

THE STATE HOSPITALS BOARD FOR SCOTLAND

Feedback and Complaints Annual Report 2024/25



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Introduction

The State Hospitals Board for Scotland is one of NHS Scotland's National Health Boards and is a high secure forensic mental health facility, providing care and treatment for up to 140 male patients during 2024/25. In July 2025, the hospital opened an interim service for women.

The State Hospital is committed to understanding the impact of service delivery and focuses on taking learning from feedback and complaints. This report provides details of feedback and complaints received during the period 1 April 2024 to 31 March 2025, reviewing performance in relation to managing feedback and complaints (incorporating compliments, comments and concerns) 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 at the State Hospital, eliciting feedback and managing the aspirations of complaint outcomes for this patient group is complex, and can often be linked to mental health presentation

Section 1

Encouraging and Gathering Feedback

The State Hospital 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 and carers as this data enables the Board to improve its services. Patients can experience a range of difficulties relating to the impact of mental health conditions which impact their ability to communicate effectively.

The State Hospital has a wide range of well-established methods through which stakeholders are actively supported to share their views. The Person-Centred Improvement Team are pivotal to this, and link to patients and to carers in a number of ways.

This includes the Patient Partnership Group (PPG) which supports patients to discuss and provide feedback on a wide range of issues impacting their lives. The State Hospital also recognises the knowledge and the experience that carers offer to support the recovery journey. In 2024/25, a Carer Experience Questionnaire was conducted eliciting feedback which helped to inform the development of the Carer Strategy 2025/28.

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.

The State Hospitals Board for Scotland received three stakeholder presentations throughout 2024/25, this included from a patient about how important participating in sports had been to his care journey, and from a carer about their reflections on how their role changed over the longer term and the patient's move from high secure to a lower secure facility.

The Datix system is used to record any additional feedback, which is collated by the Complaints Team.

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 (PCIT) has a specific remit to ensure that patients and carers understand that their views are important and welcomed. A proactive approach is adopted to ensure that stakeholders are supported to contribute to organisational learning.

Prior to admission, the Specific Needs Assessment process highlights any barriers to communication which indicate that a patient may have some challenges in sharing their views from the outset. The PCIT has ongoing awareness of patients who 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.

Feedback Received

The PPG has continued to be facilitated with patient representatives from all wards in the hospital. 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. During this year, topics included digital inclusion, the Supporting Healthy Choices project and the catering service. In 2024/25, the group noted that there had been a decrease in the number of concerns communicated via this forum and the consensus of the discussion was that patients are choosing to communicate these at a more local level via ward and hub community meetings.

The Carers Experience Questionnaire identified four key priorities: reviewing the Triangle of Care Standards, communication, the visiting experience and development of a carer pathway.

Feedback was also received about a range of wider issues including opening times for the Charity Shop, visiting arrangements and video visits. Carers raised a number of concerns about difficulties experienced when bringing food and drink items into the hospital for in person visits.

There were a number of compliments received mostly about improvement in visiting in the Family Centre, and patient and carer festive activities, and about positive engagement through the PPG. One patient, who had moved on from the State Hospital, wrote to express his thanks to his care team for the positive impact they had had on his rehabilitation journey.

Recording Feedback

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 in response to their feedback. This feedback is shared with service providers which enables learning and the potential for improvement.



Feedback is reported quarterly through Feedback and Complaints Reporting and this is shared with the Clinical Governance Group as well as the Organisational Management Team to ensure that there is awareness across the organisation, and an opportunity to take action where appropriate.

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 more complex issues, by **Investigation (Stage 2)** within 20 working days.

