NHS SCOTLAND

THE STATE HOSPITALS BOARD FOR SCOTLAND

FEEDBACK

Feedback and Complaints Annual Report

1 April 2023 - 31 March 2024

Contents

Introduction

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

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

This report provides details of feedback and complaints received during the period 1 April 2023 to 31 March 2024, demonstrating the learning emerging from meaningful stakeholder involvement.

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

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

Section 1

Encouraging and Gathering Feedback

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

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

The Board acknowledges carers as partners in service development. TSH values the wealth of knowledge and experience carers offer to support the recovery journey, and are committed to empowering carers to be actively involved in service design. Due to the nature of the services provided, this group of carers are unique as they do not provide 'substantial and regular care' (Carers (Scotland) Act 2016) to patients, however are considered to be a vital role in promoting recovery. In recognition of the specific needs of carers who support patients within this setting, the Board maintains the full-time post of Person Centred Improvement Advisor (PCIA), whose remit relates primarily to carer support.

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

The Board actively seeks feedback as a part of involvement and engagement through partnership working with a wide range of external organisations, for a number of purposes including statutory requirements, providing information, collaborative service design, shared learning, networking, measuring and reporting participation levels, outcomes and outputs, as part of national comparison activities.

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

Patients
- Patient Partnership Group (PPG) Meetings which this year included, however were not limited to discussions relating to:
    - Research proposals.
    - Digital Inclusion Project.
    - Supporting Healthy Choices Project.
    - Clinical Service Delivery Model refresh Project
    - Policy / protocol development and updates.
    - Security Refresh Project
- Feedback/Suggestion Boxes.
- Meal Feedback Forms.
- Membership of Person Centred Improvement Group (PCIG).
- Narratives / Emotional Touchpoint presentations to the Board, Clinical Forum, Mental Health Practice Steering Group, Clinical Governance Group / Committee, Organisational Management Team).
- Direct telephone line to the PCIT.
- Ward Outreach Service.
- Direct telephone access to the Mental Welfare Commission (MWC)
- Independent Patients' Advocacy Service (PAS) (based on site) direct telephone access, and ward outreach. PAS Board patient representative, via video link/in person.

Carers
- Feedback/Suggestion Boxes.
- Direct telephone line to the Person Centre Improvement Advisor.
- Electronically direct to PCIT.
- Feedback provided to Person Centred Improvement Group.
- Narratives using Emotional Touchpoint presentations to share feedback with the Board

Volunteers
- Direct telephone line to the Person Centre Improvement Advisor.
- Electronically direct to the PCIT.
- Feedback/Suggestion Boxes.
- Feedback provided to Person Centred Improvement Group
- Narratives using Emotional Touchpoint presentations to share feedback with the Board

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

The annual 'What Matters to You?' initiative was facilitated again this year with a focus on hearing how stakeholders viewed their current ward environment with a focus on changes made within the revised Clinical Model.

Recording Feedback

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

Stakeholders sharing feedback are advised how their feedback will be used and asked whether they would like to be appraised of the outcome of actions taken to respond to their feedback.

The State Hospital PCIT Feedback Database

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

Feedback received during 2023/24

180 pieces of feedback were shared during this year, the majority of which related to 'effective relationships', 'access to care' and 'physical comfort'.

Type of Feedback	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4
Suggestion / Comment /General Enquiry	13	27	23	12
Compliment	8	7	15	14
Concern	16	9	11	5
Meal Service Feedback Forms	6	7	4	2
Policy Consultations	1	1	0	0
Totals	**43**	**51**	**53**	**33**

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 Person Centred Improvement Team is a dedicated involvement team with a specific remit to ensure that, regardless of the stage of the recovery journey, patients and carers understand that their views are important and, as such, are welcomed. A proactive approach is adopted to ensure that stakeholders are supported to contribute to organisational learning.

As the Hospital is the home of patients whom are detained this can bring challenges when sharing negative feedback in terms of the impact on patient / staff and carer / staff relationships. The Hospital therefore acknowledges 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. The PCIT work in collaboration with the Complaints and Advocacy services to achieve this.

