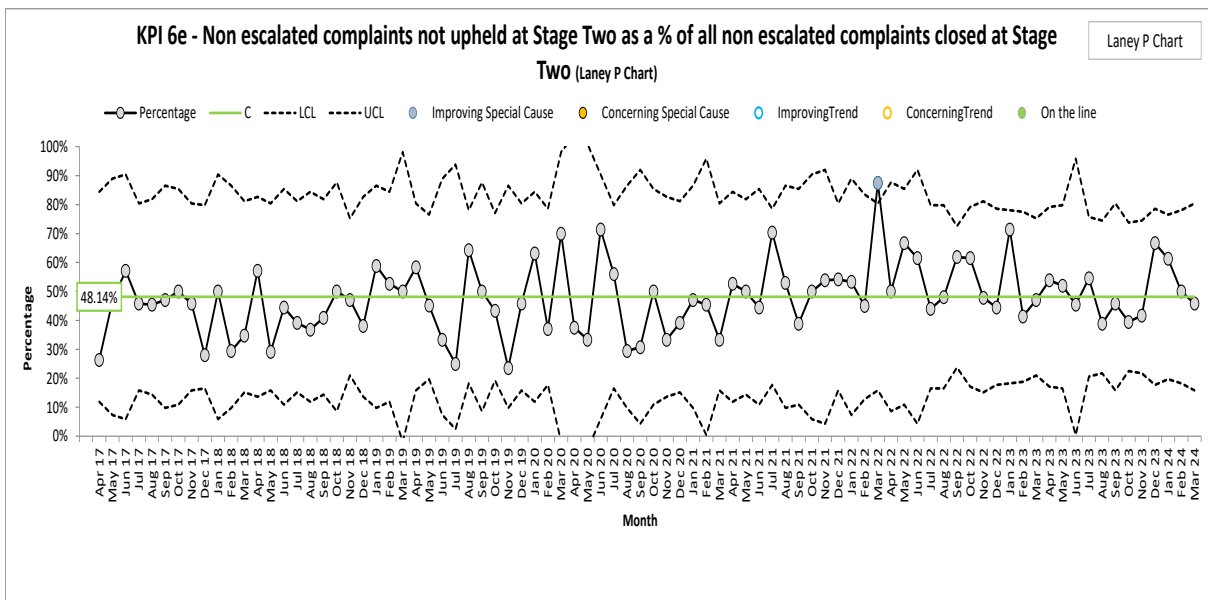
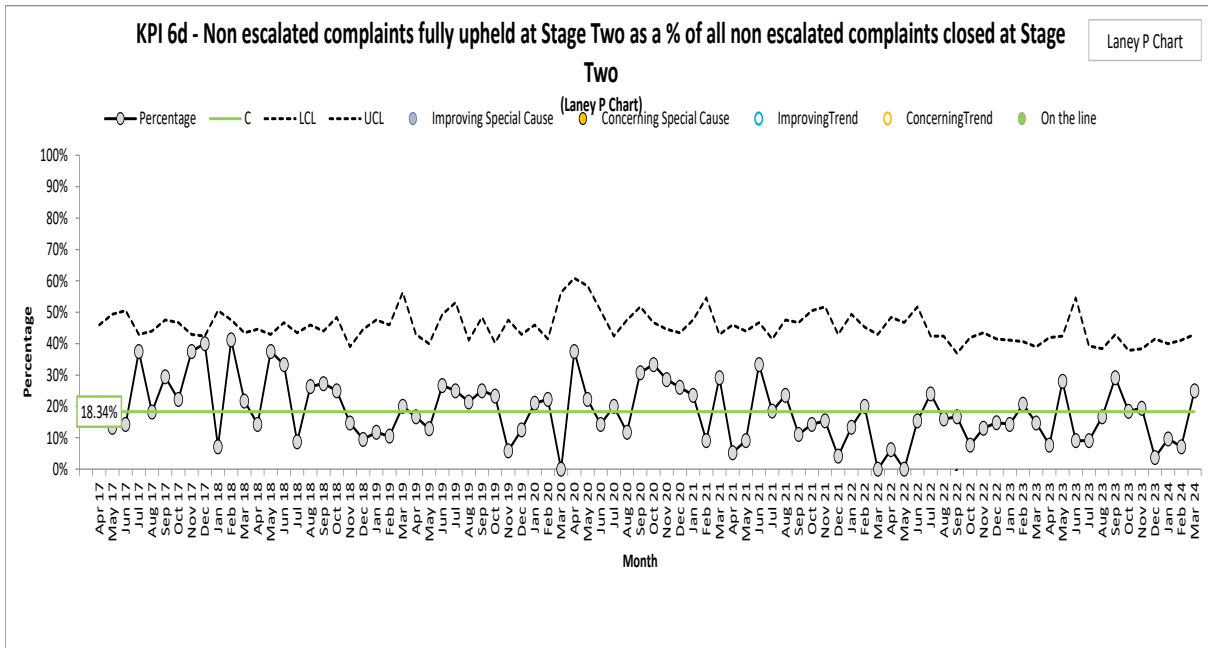
Code/ symbol on chart	Definition	Explanation
C 	Centre line	Line indicating the average