THE STATE HOSPITALS BOARD FOR SCOTLAND

Feedback, Comments, Concerns and Complaints

Annual Report

1 April 2015 – 31 March 2016
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Foreword

The State Hospitals Board, staff and volunteers have a unique and very long-term relationship with our patient population, associated carers and stakeholders.

Finding creative and effective ways to gather feedback, listen to that feedback and act upon it appropriately are already key strengths of the Board. Clinical Governance Committee (CGC) receives quarterly reports on Learning from Complaints and Feedback, and over the past year has taken steps to embed the ‘Patient Voice’ into the work of the Committee.

As CGC Chair I am therefore very proud of our work in this area. Although we cannot be complacent, this Annual Report reflects very positive performance by the Board, and is a credit to those involved in its production as well as all the staff and volunteers who care for our patients and support our stakeholders every day.

It also clearly demonstrates real involvement, positive changes and improvements in service provision and practice, which, after all, must be the real test of any approach to Feedback, Comments, Concerns and Complaints.

Nicholas Johnston
Non-Executive Director and Chair, Clinical Governance Committee

June 2016

Introduction

The State Hospitals Board for Scotland (the Board), one of the National Special Health Boards, is a high secure forensic mental health facility. The Hospital provides care and treatment for up to 140 male patients with a catchment area covering Scotland and Northern Ireland. The purpose of this report is to provide details of feedback and complaints received and stakeholder involvement at The State Hospital. Involving stakeholders is considered key to ensuring our services are designed to deliver safe, effective, person-centred care and treatment.

This report reviews performance in managing feedback and complaints, known locally as the 4Cs, (compliments, comments, concerns and complaints) during 2015/16 in comparison with that of previous years. The format of the report is based on guidance developed by the Scottish Health Council (SCH) in May 2014 and aims to comply with the requirements of the Patients Rights (Scotland) Act 2011.

In reviewing the information below, it is appropriate to note that engaging this unique patient group in terms of sharing feedback in a meaningful way is often very challenging. In particular, managing the aspirations of complaint outcomes for this patient group is complex and often closely linked to presentation and ongoing negative symptoms of mental health conditions.
Section 1: Encouraging and Gathering Feedback

The State Hospital aims to create 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 enables the Board to improve its understanding of what we are doing well, what we are not doing so well, and what we could do better.

Our patients experience a range of difficulties in respect of the impact of mental health conditions on their ability to communicate effectively. Given the need to ensure patients have the level of support required to enable them to be meaningfully involved, the full-time post of Patient Involvement Facilitator (PIF) is acknowledged as fundamental to promoting, collecting and sharing the views of our patients.

The Board acknowledges that carers must be recognised and valued as equal partners in the delivery of care and treatment. The Hospital values the wealth of knowledge and experience carers can offer to support clinical teams and are committed to empowering carers to be actively involved in service delivery. 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 the contribution of carers is 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 Carer Engagement Facilitator (CEF).

The role of volunteers is recognised as a valuable contribution in terms of enriching the quality of everyday life for patients. This group are an important means for patients to interact with people other than staff – particularly beneficial for many patients who receive no social visits. This mutually beneficial relationship enables the organisation to complement an approach based on the delivery of person-centred care and treatment. The Involvement and Equality Lead 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 The State Hospital, the Board recognises external regulatory organisations including Scottish Health Council, Health Improvement Scotland, European Human Rights Commission, Volunteer Scotland, Mental Welfare Commission, Third Sector providers as ‘the public’. 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 legal requirements, providing information, support, networking, measuring and reporting participation levels, outcomes and outputs.

The Hospital 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
- Skye Centre Community Meetings
- Comments/Suggestion Boxes
- Meal Feedback Forms
- In person via the PIF
- Policy consultation groups
- Membership of short life consultation forums (e.g. Supporting Healthy Choices Project)
- Membership of Involvement and Equality Steering Group (IESG)
- Narratives included as part of reporting via the IEL (the Board, Clinical Forum, Clinical Governance Committee)
- Direct telephone line to the Involvement and Equality Team (IET)
- Ward Outreach Service
- Annual Patient Experience Questionnaire
• Participation Standards
• Scottish Government Annual Hospital Review Stakeholder Forum
• Direct telephone access to the Mental Welfare Commission (MWC)
• Patients’ Advocacy Service (PAS) (based on site) direct telephone access, ward outreach and Skye Centre drop in service. Annual Patient Satisfaction Questionnaire, PAS Board patient representative, via video link to PAS AGM
• Leadership Walkrounds.