Prior to admission, the Specific Needs Assessment process highlights any barriers to communication which indicate that a patient may have some challenges in sharing his views from the outset. The PCIT are integrated part of the Skye Centre Induction programme for newly admitted patients and this enables a proactive approach to understanding individual needs and allows the team to liaise with internal and external colleagues to support continuity of input which may already be in place, as well as identify additional input required, specific to our environment.

The PCIT has ongoing awareness of patients whom have been assessed as having specific communication needs (e.g. Intellectual Disability, Dementia, Autism, sensory impairment, literacy skill deficits, language barriers). A wide range of additional support mechanisms are used to elicit feedback (e.g. translators, interpreters, Graphic Facilitation, Talking Mats. A tailored approach is adopted when required to ensure 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.

Patient Partnership Group

Group members are tasked with collating and sharing feedback received from peers within their ward. The group meet weekly, using creative feedback, where appropriate, to share their views and engage in solution focussed sessions relating to a range of topics.

The PPG group format and work plan has been reviewed in conjunction with the group members and the role of the attending staff is clearly defined. A staff member is allocated to support the Patient Chair before during and after the group, a staff member is allocated for the minute taking and admin associated with this, and a staff member is responsible for ensuring actions raised are shared with the relevant stakeholders. The is followed up to provide feedback to the group and documented in the Learning from Feedback database.

The revised format allows allocated time during the session for visitors to attend the PPG and protected time for the group members to consider and respond to policies/reviews and participate in topic related work. The recurring agenda items are noted below:

PPG – Recurring Group Agenda
Week 1 Communications
Week 2 PAS/Advocacy/Patient Centred Improvement Group preparation
Week 3 Catering/Supporting Healthy Choices
Week 4 Group topic/Feedback from Ward/Hub Community meetings

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

Visiting arrangements take place in the dedicated Family Centre Building. Carers' experience of this aspect of service delivery is closely monitored with feedback actively sought to support ongoing learning. An example of this is related to feedback that was received from our carers regarding the availability of visiting sessions and in response to this the timetable was reviewed. Compliments were received regarding the value of having extended visits now in place and being able to engage in meaningful activity during visits.

Section 2

Encouraging and Handling Complaints

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

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

Complaints Received

The hospital received **95** new complaints this year showing an increase of 7% on the previous year. The table below shows the number of complaints received, the average number of patients, and the number of complainants over the last three years.

Number of Complaints Received	2021/22	2022/23	2023/24
Total Number Received	65	87	95
Average number of Patients throughout the year	114	110	103
Number of Complainants	33	41	40

Due to the nature of the environment as a long-term health care setting, it is expected that patients will make more than one complaint during their time with us. During the year 16 stakeholders made more than one complaint this year, compared to 20 in 2022/23 and 15 in 2021/22.

The chart below shows the main issue raised in each complaint.
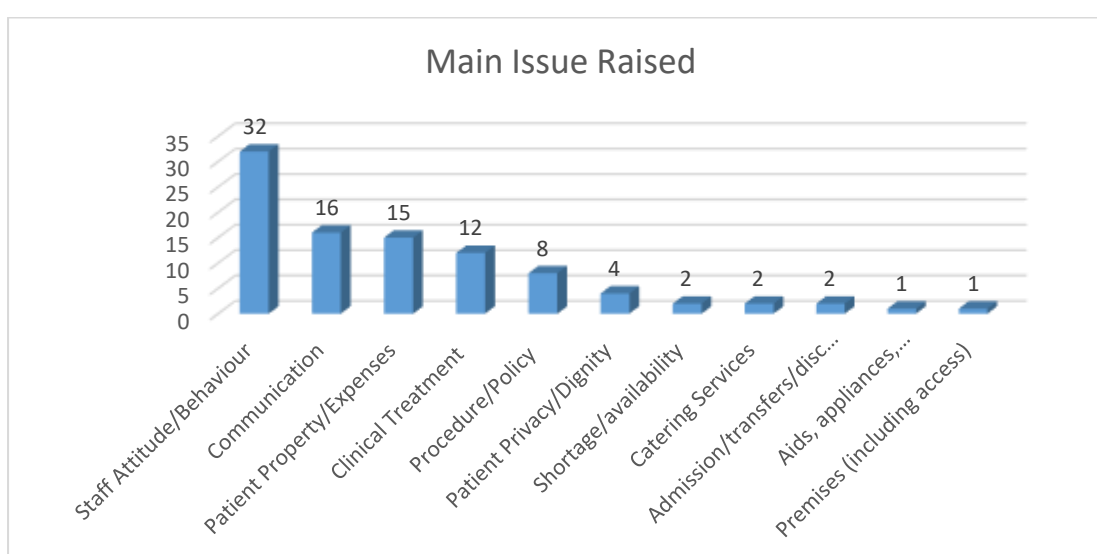
Involving the Complainant in Early Resolution