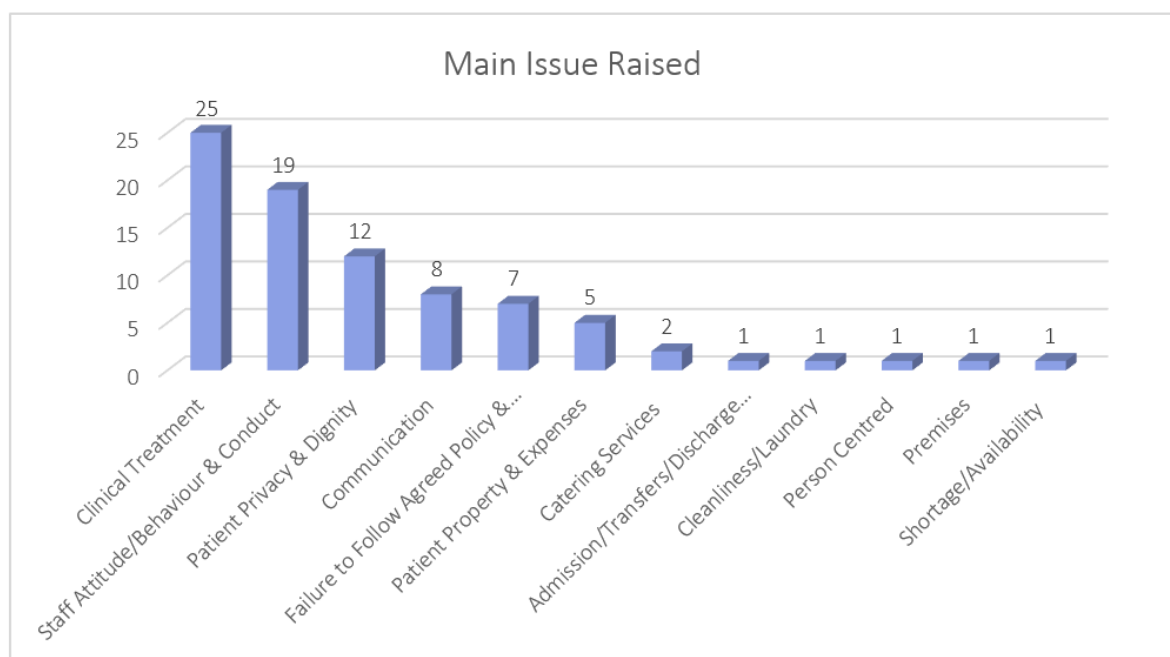
Complaints Received

The hospital received **83** new complaints this year showing a decrease of 11% 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	2022/23	2023/24	2024/25
Total Number Received	87	95	83
Average number of patients throughout the year	110	103	101
Number of Complainants	41	40	44

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 17 stakeholders made more than one complaint, compared to 16 in 2023/24 and 20 in 2022/23.

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 continues to be welcomed by staff and patients.

52% of complaints were resolved through early resolution this year.

The independent Patients' Advocacy Service (PAS) continues to provide a valuable service in supporting patients who wish to make a complaint and may require support, or do not wish to do so directly.

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 the PCIT to highlight themes and identify opportunities to share best practice in relation to learning emerging from complaints and feedback. This year **68** patient complaints were supported by PAS, which represents **82%** 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 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.

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 the Complaints Officer, or have no direct involvement with staff during the early resolution process and receive a written or verbal response directly from the Complaints Officer 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 beneficial in managing their expectations.

Complaints Closed

A total of **73** complaints were closed this year. Of these, **44** complaints (60%) 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.

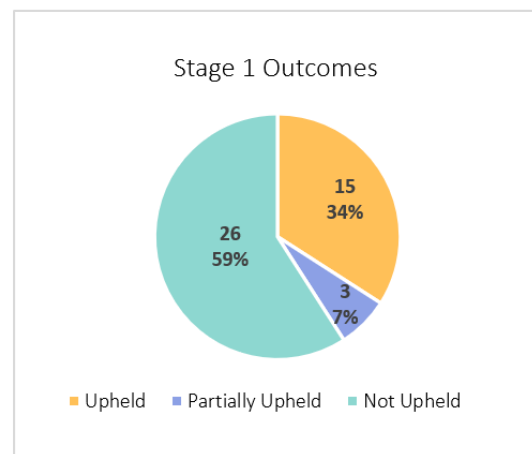
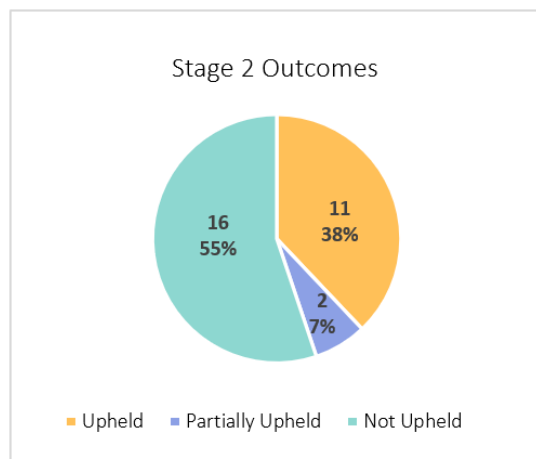
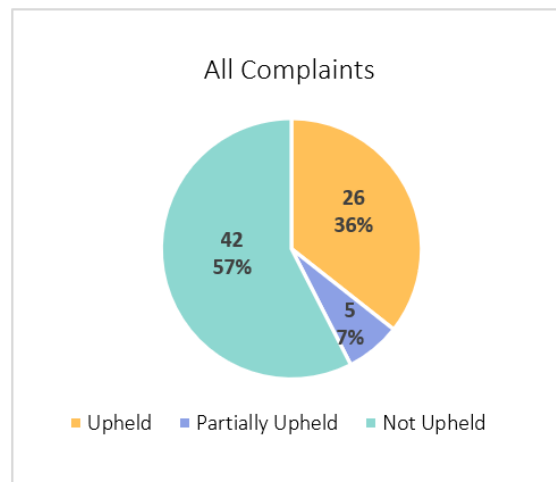
Complaints Closed	2022/23	2023/24	2024/25	% of all closed
At Stage 1 (Early Resolution)	65	59	44	60%
At Stage 2 (Investigation)	13	12	17	23%
After Escalation to Stage 2 (Investigation)	7	11	12	17%
Total	85	82	73	100%

