NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

Feedback and Complaints Annual Report

1 April 2021 - 31 March 2022

Table of Contents

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 2021 to 31 March 2022, 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 (CHP). The CHP 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 which impact 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 partners in service development. TSH values the wealth of knowledge and experience carers 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' (Carers (Scotland) Act 2016) 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) and other Third Sector providers as 'the public' in terms of stakeholders supporting service design. 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.

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, however were not limited to discussions relating to:
  - Research proposals.
  - Digital Inclusion Project.
  - Supporting Healthy Choices Project.
  - Clinical Service Delivery Model refresh Project
  - Policy / protocol development and updates.
  - Impact of Covid-19.
- Feedback/Suggestion Boxes.
- Meal Feedback Forms.
- Membership of Person Centred Improvement Steering Group (PCISG).
- Narratives / Emotional Touchpoint presentations included as part of reporting via the PCIL (to the Board, Clinical Forum, Mental Health Practice Steering Group, Clinical Governance Group / Committee, Hospital Management Team, Organisational Management Team).
- Direct telephone line to the 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.

Carers
- eCarers' Support Group Meetings.
- Feedback/Suggestion Boxes.
- Carers' Newsletter.
- Direct telephone line to the PCIA.
- Electronically direct to PCIT.
- Membership of PCISG.
- Narratives using Emotional Touchpoint presentations to share feedback with the Board

Volunteers
- Volunteer Service Group Meetings.
- Direct telephone line to the PCIL.
- Electronically direct to the PCIT.
- Feedback/Suggestion Boxes.
- Membership of PCISG.
- Narratives using Emotional Touchpoint presentations to share feedback with the Board

External Partners
- PAS Board Meetings.
- Monthly meetings with PAS Manager.
- NHS networks (e.g. Equality Leads, Scottish Government Person-centred Stakeholder Group, National Strategic Volunteering Leads, National Spiritual and Pastoral Care Leads, Scottish Government Covid Visiting Re-activation Group, Scottish Government Fairer Scotland Leads Meetings).
- Regular HIS Community Engagement update meetings.
- MWC update meetings.
- Forensic Network Carer Co-ordinator meetings.

The annual 'What Matters to You?' initiative was facilitated again this year with a focus on hearing how stakeholders were coping with the impact of covid-19. Feedback was themed and aligned to the local indicators used to record feedback:

Recording Feedback

The Datix system is used to record complaints, concerns, enquiries received directly by the Complaints Officer. All other feedback is recorded within the locally tailored database, shown below (developed to support analysis of person-centred themes aligned to national initiatives including 'Excellence in Care', 'Realistic Medicine' and 'What Matters to you'?.

Stakeholders 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 respond to 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.

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	

The use of creative feedback enabled those with barriers to communication to engage:

Posters created were converted to jigsaws which offer a permanent reflection of the experience of the community of TSH stakeholders.

Initiatives Embedding the Principles of Stakeholder Engagement

Shared decision making is a key principle of the national 'Realistic Medicine' initiative with stakeholders actively encouraged to contribute to care and treatment planning. Positive feedback was shared by all stakeholders engaged in a pilot of the local 'Carers' Clinic' which has since been extended to other areas. Carers valued this less formal opportunity to engage in discussion with Clinical Team members responsible for delivery of care.

Quality and Safety Walk Rounds, as part of the Scottish Patient Safety work streams, resumed in February 2022. This process enables Board members and the local Patient Safety Group to engage directly with stakeholders across the Hospital.

Feedback from these sources is uploaded to the local feedback database to ensure that actions are followed up and trends / themes are identified.

Non-Executive Board members attend PPG on a rotational basis offering another opportunity to engage with patients direct.

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, the PCIT is a dedicated involvement team with a 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.

As the Hospital is the home of patients whom are detained which 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 with many complaints and concerns effectively resolved in the early discussion stage 1 of 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 has ongoing awareness 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.

PPG and Dedicated PPG for patients with an Intellectual Disability

Group members are tasked with collating and sharing feedback received from peers within their ward. The group meet weekly, using creative feedback, where appropriate, to share their views and engage in solution focussed sessions relating to a range of topics.
In response to a number of complaints and concerns raised by patients in relation to the impact of resourcing challenges on patient care, the Chief Executive attended PPG in December 2021. PPG were assured that resourcing has been and will continue to be a priority for the organisation to ensure that patient care is not impacted by staffing levels. PPG were updated on developments relating to recruitment practice, supporting a more proactive approach to succession planning. This rapid input was well received by PPG and validated TSH commitment to listening and acting on patient feedback at Board level.

