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Foreword

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

The Board actively gathers feedback, listens to patients and carers, and importantly takes appropriate action in response. Clinical Governance Committee (CGC) receives quarterly reports on Learning from Complaints and Feedback, and I am very pleased that the ‘Patient Voice’ has become increasingly embedded in the work of the Committee and the wider Board. This Report demonstrates a number of innovative ways in which colleagues enable patients and carers in particular to share their views and feelings.

As CGC Chair I am grateful to all the staff and volunteers who care for our patients and support our stakeholders every day, and the Committee very much appreciates the work of the colleagues who ensure that our complaints and feedback processes are effective and meaningful.

This Report demonstrates real involvement, positive change and improvement in service provision and practice, and shows that Feedback, Comments, Concerns and Complaints continue to be treated with due respect in the State Hospital.

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

June 2019

Introduction

The Board, one of NHS Scotland’s 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.

Involving stakeholders is considered key to ensuring our services are designed to deliver safe, effective, person-centred care and treatment.

This report provides details of feedback and complaints received during the period 1 April 2018 to 31 March 2019, demonstrating meaningful stakeholder involvement at The State Hospital (TSH).

This is the second report reviewing performance in managing feedback and complaints, known locally as the ‘Learning from Complaints & Feedback’ Report, (incorporating compliments, comments, concerns and complaints) since the introduction of the NHS Model Complaints Handling Procedure (CHP) on 1 April 2017. The main focus of the CHP was to take a consistently person centred approach to complaints handling across NHS Scotland, implement a standard process, ensure staff and people using NHS services have confidence in complaints handling and to encourage NHS organisations to learn from complaints in order to continuously improve services.

Engaging TSH unique patient group, in terms of enabling 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 mental health presentation and ongoing negative symptoms of mental health conditions.
Section 1
Encouraging and Gathering Feedback

TSH 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 data 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. Barriers to communication including Learning Disability, language and sensory impairment, presenting additional challenges which call for skills and knowledge required to support a tailored approach to enabling all patients to have the opportunity to share their views. Given the need to ensure patients have the level of support required to be meaningfully involved in service development, the role of the Person Centred Improvement Team (PCIT) is pivotal to providing dedicated support, tailored to individual need.

The Board acknowledges carers as valued partners in service design and delivery. The Hospital values the wealth of knowledge and experience carers are able to contribute to the role of the 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 carer input 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 Person Centred Improvement Advisor (PCIA), whose remit relates largely to carer support.

The role of volunteers is also recognised as a valuable contribution to our work 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 Scottish Health Council (SHC), Healthcare Improvement Scotland (HIS), European Human Rights Commission, Volunteer Scotland, Volunteer Health Scotland, Carers’ Trust, Support in Mind, the Forensic Network, the Scottish Government Person-centred Team, the Patient Advocacy Service (PAS), Mental Welfare Commission (MWC) and other Third Sector providers as ‘the public’ in terms of stakeholders. Therefore actively seeking feedback as a part of involvement and engagement is effected through partnership working with a wide range of external organisations, for a number of purposes including statutory requirements, providing information, collaborative service design, shared learning, networking, measuring and reporting participation levels, outcomes and outputs, as part of national comparison activities.

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 (enabling direct contact with SHC Local Officers) including discussions in respect of:
  - Supporting Healthy Choices Implementation work streams including Health and Wellbeing Plans and the updated list of food and fluid gifts from visitors;
  - Forensic Network technology access questionnaire;
  - Research proposals;
- Organisational Conversations – Dignity and Respect / Values and Behaviours / Quality and Teamwork;
- Policy / protocol development and updates;
- TSH 2018 ‘What Matters to You?’ initiative;
- Service sustainability work streams;
- Improving Observation Practices project;
- Review of the Clinical Model Principles;
- Developing Stakeholder Engagement session of TSH Annual Review;
- Contributing to development of new menus;
- Supporting completion of the Advance Statement questionnaire;
- Review of Clinical Care Delivery Model;
- ‘What Matters to You?’ action plan updates.

- Comments/Suggestion Boxes
- Meal Feedback Forms
- Policy consultation groups
- Membership of short life consultation forums (e.g. Clinical Care model)
- Membership of Person Centred Improvement Steering Group (PCISG)
- Narratives included as part of reporting via the PCIL (the Board, Clinical Forum, Clinical Governance Group/Committee)
- Direct telephone line to the Person Centred Improvement Team (PCIT)
- Ward Outreach Service
- Scottish Government Annual Hospital Review Stakeholder Forum
- Direct telephone access to the Mental Welfare Commission (MWC)
- 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.
- Annual ‘What Matters to You?’ initiative

