

BOARD OF DIRECTORS
31st January 2019

INVOLVEMENT, EXPERIENCE AND VOLUNTEERING
PATIENT VOICE REPORT

LOCAL PARTNERSHIPS – GENERAL HEALTH IN SOUTH
NOTTINGHAMSHIRE

1. PURPOSE

The main purposes of this monthly report are to:

- inform the Board of Directors of our headline patient experience indicators for the Trust as a whole, for each division and for a specific service.
- To summarise the full breadth of feedback received from service users, carers and staff over the previous rolling year about the specific service featured and any plans to address the main issues raised.
- To update the Board of Directors on the action taken to address the main issues raised about the service featured in the Patient Voice report three months previously.

This report collates and themes feedback provided by service users, carers and families via a range of mechanisms, and demonstrates that our services act upon this feedback to improve the quality of care they provide.

The Board of Directors also receive an annual summary report which highlights key achievements against the strategy and our strategic direction.

These reports are part of our approach to Service User and Carer Experience, outlined in full in the Involvement, Experience and Volunteering strategy (2019). Our approach meets the key national requirements set by the Department of Health and the CQC in relation to patient and carer experience.

2. EXECUTIVE SUMMARY

The Trust's Service Quality Rating for October - December 2018 is **96%**.
Our [Friends and Family Test](#) Score is **96%**.

This month's Patient Voice Report focuses on **Local Partnerships General Health – South Nottinghamshire** with headline information provided for the Trust as a whole, and for each division.

The report highlights all prominent and/or recurring feedback in the last year from the full range of feedback mechanisms used by Local Partnerships General Health in South Nottinghamshire, including those targeted at carers and families. The report then summarises the main issues identified and action taken or proposed to address these issues.

The main issues identified are:

- Staffing levels

- Set times for community nursing appointments
- Time staff spend with service users/breadth of issues tackled in appointments

The report also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring on Local Partnerships Mental Health – Integrated Specialist Services in October 2018. These were:

- CAMHS – problems with the transition from CAMHS to adult services
- IAPT – waiting times in Leicestershire and Rutland and Nottinghamshire
- Gender Services – Waiting Times
- Multiple issues relating to young people accessing mental health services

3. SERVICE IN FOCUS: LOCAL PARTNERSHIPS GENERAL HEALTH – SOUTH NOTTINGHAMSHIRE

The South Nottinghamshire Adult Services Directorate serves a population of approximately 260,000 people across three sub localities within the recently established Greater Nottingham footprint.

We employ in excess of 400 staff across a diverse range of community based services including Community Nursing, Community Matrons, Specialist Nurses, Intermediate Care, End of Life Care, Community Therapy, Specialist Continence services Stroke Rehabilitation as well as Inpatient Rehabilitation Services at Lings Bar Hospital and The Grand.

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICES REPORT WITH A FOCUS ON LOCAL PARTNERSHIPS GENERAL HEALTH – SOUTH NOTTINGHAMSHIRE (DECEMBER 2017)

Below we update on the main issues identified (and the actions proposed in response) in the previous report which focussed on Local Partnerships General Health in South Nottinghamshire:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED – DECEMBER 2017	UPDATE - JANUARY 2019
<p>Waiting time for an appointment [particularly CHD (Coronary Heart Disease) Clinic and Phlebotomy, Carlton, people also mentioned they wanted earlier/later appointments]</p>	<p>Recent commissioning decisions in relation to phlebotomy services have as a consequence led to a steady increase in waiting times in certain clinics. Waiting times are closely monitored via existing contract monitoring routes</p> <p>Patients are allocated time slots for clinics and community patients are seen between the hours of 08:00 - 20:00pm.</p>	<p>Current performance and concerns re waits have been escalated to the CCG (Clinical Commissioning Group) via existing contract monitoring routes.</p>	<p>Waiting times are continually monitored and have recently reduced. However, we continue to liaise with the CCG and monitor this closely.</p> <p>No further issues linked to CHD clinics; waiting lists are down to less than two weeks.</p>
<p>Staffing Levels (mainly Lings Bar Hospital and the Short Stay Rehabilitation Unit)</p>	<p>Continuing issue – features in table 4.0</p>		
<p>Time staff spend with patients (mainly Community Nursing)</p>	<p>Continuing issue – features in table 4.0</p>		
<p>Parking (mainly Phlebotomy, Carlton)</p>	<p>There is limited parking at Park House. All staff are aware they are only to park at base when collecting equipment/stock. Staff are encouraged to park off site.</p>	<p>This is monitored and closely managed by the Health Centre Management Team.</p>	<p>No recent issues raised</p>
<p>Set times for nurse visits (mainly community nursing)</p>	<p>Continuing issue – features in table 4.0</p>		

3.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey and Care Opinion.

