

THE STATE HOSPITALS BOARD FOR SCOTLAND



Complaints and Feedback Annual Report

1 April 2020 - 31 March 2021

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Introduction

The State Hospital's Board for Scotland Board (the Board) is one of NHS Scotland's National Health Boards, and is a high secure forensic mental health facility. The State Hospital (TSH) provides care and treatment for up to 140 male patients with a catchment area covering Scotland and Northern Ireland.

The Board is committed to understanding the impact of service delivery and understands that involving stakeholders is key to ensuring services are designed to deliver safe and effective person-centred care and treatment.

This report provides details of feedback and complaints received during the period 1 April 2020 to 31 March 2021, demonstrating the learning emerging from meaningful stakeholder involvement.

The report reviews performance in relation to managing feedback and complaints, (incorporating compliments, comments, concerns and complaints) aligned to the NHS Model Complaints Handling Procedure (MCHP). The MCHP supports a person centred approach to complaints handling across NHS Scotland, adopting a standard process, ensuring staff and people using NHS services have confidence in complaints handling and encouraging NHS Boards to learn from complaints and feedback to support ongoing service improvement based on experiential learning.

Given the unique nature of the care provided, eliciting feedback from TSH patients in a meaningful way can be very challenging. In particular, managing the aspirations of complaint outcomes for this patient group is complex, often closely linked to mental health presentation and ongoing negative symptoms of mental health conditions.

Section 1

Encouraging and Gathering Feedback

The Board is committed to creating an organisational culture in which stakeholders are recognised and meaningfully involved as equal partners in service delivery. Feedback is welcomed from patients, carers, staff and volunteers as this data enables the Board to improve its understanding of what is working well, what is not working so well, and what could work better.

TSH patients experience a range of difficulties relating to the impact of mental health conditions in relation to their ability to communicate effectively. Barriers to communication including Intellectual Disability, Autism, Dementia, language and sensory impairment, present additional challenges which call for specialist skills and knowledge to support a tailored approach to enabling all patients to share their views. Given the need to ensure patients, carers and volunteers have the level of support required to be meaningfully involved in service development, the role of the Person Centred Improvement Team (PCIT) is pivotal to providing dedicated support, tailored to individual need.

The Board acknowledges carers as valued partners in service development. TSH values the wealth of knowledge and experience carers can offer to support the recovery journey, and are committed to empowering carers to be actively involved in service design. Due to the nature of the services provided, this group of carers are unique as they do not provide 'substantial and regular care' to patients, however are considered to be a vital role in promoting recovery. In recognition of the specific needs of carers who support patients within this setting, the Board maintains the full-time post of Person Centred Improvement Advisor (PCIA), whose remit relates primarily to carer support.

The role of volunteers is also recognised as a valuable contribution to patient care in terms of enriching the quality of everyday life for patients. The input of this group is important as a means for patients to interact with people other than staff and therefore particularly beneficial for many patients who receive no social visits. This mutually beneficial relationship complements the delivery of person-centred care and treatment. The Person Centred Improvement Lead (PCIL) is responsible for managing volunteer input across the Hospital, ensuring this very unique perspective is actively sought and incorporated within service design.

Within the context of TSH, the Board recognises external supporting organisations including Healthcare Improvement Scotland (HIS) Community Engagement, European Human Rights Commission (EHRC), Forensic Network, Scottish Government Person-centred Team, Mental Welfare Commission (MWC), Patient Advocacy Service (PAS), Volunteer Scotland, Volunteer Health Scotland, Carers' Trust (Scotland), Support in Mind, and other Third Sector providers as 'the public' in terms of stakeholders. Therefore, actively seeking feedback as a part of involvement and engagement is effected through partnership working with a wide range of external organisations, for a number of purposes including statutory requirements, providing

information, collaborative service design, shared learning, networking, measuring and reporting participation levels, outcomes and outputs, as part of national comparison activities.

Responding to Covid-19 has meant that TSH has undergone significant reconfiguration in how care and services have been delivered to protect the health and well-being of everyone involved with the Hospital. In order to capture learning from these changes and move forward with useful activities, the Recovery and Innovation Group, chaired by the Chief Executive, was established in May 2020. This group oversaw a range of engagement activities to capture learning and identified a set of priority areas for action. Patients, carers and volunteers were fully involved in sharing their views as part of this initiative.