This year, stakeholder ‘stories’ continued as a regular feature of the Board Meeting Agenda, shared through the use of a wide range of medium including Emotional Touchpoints and creative feedback models such as the River Model.
Carers
- eCarers’ Support Group Meetings
- Comments/Suggestion Boxes
- Carers’ Newsletter
- Direct telephone line to the PCIA.
- Electronically direct to PCIA
- In person to PCIA, who attends the Carers’ Reception during visiting hours
- Scottish Government Annual Hospital Review Stakeholder Forum
- Membership of PCISG
- Membership of short life consultation forums (e.g. Clinical Care Model)
- Policy consultation groups
- Narratives using Emotional Touchpoint presentations to share feedback with the Board via the PCIL
- ‘What Matters to You?’ / Carers’ Week event

Volunteers
- Volunteer Service Group Meetings
- 1:1 supervision sessions
- Direct telephone line to the PCIL
- Electronically direct to the PCIL
- Comments/Suggestion Boxes
- Scottish Government Annual Hospital Review Stakeholder Forum
- Membership of PCISG
- Membership of short life consultation forums (e.g. Clinical Care model)
- Policy consultation groups
- Investing in Volunteers accreditation process
- ‘What Matters to You?’ / Volunteer Week event

External Partners
- PAS Board Meetings
- Monthly meetings with PAS Manager
- NHS networks (e.g. Equality Leads, Scottish Government Person-centred Stakeholder Group, Strategic Volunteering Leads, National Spiritual and Pastoral Care Leads)
- Regular SHC update meetings
- Collaborative interactive projects with Healthcare Improvement Scotland (HIS) (e.g. What Matters to You?)
- Regular MWC update meetings
- Forensic Network Carer Co-ordinator / skill sharing 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 a dedicated 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. A proactive approach is adopted to ensure that stakeholders are supported to contribute to organisational learning.

We recognise that the Hospital is the patients’ home and that, as detained patients, this brings challenges when sharing negative feedback in terms of the impact on patient/staff and care/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 is often detrimental in terms of mental health. The focus is therefore on informal resolution. This approach is viewed by patients and carers as the preferable option in the majority of early discussions within the complaints process in this setting. The CHP 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.

The PCIT maintain a list of patients whom have been assessed as having specific communication needs (e.g. Learning Disabled, 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, 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 PCIA of any support mechanisms which would enable them to more meaningfully engage.

Input from the Patient Advocacy Service, based within the Hospital supports the Board to ensure patients are offered the option to share feedback with an independent person. This approach is particularly helpful for patients who wish to make a complaint and / or share negative feedback confidentially.

Recording Feedback

The Datix system is used to record complaints and feedback.

Feedback Data

<table>
<thead>
<tr>
<th>Type / Source of Feedback</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints</td>
<td>59</td>
<td>121</td>
<td>61</td>
</tr>
<tr>
<td>Concerns / Enquiries</td>
<td>7</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>Compliments</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Comment / Suggestion Boxes</td>
<td>96</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Meal feedback Forms (via feedback/suggestion boxes)</td>
<td>223</td>
<td>104</td>
<td>77</td>
</tr>
<tr>
<td>*Event Evaluation Forms (includes compliments)</td>
<td>180</td>
<td>100</td>
<td>204</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>569</strong></td>
<td><strong>347</strong></td>
<td><strong>395</strong></td>
</tr>
</tbody>
</table>

Complaints accounted for 15% of the overall feedback received this year, compared to 35% in 2017/18.

15 contacts were logged as a concern, where the complainant had indicated that they did not wish to complain or wanted information in the first instance. Three concerns raised were anonymous. The remaining 17 were general enquiries or requests for information.

Due to the nature of the environment as a long-term health care setting, it is normal that stakeholders will inevitably submit more than one complaint during their time in TSH, which averages 6/7 years.
77% of all complainants (35) made one or 2 complaints this year with 17% submitting 3 or more complaints. 6% were collective complaints.

- 21 people submitted 1 complaint;
- 6 people submitted 2 complaints each;
- 2 people submitted 3 complaints each;
- 2 people submitted 4 complaints each
- 1 person submitted 5 complaints;
- 1 person submitted 7 complaints;
- 2 collective complaints were received.

9 carers submitted 16 complaints this year, accounting for 26% of all complaints received. This shows a 7% increase on complaints from carers in the previous year.

Two carers accounted for 50% (8) of these complaints.

PAS continue to support patients who wish to make a complaint but do not wish to do so direct. This year PAS supported 46% (28) of all complaints.
Section 2

Encouraging and Handling Complaints

The CHP introduced a standard approach to managing complaints across NHS Scotland, which complies with the Scottish Public Services Ombudsman (SPSO) and meets all the requirements of the Patient Rights (Scotland) Act 2011. The two-stage model enables complaints to be handled either locally, by front line staff, allowing for Early Resolution (Stage 1) within 5 working days, or for issues that cannot be resolved quickly, or are more complex, by Investigation (Stage 2) within 20 working days.

