Clackmannanshire

Integrated Mental Health Service

REPORT ON ISSUES, COMPLAINTS AND SUGGESTIONS

2012-13

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

Although there were no formal complaints received within the reporting year, there was one issue raised verbally by a service user relating to staff boundaries and this was addressed formally. The outcome of this was a team away day, with a session dedicated to the importance of professional boundaries and confidentiality and the implications in breaching these. There was also a review of our Confidentiality Policy to ensure clarity and reinforce the implications should this be breached.

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 area of concern identified from this survey was that the number of people who said they had seen a written assessment of their needs and an action plan was 50%.

Action:
Noted that this is an improvement on previous years and we will continue to monitor this. As noted in last year's report, it is felt that some service users may

not being clear on what information they receive. The Service User Information Checklist includes the written assessment of needs and action plan to ensure all service users receive this.

o **Carers/Key Person Survey**

An annual survey was circulated to known carers/key persons. Again, there was a low number of identified carers(19) therefore responses received (4) can not be perceived as representative of all carers/key persons views.

Action:
Continue to progress with actions in relation to support for carers in our 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.

o **Stakeholder Survey**

Our stakeholders survey was distributed to our main referrers, partners and agencies we have established close working links with. The results of the survey were mainly positive and there was only one comment that highlighted an issue:

.   There is no feedback in relation to the outcome if the patient does attend their appointment, only if they don't attend.

Action:
Following enquiries with Team Managers established that this is standard practice within the service. Issue was noted in meeting minutes which are circulated to staff and this should help reinforce the requirement to feedback outcome to referrers.

o **Informal Feedback**

The following issues were identified through comments on our evaluation forms:

.   A service user mentioned difficulty trying to get receptionist to get keyworker to get back to them and had waited weeks on reply.

Action:
Mental Health Resource Centre manager investigated and advised that records show that there has been regular contact with the service user despite lack of continuity attending appointments, some cancelled or re-arranged by the service user - this was acknowledged by the service user.

.   A service user commented that initial assessment had been carried out but there was no follow up despite contacting the team and being advised that a referral to another service would be made.

Action:
Mental Health Resource Centre manager investigated and advised that there appeared to be a communication breakdown within the service and this would be rectified immediately. Letter sent apologising to service user for this error.

. Using the feedback form on the NHS Forth Valley website, a service user expressed disappointment with Phoenix Centre due to lack of contact and left feeling no-one cared, not treated as an individual.

Action:
Team Manager (Mental Health) investigated and advised that records showed that 2 letters offering appointments and telephone call from client. Team Manager met with service user to discuss this and outcome was agreement that staff should make it clear to service users that they can contact us whenever required and also to be sensitive to individuals' needs when waiting on courses starting and ensure there is contact if appropriate.

. A service user mentioned in evaluation form that she had not received further appointments since initial assessment.

Action:
Team Manager (Mental Health) investigated and advised that 2 letters offering follow-up appointments were sent out; the first appointment was cancelled by relative as it was an unsuitable date for the service user, there was no response to the second appointment offered therefore the service user was discharged as per standard practice.

. Service user emailed expressing dissatisfaction that his wife had received a carer survey yet had never been advised or offered any support.

Action:
Team Manager (Mental Health) advised and keyworker asked to contact wife regarding support available. Apology given to service user acknowledging our error as well as advising that this is an area that we are trying to improve on.

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

. A service user was unable to find venue for initial meeting appointment and had asked keyworker why no map was provided with the appointment letter.

Action:
Discussed at the Community Access Team's meeting and agreed that a map would be beneficial and would be sent out with future appointment letters.

. Team Manager (Mental Health) advised that a number of people had expressed dissatisfaction regarding people smoking at the front door of the building (Carsebridge House) which was deterring them from attending services.

Action:
Staff advised that the front area of the building was non-smoking and asked to ensure that service users were aware of this. No smoking signs were displayed and ash bin moved to the other side of the road.

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.

   Lorna MacFarlane
   Quality & Support Manager
   Integrated Mental Health Service