Carers
• Carers’ Support Group Meetings
• Comments/Suggestion Boxes
• Carers’ Newsletter
• Direct telephone line to the CEF.
• Electronically direct to CEF
• In person to CEF who attends the Carers’ Reception during visiting hours
• Scottish Government Annual Hospital Review Stakeholder Forum
• Membership of IESG
• Membership of short life consultation forums (e.g. Supporting Healthy Choices Project)
• Policy consultation groups
• Narratives using Emotional Touchpoint presentations to share feedback with the Board via the IEL
• Annual Visitor Experience Questionnaire
• Participation Standards

Volunteers
• Volunteer Service Group Meetings
• 1:1 supervision sessions
• Direct telephone line to the IEL
• Electronically direct to the IEL
• Attendance at Community Meetings
• Comments/Suggestion Boxes
• Scottish Government Annual Hospital Review Stakeholder Forum
• Membership of IESG
• Membership of short life consultation forums (e.g. Supporting Healthy Choices Project)
• Policy consultation groups
• Participation Standards

External Partners
• PAS Board
• External NHS networks (e.g. Equality Leads, Person-centred Health Care Collaborative, Stronger Voices initiative, Strategic Volunteering Leads, National Spiritual and Pastoral Care Leads)
• Regular SHC update meetings
• Collaborative projects with Health Improvement Scotland (HIS) (e.g. What Matters to Me)
• Regular MWC update meetings
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 Board have invested in a well resourced involvement team with specific remit to ensure that, regardless of the stage of the recovery journey, both patients and carers understand that their views are important and, as such, are welcomed.

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 relationships. Consideration is also given to the needs of carers who may require support to share their views also. 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 is often detrimental in terms of mental health. The focus is therefore on informal conflict 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 IET maintain a list of patients whom have been assessed as having specific communication needs (e.g. Learning Disabled, visual/hearing impaired, literacy skill deficits, language barriers). There is a process in place to ensure that the views of such patients are sought in a way in which they are enabled to contribute their feedback. A wide range of additional support mechanisms are used (e.g. translators, interpreters, Graphic Facilitation, Talking Mats, creative medium e.g. the Relationships River, the Recovery Game, the Consultation Tree). Additionally, 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.

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

Recording Feedback

Datix is used to record complaints and feedback. We recognise that some forms of local feedback are not routinely recorded on this system and are therefore looking at ways to capture all feedback using a common system. Existing systems and processes have caused some challenges in respect of effectively analysing all types of feedback, allocating clear responsibility for actions, and monitoring progress to agreed actions. However, this past twelve months has seen a more robust approach with a commitment to ensure this area is included within wider organisational changes currently being considered.

Plans to enhance stakeholder involvement include:

- Patient co-production roles
- Accessible information training and revised protocols for staff
- New tool to support more meaningful carer input during care review meetings
- Exploring feedback in relation to barriers to visiting/attending CPA reviews
- Enhancing the initial visit experience for new carers
- Preparation for transfer to step down services
- *Enhanced processes to identify and monitor learning opportunities emerging from feedback
- Introduction of electronic communication screens within Patient areas.
- Wider range of volunteer roles across the Hospital
- *Introduction of new feedback questionnaire to measure stakeholder satisfaction with the complaints process
• Updated fact sheets highlighting the different types of feedback and discrete processes supporting each method
• Hospital wide accessible system to support recording of feedback

*Pending outputs arising from the new NHS Model Complaints Handling Procedure (MCHP) which allocates a clear responsibility to all staff to respond to feedback, adopting a consistent approach to ensure the views of stakeholders form part of ongoing service development.

Feedback Data

A total of 436 forms of feedback were recorded during 2015/16, as shown below, compared to the previous year which recorded 418 forms of feedback.