Complaints Received

<table>
<thead>
<tr>
<th>Number of Complaints Received</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number Received</td>
<td>61</td>
</tr>
<tr>
<td>Average number of Patients in the Hospital throughout the year</td>
<td>107</td>
</tr>
<tr>
<td>Total number of Complainants</td>
<td>35</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main Issue Raised in Complaint</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Attitude / Behaviour</td>
<td>15</td>
<td>27</td>
<td>16</td>
</tr>
<tr>
<td>Clinical Treatment</td>
<td>17</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Communication Oral / Written</td>
<td>4</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Policy / Procedures</td>
<td>5</td>
<td>27</td>
<td>8</td>
</tr>
<tr>
<td>Staff Shortage / Availability</td>
<td>3</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Patient Privacy / Dignity</td>
<td>5</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Catering Services</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Aids, Appliances &amp; Equipment</td>
<td>2</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Patient Property / Expenses</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Policy and Commercial Decisions / Procurement</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Premises / Access / Transport</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Personal Records</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Complaint Handling</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>Patient Status / Discrimination</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>59</td>
<td>121</td>
<td>61</td>
</tr>
</tbody>
</table>

Key Themes Emerging

The increase in the number of complaints in 2017/18 was expected with the introduction, promotion and embedding of the CHP raising the awareness of complaints and feedback across the hospital. In addition to this, changes to specific policies/practices contributed to the increase in the number of complaints received in 2017/18. The number received this year is equivalent to previous years.

Recurring issues evident throughout 2018/19 related to staff attitude and clinical treatment, however both saw a reduction in numbers with complaints about staff attitude/behaviour decreasing by 41% and complaints about clinical treatment by 47%. Communication, both written and oral, policies/procedures and staff shortages were also recurring issues, although complaints about these issues indicate a reduction compared to last year’s data.
Involving the Complainant in Early Resolution

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

The independent patients’ advocacy service, based on site, regularly supports patients to resolve issues through early resolution. PAS also provide full support and guidance to patients who wish to escalate the complaint. PAS work closely with the Complaints Officer and PCIT to highlight themes and identify opportunities to share best practice in relation to learning emerging from complaints and feedback.

Alternative Dispute Resolution

The Board also support the use of alternative dispute resolution e.g. mediation to conclude cases which were unable to be resolved locally. There were no requirements for this service in the last 12 months.

Complaints Closed and Outcomes

All complaints closed are categorised as either being Upheld, Partially Upheld or Not Upheld. A total of 62 complaints were closed this year.

The number of complaints ‘received’ and the number ‘closed’ in the financial year (1 April 2018 and 31 March 2019) are not expected to match. Complaints received in the latter part of the previous year are not likely to be closed until the April of the following year. These complaints are shown as being ‘received’ in one financial year but ‘closed’ in the next financial year. The table below shows the number of complaints closed at each stage this year and the following chart illustrates the outcomes.

<table>
<thead>
<tr>
<th>Total Number of Complaints Closed</th>
<th>Total</th>
<th>% of all Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number closed at Stage 1</td>
<td>36</td>
<td>58%</td>
</tr>
<tr>
<td>Number closed at Stage 2</td>
<td>14</td>
<td>23%</td>
</tr>
<tr>
<td>Number closed after escalation to Stage 2</td>
<td>12</td>
<td>19%</td>
</tr>
<tr>
<td>Total Closed</td>
<td>62</td>
<td>100%</td>
</tr>
</tbody>
</table>

2018/19 Complaint Outcomes
58% of complaints were resolved at Stage 1, with the remaining 42% investigated at Stage 2.

46% of complaints investigated at Stage 2 had been escalated from Stage 1, in comparison to 14% last year.

<table>
<thead>
<tr>
<th>Outcomes of Complaints Closed</th>
<th>Total</th>
<th>% of all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upheld</td>
<td>31</td>
<td>50%</td>
</tr>
<tr>
<td>Not Upheld</td>
<td>29</td>
<td>47%</td>
</tr>
<tr>
<td>Partially Upheld</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Stage 1 - Early Resolution

- Upheld: 18 (50%)
- Partially Upheld: 1 (3%)
- Not Upheld: 1 (3%)

### Stage 2 - Investigation

- Upheld: 9 (64%)
- Partially Upheld: 1 (7%)
- Not Upheld: 4 (29%)