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

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

They also provide support and guidance to patients who wish to escalate their complaint. PAS work closely with the Complaints Team and PCIT to highlight themes and identify opportunities to share best practice in relation to learning emerging from complaints and feedback.

This year **44** patient complaints were supported by PAS, this represents **46%** of all complaints received.

The Complaints Team works closely with PAS, meeting regularly, to share best practice in complaints handling and to discuss learning emerging from complaints. These relationships further strengthen the advocacy route through which patients and carers can raise concerns.

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

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

These options continue to work well and there has been more uptake from patients when presented with these options. Patients are also encouraged to identify what outcome they are seeking when making a complaint, which is of benefit when discussing concerns with patients and in managing their expectations.

Complaints Closed

A total of **82** complaints were closed this year. Of these, 59 complaints (72%) were resolved at Stage 1.

The table below shows the number of complaints closed at each stage this year and, for comparison purposes, the previous two years. Complaints received but subsequently withdrawn (two this year) are not reported nationally and therefore not included in this report.

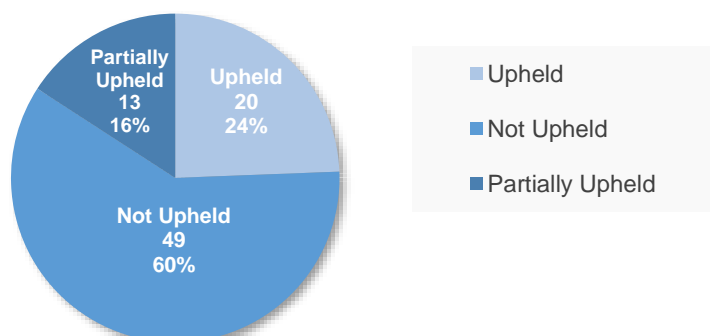| Complaints Closed	2021/22	2022/23	2023/24	% of all closed
At Stage 1 (Early Resolution)	42	65	59	72%
At Stage 2 (Investigation)	6	13	12	15%
After Escalation to Stage 2 (Investigation)	6	7	11	13%
Total	54	85	82	100%

Complaint Outcomes

Complaints closed are categorised as either being upheld, not upheld or partially upheld. Outcomes continue to be sense checked through the Complaints Manager, and random audits are carried out on complaints files. This helps to review both the quality of responses provided as well as recognising that the culture of an organisation may impact on the way that it responds to complaints. The need for transparency and openness, as well as an ability to acknowledge and apologise for those times when service delivery has fallen short of the accepted standard, is essential. At the same time, this will only be successful when staff feel supported through the process and can take learning from it.
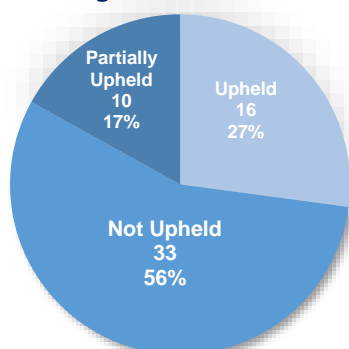
The chart below provide performance data relating to the outcomes of complaints closed during 2023/24.