TSH has a wide range of well-established methods through which our stakeholders are actively supported to share their views including:

Patients

- Patient Partnership Group (PPG) Meetings which this year included discussions relating to:
 - Research proposals.
 - Digital Inclusion Project.
 - Review of Forensic Mental Health Services.
 - Policy / protocol development and updates.
 - Patient Activity Project Group.
 - Supporting Healthy Choices Project.
 - Financial inequity.
 - Impact of Covid-19.
 - Video Visiting Initiative.
 - Centralised visiting model.
 - Covid 'Graffiti' wall feedback initiative.
 - TSH Patient Covid poem.
- Feedback/Suggestion Boxes.
- Meal Feedback Forms.
- Policy consultation groups.
- Membership of Person Centred Improvement Steering Group (PCISG).
- Narratives/ Emotional Touchpoint presentations included as part of reporting via the PCIL (the Board, Clinical Forum, Mental Health Practice Steering Group, Clinical Governance Group/Committee).
- Direct telephone line to the Person Centred Improvement Team (PCIT).
- Ward Outreach Service.
- Direct telephone access to the Mental Welfare Commission (MWC)
- Independent Patients' Advocacy Service (PAS) (based on site) direct telephone access, and ward outreach. PAS Board patient representative, via video link.

Welcoming and Supporting Feedback from all Equality Groups

In recognition of the challenges of enabling this very vulnerable patient group and their carers to engage, TSH has a dedicated involvement team with specific remit to ensure that, regardless of the stage of the recovery journey, patients and carers understand that their views are important and, as such, are welcomed. A proactive approach is adopted to ensure that stakeholders are supported to contribute to organisational learning.

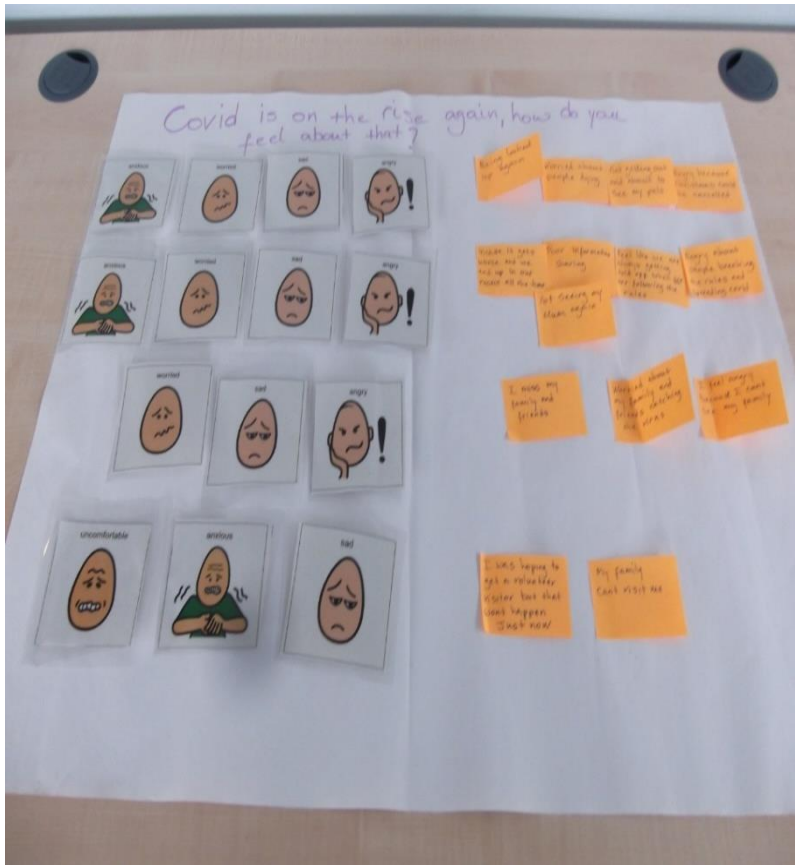
We recognise that the Hospital is the patients' home and that, as detained patients, this brings challenges when sharing negative feedback in terms of the impact on patient/staff and carer/staff relationships. The Board therefore acknowledge the need to ensure that a range of processes exist to demonstrate that all feedback is welcome, including those which protect patient and carer confidentiality.

For this particular group of patients (and, on occasions, their carers), engaging in the complaints process can have a detrimental impact on mental health. The focus is therefore on informal resolution. This approach is viewed by patients and carers as the preferable option in the majority of early discussions within the complaints process in this setting. The MCHP supports this 'real-time' approach, empowering staff to act on feedback where possible at the initial point of contact, complying with the 5-day timeframe.

Prior to admission, the Specific Needs Assessment process highlights any barriers to communication which indicate that a patient may have some challenges in sharing his views from the outset. This proactive approach to understanding individual needs enables the PCIT to liaise with internal and external colleagues to support continuity of input which may already be in place, as well as identify additional input required, specific to this environment.

The PCIT maintain a list of patients whom have been assessed as having specific communication needs (e.g. Intellectual Disability, Dementia, Autism, sensory impairment, literacy skill deficits, language barriers). A wide range of additional support mechanisms are used to elicit feedback (e.g. translators, interpreters, Graphic Facilitation, Talking Mats, creative medium e.g. the River Model, the Recovery Game, construct modelling), as well as use of Emotional Touchpoint presentations. The ward outreach service ensures that 'hard to reach' patients, whose mental health is of significant concern, are supported to engage on a 1:1 basis within the ward environment.