*Includes the outcome of all complaints closed at Stage 2*

<table>
<thead>
<tr>
<th>Complaint Outcomes at Stage 1</th>
<th>Total</th>
<th>% of all Stage 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upheld</td>
<td>17</td>
<td>47%</td>
</tr>
<tr>
<td>Not Upheld</td>
<td>18</td>
<td>50%</td>
</tr>
<tr>
<td>Partially Upheld</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaint Outcomes at Stage 2</th>
<th>Total</th>
<th>% of all Stage 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upheld</td>
<td>9</td>
<td>64%</td>
</tr>
<tr>
<td>Not Upheld</td>
<td>4</td>
<td>29%</td>
</tr>
<tr>
<td>Partially Upheld</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>100%</td>
</tr>
</tbody>
</table>
Complaint Outcomes after Escalation to Stage 2

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Total</th>
<th>% of all Esc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully Upheld</td>
<td>5</td>
<td>42%</td>
</tr>
<tr>
<td>Not Upheld</td>
<td>7</td>
<td>58%</td>
</tr>
<tr>
<td>Partially Upheld</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100%</td>
</tr>
</tbody>
</table>

Response Times

The Hospital 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 year.

<table>
<thead>
<tr>
<th>Average Response Times</th>
<th>2017/18 No of Days</th>
<th>2018/19 No of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of days taken to resolve a complaint at Stage 1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Average Number of days taken to respond to a complaint at Stage 2</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Average Number of days taken to respond after escalation to Stage 2</td>
<td>14</td>
<td>17.5</td>
</tr>
</tbody>
</table>

The number of days to respond to Stage 1 complaints remained the same as last year at 3 days.

The number of days to respond to a Stage 2 complaint decreased, whilst the number of days to respond to a complaint after escalation to Stage 2 increased from 14 days to 17.5 days this year.

<table>
<thead>
<tr>
<th>Complaints closed in full within timescales</th>
<th>2017/18 No of Days</th>
<th>2018/19 No of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of complaints closed at Stage 1 within 5 working days</td>
<td>79</td>
<td>32</td>
</tr>
<tr>
<td>as % of the total number of Stage 1 complaints closed this year (36)</td>
<td>88%</td>
<td>89%</td>
</tr>
<tr>
<td>Number of complaints closed at Stage 2 within 20 working days</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>as % of the total number of Stage 2 complaints closed this year (26)</td>
<td>93%</td>
<td>85%</td>
</tr>
</tbody>
</table>
Focus on Quality

Whilst always being mindful of the target response times, 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 that arise from complaints, therefore on occasion an extension has been required to allow a more comprehensive response to be provided.

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

<table>
<thead>
<tr>
<th>Extensions Authorised</th>
<th>Total No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Stage 1 complaints where an extension was authorised</td>
<td>1</td>
</tr>
<tr>
<td>as % of the total number of Stage 1 complaints closed (36)</td>
<td>3%</td>
</tr>
<tr>
<td>Number of Stage 2 complaints where an extension was authorised</td>
<td>3</td>
</tr>
<tr>
<td>as % of the total number of Stage 2 complaints closed (26)</td>
<td>12%</td>
</tr>
</tbody>
</table>

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 our governance groups.

Complaints Process Experience

As part of the CHP, we are required to ask people their views about the procedure. A local feedback pro-forma was implemented with a view to seeking the feedback of those using the complaints process. Where appropriate PAS assist patients to complete this feedback.

Responses received 2017/18 = 22
Responses received 2018/19 = 25

<table>
<thead>
<tr>
<th></th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding information about how to make a complaint was easy</td>
<td>86%</td>
<td>88%</td>
</tr>
<tr>
<td>Making a complaint was easy</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Staff were helpful, polite and professional</td>
<td>82%</td>
<td>92%</td>
</tr>
<tr>
<td>Staff listened and understood my complaint</td>
<td>82%</td>
<td>88%</td>
</tr>
<tr>
<td>The letter advising me of the decision was easy to read and understandable</td>
<td>86%</td>
<td>76%</td>
</tr>
<tr>
<td>All my issues were answered</td>
<td>50%</td>
<td>68%</td>
</tr>
<tr>
<td>I raised concerns about how my complaint was handled</td>
<td>8%</td>
<td>40%</td>
</tr>
</tbody>
</table>

The table above indicates that there has been an improvement with respondents saying that staff were helpful, polite and professional when dealing with their complaint. This increased from 82% to 92%.

There has been a decrease in the percentage of respondents who thought the letter advising them of the decisions was easy to read and understandable; from 86% to 76%. However, a higher percentage felt that all their issues had been answered (50% to 68%).

There has been an increase in the respondents raising concerns about how their complaint was handled; from 8% to 40%. Collecting this feedback requires to comply with national practice. This means that the feedback is provided anonymously, which is a challenge in terms of understanding more about the issue(s) and learning from experience. Attempts locally to identify specific issues have highlighted some anecdotal examples of where a complainant has had concerns e.g. was
unable to speak directly to the Complaints Officer who was on leave, required to share initial feedback about ward based issues directly with staff responsible.