- ❖ 49 were Not Upheld
- ❖ 20 were Upheld
- ❖ 13 were Partially Upheld

All Complaint Outcomes 2023/24

Partially Upheld 13 16%
Upheld 20 24%
Not Upheld 49 60%

Legend:
- Upheld
- Not Upheld
- Partially Upheld

Stage 1 - Outcomes

Partially Upheld 10 17%
Upheld 16 27%
Not Upheld 33 56%

Stage 2 - Outcomes

Partially Upheld 3 13%
Upheld 4 17%
Not Upheld 16 70%
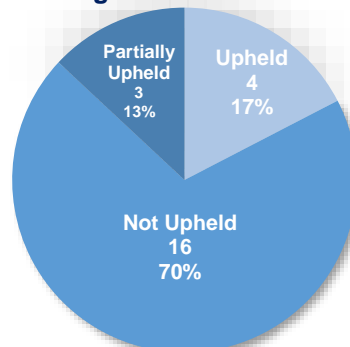
Average Response Times

TSH continues to adhere to the CHP targets timescales for resolving complaints within five working days at Stage 1. At Stage 2, this was not possible with the average days to respond being 31.

The table below shows the average number of days taken to respond to complaints this year and for comparison purposes, the previous two years.

Average Number of Days	2021/22	2022/23	2023/4
To resolve at Stage 1	3.5	**5**	**4**
To respond to a complaint at Stage 2	17	**31**	**26**
To respond to a complaint after escalation to Stage 2	16	**18**	**19**

Responding within Timescales

The tables below show our performance in responding to complaints at each stage within the CHP target response times. Whilst extensions to the response times should be an exception, the Complaints Team works to ensure that the response fully addresses all of the issues raised. Therefore, in some instances an extension has been required to allow a more comprehensive response to be provided.

The SPSO has confirmed that there is no prescriptive approach about who should authorise an extension – only that decisions should be proportionate and made at a senior level. The Complaints Manager takes this responsibility within TSH.

Responses within Timescales

Complaints **Closed within the target timescales**	2021/22	2022/23	2023/24
Closed at **Stage 1 within 5** working day target	38	46	**48**
as % of the total number closed at Stage 1	90%	71%	**81%**
Closed at **Stage 2 within 20** working day target	11	12	**13**
as % of the total number closed at Stage 2	92%	60%	**57%**

Extensions to Timescales

Complaints **that required an extension to the timescales**	2021/22	2022/23	2023/24
Closed at **Stage 1 after 5** working day target	4	19	**11**
as % of the total number of Stage 1 closed	10%	29%	**19%**
Closed at **Stage 2 after 20** working day target	1	8	**10**
as % of the total number of Stage 2 closed	8%	40%	**43%**

This year has seen an increase in complaints requiring an extension at Stage 2. This can be attributed in some instance to staff shortages, but also due to an increase in the complexity of the issues raised. Whilst being mindful of meeting timescales it is important that a full investigation is completed before a final response is issued. Where delays occur complainants are kept informed of this and the reasons for the delay.

Focus on Quality

An internal quality assurance process has been established to ensure compliance with the requirements of the CHP. As detailed within this report, performance timescales and recording of outcomes are quality checked by the Complaints Manager.

Stage 2 investigation responses are also checked by the Complaints Manager to ensure the quality of the response and that it answers all of the concerns raised. The Director(s) responsible for the service(s) involved are asked to review and approve the content, before a proposed draft is provided to the Chief Executive for finalisation. This process is aimed at ensuring directorate accountability, as well as bringing focus on learning opportunities and identifying trends in respect of the issues raised.

Alternative Dispute Resolution

The Board supports the use of alternative dispute resolution to conclude cases that are unable to be resolved locally. No complaints this year required support from the Scottish Mediation Service.

Scottish Public Services Ombudsman

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

During this year, two complaints were escalated to the SPSO. The SPSO confirmed following an initial review that they were satisfied with the investigation of both complaints within TSH, and that they did not intend to make any further detailed enquiries and/or action.