<table>
<thead>
<tr>
<th>Source of Feedback</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints</td>
<td>67</td>
<td>45</td>
<td>39</td>
</tr>
<tr>
<td>Concerns / Enquiry / Other</td>
<td>41</td>
<td>32</td>
<td>23</td>
</tr>
<tr>
<td>Compliments</td>
<td>7</td>
<td>4</td>
<td>*119</td>
</tr>
<tr>
<td>Patient Group Meetings</td>
<td>172</td>
<td>**62</td>
<td>11</td>
</tr>
<tr>
<td>Comment / Suggestion Boxes</td>
<td>42</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Meal feedback Forms (via sugg/f/ back boxes)</td>
<td>395</td>
<td>270</td>
<td>225</td>
</tr>
<tr>
<td>Total</td>
<td>724</td>
<td>418</td>
<td>436</td>
</tr>
</tbody>
</table>

* Mainly relating to events feedback now included within electronic feedback mechanisms.
** Group meeting structure amended to reflect feedback from the patient group around a preference to share feedback on a 1:1 basis, in addition to making use of a range of feedback systems.
Section 2: Encouraging and Handling Complaints

39 complaints were received by the State Hospital in 2015/16, compared with 45 in 2014/15. The table below shows the number of complaints received over the last 3 years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Formal Complaints Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14</td>
<td>67</td>
</tr>
<tr>
<td>2014-15</td>
<td>45</td>
</tr>
<tr>
<td>2015-16</td>
<td>39</td>
</tr>
</tbody>
</table>

Complaints accounted for 9% of the overall feedback received, compared to 11% in 2014/15.

72% (28) of complaints received were from patients. 54% of patients who complained did so through the Patients Advocacy Service. Carers/elatives accounted for 26% (10) of complaints received.

All complaints received were acknowledged within the national target of 3 working days, as in previous years.

Involving the Complainant in Early Resolution Attempts

As a result of the impact of negative symptoms of a mental health condition, many of our patients experience significant cognitive deficits including short term memory loss. Therefore when a complaint is received, in an attempt to reduce delays in resolving the issue, we try to ensure a discussion takes place as quickly as possible after receipt. Complainants are offered the option of engaging informally with staff, supported by the Complaints Officer, who acts as a negotiator / mediator, in an attempt to secure a satisfactory outcome. The complainant is also asked how they would like their complaint to be handled, (e.g. in person or in writing).

As the PAS is based on site, this service regularly supports the early resolution process which is helpful in terms of being involved in supporting a patient throughout the complaints process.

Having received a formal complaint, an investigation is allocated to an investigator who meets with the complainant to discuss their concern(s) and to see if they can resolve the issue locally.

During this reporting period, there were no cases in which alternative dispute resolution (mediation) was used to try to resolve a complaint.
Key Themes Arising From Complaints Received

Recurring issues this year related to staff attitude and clinical treatment, similar to previous year. The most common issue raised in complaints this year was staff attitude, again similar to previous years, although there was a significant reduction in complaints about clinical treatment this year.

<table>
<thead>
<tr>
<th>Main Issue Raised</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Attitude/Behaviour</td>
<td>22</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Clinical Treatment</td>
<td>19</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Failure to follow Agreed Procedure</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Aids, Appliances &amp; Equipment</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Premises (including access)</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Patient privacy/dignity</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Communication (oral)</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Patient Property/Expenses</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cleanliness / Laundry</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Catering Services</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Communication (Written)</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NHS Board Purchasing</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Patient Status / Discrimination</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Admission/Transfer/Discharge Procedures</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Complaint Handling</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Policy and Commercial Decisions</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>67</strong></td>
<td><strong>45</strong></td>
<td><strong>39</strong></td>
</tr>
</tbody>
</table>

During this year a retrospective review of the issues raised in complaints, received between 1 August 2013 and 30 November 2014, was undertaken by the Chair of the Clinical Governance Committee. The purpose was to establish if trends were evident that had not been previously identified. The findings were reported to the Committee in November 2015.

The main issue types recorded were staff attitude and behaviour, clinical treatment, communication and failure to follow procedure.

Further analysis showed that the issues related to communication and process failures e.g. not knowing about changes being made in relation to permitted purchases, delays in the procurement service due resources, inconsistencies in staff applying polices, the cancellation of therapeutic placements and disagreement with hospital wide policies and procedures.