A small number of forms in this year included the respondent's name, which provided the opportunity to seek further information on areas of concern. It became evident when meeting with the respondent that in instances where they had made more than one complaint, they were unsure which complaint they were providing feedback about.

Due to the nature of the environment as a long-term health care setting, it is to be expected that we will received multiple complaints from the same person. It remains a challenge therefore seeking feedback on the same process from the same source multiple times.

There are some areas for the Board to explore further in terms of better understanding the reason why some complainants feel their complaint was not fully answered and/or they were unhappy with the way in which their complaint was handled. Both are difficult to validate given the anonymity of this process. We will review the form with Patient Partnership Group to see if we can encourage respondents who indicate they are not happy with any part of the process to provide further feedback on this.

**Scottish Public Services Ombudsman (SPSO)**

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

During 2018/19 no complaint reviews or investigations were undertaken by the SPSO regarding complaints made to the Hospital.
Section 3
The Culture, staff awareness, training and development

ORGANISATIONAL CONVERSATIONS

A Values and Behaviours Group was set up to support the organisation to embed a values based approach to collaborative service delivery.

Organisational conversations took place between January and September 2018 to promote awareness, raise visibility of and highlight personal responsibility for the values by getting everyone to think about what the values meant in terms of behaviours. Staff and patients were asked to explore what the values meant to them and to provide feedback from the conversations. This feedback was shared through a series of special staff bulletins.

What staff said about quality and team-work

- We work to together as a team to provide optimum care for patients
- We strive for excellence in care in everything we do
- We share responsibility and accountability

So what are we doing with the information?

<table>
<thead>
<tr>
<th>YOU SAID you would…</th>
<th>What we ARE DOING …</th>
</tr>
</thead>
<tbody>
<tr>
<td>Like to feel more valued</td>
<td>We are exploring introducing a staff recognition scheme</td>
</tr>
<tr>
<td>Like to see values embedded into ways of working</td>
<td>We are already working at embedding values and behaviours into our induction, PDP and recruitment process.</td>
</tr>
<tr>
<td>Like to see more reflective practice</td>
<td>Multi-disciplinary reflective practice is already established Values Based Reflective Practice is currently being piloted.</td>
</tr>
<tr>
<td>Like the values and behaviours to be more visible</td>
<td>We recognise this needs to happen more. We are consulting with staff on how best to do this, in addition to posters and displays.</td>
</tr>
</tbody>
</table>

Staff described many more areas where they felt we needed to concentrate to ensure we abide by our values and behaviours. The Organisational Development Manager will use this to inform more actions in future.
**The Patient Partnership Group** met several times to discuss the values and behaviours in terms of how important or beneficial someone or something is considered to be, that is, how we value people and things. They described values generally as human rights, religious beliefs, what you believe in, morals, family beliefs; values change as you get older/wiser, not everyone is the same; you can have morals and values but not the discipline to exhibit good values; values can change with illness.

They considered positive staff values to include:

- consistency of practice;
- for staff to listen and understand the impact decisions made have on them;
- to see improvements from the feedback they share;
- to feel partners in service development;
- to feel part of the wider team, with staff working for the benefit for everyone;

**Training**

**Complaints and Feedback**

We continue to encourage staff to complete the e-learning Complaints and Feedback training modules. The number of staff who have completed the modules in this year has shown a significant increase:

<table>
<thead>
<tr>
<th>Complaints and Feedback Training Modules</th>
<th>Completions 2016/17</th>
<th>Completions 2017/18</th>
<th>Completions 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1: Value of Feedback</td>
<td>193</td>
<td>90</td>
<td>252</td>
</tr>
<tr>
<td>Module 2: Encouraging and Using Feedback</td>
<td>193</td>
<td>80</td>
<td>260</td>
</tr>
<tr>
<td>Module 3: Complaints and Feedback Process</td>
<td>190</td>
<td>72</td>
<td>266</td>
</tr>
<tr>
<td>Module 4: The Value of Apology</td>
<td>193</td>
<td>71</td>
<td>267</td>
</tr>
<tr>
<td>Module 5: Managing Difficult Behaviour</td>
<td>194</td>
<td>70</td>
<td>268</td>
</tr>
<tr>
<td>Modules 5 Modules</td>
<td>194</td>
<td>98</td>
<td>269</td>
</tr>
<tr>
<td>Total number of staff at year end</td>
<td>674</td>
<td>670</td>
<td>671</td>
</tr>
</tbody>
</table>
In addition to the e-learning training modules, learning from complaints and feedback forms part of the mandatory Health and Safety induction day for all new staff.