performance over that time period
LCL 	Lower control limit	Line indicating lowest limit deemed an acceptable performance level
UCL 	Upper control limit	Line indicating highest limit deemed an acceptable performance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

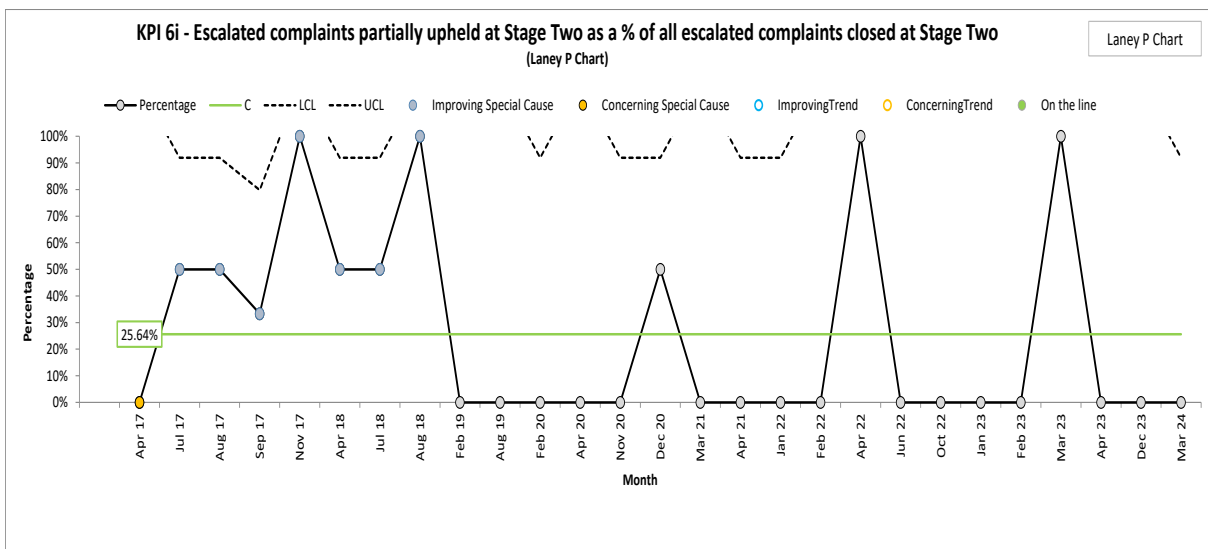
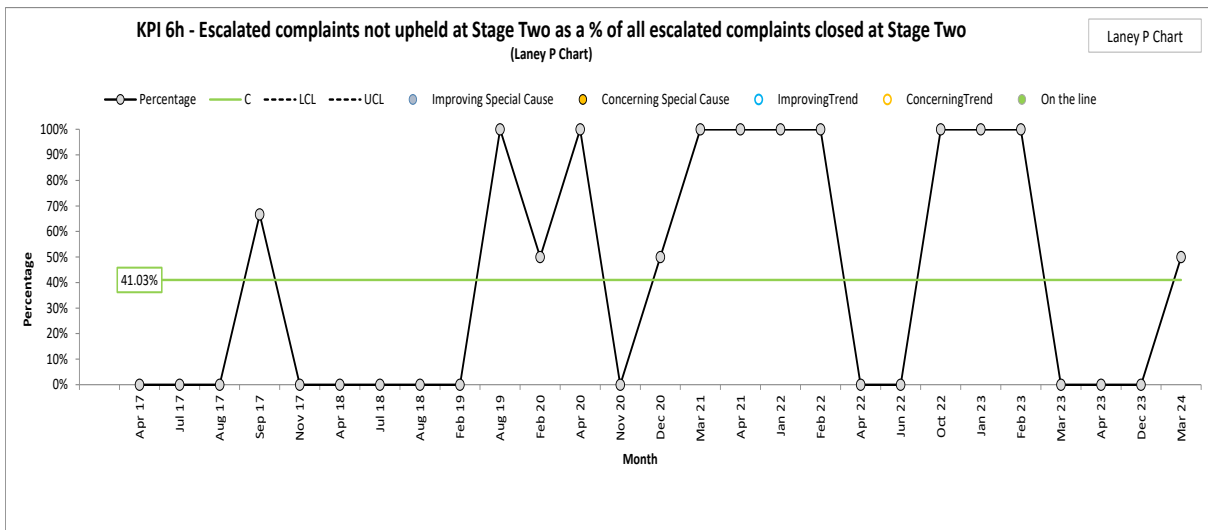