Section 3

Culture, Staff Awareness, Training and Development

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

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

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

Our primary twin aims are the:

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

Staff Awareness and Training

Complaints and Feedback

All staff are required to complete the national e-learning Feedback and Complaints training modules. The table below shows that 656 (98%) members of staff had completed the e-learning modules at the end of March this year.

Compliance Level at 31 March 2024

Target	Trained	Not Yet Trained
667	656	11
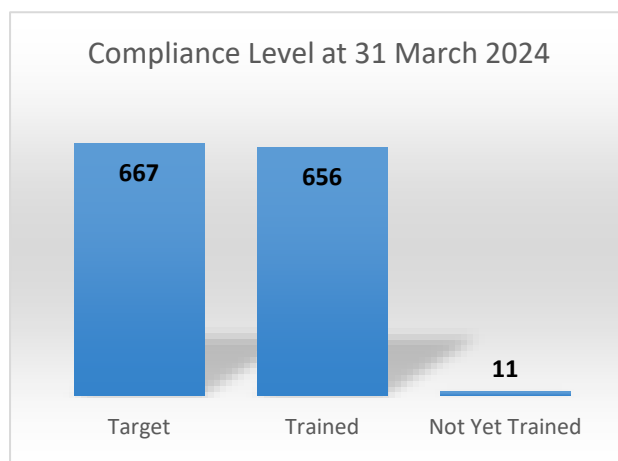
In addition to the online modules, a complaints awareness session formed part of the induction programme for all new staff and student nurses.

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

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

Full support is also provided to managers resolving issues locally and senior managers investigating complaints at Stage 2.

Duty of Candour

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

427 (98%) staff from the staff target group had completed the e-learning modules at the end of March this year.

The Duty of Candour Group ensures that all incidents that meet the Duty of Candour criteria are investigated, in line with Scottish Government guidance and timescales, and that action is taken where required to prevent/minimise a recurrence.

The Duty of Candour Report for 2023-24 can be found on TSH website.

Compliance Level at 31 March 2024

436	427	9
Target	Trained	Not Yet Trained
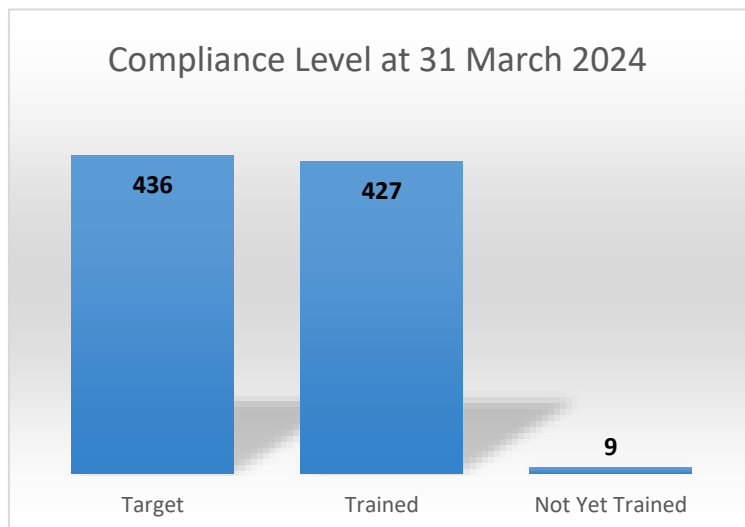
Section 4

Learning from Complaints and Feedback

When any aspect of a complaint is upheld or partially upheld, we look to identify if improvements can be made with preventing a reoccurrence.

The majority of complaints were resolved at Stage 1 during this year. Most of these were resolved on an individual basis locally with the staff who provide the service, and did not involve implementing improvements or changes to policies, services or ways or working across the hospital. However, an apology is always offered to the complainant where appropriate and a reminder issued to staff to reflect on behaviours or adherence to policies / procedures.

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

Themes Emerging

**27%** of issues related to **Staff Attitude/Behaviour/Conduct.** Although 86% of issues were not upheld, in order to further explore the reasons for this issue frequently being raised the Complaints Team are working with senior nursing colleagues and the PPG to see how this can be addressed. Three complaints resulted in staff being reminded of the need to adhere to procedure and the importance of clear and professional communication.