**Duty of Candour**

Registered clinicians were prioritised in terms of undertaking the Duty of Candour e-learning training module this year:

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Within Group</th>
<th>Number Completed Module</th>
<th>Uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Practitioners</td>
<td>243</td>
<td>208</td>
<td>86%</td>
</tr>
<tr>
<td>Non-Registered Practitioners</td>
<td>162</td>
<td>133</td>
<td>82%</td>
</tr>
<tr>
<td>Total</td>
<td>405</td>
<td>342</td>
<td>84%</td>
</tr>
</tbody>
</table>

The proposed training plan for 2019-20 focuses on all front-line clinical staff with regard to completion of the Duty of Candour e-learning module.

**Quality Improvement Initiative**

The State Hospital implemented a Quality Improvement (QI) initiative TSH3030 to embed QI Hospital wide. This placed patients at the heart of the initiative, and with their involvement empowered staff to shape and impact services that resulted in improvements to the overall quality of care within a safe, person centred, effective and quality assured environment.

20% of staff and 30% of patients were engaged in this initiative. The aims of TSH3030 were to:

- Develop a process to engage staff across the Hospital in QI and raise awareness of the model for improvement, enabling a QI culture to be embedded.
- Demystify QI methods and support all staff to use QI to make improvement.

TSH3030 was delivered across the whole Hospital, building QI capacity and capability

- **23 teams registered and 21 completed** the 4-week initiative, supported by 7 QI mentors.
- **111 members of staff** across all disciplines worked together to improve the quality of our services.
- **30 patients** were team members and played a key role in projects.
- QI methods and approaches became more accessible; teams used more than **20 different QI methods** including process mapping, run charts, patient feedback questionnaires and fishbone analysis charts.
- **8 of the 23 projects** resulted in improved and meaningful therapeutic engagement.
Feedback included:

- ‘The buzz around TSH3030 was very positive within the Hospital’
- ‘People were motivated to get involved and TSH3030 supported the opportunity to do something positive’
- ‘QI tools really helped us to make improvements and understand factors affecting us’
- Feedback from patients included “learned to work in a group and how to organise”

Impact

An evaluation was completed 12 weeks after the initiative finished. 18 of the 21 teams completed the evaluation, from these. All teams reported that TSH3030 had a positive impact on team working and QI culture.

Future Plans

TSH3030 created a positive energy and enthusiasm for QI. It enabled and empowered staff to make a difference to what was important to them in service improvement. The QI Forum continue to support the projects which are still ongoing and plan to run TSH3030 in 2019 building on learning and feedback from staff and patients. We will continue to develop QI skills and capability over the year with QI drop in sessions, QI connect and QI Forum communications with staff.
Section 4
Learning from Complaints and Feedback

Patients, carers and volunteers share their views, representing a wide range of stakeholder. Those views have contributed to a wide range of service improvements, which have already been made and are informing planned improvements:

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

58% of complaints were resolved at Stage 1 in this year. Many of these were resolved on an individual basis rather than implementing improvements, or changes to ways of working, to help ensure complaints do not recur. Here are some examples of things that went wrong last year and what we did to try to put them right.

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Outcome</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>The wording in the Patient Mail Policy was not the same as that in the Mental Health (Care and Treatment) (Scotland) Act.</td>
<td>The order of the wording in the policy and in the Mental Welfare Commission Specified Person Guidance was the wrong way round, giving it a different meaning.</td>
<td>Both the hospital policy the Mental Welfare Commission guidance to be updated to ensure they accurately reflect the wording in the Act.</td>
</tr>
<tr>
<td>Patient felt it was unfair and discriminatory that only one Hub has access to a gazebo/sheltered area outside the hub. This lack of facility means he cannot sit outside if the weather is not good.</td>
<td>Having installed a gazebo at one of the Hubs the plan was for each of the hubs to get one. However, the cost of these needed to be balanced with other competing budgetary demands and it was not possible to fund this project in this year.</td>
<td>This will be carried forward and consideration will be given to continuing the plan when funding is available.</td>
</tr>
</tbody>
</table>
All complaints closed and their findings and outcomes are reported to the Clinical Governance Committee and the Senior Management Team quarterly. The Person Centred Improvement Steering Group also discuss outcomes and opportunities for wider learning.

**Outputs Arising from Feedback Reported**

**Wider Grounds Access Facility**
Following feedback from patients who currently require to return to the ward to use facilities when out in the grounds, the SMT have now approved direct access to the Skye Centre for patients using grounds access.

**Feedback Fatigue**
Feedback shared in the first quarter included concerns raised about the volume of requests received on a very regular basis for patients to share their views. Although this practice is to be commended, in terms of ensuring patients have the opportunity to share their views, it is clear that a more structured process requires to be adopted. Three key themes have emerged from the feedback, relating to frequency, format and transparency. The PCIL has developed the ‘Patient Feedback Policy’ which is currently undergoing initial consultation processes.