Having identified some inconsistencies in relation to bedroom access during the day, PPG used their 'lived experience' to develop the 'Traffic Lights' process to support fair and consistent practice as part of implementation planning for changes to the model of care (see below).

Patient Partnership Group Bedroom Access Traffic Light Process

TSH Patient Partnership Group – Clinical Service Delivery Model 'Traffic Light' Bedroom Access

Red - Admissions		
Staff led	Tidy bedroom	Respectful to others
Continuous observations	Accepting medication	Taking part in therapies
Collaborative goal focus	Getting fresh air and exercise	No violence / aggression
Attending at least 4 Skye Centre placements each week	Looking after yourself e.g. showering, shaving, doing your laundry, eating properly	Able to do different things in your bedroom to keep you busy e.g. reading, exercise, listening to music, watching TV, playing games
Communicating well		

Amber – Treatment and Recovery		
Collaboratively led	Admission privileges continue from admission stage	Access to room unless withheld, placement or therapy session
No violence / aggression	Structure but allow for person centred care	Mealtime options
Taking part in prescribed therapies	Facilitate recovery focused personalised care	Able to do different things in your bedroom to keep you busy e.g. reading, exercise, listening to music, watching TV, playing games
Expected to attend a minimum number of Skye Centre placements each week	Access to Hub with less supervision	

Green – Transition Stage		
Patient led	Privileges continue from treatment & recovery stage	Need to be on referral list for medium/low secure
Clinical Team can review access based on patient presentation	Access to Hub with less supervision	More personal responsibility
Full grounds access	Continued engagement with therapies, treatment and medication	Bedroom door open (unless patient wants it locked). Patients able to lock own door from inside with staff over-ride
Patients decide what personal items can be retained in the bedroom. Still aware of the need to restrict quantity	Independent access to laundry facilities	Continued constructive use of personal time
Access to technology in own room e.g. laptop, tablet		

Recognising that many patients whom experience barriers to communication find it easier to share their thoughts whilst engaged in activity, concept modelling through the use of 'lego' is regular practice for PPG.

Patient model of a shelter illustrating the importance of enabling patients to continue to access the outdoor environment in inclement weather - emerging from a solution focussed discussion at PPG having discussed the importance of continued access to fresh air and exercise to support health and wellbeing in the local 'micro-climate'.

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.

With visiting now well established in the new centralised visiting area, carers' experience of this aspect of service delivery is closely monitored with feedback actively sought to support ongoing learning:

June 2021 - visitors talking amongst themselves prior to patients arriving (all consented to have their discussion recorded for the purpose of this report):

"I don't have that far to come but I pick my grandchildren up from school so the morning visits suit me better."

"This visiting place feels more like meeting my son in a café than him being in here. I think he's more relaxed down here and he chats a lot more than he did when we had visits in the ward. It just feels nicer."

"I hope they sort the garden soon."

"I'm so glad they've done this ………… I have to drive two and a half hours each way and I don't like driving in the dark. I hope they keep doing visits in the morning, it means in the winter I can come down, enjoy my time here and not be worrying about the journey back up the road."

"I like just walking over from Reception and not having to go through the hub to get to your visit. Sometimes I used to meet some patients which made me feel a bit uneasy"

Section 2

Encouraging and Handling Complaints

The model CHP 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.