A sub-group of the wider PPG was formed in May 2020 dedicated to meeting with patients with an intellectual disability in order to ensure that these patients were supported to share feedback common to their needs:



“I’m worried about people dying.”

“I’m sad about not being able to get out and about and seeing my friends.”

“I’m worried in case it gets worse and we end up in our rooms again.”

“I’m angry about people outside breaking the rules and spreading the virus again.”

“I miss my family and friends.”

“I’m worried about my family and friends catching the virus.”

“I feel angry because I can’t see my family.”

“I’m sad that my family can’t visit.”

“I was hoping to see my volunteer visitor but that won’t happen just now.”

Recognising that many patients whom experience barriers to communication find it easier to share their thoughts whilst engaged in everyday activity, the Chief Executive and PCIL facilitated a number of patient walks within the expansive Hospital grounds in July 2020. This proved to be another very effective way for the patient voice to be heard at Board level, enabling the Chief Executive to have additional direct contact with those experiencing the impact of changes to service delivery as a result of Covid-19.

Carers who may experience challenges in respect of sharing feedback are encouraged to apprise the PCIA of any support mechanisms which would enable them to more meaningfully engage.

Stakeholder sharing feedback are advised how their feedback will be used and asked whether they would like to be apprised of the outcome of actions taken to share their feedback. They are also contacted by the PCIT 6 months later to ascertain whether any changes made have resulted in sustained improvement to the issue(s) raised.

Recording Feedback

The Datix system is used to record complaints, concerns, enquiries/other received directly by the Complaints Officer. Other feedback is recorded within a locally tailored database, see table below, developed to support analysis through which person-centred themes are identified aligned to national initiatives including ‘Excellence in Care’, ‘Realistic Medicine’ and ‘What Matters to you?’

The State Hospital Locally Tailored Feedback Database

Consistency and Continuity of Care	Indicators	
Person Centred Values	Cultural and Faith Related Matters	Spirituality
	Victimisation and Harassment	Discrimination
	Dignity and Respect	Quality of Life Matters
	Shared Decision Making	
Effective Communication	Therapeutic Intervention	Diagnosis
	Physical Health Promotion	Medication
	Individual Communication Needs	
Physical Comfort	Daily Living Activities	Shopping
	Clean and Comfortable Surroundings	Catering Service
Emotional Support	Physical and Verbal Aggression	Safety and Security
	Clinical Status	Grounds Access
Effective Relationships	Meaningful Involvement of Carers	Decision Making
	Accommodation of Individual Needs	Interactions with Staff
Access to Care	Step Down/Alternative Services/Transfer to Prison	Outings
	Internal/External Services Waiting Times	Equality and Opportunity
	Access to Hospital Environment	

Section 2

Encouraging and Handling Complaints

The MCHP introduced a standard approach to managing complaints across NHS Scotland, which complies with the Scottish Public Services Ombudsman (SPSO) and meets the requirements of the Patient Rights (Scotland) Act 2011. The two-stage model enables complaints to be handled;

- Locally, allowing for *Early Resolution (Stage 1)* within 5 working days;
- or for issues that are more complex, by *Investigation (Stage 2)* within 20 working days.

Complainants who remain unhappy with the outcome of their complaint at Stage 2 have the right to ask the SPSO for an **Independent External Review** of their complaint.

Complaints Received

A total **42** complaints were received this year. The table below shows the number of complaints received, the average number of patients, and the number of complainants over the last three years.

Number of Complaints Received	2018/19	2019/20	2020/21
Total Number Received	61	52	42
Average number of Patients throughout the year	107	106	111
Number of Complainants	35	21	24

Due to the nature of the environment as a long-term health care setting, it may be the case that stakeholders will submit more than one complaint during their time in TSH, with patient stays averaging six/seven years. Eight complainants made more than one complaint this year compared to seven in 2019/20 and 12 in 2018/19.

Involving the Complainant in Early Resolution



The 5-day local resolution stage continues to be a positive step in encouraging the resolution of issues quickly, and is welcomed by staff and patients.

The independent Patient Advocacy Service (PAS) is based on site and regularly supports patients to resolve issues through early resolution. PAS also provide support and guidance to patients who wish to escalate their complaint. PAS work closely with the Complaints Team and PCIT to highlight themes and identify opportunities to share best practice in relation to learning emerging from complaints and feedback. PAS continue to provide a valuable service in supporting patients who wish to make a complaint but do not wish to do so direct. This year PAS supported 18 complaints (43% of all complaints received).

Alternative Dispute Resolution

The Board also support the use of alternative dispute resolution e.g. mediation to conclude cases which are unable to be resolved locally. There was no requirement for this service to be used during the last 12 months.