	[Current rolling quarter Oct - Dec 2018]	[Previous rolling quarter July - Sept 2018]
Service Quality Score	95%	95%
Friends and Family Test (FFT)	97%	97%
SUCE survey returns	773	646
'Service made a positive difference' score	93%	93%

3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (Jan – Dec 2018)	Emerging issues for the current quarter (Oct - Dec 2018)
ISSUES (based on 1233 responses to the 'What could we do better' question)		
Appointments (Category: Care/Treatment) Comments are heavily focussed on Phlebotomy, Carlton. Most revolve around making more appointment slots available and sticking to appointment times. <ul style="list-style-type: none"> 'More appointment availability' (Phlebotomy, Carlton). 	12%	Appointments (Category: Care/Treatment); 12% in last year, 29% in last quarter
Waiting time (Category: Access to Services) Comments focussed on Phlebotomy, Carlton and CHD Clinic. Most relate to the wait for first contact. <ul style="list-style-type: none"> 'Get people in to have a blood test lesser than four weeks' (Phlebotomy, Carlton). 	9%	
Staffing levels (Category: Staff/Staff Attitude) Comments are spread across many sites with no clear focus. Staffing shortages at all staff levels are mentioned, along with how this is restricting capacity for care. <ul style="list-style-type: none"> 'Get more staff to help, staff are overworked' (Locality 3 Carlton). 	8%	
Parking/Transport (Category: Environment/Facilities) The almost all comments relate to Phlebotomy, Carlton. Most are simple comments relating to parking. <ul style="list-style-type: none"> 'Have better parking facilities' (Phlebotomy, Carlton). 	6%	
Equipment (Category: Environment/Facilities) Comments focus on the CHD clinic, the rest are spread across numerous sites. The nature of comments is fairly mixed, covering difficulty of acquisition and quality of equipment. <ul style="list-style-type: none"> 'More compression beds for patients prone to sores' (John Proctor Ward, Lings Bar Hospital). 	6%	
COMPLIMENTS (based on 1985 responses to 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	26%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	18%	

3.4 CARE OPINION

In the last year 31 stories have been published on Care Opinion commenting on Local Partnerships General Health in South Nottinghamshire:

	Jan 2017 – Dec 2018	Jan 2016 – Dec 2017
Number of postings	31	25
Number of postings without a response	0	0
Number of postings <u>not</u> responded to within two working days	9	6
Number of postings rated as moderately critical or above	0	1
Number of postings which lead to a change in service	0	0

In the last year, **no stories were rated moderately critical or above.**

In the last year, **no stories lead to a service change.**

3.5 SUMMARY OF FEEDBACK FROM CARERS, FAMILIES AND FRIENDS

Data collected from the Carers, Families and Friends (CFF) Feedback survey:

	January – December 2018
CFF survey returns	193
Friends and Family Test (FFT)	99%
Listening	95%
Communication	94%
Dignity and Respect	97%
Inform who to contact	93%
Privacy to discuss	94%
Informed about eligibility for a carers' assessment	91%
Informed about support services	90%

Sample of comments from the Carers, Family and Friends survey:

- Agreement between nurses sometimes not good.i.e. nurse came and said okay to have bath, next visit nurse said must be kept dry, not sure what we should do. (Community Nursing, South)
- I haven't actually been given any information about care for the carer. I feel confident about my role as a carer but some people may need more help and assistance. (COPD Team)

- Have a communication log for us as carers so we are completely aware of how the client is doing, what action you have taken and anything we can do to help. (Community Nursing, North)

3.6 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (January – December 2018)

In the last year, Local Partnerships General Health – South Nottinghamshire received 1233 completed surveys which included critical comments (comments are coded for criticality, ranging from +3, 'highly critical' to -3 'highly complimentary').