Complaints Received

65 new complaints were received this year, an increase of 35% on the previous year**.** The table below shows the main issue that was raised in each complaint.
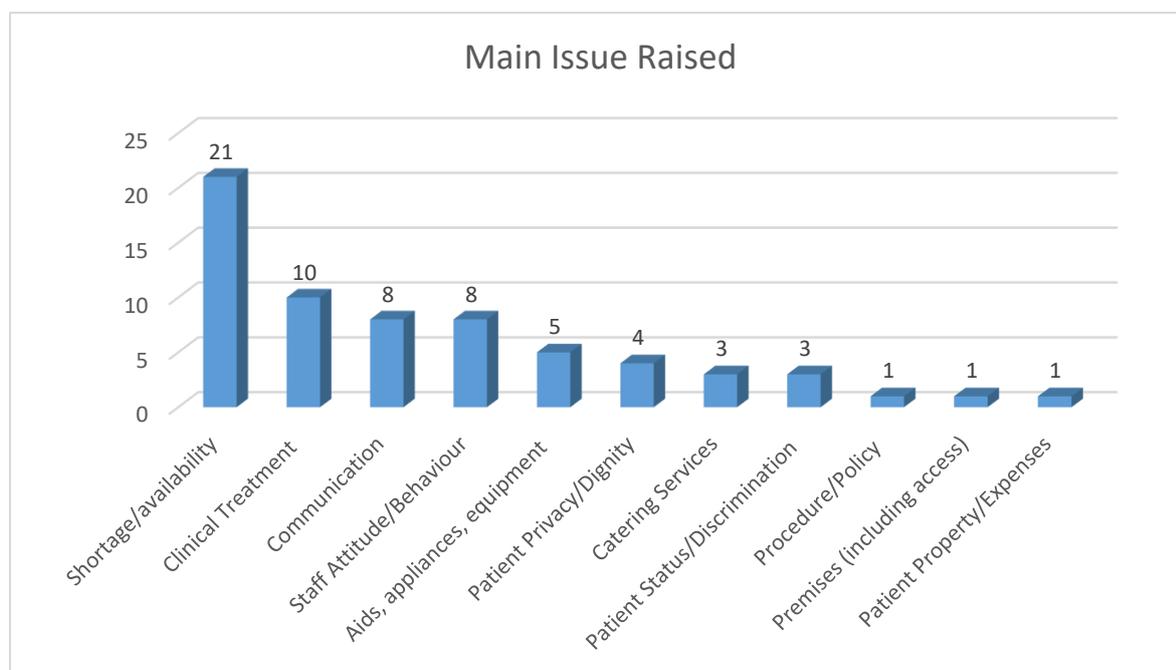
The table below shows the number of complaints received, the average number of patients, and the number of complainants over the last three years.

Number of Complaints Received	2019/20	2020/21	2021/22
Total Number Received	**52**	**42**	**65**
Average number of Patients throughout the year	106	111	114
Number of Complainants	**21**	**24**	**33**

Due to the nature of the environment as a long-term health care setting, it is expected that patients will make more than one complaint during their time with us. **15** complainants made more than one complaint this year, compared to eight in 2020/21 and seven in 2019/20.

Involving the Complainant in Early Resolution

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

The independent Patient Advocacy Service (PAS) provide a valuable service in supporting patients who wish to make a complaint but do not wish to do so direct or require support. PAS are based on site and regularly support patients to resolve issues through early resolution.

They 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.

This year **42** complaints were supported by PAS (**65%** of all complaints received), a significant increase from supporting 18 complaints (43%) in the previous year.

We are mindful of how challenging it can be for patients in a long-term health care setting to speak up. Particularly where it relates to staff providing the services whom they are in daily contact with, and how this can deter patients from raising issues with us.

To encourage and support patients to provide feedback and to make complaints, they can now choose if they would like to meet with staff locally themselves, meet with staff locally supported by PAS, or have no involvement in the early resolution process and receive a response written or verbally, directly from the Complaints Team or through PAS.

PAS feedback is that this has worked well and there has been more uptake from patients when presented with these options. Patients are also encouraged to identify what outcome they are seeking when making a complaint. PAS also report this is of benefit when discussing concerns with patients.

Alternative Dispute Resolution

The Board supports the use of alternative dispute resolution to conclude cases which are unable to be resolved locally. **One** complaint this year received support from the Scottish Mediation Service resulting in a successful outcome.

Complaints Closed

A total of **54** complaints were closed this year, an increase of 20% on the previous year.