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 complaint 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 focus is on the need for transparency and openness, as well as an ability to apologise if service delivery has fallen short of the accepted standards.

The charts below provide data relating to the outcomes of complaints closed this year.

All Complaint Outcomes 2024/2025



Average Response Times

The State Hospital continues to aim to adhere to the CHP targets timescales for resolving complaints within five working days at Stage 1, and 20 working days at Stage 2. Although this was achieved at Stage 1, this target was not reached at Stage 2, with the average days to respond being 28 days. This was related both to the complexity of some individual complaints, as well as challenges in staff availability, and time taken to provide the background information required for a fully detailed response.

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	2022/23	2023/24	2024/25
To resolve at Stage 1	5	4	5
To respond at Stage 2	31	26	28
To respond escalation to Stage 2	18	19	27

A key target for 2025/26 is to improve response times at Stage 2 whilst maintaining the good performance evidenced at Stage 1. There has been a refreshed approach to staff resourcing within the Corporate Services Team in support of this aim.

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 address 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 the State Hospital.

Closed within timescales

Complaints Closed within the target timescales	2022/23	2023/24	2024/25
Closed at Stage 1 within 5 working day target	46	48	32
as % of the total number closed at Stage 1	71%	81%	73%
Closed at Stage 2 within 20 working day target	12	13	7
as % of the total number closed at Stage 2	60%	57%	24%

Extensions to timescales

Complaints that required an extension	2022/23	2023/24	2024/25
Closed at Stage 1 after 5 working day target	19	11	12
as % of the total number of Stage 1 closed	29%	19%	27%
Closed at Stage 2 after 20 working day target	8	10	22
as % of the total number of Stage 2 closed	40%	43%	76%

This year has seen an increase in the number of complaints requiring an extension at Stage 2. In some instances, this was attributed to staff availability to respond but was 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.

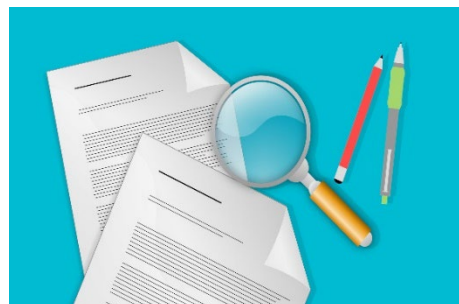


Stage 2 investigation responses are also checked by the Complaints Manager to ensure the quality of the response and that it answers all of the concerns raised. The Director(s) responsible for the service(s) involved are asked to review and approve the content, before a proposed draft is provided to 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.

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.

No complaints escalated to the Scottish Public Services Ombudsman during this year.