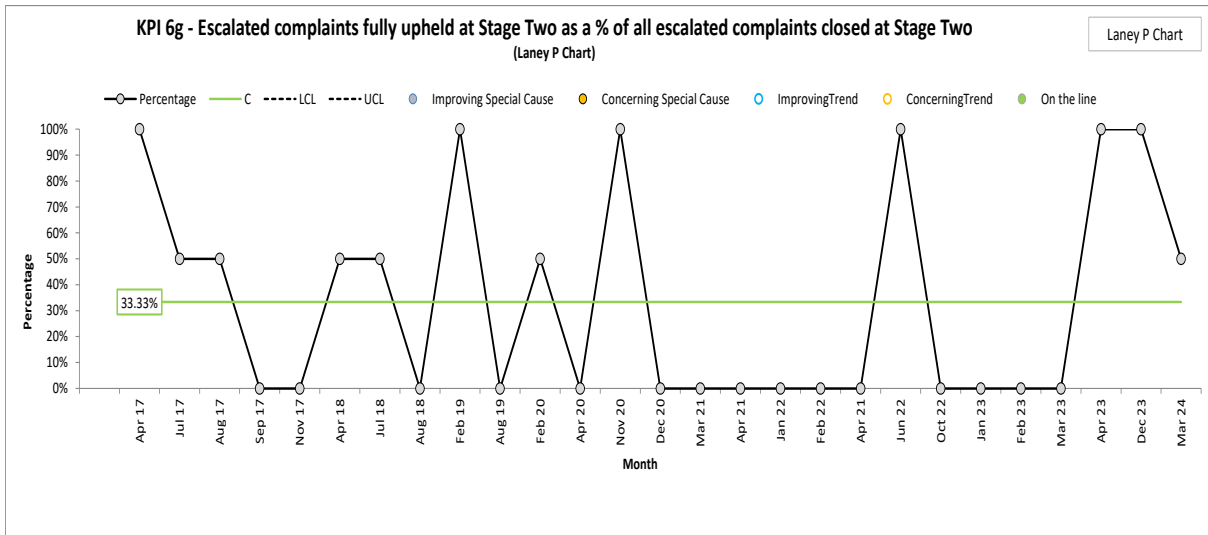
Complaints closed at each stage



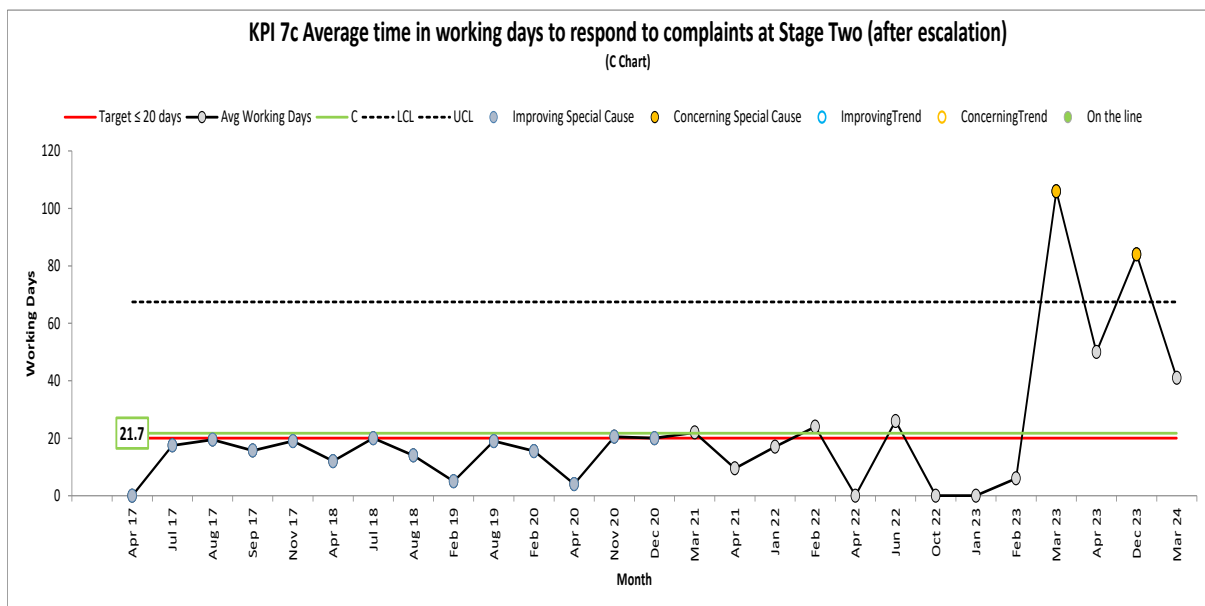
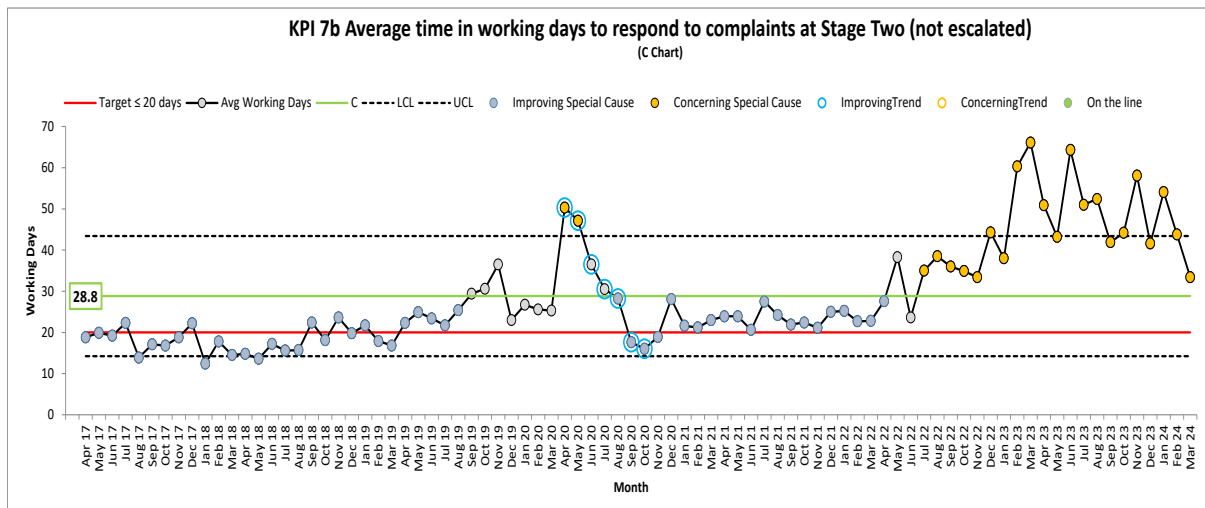