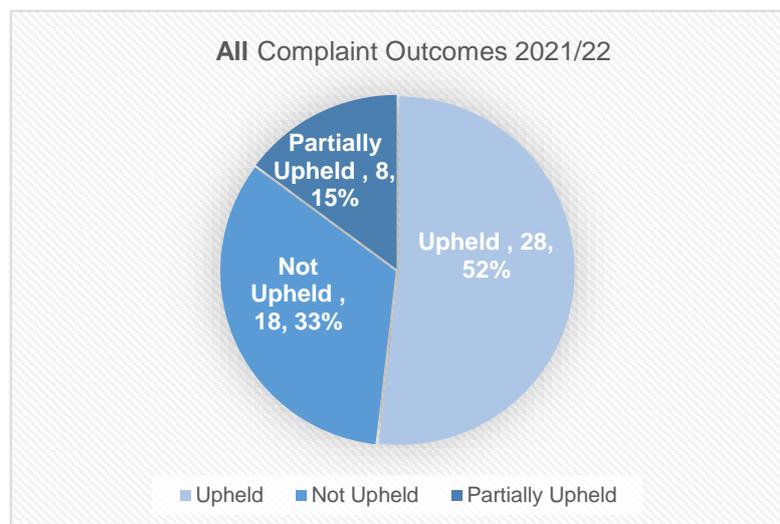**42** complaints (78%) were closed at Stage 1.

The table below shows the number of complaints closed at each stage this year, and the previous two years for comparison purposes. Complaints closed are categorised as either being upheld, not upheld or partially upheld. Complaints received that are subsequently withdrawn (a total of 7 this year) are not included.

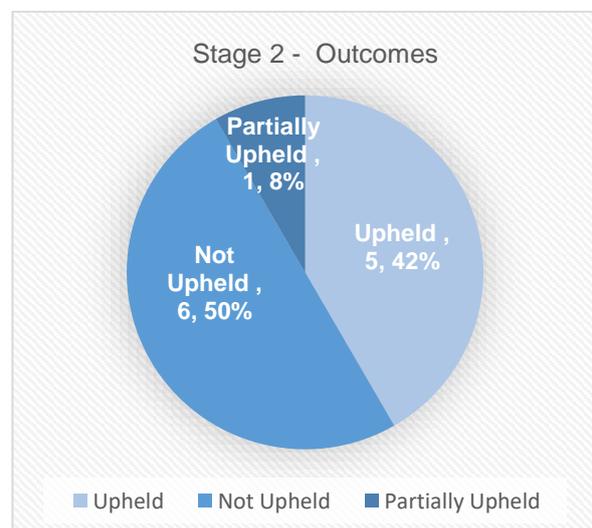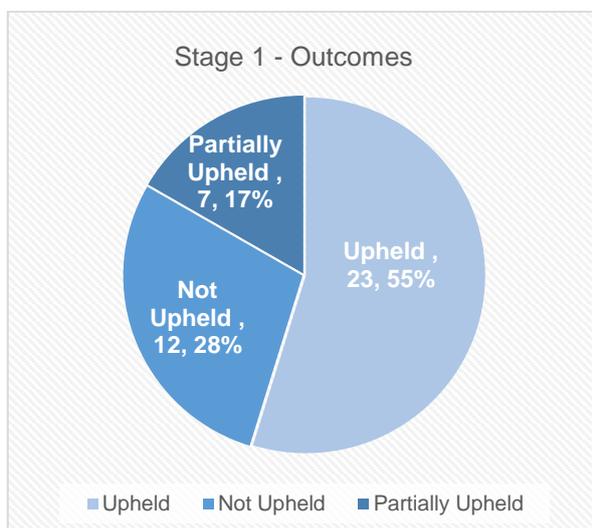| Complaints Closed	2019/20	2020/21	2021/22	% of all closed
At Stage 1 (Early Resolution)	30	**31**	**42**	**78%**
At Stage 2 (Investigation)	7	**7**	**6**	**11%**
After Escalation to Stage 2 (Investigation)	6	**5**	**6**	**11%**
Total	**43**	**43**	**54**	**100%**

Complaint Outcomes

Overall –
- ❖ 28 complaints were Upheld
- ❖ 18 were Not Upheld, and
- ❖ 8 were Partially Upheld

All Complaint Outcomes 2021/22

- Partially Upheld , 8, 15%
- Not Upheld , 18, 33%
- Upheld , 28, 52%

■ Upheld ■ Not Upheld ■ Partially Upheld

The charts below show the outcomes at each of the stages.