Complaints Closed

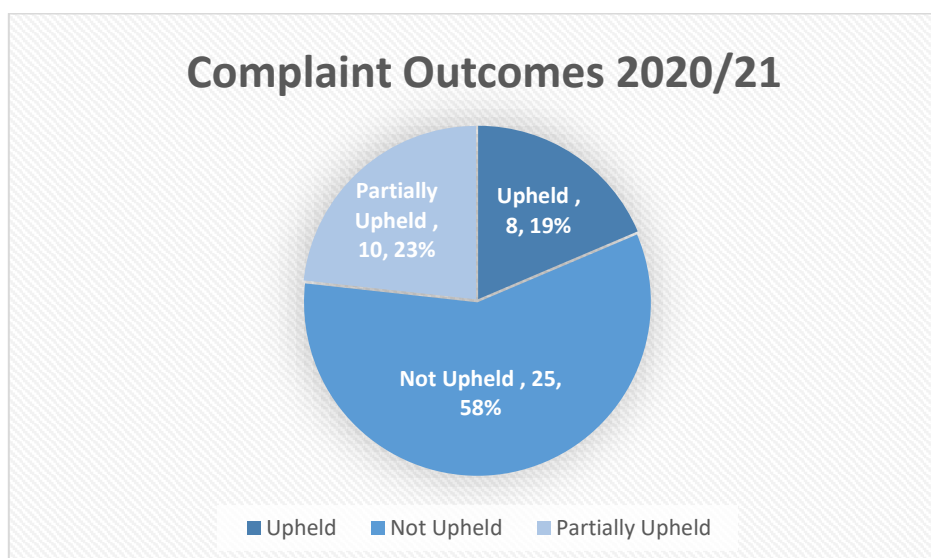
A total of **43** complaints were closed this year. Complaints closed are categorised as either being upheld, not upheld or partially upheld.

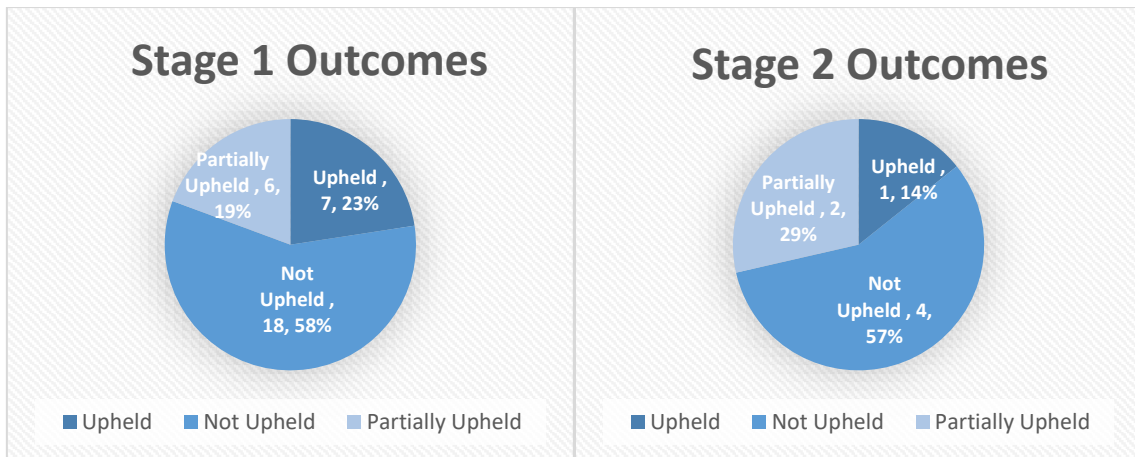
The table below shows the number of complaints closed at each stage this year and the previous two years. Complaints received that are subsequently withdrawn are not included in the closed data.

Complaints Closed	2018/19	2019/20	2020/21	% of all closed
Stage 1 (Early Resolution)	36	30	31	72%
Stage 2 (Investigation)	14	7	7	16%
After Escalation to Stage 2	12	6	5	12%
Total	62	43	43	100%

Complaint Outcomes

All Complaint Outcomes	2018/19	2019/20	2020/21	% of all Outcomes
Upheld	31	8	8	19%
Not Upheld	29	29	25	58%
Partially Upheld	2	6	10	23%
Total	62	43	43	100%





Stage 1 - Early Resolution	2018/19	2019/20	2021/21	As % of all S1
Upheld	17	7	7	23%
Not Upheld	18	19	18	58%
Partially Upheld	1	4	6	19%
Total	36	30	31	100%

Stage 2 - Investigation	2018/19	2019/20	2020/21	As % of all S2
Upheld	9	1	1	14%
Not Upheld	4	4	4	57%
Partially Upheld	1	2	2	29%
Total	14	7	7	100%

After Escalation to Stage 2	2018/19	2019/20	2020/21	% of all escalated
Upheld	5	0	0	n/a
Not Upheld	7	6	3	60%
Partially Upheld	0	0	2	40%
Total	12	6	5	100%

Complaint outcomes are sense checked by the Complaints Manager. Any trends identified are highlighted and discussed and, reported as appropriate.