Section 3

Culture, Staff Awareness, Training and Development

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

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

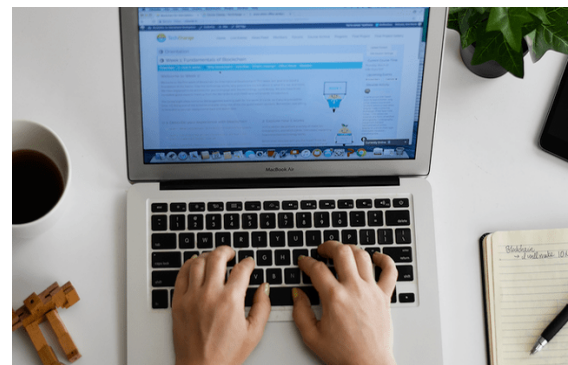
Our primary twin aims are the:

- ❖ 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

All staff are required to complete the national e-learning Feedback and Complaints training modules. A total of 98% of staff members had completed the e-learning modules at the end of March this year. In addition to the online modules, a complaints awareness session formed part of the induction programme for all new staff and student nurses.



A Complaints awareness session is also delivered at Corporate Induction Days by the Complaints Manager.

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.

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

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 a view to preventing a reoccurrence. The majority of complaints were resolved at Stage 1 during this year (60%).

Most 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 of 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



33% of issues investigated related to **Clinical Treatment**. A wide range of issues were considered such as involvement in care plans, medication, grounds access, lack of progression, access to finances, access to property, rehabilitation outings and the use of restraint. The majority (63%) were found to be not upheld.



31% of issues related to **Staff Attitude/Behaviour/Conduct**.

Although 88% of issues were not upheld, in order to further explore the reasons for this issue frequently being raised the Complaints Team is working with senior nursing colleagues and the PPG to see how this can be addressed. Where appropriate staff were reminded of the need to adhere to policy/ procedure and the importance of ensuring clear and professional communication.



11% of issues related to **Communication**. Oral communication accounted for 75% of the issues raised. 63% of the complaints were upheld or partially upheld and were attributable to staff not communicating effectively and provided an opportunity for additional staff training.



8% of issues related to **Failure to follow agreed procedure**. All were upheld. Half were around carer's experience in the reception area prior to visiting and the inconsistent approach in terms of what items were permitted into family visits. This prompted a multi department review of the protocol for visitors bringing food on site to address the issues raised. The reviewed protocol was shared with carers and will be monitored going forward.



8% of issues related to **Patient Privacy/Dignity**. The majority were from patients who had experienced a temporary disturbance to their routine and ward environment due to the behaviour of a peer. These concerns were acknowledged but not upheld as the clinical team managed the situation appropriately and it was resolved quickly.



6% of issues related to **Patient Property & Expenses**. Half of the complaints were upheld or partially. Nursing colleagues have been asked to review the process for managing patient property.

Actions taken or improvements made as a result of Complaints

Some complaints do result in changes in practice and examples of these are shown below.

Issues Raised	Findings	Learning/Action Taken Output
Vegetarian meal option not provided.	Vegetarian meal was sent, but it was suspected that the sticker to indicate the meal type most likely fell off due to the heat in catering trolley.	Catering staff now write the meal 'type' on box to prevent this happening again.
Lack of information regarding progress of grounds access application.	Delay in processing grounds access application was identified.	Improved process through moving from paper to electronic system. Clinical teams to ensure applications are closely monitored.
Multiple complaints received regarding inconsistencies in food/fluid items permitted into visits.	Inconsistencies were highlighted in the way the security team implement the food and fluid restriction policy which affected the visitors on several occasions.	The protocol for visitors bringing food on site was reviewed, and an active re-fresh with staff implementing it, to ensure a consistent approach was taken going forward.

Complaints Experience Feedback

Although making a complaint may be the result of a difficult experience, it is the aim of the Complaints Team to ensure that all complainants have a positive experience when contacting the service. To ensure we can capture learning from this, a feedback form is available to help to seek the views from everyone who uses the service. Historically, this has had a poor response rate.

Although only two forms were returned this year, the Complaints Officer attended the PPG every month to support a more informal approach to seeking patient feedback.

The forms received were both positive about the experience of making a complaint within the State Hospital.

In addition, a review of the feedback template was undertaken in collaboration with the PPG, and the feedback form was reformatted to be more engaging for patients and to try to encourage more returns.

Section 5

Accountability and Governance

The Chief Executive is accountable for the delivery of the CHP within The State Hospital, 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 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

The State Hospital is committed to encouraging stakeholders to share their views and ensure support mechanisms are in place to enable patients and carers 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 The State Hospital to effectively record and share the positive feedback we receive about staff and the delivery of excellent patient care.

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 by emailing: TSH.PersonCentredImprovementTeam@nhs.scot