Stage 1 - Outcomes

- Partially Upheld , 7, 17%
- Not Upheld , 12, 28%
- Upheld , 23, 55%

■ Upheld ■ Not Upheld ■ Partially Upheld

Stage 2 - Outcomes

- Partially Upheld , 1, 8%
- Not Upheld , 6, 50%
- Upheld , 5, 42%

■ Upheld ■ Not Upheld ■ Partially Upheld

Average Response Times

The Board continues to adhere to the CHP 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	2019/20	2020/21	2021/22
To resolve at Stage 1	3	**4**	**3.5**
To respond to a complaint at Stage 2	18	**20**	**17**
To respond to a complaint after escalation to Stage 2	20	**17**	**16**

Responding within Timescales

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

The first table shows the average number of days taken to respond to complaints this year and for comparison purposes, the previous two years. And the second where an extension to the timescale was necessary to fully respond to a complaint.

Complaints Closed within the target timescales	2019/20	2020/21	2021/22
Closed at **Stage 1** within **5** working day target	29	27	**38**
as % of the total number closed at Stage 1	97%	87%	**90%**
Closed at **Stage 2** within **20** working day target	8	10	**11**
as % of the total number closed at Stage 2	62%	83%	**92%**

Extensions to Timescales

Complaints that required an extension to the timescales	2019/20	2020/21	2021/22
Closed at Stage 1 after the **5** working day target	1	4	**4**
as % of the total number of Stage 1 closed	3%	13%	**10%**
Closed at Stage 2 after the **20** working day target	5	2	**1**
as % of the total number of Stage 2 closed this year	38%	17%	**8%**

This year has seen a decrease in response times at both stages. Given the ongoing challenges of covid-19, staff have done remarkably well this year in responding to the majority of complaints within the national target response times.

Focus on Quality

An internal quality assurance process has been established to ensure compliance with the requirements of the CHP. 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 CHP response times should be an exception and this is part of our required process. To ensure compliance, all complaints where the response time exceeds CHP guidelines, are reported to and monitored through the Organisational Management Team as well as the Clinical Governance Committee.

During the year an audit of the complaints service was undertaken by RSM UK Risk Assurance Services. The audit looked at the hospitals compliance and adherence to the NHS model complaints handling policy and procedure, the evidence within the complaint file and the quality of the response that was sent to the complainant.

The outcome of the audit concluded that the Board could take **substantial assurance** that the controls upon which the organisation relies to manage the complaints service are suitably designed, consistently applied and operating effectively.

Scottish Public Services Ombudsman

As the final stage of the CHP, complainants who remain unhappy with the response to their complaint at Stage 2 can ask the SPSO for an independent external review of their complaint.

During this year **one** complaint was escalated to the SPSO for consideration. The complaint related to staff shortages and ward closures, and the impact this was having on the patient.

Following a review of the complaint file the SPSO were satisfied that the action taken by the Board had been reasonable in the circumstances. They noted that the Board had apologised for the impact the situation had on the patient and had outlined the steps being taken to improve staffing levels and how staff were deployed on the wards.

The SPSO decided not to take the complaint forward for investigation as there was nothing further they considered could be investigated.

Section 3

Culture, Staff Awareness, Training and Development

Our Vision is *"To excel in the provision of high secure forensic mental health services, to develop and support the work of the Forensic Network, and to strive at being an exemplar employer."*

Our Values and Aims; are the core values of NHS Scotland:

❖ Care and compassion
❖ Dignity and respect
❖ Openness, honesty and responsibility
❖ Quality and teamwork

Our primary twin aims are the:

❖ Provision of high quality, person centred, safe and effective care and treatment.
❖ Maintenance of a safe and secure environment that protects patients, staff and the public.

The ongoing Covid-19 pandemic has seen TSH undergo significant reconfiguration in how care and services have been delivered to protect the health of both patients and staff. Fortunately, we have been able to continue to provide a full complaints service to patients and carers throughout the pandemic.
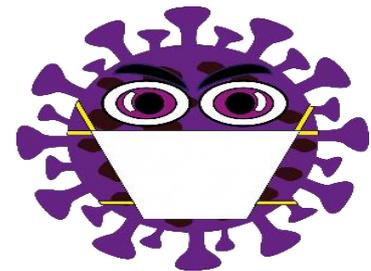
Depending on the impact of national restrictions, the Complaints Officer has continued to be able to meet with patients where possible, and subject to national guidelines on physical distancing. The PCIT were also on site throughout the year and were able to consider and respond to feedback and to keep both patients and carers up to date throughout.