Average Response Times

The Hospital continues to adhere to the MCHP guidelines with the target for resolving complaints locally within 5 working days and completing investigations within 20 working days. The table below shows the average number of days taken to respond to complaints this year and for comparison purposes, the previous two years.

Average Number of Days	2018/19	2019/20	2020/21
To resolve at Stage 1	3	3	4
To respond to a complaint at Stage 2	13	18	20
To respond to a complaint after escalation to Stage 2	17.5	20	17

Responding within Timescales

The tables below show our performance in responding to complaints at each stage within the MCHP target response times.

Closed within the target timescales	2018/19	2019/20	2010/21
Closed at Stage 1 within 5 working day target	32	29	27
as % of the total number closed at Stage 1	89%	97%	87%
Closed at Stage 2 within 20 working day target	22	8	10
as % of the total number closed at Stage 2	85%	62%	83%

Not closed within the target timescales	2018/19	2019/20	2020/21
Closed at Stage 1 after the 5 working day target	4	1	4
as % of the total number of Stage 1 closed	11%	3%	13%
Closed at Stage 2 after the 20 working day target	4	5	2
as % of the total number of Stage 2 closed this year	15%	38%	17%

Focus on Quality

An internal quality assurance process has been established to ensure compliance with the requirements of the MCHP.

Whilst always being mindful of the target response times, the Complaints Team is focused on ensuring that the response fully addresses all of the issues raised. The Board is also committed to ensuring that the focus is about the learning opportunities that arise from complaints. Therefore, on occasion an extension has been required to allow a more comprehensive response to be provided.

The Board acknowledges that extensions to the MCHP response times should be an exception and this is part of our required process. To ensure compliance, all complaints where the response time exceeds MCHP guidelines, are reported to and monitored through the Organisational Management Team as well as the Clinical Governance Committee.

Scottish Public Services Ombudsman

Complainants who remain unhappy with the response to their complaint from TSH can ask the SPSO to review their complaint.

During 2020/21 one enquiry was received from the SPSO in relation to a complaint made during the year. Details of the complaint file were shared with the SPSO. No further contact has been received.

Section 3

Culture, Staff Awareness, Training and Development



Responding to Covid-19 has meant that TSH has undergone significant reconfiguration in how care and services have been delivered to protect the health of both patients and staff.

During this time, TSH has continued to provide a full complaints service to patients and carers.

Depending on the impact of national restrictions, the Complaints Officer has met with patients whenever

possible, and subject to national guidelines on physical distancing. The PCIT were also on site during the pandemic and were able to consider and respond to feedback and to keep both patients and carers up to date throughout. Staff continue to respond well to the early resolution stage of the process, and are provided with ongoing guidance and support, identified as key to its continuing effectiveness.



All complaints received were included in the daily reporting structure to senior managers to ensure that any issues being raised were taken into account.

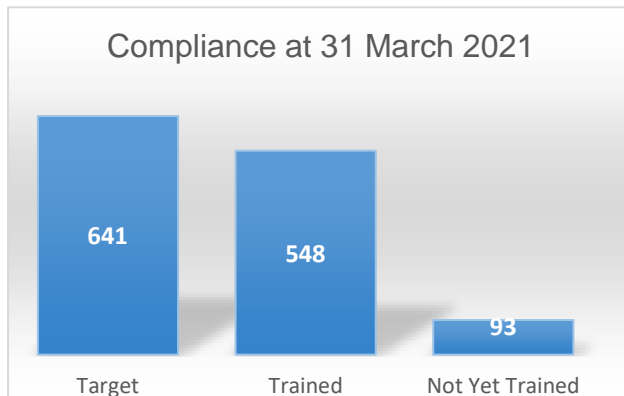
During the year, as part of a review of the TSH management structure, responsibility for the complaints service moved to the Corporate Services Team led by the Board Secretary who is Complaints Manager for TSH. Responsibility for patient engagement overall sits with the Director of Nursing, AHPs and Operations.

Supporting staff to respond to complaints investigations, with refreshed training in this area for newly promoted staff, is a key area of focus for the Complaints Team.

Staff Awareness and Training

Complaints and Feedback

All staff are required to complete the national e-learning Complaints and Feedback training modules. The table below shows that 15% of staff had still complete the e-learning modules at the end of March this year.