**Patient Meal Experience Short Life Working Group**
The short life working group created to improve the patient meal experience has now come to an end, with significant improvement noted as a result of changes made to the pro forma that patients use to order their meal and the way in which this data is transferred to the Catering Department. Having undertaken follow-up feedback, patients report that they are now receiving the meals they have ordered, resulting in a dramatic decrease in reported issues via the meal service feedback forms. The PPG Catering Group will continue to monitor outputs from this piece of work.

**TSH3030 – Grub Matters**
As part of the TSH3030 quality improvement initiative, patients from Iona 2 were engaged with ward staff, the Person Centred Improvement Team and Catering Service to make further improvements to the meal service feedback system. The need to introduce accessible information versions of the pro-forma in use had previously been identified as a need in terms of ensuring patients with an Intellectual Disability are supported to share their views independently. In addition to creating a tailored version of the mainstream feedback form, the group worked together to develop an easy read response format.

100% of patients with an Intellectual Disability were engaged in the project, where they chose from 7 accessible information versions of the pro-forma and made suggestions in relation to how the responses could be displayed within the ward. As a result, a folder is now available in the ward containing both the original pro-forma, completed by the patient, and the easy read response, provided by the Catering Service.

Recruitment of nursing staff has been challenging. We have arranged to interview final year student nurses and again, we have had a good response to this.

In addition, a new, national, Sickness Absence Policy will be issued this year and will allow a greater focus on attendance management.
Clinical Care Delivery Model: Patient Stakeholder Forum

A dedicated PPG session was facilitated in February 2019. In order to support patients with barriers to communication to engage meaningfully, the *'River’ Model was used to record responses to three questions:

- What do you think works well currently?
- What do you think might not work so well with other models?
- What else do you think we need to think about with a completely different model?

PPG has adopted the *River Model as a way of ensuring all members of the group can share their views. This model has been adapted from the Kawa River Model (Iwama, 2006), an Occupational Therapy model of practice which identifies barriers and enablers through the use of images. The river illustrates a dynamic state, acknowledging fluctuation of conditions and graphically illustrating the potential for and impact of change through a sense of flow.

In this context, patients used boulders to describe obstacles that are of significant concern, pebbles to highlight challenges that exist, however are, in their opinion, moveable, and boats to illustrate enablers /opportunities for positive change.

Feedback from the PPG Workshop was shared as part of the wider stakeholder engagement process, with a presentation sharing the outcome of patient discussions forming part of the External Stakeholder Engagement Forum.
What matters to Patients in the State Hospital? (2018)

Clinical Team staff, supported by students had an informal 1:1 discussion with patients. Additionally, a community forum was facilitated which enabled patients to share collective views. Patients who were well enough were supported to attend the Patient Activity Centre ‘What Matters to You?’ event that day, with staff, volunteers and the Spiritual and Pastoral Care Team.

We asked patients:
What matters to you?
What works well in your ward?
What changes would you like to see to improve your experience?

An inclusive approach was adopted to ensure that patients could share their views through the use of images, in addition to verbalising their thoughts.

Patients, initially reluctant and sceptical, attended the group session, with support and encouragement from staff, contributing really well to the discussion. Patients expressed themselves confidently and in an open, positive manner offering valid feedback. They chose to share their feedback using the ‘Yellow Brick Road’ to illustrate their journey.

What did we learn?
Most patients described having a good relationship with staff who listen to them, and feel supported by their peer group. Most patients shared the view that the environment is welcoming, and the atmosphere is good. They feel confident about approaching staff if they have any concerns. The most important thing to patients is having contact with family, whether that is through visits or the telephone as this is a key factor in the recovery process.

What did we agree would improve the patient experience?
Reducing the wait for access to the grounds.
Being able to see items on a screen rather than having a black and white print out when buying goods.
Having more ward based activities.
Having more access to the ward garden.
Having exercise equipment in the ward day areas.
Having more social events.
# The State Hospital ‘What Matters to You’? 2018 Outcomes