Despite resourcing issues with staff requiring to self-isolating increasing during most of the year they continued to respond well to the early resolution stage of the process, allowing us to respond to the majority of complaints within national target time scales for responding. Staff continue to be provided with ongoing guidance and support in handling complaints, identified as key to its continuing effectiveness.

During the year all clinical complaints received were included in the daily reporting structure to senior managers to ensure that the issues being raised were taken into account and considered where service closures were necessary.

Supporting staff to respond to complaints investigations, with refreshed training in this area for newly promoted staff, remains 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 Feedback and Complaints training modules. The table below shows that 567 (84%) members of staff had completed the e-learning modules at the end of March this year.

Compliance Levels at 31 March 2022

	Target	Trained	Not Yet Trained
	677	567	110

In addition to the online modules, a complaints awareness session formed part of the induction programme for all new staff. Due to the ongoing pandemic induction sessions were put on hold. Over the next year it is hoped that training sessions will resume. Meantime, student nurses continue to receive an awareness session on complaints as part of their induction programme.

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.

Compliance Levels at 31 March 2022

	Target	Trained	Not Yet Trained
	448	414	34

414 (92%) staff from the staff target group had completed the e-learning modules at the end of March this year.

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 Duty of Candour Report for 2021-22 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.

78% of complaints were resolved this year on an individual basis at Stage 1. Most complaints resolved at this stage did not involve implementing improvements or changes to policies, services or ways or 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.

Themes Emerging from complaints received

Staff shortages was the main issue raised this year accounting for **32%** of all complaints received.

Resourcing issues remained a challenge during the year. Staff shortages led to ward closures and activities being cancelled at short notice. Staff requiring to self-isolate was a major contributor, and an unprecedented number of retrials also impacted on our ability to provide a full range of services. Recruitment is a key priority for the hospital with campaigns to attract student nurses and retire and return options available to outgoing staff.
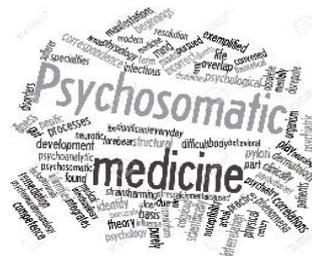
15% of complaints raised related to **Clinical Treatment**, with grounds access being the most common issue raised.

12% of issues raised related to **Communication**. Issues included not feeling listened to, staff not providing full answers to enquiries, misunderstandings between staff and patients / carers and misunderstandings between staff from different departments.

12% of issues raised related to **Staff Attitude / Behaviour / Conduct**

When any aspect of a complaint is upheld or partially upheld, we look to identify if there are any improvements, changes or actions that will prevent the same thing happening again.

Actions taken or improvements made as a result of Complaints

Issues Raised	Outcome	Output
Patient with special dietary requirements received ingredients in their meal that they are unable to tolerate.	New chef had not been made aware of the requirements.	A robust system for checking special diet meals was put in place to ensure all special diet meals are now checked by two staff prior to leaving the kitchen.
Patients grounds access time was cut short due to the need for another patient to access the grounds to return to their ward.	In line with policy patients who are disassociated from each other are not permitted in the grounds at the same time.	Wards agreed to liaise with each other regarding patient timetables to ensure equitable access to activities and fresh air for both patients.
Benches in the central grounds area were turned to face in the opposite direction meaning the patients feet would rest in the grass, which is problematic given our wet climate.	The benches were turned to encourage patients who did not wish to participate in outdoor activities to do so as spectators. However, it was accepted that some patients may wish to utilise the benches for other purposes.	Some of the benches were restored to their original position to allow patient to enjoy the outdoor area and surrounding views.

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, which is published on the staff intranet. In addition, the Person Centred Improvement Steering Group review the report to help identify opportunities for wider learning.

Complaints Experience Feedback

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 feedback form is available to help to seek feedback from everyone who uses the complaints service. It is acknowledged that this process does not elicit many responses.

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

Seven forms were returned this year compared to three in 2020/21 and 10 in 2019/20. Six of the forms were returned in quarter 4 following involvement of the PCIT who engaged with patients to encourage them to provide feedback on the process.

Responses were mainly positive. However, some responses highlighted that patients can be worried about making a complaint and helped the Complaints Team to be able to offer additional reassurance.