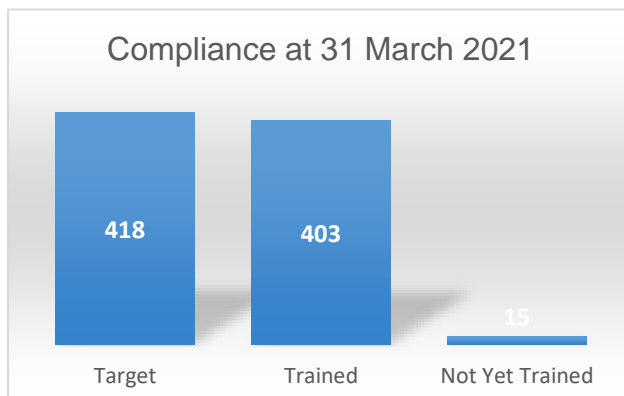


In addition to the online modules, a complaints awareness session forms part of the induction day programme for all new staff. Due to the pandemic induction sessions were put on hold. To combat this, training was provided to help staff develop methods of providing sessions online and we are now able to offer a blended approach to provide awareness of complaints to new staff when they embark on their new roles at the hospital.

Details of complaints received relating to medical staff form part of their appraisal process, enabling staff to discuss these fully at their annual appraisal.

Duty of Candour

The Health (Tobacco, Nicotine etc. and Care) Scotland Act 2016 ("The Act") introduced an organisational Duty of Candour on health, care and social work services. The Act is supplemented by the Duty of Candour Procedure (Scotland) Regulations 2018, which highlight the procedure to be followed where a Duty of Candour incident is identified.



Only 0.04% of the staff target group have still to complete the e-learning modules.

The Duty of Candour Group ensures that all incidents that meet the Duty of Candour criteria are investigated, in line with Scottish Government guidance and timescales, and that action is taken where required to prevent/ minimise a recurrence. The Group meet on a monthly basis (or more frequently, if required) to discuss potential

incidents. The Duty of Candour Report for 2021-2022 can be found on TSH website.

Section 4

Learning from Complaints and Feedback

TSH appreciates all feedback received as this helps us improve our services for our patients and visitors. Patients, carers and volunteers share their views, representing a wide range of stakeholders. Those views have contributed to a wide range of service improvements, which have already been made and are informing planned improvements.

When any aspect of a complaint is upheld or partially upheld, we look to identify if improvements can be made to prevent the same thing happening again.

Actions / Improvements as result of Complaints received during 2020/21

Issues Raised	Outcome	Output
Telephone call not returned and Video Visits suspended. Note that visiting protocol included security measures appropriate for high secure environment.	Visits suspended due to an unauthorised person being present during the call. Visitors contact number not on record and there was confusion regarding which family members were permitted to speak in their native language.	The Clinical Team introduced new forms to record all agreed family contact details which are accessible to the entire Clinical Team.
Special dietary requirements not being catered for.	The patient was selecting from a mix of options from the standard menu and a special diet. This meant on some occasions the meal chosen was not appropriate for their needs.	Changes were made to the patient's meal plan to reflect their dietary needs. All meals are now sent to the ward clearly marked with a green sticker indicating a special diet meal.

72% of complaints were resolved at Stage 1 this year. Many were resolved on an individual basis locally with the staff who provide the service. Most resolved at this stage did not involve implementing improvements or changes to policies, services or ways of working, however an apology is offered to the complainant where indicated or a reminder issued to staff to reflect on behaviours or adherence to policies / procedures.

All complaints received are reported to the Clinical Governance Committee each quarter who monitor the issues raised, findings, outcomes and any learning identified.

The main issues from the report are also highlighted in the staff bulletin with a link to the full report. The full report is also published on the staff intranet.

In addition, the Person Centred Improvement Steering Group review the report to help identify opportunities for wider learning.

Themes Emerging

- Recurring issues raised related to **Staff Attitude/Behaviour/Conduct** (40%) and **Clinical Treatment** (14%) similar to previous years and accounting for 55% of all issues raised. Both subjects showed a decrease; with issues relating to Clinical Treatment decreasing by over half.
- **Communication** accounted for 12% of issues raised. These related to social media, recruitment, the gender of staff and oral/written communication.
- **Catering Service** issues showed an increase this year accounting for 12% of all issues raised, compared to 1% last year. Catering services were initially affected by the pandemic and some temporary changes were made to the service to accommodate this.

Complaints Process Experience

Although making a complaint may be the result of a difficult experience, it is the aim of the Complaints Team to ensure that all complainants have a positive experience when contacting the service. To ensure we can capture learning from this, a local feedback pro-forma is available to help to seek feedback from everyone using the complaints process. It is acknowledged that this does not usually elicit many responses. Three responses were received this year compared to 10 in 2019/20 and 25 in 2018/19.

Questions	2018/19	2019/20	2020/21
Finding information about how to make a complaint was easy	22	7	3
Making a complaint was easy	24	7	3
Staff were helpful, polite and professional	23	8	3
Staff listened and understood my complaint	22	8	3
Staff asked what I expected to happen as a result of making the complaint	17	5	1
Staff explained the complaints process to me	16	7	1
The letter advising me of the decision was easy to read & understandable	19	7	2
All my issues were answered	17	7	2
I raised concerns about how my complaint was handled	10	3	0

The table above shows that the number of forms returned have been getting fewer year on year. This could relate to a decrease in the number of complaints year on year and the low patient numbers. This feedback is provided anonymously, unless the complainant decides to provide details. This can create a challenge in terms of understanding more about the issue(s) and learning from experience.