Highly Critical	Fairly Critical	Mildly critical	Mildly complimentary	Fairly complimentary	Highly complimentary
3	73	252	695	979	22

As means of identifying whether there are a) services receiving particularly high volumes of highly critical feedback, or b) recurring themes within the most critical feedback received by the Directorate, we analyse the feedback received via the survey which is deemed highly or fairly critical.

The three highly critical comments related to three different teams, but did all broadly relate to the same issue – that of not being aware of, or able to access the service (the comments do not criticise the care provided once accessed).

3.7 COMPLAINTS

Between January 2018 – December 2018, services within Local Partnership General Health - South Nottinghamshire have been the subject of 17 full investigation complaints compared with 7 full investigation complaints in the previous 12 month period. The number by service is shown below:

Service	Total Jan - Dec 2018	Total Jan - Dec 2017
Adult Integrated Care (NNE)	10	3
Inpatient And Rehab (Rushcliffe)	4	0
Adult Integrated Care (NW)	1	1
Adult Rehab (Rushcliffe)	1	1
Continence Advisory (Notts W)	1	0
Stroke Service (Notts W)	1	0

The themes most often arising in complaints are outlined below:

Theme	Total Jan - Dec 2018	Total Jan - Dec 2017
Safe, Adequate, Coordinated Care	16	6

Appointment Arrangements	2	0
Info To/Communication with SU/Carers	2	0
Length Of Time To Be Seen/Service Availability	1	0
Medicines Management	1	0
Attitude Of Staff	1	0

Some examples of the types of complaints received are given below:

- Daughter of patient complained to NNE CCG as they were unhappy with the wait the patient endured to be provided with pull-on pants, they waited seven months and the family state that the pull-on pants are a basic requirement. As part of the investigation it was identified that *'there were missed opportunities by the community nursing team that led to a delay in Mr. Sharma receiving the appropriate continence products required to meet his care needs.'* Please see learning identified under *'Learning/Actions section'* **(19057 – Continence Service)**
- Wife of deceased patient complained as they were unhappy with the care provided to the patient, information/communication with carers and appointment arrangements. The appointment arrangements element of the complaint was around the Macmillan Nurse failing to attend an appointment and not being in contact with the complainant and this was found to be upheld. Please see learning identified under *'Learning/Actions section'* **(17645 – Community Nursing Service)**
- Daughter of deceased patient complained as they were unhappy with a number of elements of their late mother's care including discharge from hospital arrangements, late arrival of medication, information/communication with carers/relatives and other services/agencies. The late arrival of medication elements of the complaint was around the patient being sent home without the appropriate medication as this was not ready at the time of discharge and this was found to be upheld. Please see learning identified under *'Learning/Actions section'*. **(19361 – Lings Bar Hospital)**

Outcomes:

The following table shows the outcome of **19** full investigation complaints closed during the period January - December 2018:

Outcome	Total Jan - Dec 2018
Complaint Upheld	3
Complaint Upheld In Part	4
Complaint Not Upheld	13
Ongoing	1
Complaint Clarified	1

Learning/Actions:

A range of learning points arose from the complaints that were upheld or partially upheld and some of these are outlined below:

- *'The findings from a review of the patients care identified the following missed opportunities by the community nursing team that led to a delay in the patient receiving the appropriate continence products required to meet his care needs.'*
- Poor communication and continuity between Community nursing team and Level 1 Continence Clinic nurses
- Missed opportunities to seek alternative solutions and means of assessment
- Delay in identifying the barriers for prescribing alternative continence products
- Missed opportunities for the community nursing team to liaise with and seek advice from Specialist Continence Nurse Advisors

From this, a Quality Impact Plan (QIP) was drawn up in these areas to ensure this does not happen again. **(19057 – Upheld)**

