



**Clackmannanshire
Council**



**Clackmannanshire
Integrated Mental Health Service**

REPORT ON ISSUES, COMPLAINTS AND SUGGESTIONS

2011-12

1. Purpose of Report

The purpose of this report is to provide feedback to our customers, stakeholders and staff on the issues, complaints and suggestions that have been raised throughout the year, and what we have done or plan to do, to address those issues and improve the services we provide.

2. Types of Issues and Complaints

a. Formal Complaints

A formal complaint is where the customer expects their issue to be investigated and to be provided with a full and formal response e.g. *"I wish to complain that there was no-one available to take my call"*.

b. Informal Complaints and Issues

An informal complaint is where people may complain about a particular aspect of the service e.g. *"Why was there no-one available to take my call?"*.

Issues may also be raised informally or we may identify them through survey responses from service users, carers, stakeholders and staff.

c. Suggestions

Suggestions are most likely to come from formal evaluations and surveys as well as verbal feedback to members of staff. e.g. *"It would be better if there was a rota in place so there is always someone available to take my call"*.

1. Issues/Complaints Received and Action for Improvements

a. Formal Complaints

We received no formal complaints within the reporting year.

b. Informal Complaints and Issues

o Service User Survey

An annual survey was circulated to 150 random service users. Responses were mainly satisfactory and the only key issue identified from this survey was:

- . Only 36% said they had received a written assessment of needs.

Action:

Feedback from team managers was that staff do provide this information, however it was acknowledged that this may be due to service users not being clear on what information they receive and, in some services, the assessment of needs is part of their action/care plan. To try and clarify this, the question will be combined with another question "I have been offered a clear plan that describes the services I will receive". It is hoped that this will be more meaningful to service users and that results will improve in future years.

○ **Carers/Key Person Survey**

An annual survey was circulated to known carers/key persons. However, as there is only a low number of identified carers responses are not representative of all carers/key persons views. On the whole, responses received were satisfactory and the only issues identified were:

- . 46% felt carers needed additional support or help
- . Low number of identified carers

Action:

Support for carers is included in the Service Development Plan 2012-2015 as a key priority and actions include: looking at ways improving identification of carers; provide opportunities for carers to be consulted and involved in service developments; provide wider family support; provide carers courses on an annual basis.

○ **Stakeholder Survey**

This year we introduced our first stakeholder survey which was distributed to our main referrers, partners and agencies we have established close working links with. The key issues identified from this survey are as follows:

- . A drop in satisfaction with the SRP process (62%), level of client related communication e.g. following referral (60%) and overall satisfaction is now 85% (last year 100%).

Action:

It is unclear why there is a drop in these areas as no changes have been made to the service's processes that would affect these areas. Future surveys will be monitored and if no improvement then we will look at investigating this further.

Comments:

- . There is no confirmation from the service when a referral is received.

Action:

Noted that an automated email confirms receipt of electronic referrals but there is nothing in place for referrals received in mail. A standardised letter has been put in place to advise referrers using postal method of receipt of referral.

- . Some feedback indicated that people are unaware of what services are available.

Action:

Noted that team/service leaflets to were previously only distributed to main referrers and, to rectify this in future leaflets will be distributed to all stakeholders.

- **Informal Feedback**

The following issues were raised by verbally by service users and carers:

- Concern raised from relative of Phoenix Centre service user about intrusive behaviour and attitude of service users attending an external service within the same building. This brought on a panic attack for the individual concerned. Concerns were also raised regarding this service's staff use of inappropriate language.

Action:

Team leader (Mental Health) met with the Phoenix Centre service user and relative and discussed how these issues could be avoided in future. It was agreed that there would be 2 separate waiting areas which would allow more privacy. Staff from the external service also advised of the concerns raised.

- A service user who uses a wheelchair did not have enough time to enter the building before the door automatically locks on her.

Action:

Arrangements were made to have the timing on the door self-locking extended from 5 seconds to 15 seconds.

The following feedback was received from staff on issues they have encountered whilst carrying out their work:

- Referrals being passed directly to another team instead of going through SRP. As a result of this our systems have incorrect information (e.g. client is not discharged from the team initially referred to and there is no record of the client with the new team). Significant admin time is used to resolve these issues.

Internal referrals - sometimes very little information is provided on referral forms, and quite often the most recent information/assessment is not attached. This results in staff having to contact the referrer for the information, or in some cases having to complete a full assessment due to lack of information sharing. In the last few months there have been 2 verbal complaints from service users who have had to repeat information.

Action:

An Internal Referral protocol developed and circulated to all Integrated Mental Health Service staff and partners within the Single Referral Pathway.

- Concerns raised by Carsebridge House staff regarding lack of cover for the door entry intercom, phone and reception whilst staff are in meetings or out on visits.

Action:

Concerns were discussed with the admin staff manager and staff advised that admin cover arrangements are in place for when this is required.

a. Suggestions

- Service users felt it would be useful to have important information posted outside the Klacksun office as the office is not always accessible.

Action:

Agreed that information could be posted on wall outside office.

- One of our partners suggested that there is a need for a intensive behavioural programme for a very small group of patients with chronic and severe agoraphobia, however, existing resources were not able to provide this therefore client put on waiting list.

Action:

There is already an arrangement in place that meets the needs of those individuals, the remit of the CMHT includes home based support and there is an outreach facility provided by the Day Unit. Client should be seen by the most appropriate team.

1. Evaluating the Outcomes of Issues / Complaints and our Complaints Process

It is important for us to maintain customer satisfaction in all areas of our service. We have recently developed a Complaints Satisfaction Survey which will be sent out to following our response to future issues and complaints that are raised by named individuals. This will evaluate:

- How satisfied customers are with the outcome of their issue or complaint.
- How satisfied customers are with the current process for formal complaints.

The responses to this survey will be used to identify further learning and improvements within the service.

Most of our surveys and evaluations are carried out anonymously but we would also welcome feedback from our survey participants on the actions we have taken in response to your issues.

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