As a long-term health care setting, it is to be expected that we may receive multiple complaints from the same person. It remains a challenge therefore encouraging complainants to complete the feedback forms on each occasion.


Outputs arising from Feedback received during 2020/21

343 pieces of feedback were shared during this year, the majority of which related to 'person-centred values' and 'physical comfort'.

As would be expected the past twelve months has seen a focus on the impact of a more restricted care delivery model as a result of the need to mitigate the risk of Covid-19. The main areas of concern were the suspension of in-person visiting, a lack of contact with patients in other wards, increased time spent in bedrooms and limited access to structured, group activity.


Type of Feedback	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2020/21 Total
Comment / Suggestion / General Enquiry	76 Person Centred Values x 44 Effective Communication x 4 Physical Comfort x 19 Emotional Support x 3 Effective Relationships x 5 Access to Care x 1	10 Person Centred Values x 7 Effective Communication x 1 Emotional Support x 1 Access to Care x 1	34 Person Centred Values x 12 Physical Comfort x 20 Emotional Support x 1 Effective Relationships x 1	47 Person Centred Values x 3 Effective Communication x 4 Physical Comfort x 6 Emotional Support x 3 Effective Relationships x 30 Access to Care x 1	167 66 9 45 8 36 3
Compliment	18 Person Centred Values x 9 Effective Communication x 2 Physical Comfort x 1 Effective Relationships x 6	2 Physical Comfort x 2	6 Person Centred Values x 6	5 Effective Communication x 2 Physical Comfort x 3	31 15 4 6 6
Concern	15 Person Centred Values x 7 Effective Communication x 4 Physical Comfort x 4	2 Physical Comfort x 1 Emotional Support x 1	6 Person Centred Values x 3 Physical Comfort x 3	8 Person Centred Values x 3 Effective Communication x 1 Physical Comfort x 1 Effective Relationships x 1 Access to Care x 2	31 13 5 9 1 1 2
Meal Service Feedback Forms	17 Physical Comfort x 17	14 Physical Comfort x 14	31 Physical Comfort x 31	21 Physical Comfort x 21	83
In-person Visiting Feedback	0 (visiting suspended)	28 Patient x 9 Carer x 10 Staff x 9	3 (3 days visiting) Patient x 1 Carer x 2	0 (visiting suspended)	31
Totals	126	56	80	81	343

The video visiting process was expanded to support patients and carers to maintain valued relationships:



“It was brilliant seeing him again. You know what he really enjoyed was being able to see his dog for the first time in 5 years.”

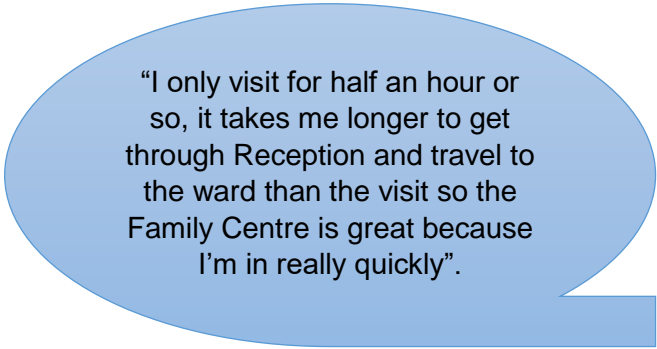
Carer (May 2020)



“I don’t really like it. My mum gets upset and I can’t be with her properly to tell her it’s okay. It’s better when she comes in”


Patient (May 2020)

When in person visiting resumed and subject to national restrictions, a centralised visiting area was opened in the Family Centre. A semi-structured feedback pro-forma continues to be used to elicit feedback about this change, which is proving informative as this model continues.



“I only visit for half an hour or so, it takes me longer to get through Reception and travel to the ward than the visit so the Family Centre is great because I’m in really quickly”.

Visitor (July 2020)



“I really enjoyed the visit, nice and quiet atmosphere. If visiting moved to this space, then it would give us more flexibility on the times when we could have visits. This means we could go to placements as well as have a visit the same morning or afternoon”.

Patient (August 2020)

We asked “How did you cope with lockdown?”



You said

“During the height of the current pandemic I found myself spending more time in my room and there was nothing I could do about it. I had little to occupy my time and after a few days I felt my mental health and my social skills were deteriorating. I was unable to keep up to date with what was happening as I couldn’t afford a TV or Radio so had nothing like this in my room. I only get £20 per week so saving for these things wasn’t an option. I also don’t have anyone outside who could get one for me. I decided to ask around to see if there was any help available and other patients told me to speak to the PPG.”