Outputs arising from Feedback received during 2021/22

284 pieces of feedback were shared during this year, the majority of which related to 'effective relationships', 'access to care' and 'physical comfort'. As a result of sporadic local Covid-19 outbreaks throughout this year impacting on attendance at Patient Partnership Group and the ward outreach programme, there has been a significant reduction in the number of 'suggestions, comments and general enquiries' shared.

Type of Feedback	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2021/22 Totals (2020/21 data)
Suggestion / Comment / General Enquiry	26 Person Centred Values x 2 Physical Comfort x 2 Effective Relationships x 18 Access to Care x 4	6 Physical Comfort x 2 Effective Relationships x 3 Effective Communication x 1	8 Person Centred Values x 2 Physical Comfort x 2 Effective Relationships x 2 Effective Communication x 1 Access to Care x 1	7 Person Centred Values x 1 Physical Comfort x 2 Effective Relationships x 2 Effective Communication x 1 Access to Care x 1	**47 (167)** Person Centred Values x 5 Physical Comfort x 8 Effective Relationships x 25 Effective Communication x 3 Access to Care x 6
Compliment	14 Person Centred Values x 4 Physical Comfort x 5 Effective Communication x 1 Emotional Support x 4	10 Person Centred Values x 3 Effective Relationships x 1 Access to Care x 6	4 Person Centred Values x 1 Physical Comfort x 1 Effective Relationships x 2	1 Person Centred Values x 1	**29 (31)** Person Centred Values x 9 Physical Comfort x 6 Effective Relationships x 3 Effective Communication x 1 Access to Care x 6 Emotional Support x 4
Concern	10 Person Centred Values x 1 Physical Comfort x 1 Effective Relationships x 1 Access to Care x 7	30 Person Centred Values x 2 Effective Relationships x 14 Effective Communication x 3 Access to Care x 6 Emotional Support x 5	25 Person Centred Values x 9 Physical Comfort x 2 Effective Relationships x 2 Effective Communication x 8 Access to Care x 3 Emotional Support x 1	12 Person Centred Values x 2 Physical Comfort x 8 Effective Relationships x 2	**77 (31)** Person Centred Values x 14 Physical Comfort x 11 Effective Relationships x 19 Effective Communication x 11 Access to Care x 16 Emotional Support x 6
Family Centre Visiting Feedback (incorporating Suggestions / Comments / Enquiries, Compliments and Concerns)	*Data not recorded separately from other feedback	10 Person Centred Values x 2 Effective Relationships x 7 Emotional Support x 1	20 Person Centred Values x 6 Physical Comfort x 3 Effective Relationships x 8 Effective Communications x 1 Access to Care x 1 Emotional Support x 1	12 Physical Comfort x 1 Effective Relationships x 5 Effective Communication x 6	**42 (*)** Person Centred Values x 8 Physical Comfort x 4 Effective Relationships x 20 Effective Communication x 7 Access to Care x 1 Emotional Support x 2
Meal Service Feedback Forms	25 Physical Comfort x 25	23 Physical Comfort x 23	24 Physical Comfort x 24	9 Physical Comfort x 9	**81 (83)** Physical Comfort x 81
Policy Consultations	-	2	3	3	**8**
Totals	**75**	**81**	**84**	**44**	**284 (343)**

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 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. The Board receives annual reporting focused on learning from complaints.

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) and the SPSO.

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 introduced in response to the pandemic. 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 CHP 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.

The pandemic continues to impact opportunities to learn from stakeholders based on face-to-face conversations. In recognition of this challenge, the Board has commissioned the local 'Digital Inclusion' project to inform plans to enable patients to share their experience using a range of electronic methods.

Despite the challenges posed by the pandemic, stakeholders engaged effectively in the annual 'What Matters to You?' initiative again this year, focussing on the impact of Covid-19. A comprehensive experiential understanding has highlighted many examples of individually tailored person centred care as well as some positive unintended consequences as a result of adapted practice.

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 services.

If you have any questions about this report please contact the Complaints Team on 01555 842200 or by emailing: tsh.complaintsandfeedback@nhs.scot or the PCIT if your query relates to the feedback sections: tsh.personcentredimprovementteam@nhs.scot

If you require this report in an alternative format, please contact Sandie Dickson, Person Centred Improvement Lead on 01555 840272 or email: sandie.dickson@tsh.scot