- Appointment Arrangements section of the complaint was found to be upheld. The Macmillan Nurse visited the home earlier than had been previously agreed resulting in a missed visit. The investigator highlighted the importance of timekeeping with the Macmillan Nurse and will be monitoring future incidences. An appointment was arranged again but the Macmillan Nurse was sick and unable to work on that day, no one contacted the complainant know of this. As a result of this a Quality Impact Plan (QIP) was drawn up in these areas.
- Any changes to pre-arranged appointments should be communicated and agreed with the patient and their carers in advance whereby a mutually convenient date and time for a subsequent visit can be arranged
- The community team will advise the patient and carers if a pre-planned visit will not go ahead due to staff sickness **(17645 – One element of complaint upheld)**
- Late Arrival of Medication section of the complaint was found to be upheld. *'This is not the expected standard on planning a discharge from the ward. It has been advised that this has now been rectified and that no patient goes home without their medications, if they are not ready the patient does not go home.'* As a result of this a Quality Impact Plan (QIP) was drawn up in these areas.
- Qualified nurses to check discharge with colleague to ensure all medications are present prior to discharge. This will be discussed at supervision and at ward meeting. **(19361 – One element of complaint upheld)**

Local Resolution Complaints

In addition to the full investigation complaints received, the service has had **4** local resolution complaints for 2018 and **10** local resolution complaints for 2017 raised by patients about care issues. The number by service are shown below:

Service	Total Jan - Dec 2018	Total Jan - Dec 2017
Adult Integrated Care (Rushcliffe)	2	3
Adult Integrated Care (NNE)	1	2
Adult Integrated Care (NW)	1	1

The themes of the local resolution complaints are outlined below:

Theme	Total Jan - Dec 2018	Total Jan - Dec 2017
Safe, Adequate, Coordinated Care	2	6
Appointment Arrangements	1	2
Length Of Time To Be Seen/Service Availability	1	0

3.8 LOCAL MECHANISMS FOR FEEDBACK

The Directorate's approach to capturing service user and carer feedback includes SUCE, Care Opinion and direct complaints and compliments. Gaining and learning from patient feedback is prioritised by the Directorate – patient experience is a standing agenda item on the Directorate's management meeting and the Divisional General Manager meets regularly with the Patient Experience Manager to review our approach.

4. MAIN ISSUES FOR THE SERVICE AND ACTION TAKEN OR PLANNED

In the table below, we highlight the most prominent issues (selected from the range of feedback presented) raised by service users and their carers' and families over the last 12 months, and the actions taken or proposed to address these issues:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED
<p>Staffing levels</p> <p><i>(Source: Trustwide SUCE survey)</i></p>	<p>Nurse recruitment continues to be challenging and mirrors both local and national context. Work is ongoing to bolster nursing resources within the nurse bank and in the development of a recruitment strategy to maximise recruitment opportunities and uptake.</p>	<p>Recruitment is underway on a continual basis and improving steadily – local teams are working with HR to support all initiatives to improve recruitment across the board.</p> <p>Nurse staffing levels continue to be formally reported to Board on a monthly basis.</p>
<p>Set times for community nursing appointments</p> <p><i>(Source: Trustwide SUCE survey)</i></p>	<p>Community nursing, due to the nature of its service, does not offer appointments times as patients are housebound, the demand is unpredictable and we therefore run the risk of giving false expectations. Nurses do try to accommodate patients where possible with specific time requests and this is balanced with the demand that requires timed visits i.e. for medications.</p> <p>This may be more about setting the appropriate expectations, but is also related to loneliness within the patient group and the importance placed on the nurses visit in the day of someone who spends most of their time at home awaiting their arrival.</p>	<p>We will aim to improve on setting the right expectations at the initial visit into service. Nottingham West are in the development stages of producing a patient leaflet which will help to address this.</p> <p>There is ongoing work with teams to ensure the patients are clear that timed appointments cannot be offered all of the time but if indicated by need, the teams can and will do their best to accommodate.</p>
<p>Time staff spend with service users/breadth of issues tackled in appointments</p> <p><i>(Source: Various)</i></p>	<p>Increased complexity and demand within clinical services impacts on the perceived quality of the clinicians visit in terms of time spent with patients. Patient and their families can perceive this as an inability/unwillingness to listen and to support the patient more widely (with their day-to-day domestic difficulties, for example).</p> <p>There is a requirement for additional services to tackle</p>	<p>Staff will ensure that where these additional needs are identified patients are signposted to the relevant services.</p> <p>We will also aim to set the right expectations on the initial visit.</p> <p>Teams are working to achieve the CQUIN 11 - Personalised Care & Support</p>

	loneliness, personal wellbeing, mobility, social engagement, depression etc. within this patient group.	Planning which will address some of these concerns.
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5. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey in response to the question 'What did we do well?' about Local Partnerships General Health in South Nottinghamshire:

A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY:

- Just to thank you all, particularly the Community Nursing team and GPs involved in the care of my mother. I don't know what I would have done without you. Thank you. (Community Nursing, South)
- I had the most supportive care and felt supported around the clock with care and compassion. Nothing was too much trouble. Huge thanks to Amy and Becky. You truly are a pair of angels. Thank you so much. (Community Nursing, Central)
- Amazing service - whilst my mother was dying. Communicating well on what could happen and how this would be managed. My Mum had a good death - Thank you. (Locality 3 Carlton)
- Celia took my husband right back to the basics - building up muscles, brain to muscle connections which had been lost in the 2 brain operations. He can now walk with a frame. As a family we think the results are fantastic - way beyond our expectations. (Locality 3 Carlton)
- Pleasant surroundings, nice food and excellent care. The care I received was first class. The staff were all polite and caring. It was never too much trouble to do anything I asked or to explain any problems (Forest Ward, Lings Bar Hospital)
- Everything, not a single complaint. I'd recommend the service to the Queen! (Community Nursing, North)

A SAMPLE OF COMPLIMENTS FROM CARE OPINION:

- My dad came to Lings bar after being at the QMC for several weeks. We have been overwhelmed by the level of care that we have seen for all patients. My dad is being discharged home on New Year's Eve. Every single staff member is personable. They are friendly and really engage with the patients. My dad has been desperate to come home but the support and care of this team. Every single person involved with my dad has been charming and so kind. I cannot recommend this department enough and the warm friendliness of all staff (shared on behalf of our family). www.careopinion.org.uk/opinions/611475
- I think everyone communicates really well, the whole system is very approachable. I know the NHS is a political football, but we have no complaints about help from this team. www.careopinion.org.uk/opinions/608833
- I had a stroke and I couldn't do anything, I couldn't walk or talk or look after myself. I came home and I had someone to come and wash me, I had a bed downstairs and I needed a toilet thing next to my bed. I hated that thing. Then Margaret and Kate and Emma came - brilliant. At the start I couldn't say anything and then I wanted to go to the pub but I felt hemmed in because I couldn't talk so I didn't see my friends. But now I'm driving and looking after the family and I've been to Ibiza with my friends. www.careopinion.org.uk/opinions/409050

6. UPDATE ON MAIN ISSUES PRESENTED IN THE PATIENT VOICES REPORT THREE MONTHS PREVIOUSLY

Below we update on any developments in relation to the main issues presented in the October 2018 report, featuring **Local Partnerships – Mental Health – Integrated Specialist Services**:

ISSUE	DETAIL	ACTION – OCTOBER 2018	UPDATE – JANUARY 2019
<p>CAMHS – problems with the transition from CAMHS to adult services</p> <p><i>(This is a continuing issue from last year’s report)</i></p> <p><i>Source: Engaging with young people as part of the development of Hopewood.</i></p>	<p>Young People have continued to report through engagement work that the experience of leaving CAMHS has been difficult.</p>	<p>The Local transformation plan is addressing and monitoring this work.</p> <p>The project is live and work continues: early challenges identified that Adult Mental Health (AMH) services were not able to take cases earlier to support the transition work.</p> <p>Community teams have transition panels which are joint meetings with adult mental health teams to ensure that young people get the appropriate support post-18, and to avoid issues with transitions for young people with more complex presentations.</p> <p>As part of the CQUIN, all young people being transitioned to AMH have a joint assessment before their birthday with their CAMHS and AMH worker to ensure consistency.</p> <p>Peer support workers provide transition support to help young people engage with AMH appointments and self-referrals to IAPT services.</p> <p>CAMHS Eating Disorder Service has a dedicated Transition Specialist who works to ensure smooth transition into adult services.</p> <p>The Recovery College are open to looking at developing a transitions prospectus, where we could explore course programmes targeted at young people aged 18 – 25 and open days specifically for this age group.</p>	<p>No further updates; work has commenced on the CYP recovery college.</p>