We did

The PPG developed a TV/DVD, Radio hire purchase scheme, accessed by application, to patients in receipt of ‘pocket money’. Funding was secured to purchase TV/DVDs and Radios. To date 21 TV/DVSs and 10 radios have been supplied through the scheme to patients who would have taken some time to save adequate funds. Implementation of the scheme coincided with the initial phase of lockdown which resulted in the majority of patients spending long periods of time within their bedrooms.

The difference it made

“After getting the TV in my room it wasn’t so bad spending as much time there. I could keep myself amused by watching TV shows and DVDs. Before I was just staring at the walls or looking out the window. I was so bored! I was also able to borrow DVDs from the Patient Library to watch when there was nothing else on TV. Having the TV in my room meant that I could watch the updates about the virus and it helped me understand how serious it is. Thank you PPG, great idea!”

Section 5

Accountability and Governance

The Board recognises that effective and meaningful involvement supports the organisation to demonstrate:

- A culture of practice in which patients, carers and volunteers are informed and meaningfully involved in all decisions about service delivery;
- Safe, effective, person-centred approaches to care and treatment which respect the views of patients and carers as 'experts by experience';
- Service design which incorporates stakeholder feedback;
- Staff who understand the value of actively seeking feedback;
- Stakeholders are supported to develop the skills, knowledge and confidence to share their views;
- Any barriers to involvement are identified and individual needs are met in this respect;
- Methods of engagement are fit for purpose and inclusive.

Governance of feedback and complaints is undertaken by the Board, who receive annual reporting, including recommendations for key priorities for the next twelve months.

This follows quarterly reporting to the Clinical Governance Committee with a clear focus on learning from feedback and complaints. Feedback data is reported quarterly to the Person Centred Improvement Steering Group (chaired by the Director of Nursing, AHP and Operations) and the Clinical Governance Group (chaired by the Medical Director). Complaints data is also shared with the Clinical Governance Group and the Organisational Management Team (OMT) which is comprised of service leads.

External support is provided by a range of partner organisations including HIS, Community Engagement, the MWC, the EHRC, Forensic Network, Carers' Trust (Scotland), the Strategic Volunteer Leads Group and the Scottish Government Health and Social Care Directorate, Person-centred Team, PAS and Carers' Trust (Scotland).

The PCIL and Complaints Manager are members of the OMT, enabling discussions to take place which influence practice relating to supporting meaningful engagement in complaints and feedback processes as well as having the opportunity to ensure patient, carer and volunteer feedback is considered at a senior level within TSH.

This also helps to inform discussion around the equalities agenda, specifically decisions impacting upon the protected characteristic groups. The PCIL also forms part of the membership of a wide range of service change stakeholder groups including the 'Patient Activity' Project, the Clinical Care Delivery Model, the Supporting Healthy Choices and Digital Inclusion Groups in addition to ensuring the patient voice is shared within the Clinical Forum, the Mental Health Practice Steering Group, Patient Safety Group and Clinical Governance Group.

The Operational Model Monitoring Group was formed in April 2020, meeting weekly, specifically tasked with understanding the impact of the interim service delivery model.

Iterative changes to the model continued throughout the year with a focus on listening to the experience of stakeholders to ensure that changes were closely monitored and stakeholder views shared rapidly with service leads to support a person-centred approach.

Summary

TSH is committed to encouraging stakeholders to share their views and ensure support mechanisms are in place to enable patients, carers and volunteers to make use of a wide range of methods, through which they can share their feedback. The Board embraces the MCHP in terms of supporting the organisation to enhance processes which support early resolution of issues which are of concern to stakeholders. This process, in addition to ensuring negative feedback is addressed, enables TSH to effectively record and share the positive feedback we receive about staff and the delivery of excellent patient care.

It is recognised that there is a need for the organisation to encourage staff to embrace all types of feedback and be able to demonstrate the outcome of conversations, during which our stakeholders share their views. This calls for a consistent approach, which requires all staff to engage meaningfully and view all feedback as a learning opportunity. The 'Learning from Complaints' and 'Learning from Feedback' Reports demonstrate evidence of feedback driving change and improvement across TSH.

The Board continues to strive to understand and to respond to the issues involved in sharing views from a relatively static group of patients and carers experience. Challenges in this respect can include the impact of sharing negative feedback on longer term patient / carer / staff relationships, which is a significant concern for stakeholders.

From the wide range of complaints and feedback shared, the Board has heard many stakeholder stories again this year, resulting in changes to service delivery which patients, carers and volunteers have told us are making a real difference to their experience.

The Board will continue to develop the improvement opportunities presented through the sharing of complaints and feedback, informed by both qualitative and quantitative data. This supports and enables the Board to continue to meet the aspirations of its stakeholders through the delivery of high quality, person-centred service services.