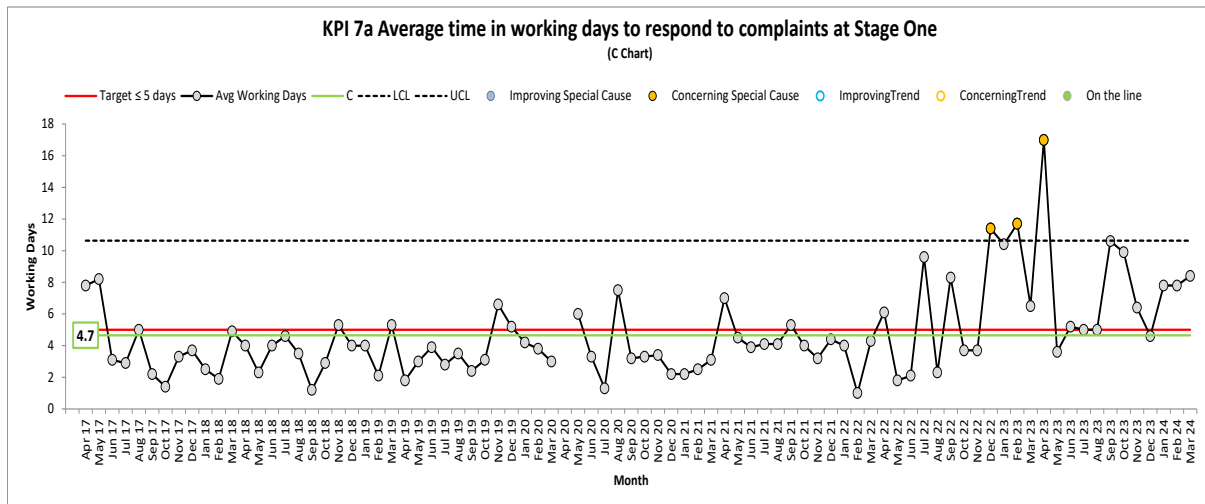
Complaints upheld, partially upheld and not upheld



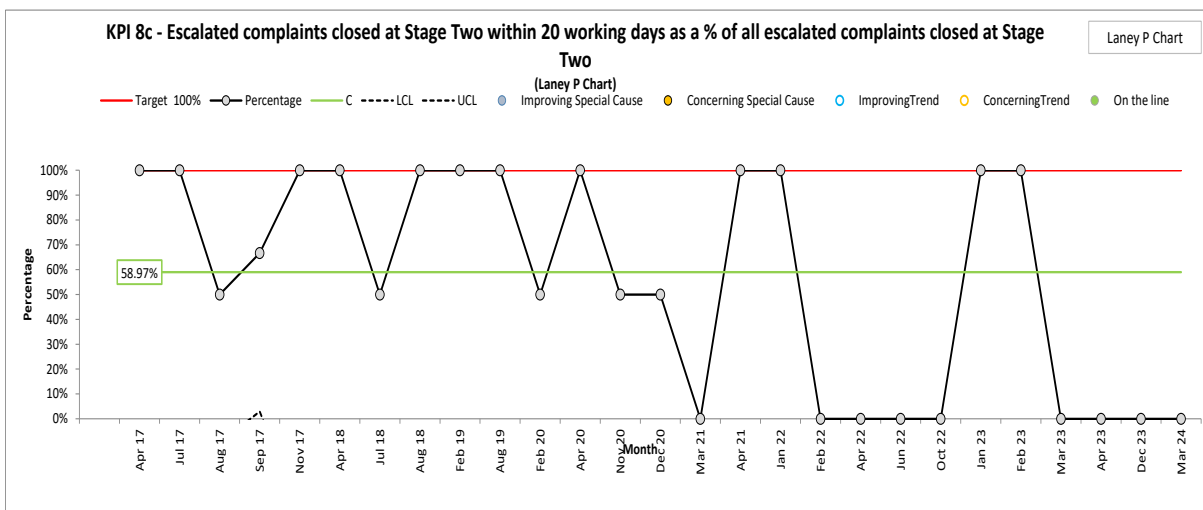
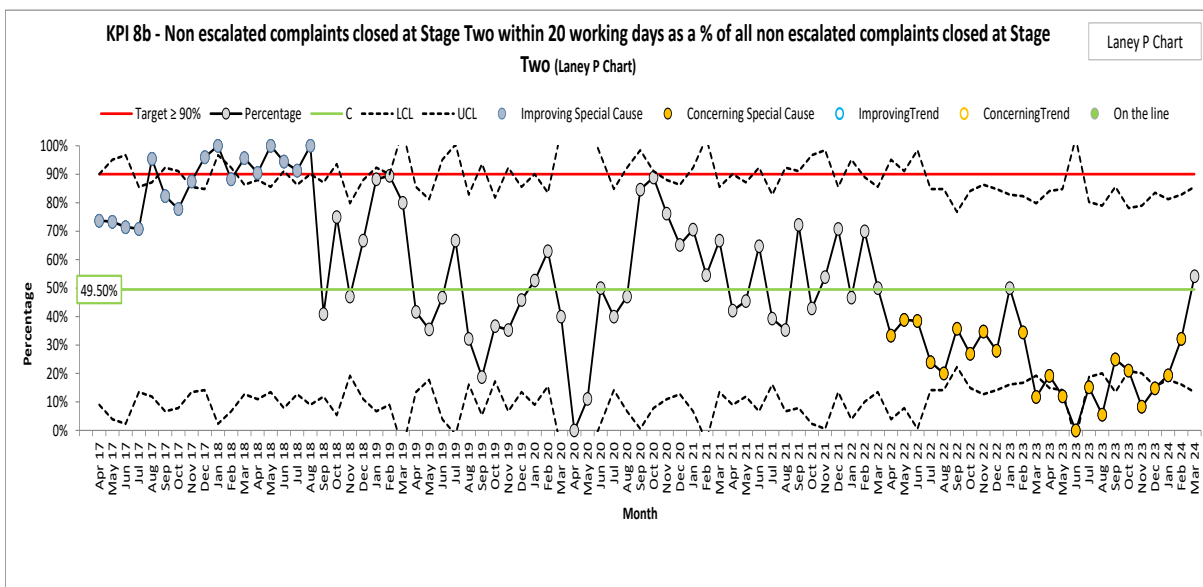