<p>IAPT – waiting times in Leicestershire and Rutland and Nottinghamshire</p> <p><i>(This is a continuing issue from last year's report)</i></p> <p>Source: Service User Feedback survey</p>	<p>Feedback has indicated patients find the waits too long.</p>	<p><u>Leicestershire and Rutland figures</u></p> <p>Entering treatment within 14 days of referral – Aug 2017 – East CCG = 59% . West CCG = 54%</p> <p>Entered treatment within 18 Weeks of referral – Aug 2017 – East CCG = 99%. West CCG = 96%</p> <p>A robust action plan is in place with a trajectory to meet National waiting times targets by end of November 2018. Currently on target for this.</p> <p>Interim pathway has been implemented to reduce the wait from first to second treatment appointment. This was developed with NHS Improvement and the Clinical Commissioning Groups, and commenced in September.</p> <p>Long term, this will dramatically reduce the waiting times for patients and in turn should reduce patient feedback on this subject.</p>	<p>Service met the trajectory to achieve the National Waiting times target in November 2018.</p> <p><u>December figures</u></p> <p>Six week wait (target 75%)</p> <ul style="list-style-type: none"> • East - 81.9% • West – 78.8% <p>18 week wait (target 95%)</p> <ul style="list-style-type: none"> • East – 99% • West- 99% <p>Interim Pathway has been very successful and has reduced the number of patients waiting for Step 3 treatment. 827 patients who were waiting over six weeks (at start of interim Pathway in Sept 2018) have now been seen for treatment or have an appointment to be seen.</p> <p>The service has also implemented a new patient model with new Step 3 group work and IESO (live text based CBT therapy).</p>
<p>Gender Services – Waiting Times</p> <p><i>(This is a continuing issue from last year's report)</i></p> <p>Source: Service User Feedback survey</p>	<p>The waiting time is currently around 2 years from receipt of referral to first appointment. A lot of work has taken place to improve waiting times; but the demand for the service continues to rise so we are not really making a significant impact on the wait times at the moment.</p>	<p>There is unlikely to be a reduction in the waiting times for the Gender Identity Clinic for at least the next few years. This is a problem which is well recognised by the National Commissioning Team.</p> <p>The problem is that the patient group out strips the clinicians by approx.100 to 1, there are no academic training pathways for any of the professions; therefore they have to go through an arduous competency pathway as outlined by BAGIS (British Association of Gender Identity Specialists) this process normally takes three years.</p> <p>NHS England have been consulting for the last year on a new service specification for the seven Gender Identity Clinics in England, with a view to going out to tender in</p>	<p>The waiting time remains high, as with previous updates, the waiting times are unlikely to reduce in the near future.</p> <p>The tender for the National Unit and recommissioning of the Nottingham Clinic is expected soon.</p> <p>The team visited the Leicester LGBT Centre on the 16th January, undertaking a training session for staff and holding a question and answer session for people from the trans community. The team have other meetings planned with trans charities and advocacy groups. We are taking this approach to build</p>

		<p>October – there is hope that additional money will be made available to expand the workforce.</p> <p>NHS England are also looking to create a National Unit for Transgender Health, which will oversee a number of key issues related to this population, waiting times management will be one of those issues.</p>	<p>relationships, with a hope of generating an understanding of the waiting times challenges and to encourage patients on the waiting list to attend appointments or cancel with sufficient notice for us to reallocate the slots.</p>
<p>Multiple issues relating to young people accessing mental health services</p> <p><i>(Source: MH:2K project, over 600 children and young people were engaged)</i></p>	<p>The impact of social media can be quite damaging on the mental health of young people. However social media has a big influence in the lives of young people and is how they communicate. It was considered a thread throughout the themes:</p> <ol style="list-style-type: none"> 1. Stigma and Public Awareness; 2. Treatment and Therapies; 3. Education and Prevention; 4. Cultures, Genders and Minorities; 5. Family, Friends and Carers 	<p>Hopewood has received publicity in the local media, through facebook and twitter. Young people would like to see CAMHS using Instagram: a meeting has been scheduled to look at how we could manage this.</p> <p>The Primary Mental Health Team are delivering education sessions in to schools to staff: to review their training to ensure their training covers all of the points from MH:2K.</p> <p>CAMHS are developing volunteering posts in CAMHS with young people and developing work around involvement to ensure future training is co-produced and co-delivered. The first CAMHS volunteers will be supporting the Primary Mental Health Team in schools.</p> <p>The ISS equality and diversity action plan will support to address these.</p> <p>Commissioners and CAMHS are looking at how the services operate and how they can put an end to the six week treatment rule and make it a continuous assessment which reduces the pressure and stress on the young person to ‘feel</p>	<p>The ‘houndsofhopewood’ Instagram page has commenced. The account is based around the therapy dogs which visit Hopewood weekly. This will be a fun and informal way of communicating with young people, overcoming some of our challenges around photo consent and stigma. We plan for the photos of the dogs to be interspersed with other content, such as photos of the green areas, staff, or patient art. The captions can be used to talk about mental health messages.</p> <p>Three young CAMHS volunteers have been recruited and have undertaken their training (a CAMHS volunteer training package has been specifically designed). The posts are due to commence in January 2019, the posts will support the Primary Mental Health Team in co-producing and co-facilitating the training for school staff. In addition they will support YP who attend the CBT groups.</p> <p>Action plan developed.</p> <p>The one door many pathways strategy refresh will consider this feedback. The MH2K project has agreed a further 12 month project to recruit 15 more citizen researchers to continue to support us in implementing the</p>