The issues reflected changes that were being undertaken at the time, and the Committee was satisfied that there were no underlying trends that required further attention.
Complaint Outcomes

The outcomes of complaints are categorised as upheld, partially upheld or not upheld. Of the 39 complaints received this year, 8 were withdrawn during the process. Of the 31 complaints investigated, 52% were either upheld or partially upheld. The pie charts below shows the outcomes for complaints over the last 3 years.

Response Times

The table below shows the percentage of complaints that we responded to within the 20 working day target over the last 3 years. The average number of days taken to respond to a complaint was 13 days, compared to 16 in the previous year.
Focus on Quality

Every effort is made to respond to complaints in writing within the 20 working day target. This year, 84% of complaints were responded to within the national target of 20 working days, an increase from the previous year. In each instance the complainant was informed of the reason for the delay and informed of their right to take their complaint to the SPSO at that stage.

Whilst always being mindful of the target response time, importance is placed on ensuring that the response fully addresses all of the issues raised. The Board are committed to ensuring that the focus is about the learning opportunities which arise from complaints. In order to identify meaningful outcomes from which outputs demonstrate an improved experience, a robust investigation process needs to be undertaken which can take longer than the target response time, particularly when involving shift workers. The Complaints Officer ensures that the complainant is kept up to date throughout the process and actively monitors the time frame with robust processes in place to elicit update reports from those investigating complaints at key stages of the process.

Measuring Complainant Satisfaction

This is a process which we recognise is not well supported through existing mechanisms in terms of robust processes.

Both the Complaints and Feedback Officer and Involvement and Equality Lead are core members of the NHS MCHP Steering Group. This working group have been meeting for twelve months with a remit to draft a new NHS wide procedure to support a more consistent approach across all Boards. Work streams supporting this piece of work include a review of the complaints element of the electronic system (Datix) used to record all feedback and complaints. Additionally another sub-group have been reviewing the training programme supporting Boards to ensure all staff are equipped to deal with feedback in a meaningful way. It is likely that a tailored approach will be taken to ensure the specific needs of our patient group are supported in terms of encouraging complaints within a long term care setting. This draft procedure is due to be piloted within a small number of Boards, with a view to implementing nationally in the spring of 2017.

There has therefore been a focus this year on supporting this national work stream, suing the outputs to develop a robust system, through which our stakeholders will be encouraged to share their experience. This input will enable us to act on this learning to ensure our complaints and feedback process continues to develop effectively.

Scottish Public Services Ombudsman

Complainants who remain unhappy with the response to their complaint can ask the Scottish Public Services Ombudsman (SPSO) to review their complaint.

During 2015/16 the SPSO received one complaint about our services. Following initial enquiries, the SPSO decided to investigate the complaint which relates to staff communication relating to a patient discharge. The investigation is currently ongoing.
Section 3: The Culture, including staff training and development

Some challenges continue in respect of demonstrating a culture that actively encourages and welcomes feedback, comments, concerns and complaints. The need to embed a culture which encourages all types of feedback remains a key objective for the Board. The organisation has a responsibility to ensure that any member of staff could and should be the first point of contact, with appropriate skills to receive and respond to the views of our patients and carers. It is recognised that staff need to feel empowered to respond to feedback and have access to systems which enable the organisation to record views using a consistent approach.

The training programme reinforcing the new MCHP will support the organisation to adopt a tailored approach to develop the necessary skills required for staff to take responsibility for acting on all types of feedback.

To date 359 members of staff have completed the National Education for Scotland (NES) e-learning Module 1 ‘The Value of Feedback’, with 329 staff now having completed all 5 online modules, which are now mandatory for all staff. One third of our Senior Charge Nurses also attended the NES Listening and Learning Event in March 2016.

The Clinical Governance Committee receives a quarterly report Learning from Complaints and Feedback. This includes feedback and performance monitoring from the formal complaints process as well as feedback from a variety of sources whereby patients and carers can raise any issues they may have. This report has been reviewed again over the last year and now focuses solely on complaints and feedback and is informative and useful. The title has also been changed to reflect the purpose and content.

Feedback & Complaints data is also reported to Senior the Management Team and the Involvement and Equality Steering Group so that they are aware of any issues emerging or lessons learned from the various feedback systems.