<table>
<thead>
<tr>
<th>Area</th>
<th>Actions Agreed</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arran Hub</strong></td>
<td>Regular, equitable access to Hub for both wards&lt;br&gt;Enhanced access to fresh air&lt;br&gt;Understand impact on patients of recent changes to telephone policy</td>
<td>Jan 2019</td>
</tr>
<tr>
<td><strong>Iona Hub</strong></td>
<td>MDT timetable of planned activities&lt;br&gt;Order X-Box for hub&lt;br&gt;Replace exercise bike located in Iona 3 in the hub gym&lt;br&gt;Push for Iona 1 to be part of patient shopping project</td>
<td>Oct 2018, Nov 2018, Jan 2019</td>
</tr>
<tr>
<td><strong>Lewis Hub</strong></td>
<td>Introduce wider range of ward/hub activities, including inter-ward evening social events e.g. karaoke, film nights&lt;br&gt;Provide arts/crafts materials for eves/weekends&lt;br&gt;Develop monthly social calendar&lt;br&gt;Improve physical activity – secure funding for exercise bike&lt;br&gt;Explore ways of opening the hub afternoons or evenings</td>
<td>Aug 2018, July 2018, Sep 2018, Oct 2018, Oct 2018, Oct 2018</td>
</tr>
<tr>
<td><strong>Mull Hub</strong></td>
<td>Actively consider volunteer visitors as part of CTM / CPA process&lt;br&gt;Discuss at HLT and LCF how to support contact with families / carers</td>
<td>Jan 2019</td>
</tr>
<tr>
<td><strong>Skye Centre</strong></td>
<td><strong>Craft and Design</strong>: Develop more pottery sessions, arrange more displays of patients’ work, longer sessions&lt;br&gt;<strong>Gardens</strong>: Individual patient allotments, develop a sensory garden, provide educational sessions about caring for plants&lt;br&gt;<strong>Animal Assisted Therapy</strong>: Facilitate patient led open day to increase attendance, introduce more animals, develop information posters/booklets&lt;br&gt;<strong>Bank</strong>: Offer more privacy / personal space&lt;br&gt;<strong>Shop</strong>: Explore opportunities for increased access to the shop, increase range of sizes available in clothing range, develop roles for patients to volunteer in the shop&lt;br&gt;<strong>Café</strong>: Increased evening activities advertised on Onelan system, reintroduce patient café volunteer roles, open activity room for more games, relaxation/therapeutic groups&lt;br&gt;<strong>Library</strong>: More materials available for loan, use Onelan to promote books/films, introduce quiet reading area&lt;br&gt;<strong>Hairdresser</strong>: Reintroduce hair dying option, better forward planning to cover hairdresser’s leave&lt;br&gt;<strong>Tinto Health Centre</strong>: Introduce debrief app with Practice Nurse following external hospital appt, more information re. blood screening, offer tea/coffee, fruit, more reading material&lt;br&gt;<strong>Sports and Fitness</strong>: Explore evening/more regular weekend opening, establish sports walking group, re-introduce free weights&lt;br&gt;<strong>Patient Learning Centre</strong>: Explore possibility to open PLC in the evening, display patients’ work, offer motivational/interactional learning</td>
<td>Dec 2018, May 2019, Apr 2019, Oct 2018, Oct 2018, Oct 2018, Dec 2018, Dec 2018</td>
</tr>
<tr>
<td><strong>Patient Advocacy Service</strong></td>
<td>Develop PAS promotional poster for wards, discuss patients’ access to the telephone to contact PAS, include Advocacy within staff induction programme, disseminate information re Advocacy at time of admission</td>
<td>Oct 2018</td>
</tr>
<tr>
<td><strong>Volunteer Service</strong></td>
<td>Develop volunteer exit interview pro-forma, recruit volunteer guitarist for Christian Fellowship Group</td>
<td>Jan 2019</td>
</tr>
<tr>
<td><strong>Carers</strong></td>
<td>Review the format of CPA Review Meetings to support more meaningful carer involvement, hold more social events, facilitate outdoor visits in the summer</td>
<td>May 2019</td>
</tr>
</tbody>
</table>
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 are informed and meaningfully 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’
- 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 participate
- Any barriers to involvement are identified and individual needs are met in this respect
- 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 Person Centred Improvement Steering Group (chaired by the Director of Nursing and AHP), the Clinical Governance Group, Clinical Governance Committee (chaired by a Non Executive Board Member) and to the Senior Management Team (SMT). Members of the Hub Leadership Teams attend the SMT and are tasked with discussing hub specific feedback at local forums.

External support is provided by a range of partner organisations including HIS, the SHC, the MWC the Forensic Network, Volunteer Scotland, the Carers’ Trust and the Scottish Government Health and Social Care Directorate, Person-centred Team.

The PCIL is a member of the SMT, enabling direct support / advice to inform discussions relating to implementation processes as well as having the opportunity to ensure patient, care and volunteer feedback is considered. Participation at this level also helps to inform robust discussions 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 Day’ Group, and the Clinical Care Delivery Model Group, in addition to ensuring the patient voice is shared within the Clinical Forum, the Mental Health Practice Steering Group, Patient Safety Group, Skye Centre Leadership Team, Clinical Governance Group.

Summary

TSH is committed to encouraging stakeholders to share their views and ensures support mechanisms are in place to enable patients, carers and volunteers to make use of a wide range of methods, through which they may 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 our stakeholders. This process, in addition to ensuring negative feedback is addressed, enables us to more effectively record and share the considerable positive feedback we receive about staff.

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 Feedback’ Report demonstrates evidence of feedback driving change and improvement across the Hospital.

We continue to strive to better understand the issues 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.