17% of issues related to **Patient Property & Expenses**. Issues relating to patient property accounted for 93% of these complaints, 36% of which were upheld. These complaints prompted a review of the Patient Property procedures and the claim process for lost or damaged items. One issue in relation to patient expenses resulted in a change in process by the finance department in relation to patients' funds.

17% of issues related to **Communication.** Oral Communication accounted for 86% of the communication issues raised. Over half of the complaints relating to communication were either partially upheld or upheld. All were attributable to staff not communicating effectively, and this provided an opportunity for additonal staff training.
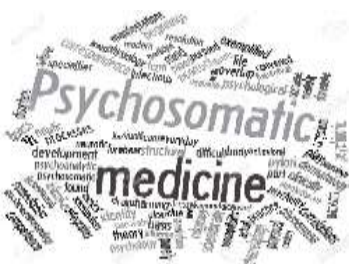
15% of issues related to **Clinical Treatment**.
A wide range of issues were considered from involvement in a care plan, grounds access, therapies, medication and changes to clinical services, most of the issues raised were specific to the particular patient. The majority (75%) were found to be not upheld.

Actions taken or improvements made as a result of Complaints

Some complaints do result in changes in practice and examples of these are produced in the table below.

Issues Raised	Outcome	Output
Patient unable to purchase preferred item from the shop.	A change in purchasing practice during to Covid-19, meant patient was unable to purchase item.	The purchasing practice was reverted back to original operating procedure allowing patients to purchase requested items.
Wrong or missing items for evening meals not being able to be rectified as Kitchens were closed	Identified that Catering Staff finishing time is just as the evening meal is being delivered.	A review of finishing time for catering staff to ensure any issues with meals can be rectified at the time.
Patient unable to locate personal property.	Highlighted deficiencies in recording of property and system for recording not fit for purpose.	Responsible Directors asked to review the process.

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

The main issues from the report are also highlighted in Staff Bulletins with a link to the full report, published on the staff intranet for staff to read.

Complaints Experience Feedback

Although making a complaint may be the result of a difficult experience, it is the aim of the Complaints Team to ensure that all complaints have a positive experience when contacting the service.

To ensure we can capture learning from this, a feedback form is available to help to seek the views from everyone who uses the service. Historically this process has a poor response rate which may reflect the long-term health care setting where we may receive multiple complaints from the same person. It therefore remains a challenge encouraging complainants to complete the feedback forms on each occasion. During 2023/24, only two feedback forms were received. A review of the form template, and how the information is captured is underway to improve the volume and quality of the feedback provided.

Responses were mainly positive indicating users found it easy to make a complaint, staff listened, were helpful, understood the complaint, asked what patients wanted to happen as a result of making the complaint, explained the process, the complaint was handled promptly, all issues were answered and they understood the final decision and the letter was easy to read

Section 5

Accountability and Governance

The Chief Executive is accountable for the delivery of the CHP within TSH, including supporting a culture of transparency and openness in complaint investigation. This supports the organisation's ability to listen and respond to concerns raised, as well as to take learning from complaints.

The Board has oversight of complaints and receives annual reporting. This follows quarterly reporting to the Clinical Governance Committee, which takes oversight of the issues raised, findings, outcomes and any learning identified. Quarterly reporting is also routed through the Organisational Management Team (OMT) which is comprised of service leads.

There is continued focus on delivering the aims of the CHP in terms of each of the Key Performance Indicators, as well as a focus on quality and making a contribution to service improvement. In addition to other established patient engagement work streams the CHP is another route through which stakeholder voices can be heard, and the organisation can measure its performance on the delivery of its key aims.

Summary

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

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

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

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

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

If you have any questions about this report please contact the Complaints Team on 01555 842200 or by emailing: TSH.ComplaintsAndFeedback@nhs.scot.

If you require this report in an alternative format, please contact the Person Centred Improvement Team on 01555 842072 or emailing: TSH.PersonCentredImprovementTeam@nhs.scot.