The PPG have identified a need to develop outputs for our feedback processes, particularly complaints, which demonstrate we are:

- actively listening to the views of patients and their carers
- validating these unique perspectives
- responding to feedback in a way which does not impact on relationships between patients/carers and staff with whom they have ongoing professional relationships
- ensuring impartiality by allocating investigation of complaints to staff out with the patients’ hub
- saying ‘sorry, we got it wrong’ when this is appropriate
- focusing on resolving issues informally rather than expecting patients to engage in the formal complaints process which they describe as ‘too much’ (PPG, 2015)
- ensuring that outputs from feedback are shared with those who have chosen to share their views
- acknowledging feedback as positive - an opportunity to improve the patient and carer experience - rather than a negative
- making changes to improve stakeholder experiences as a direct result of feedback
- sharing compliments with staff and using examples of good practice to ensure such practice is embedded across the Hospital
Section 4: Improvements to Services (as a result of complaints and feedback)

The table below is a summary of the findings and action taken following complaint investigations where the outcome was either fully or partially upheld.

| Issue Raised                                                                 | Findings / Learning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Recommendations / Action Taken                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cancellation of appointment at short notice and no new date given.          | Appointment arranged by colleague who had not checked prior commitments, however agreed appointment would be honoured but meeting was again cancelled at short notice due to the Social Worker having child care problems.                                                                                                                                                                                                                                                                                                                                 | Staff accepted appointment should not have been made without first checking prior commitments and apologised to complainant. New appointment, agreeable to both parties was scheduled.                                                                                                                                 |
| Time taken by the hospital to locate and forward on belongings to patient following his transfer. | Staff initially unable to locate property. The items had been placed on a high shelf in the hub store and been overlooked by staff due to the volume of items stored.                                                                                                                                                                                                                                                                                                                                 | New patients’ property policy will limit the amount of property a patient may store should have a positive impact on accurate record keeping and prevent a similar incident occurring where a patient moves. Apologised to patient and agreed to forward belongings without further delay. |
| Lack of privacy during visits in the dining room due to tables being too close together. Handling of the situation by staff when the patient moved a table. | Tables positioned to accommodate multiple visits in and to keep fire exits clear. Patient attempted to move table, staff intervened, and patient became disruptive. Patient's visitor commented that although staff were supportive of him he felt that nursing staff should have handled the situation better.                                                                                                                                                                                                 | Senior Charge Nurse discussed the incident and the relative’s feedback with the staff members involved. Action considered appropriate to circumstances but reflected on how staff could have handled the situation better. |
| Tubestyle doors closed before visitor had fully entered. | Tubestyle doors being operated manually by reception staff due to defect. Identified that the doors being closed before visitor had fully entered was down to human error as staff unable to see doors from operating position.                                                                                                                                                                                                                                                                                                                                 | Protocol amended. Staff member to be present in reception to check that visitors are clear before indicating to operative to close the doors. Effective immediately.                                                                                                                                                                             |
| Carer prevented from bringing in new shoes to a patient. | Policy changed several years ago. Unable to establish when Carers were notified of this change. Hub Security manager reviewed image of shoes and approved them for entry.                                                                                                                                                                                                                                                                                                                                 | Involvement & Equality Team will include a fact sheet in the Carers Information Pack which is being developed and also include a reminder of this in the Carers Summer Newsletter.                                                                                                                                                                                                                     |
| Visitor taken to wrong location. | Details of meeting/visitor recorded late and not picked up by Security. Staff failed to establish and identify meeting and location of visit.                                                                                                                                                                                                                                                                                                                                                      | A SUI (Serious Untoward Incident) was undertaken. Systems and processes for booking, receiving and transporting visitors for meetings have been amended as part of the recommendations arising from the SUI.                                                                                                                                                                                                 |
| Delay in responding to subject access request. | Request overlooked due to departmental staffing issues.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Information Governance Group agreed all subject access requests to be logged centrally with the Data Protection team. In addition a full review of the subject access request procedure will be undertaken.                                                                                                                                                                                             |
| Room searches and staff attitude. | Senior Charge Nurse (SCN) and Complaints Officer met with patient and established the main issue for the patient was that both these room searches were carried out during facility time and this has never happened before.                                                                                                                                                                                                                                                                                                                           | SCN agreed that facility time was very important to patients and informed patient he would speak to staff to advise that this should only be done when there is absolutely no other option available.                                                                                                                                          |
| Temperature of bedroom too hot. Patients have no control over this. | Complaint identified issue with heating sensors serving bedroom.                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Action taken to resolve sensor defect. Monitored and confirmed as resolved by Estates Team.                                                                                                                                                                                                                                                                                                        |
Carer complained about the attitude of a member of staff when she enquired about her son’s ground access. SCN unable to substantiate allegations made about conduct as staff did not corroborate events. Meeting held with Carer when SCN explained findings. SCN apologised for the experience and suggested seeking a senior member of staff if there is a problem in future. Carer very unhappy with the findings and felt she was not believed and that complaining had been a waste of time.