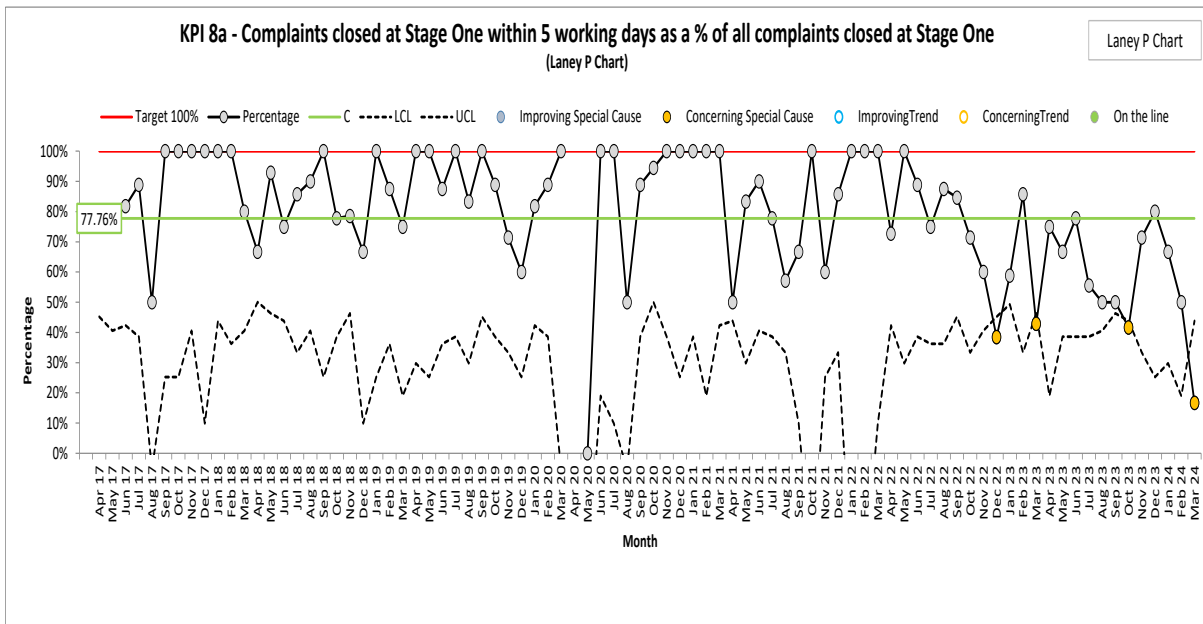




Average times



Complaints closed in full within the timescales



Number of cases where an extension is authorised