Carer complained about the attitude of nursing staff during medication dispensing time. Also stated information regarding medication preferences was omitted from kardex system. SCN unable to substantiate allegations made about conduct of the member of staff concerned as witnessing staff did not corroborate events. Pharmacist met with patient to discuss concerns relating to preferred medication. Previous agreement had been omitted from the kardex record, therefore dispensing staff were unaware of these instructions.

Patient complained that, despite his objection, staff entered his bedroom and removed legal papers to be photocopied which were subsequently returned. Staff confirmed papers were removed in order to enable the hub secretary to confirm that they were the correct papers for a forthcoming hearing. SCN will ensure staff are reminded that they cannot remove legal documents from a patient’s room for our own administrative purposes. The process for recording patient mail has been reviewed, to enable staff to confirm patients have received their mail.

**Improvements Made to Services as a Result of Feedback**

The table below provides a flavour of the improvement work streams arising from feedback this past twelve months. It is encouraging to note that patients, carers and volunteers have shared their views, representing a wide range of stakeholders.

<table>
<thead>
<tr>
<th>Issue Raised</th>
<th>Findings / Learning</th>
<th>Recommendations / Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients shared concerns around changes to practice directly affecting their experience with no prior consultation.</td>
<td>Inconsistency of practice relating to review / introduction of patient related policies / protocols.</td>
<td>As part of the new Equality Impact Assessment (EQIA) process, all patient related policies are shared in draft format via the intranet. The Involvement and Equality Team adapt the content for discussion with the Patient Partnership Group, whose views inform EQIA.</td>
</tr>
<tr>
<td>A number of carers and volunteers highlighted that, on arrival, the Main Reception appear to be unaware of the pre-booked visit.</td>
<td>A short life working group investigated a number of elements in relation to dissatisfaction around the visit booking process. A lack of consistency relating to practice across the Hospital was identified as a significant issue.</td>
<td>A short life working group, tasked with reviewing the visit booking process, made a number of recommendations resulting in a revised policy and procedure in relation to the booking of visits. The draft policy is scheduled for wider consultation next month. Following implementation, visitors will be invited to share their feedback with a view to ensuring changes made have enhanced the visit booking experience.</td>
</tr>
<tr>
<td>Volunteer input relating to patient activity has historically been restricted to the Skye Centre. Volunteers within The State Hospital Annual Review Stakeholder Forum indicated a willingness to provide input for the ‘harder to reach’ patients within the hub environment.</td>
<td>Dedicated Board presentation involving a volunteer. Opportunity to provide additional activity input for patients who are not yet ready to attend the Skye Centre. Process developed to introduce volunteer activity support to one hub as a pilot. Initial input provided will support consolidation of patient learning skills.</td>
<td>Development of hub input process in conjunction with Iona Hub staff. Process implemented enabling access to keys for the volunteer involved in the pilot project which has now commenced within Iona. Evaluation of outputs will inform development of this model across all hubs.</td>
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</table>
Limited attendance at the Carer Support Group (CSG).

Feedback from carers suggests a preference for 1:1 input rather than the CSG format. Carers have indicated that a person-centred approach to providing support would be more valuable, as circumstances relating to the needs of each carer differ. There is a lack of evidence of the need for group support in terms of sharing of experience.

Carer Engagement Facilitator now providing a weekly outreach service within the Carers’ Reception area.

6 month evaluation will inform development of this input in terms of common needs and sharing of positive experience.

Gaps identified in respect of recording feedback relating to social events / forums supporting national initiatives.

Systems in place to record feedback however, two different systems, across two different directorates in use. This resulted in gaps and duplication of information impacting on the efficacy of reporting and demonstrating learning.

All such feedback is now entered in the electronic NHS Datix system, from which data is collated to inform reports which support the organisation to demonstrate the learning and subsequent changes to service delivery arising from feedback.

Learning / Development Opportunities

- Enhanced PAS links in respect of thematic feedback.
- Enhanced system enabling collation and dissemination of all feedback Hospital wide.
- *Updated patient and carer information fact sheets relating to feedback.
- Introduction of quarterly ‘sharing of feedback’ staff bulletin.
- Quarterly hub / Skye Centre specific reports, supporting local learning.
- *New State Hospital Complaints Toolkit incorporating guidance to support effective identification and response to complainant expectations, tailored information for patients, carers and staff which clarifies the terminology used for different types of feedback.
- Use of quality improvement methodology to review efficacy of learning outputs.
- *New feedback form seeking views about the efficacy of our feedback processes.
- *Updated Equality, Diversity and Rights Training Workshop material to incorporate best practice around encouraging and responding to feedback.
- Link learning to CIR/SUI outcomes to inform more integrated learning.
- Tailored version of NHS complaints handling and training modules to be developed and included within mandatory online training modules for all front line staff.

*Pending finalised MCHP
Section 5: Accountability and Governance

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

- A culture of clinical practice in which patients (and carers) are informed and involved in all decisions about their care and treatment
- Safe, effective, person-centred approaches to care and treatment which respect the views of patients and carers as ‘experts by experience’
- That service design incorporates stakeholder feedback
- That staff understand the value and benefits of meaningful involvement
- That stakeholders are supported to develop the skills, knowledge and confidence to participate
- That involvement is consistent across the organisation
- That any barriers to involvement are identified and individual needs are met
- That the organisation uses methods of engagement which are fit for purpose and inclusive

Internal governance of Feedback and Complaints is undertaken by the Board who receive an annual report, including recommendations for key priorities for the next twelve months. Feedback and Complaints data is reported quarterly to the Involvement and Equality Steering Group, the Clinical Governance Committee (chaired by a Non Executive Board Member) and via the Risk Management Report to the Senior Management Team. Additionally, the Hub Management Teams receive a monthly report of all feedback relating specifically to their hub. The reports show feedback received in a quarter, the number of complaints, the issue, findings and outcome. The information also includes any complaints that have been taken to the SPSO.

External governance is undertaken by a range of regulatory bodies such as HIS, the SHC, the MWC and the Scottish Government Health and Social Care Directorate.

An internal audit was undertaken by KPMG in November, 2015, which identified opportunities to streamline our complaints and feedback processes, adopting a more cohesive approach.

Due to wider consideration of the business support structure within the Hospital which has been entailed extensive consultation over a twelve month period, the recommendations within the audit report have not yet been implemented.

Summary

The State Hospital is committed to encouraging stakeholders to share their views and has a well resourced team to ensure support mechanisms are in place to enable patients and carers to make use of a wide range of methods through which they may share their feedback. The majority of feedback we receive is informal in nature and often dealt with locally at the time. However, much of this feedback is not recorded formally due to existing processes and supporting systems.

It is recognised that current processes supporting all aspects of feedback require to be reviewed with a view to introducing a more robust quality improvement approach which clearly demonstrates learning outputs and, ultimately, enhanced service delivery.

In terms of culture, there is a need for the organisation to support staff to embrace all types of feedback and be able to demonstrate the outcome of conversations in which our stakeholders share their views. This requires a consistent approach which requires all staff to engage meaningfully and view all feedback as a learning opportunity.

Very few formal complaints are received, which may be as a result of the wide range of informal mechanisms and efforts made in relation to early resolution. In addition to the role of the IET, this process is also supported by the on site PAS which undoubtedly offers another source for encouraging early informal conflict resolution.
However, feedback suggests the need for the organisation to better understand the challenges such a static group of patients / carers experience in terms of being able to share their views. Challenges in this respect include the impact on patient / carer / staff relationships which is a significant concern for stakeholders.

The Hospital is actively involved in developing the new MCHP and is assured that this updated procedure will support the organisation to embrace a more robust approach to learning from feedback.