better' within six weeks.

findings and seeking more feedback.

7. TRUSTWIDE AND DIVISIONAL HEADLINES

7.1 TRUSTWIDE AND DIVISIONAL SERVICE USER AND CARER EXPERIENCE (SUCE) HEADLINES

Statistics provided for the current rolling quarter (October - December 2018) and in brackets, previous rolling quarter (July - September 2018).

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	96% (93%)	81% (79%)	94% (94%)	97% (95%)
FRIENDS AND FAMILY TEST (FFT)	96% (90%)	66% (65%)	92% (90%)	98% (95%)
SUCE SURVEY RETURNS	4869 (4356)	107 (553)	1830 (1189)	2930 (2614)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	93% (90%)	81% (79%)	90% (87%)	94% (93%)

7.2 CARE OPINION HEADLINES

Data collected from Care Opinion website (www.careopinion.org.uk):

December 2018	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS – MENTAL HEALTH	LOCAL PARTNERSHIPS – GENERAL HEALTH
Number of postings	59	2	2	54
Number of postings without a response	11	0	0	8
Number of postings rated as moderately critical or above	1	0	0	0
Number of postings with changes made	0	0	0	0

In the last month, **one story was rated as moderately critical** or above:

- A service user posted a story about multiple experiences with the Mansfield Crisis Team, some which were positive, but most which were not – and made the person feel worse. They explained that they would be very reluctant to contact crisis services again, if needed.

- A response was posted by the service manager, who encouraged the person to contact them to discuss their experiences with them and the team leader, to agree the best support in the future and prevent them from disengaging with services when vulnerable. The service manager also explained they would be 'forwarding [their] post to the Mid Notts CRHT for reflection and learning'. www.careopinion.org.uk/opinions/605607

In the last month, **no stories indicated that a change had been made.**

7.3 TRUSTWIDE AND DIVISIONAL MAIN ISSUES

Data collected from the Service User and Carer Experience (SUCE) survey:

	Current rolling year (Jan 2018 – Dec 2018)	Emerging issues for the current quarter (Oct 2018 – Dec 2018)
TRUSTWIDE (based on 7007 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	10%	Approach to care (Category: Care/Treatment); 8% in last year, 13% in last quarter
Approach to Care (Category: Care/Treatment)	8%	
Waiting time (Category: Access to Services)	7%	
FORENSIC SERVICES (based on 794 responses to the 'What could we do better' question)		
Staffing levels (Category: Staff/Staff Attitude)	9%	Approach to care (Category: Care/Treatment); 8% in last year, 16% in last quarter
Waiting time (Category: Access to Services)	8%	
Approach to Care (Category: Care/Treatment)	8%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1819 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	14%	No emerging Issues
General (Category: Service Quality/Outcomes)	8%	
Waiting time (Category: Access to Services)	8%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 4392 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	18%	No emerging Issues
Appointments (Category: Care/Treatment)	8%	
Activities (Category: Care/Treatment)	6%	

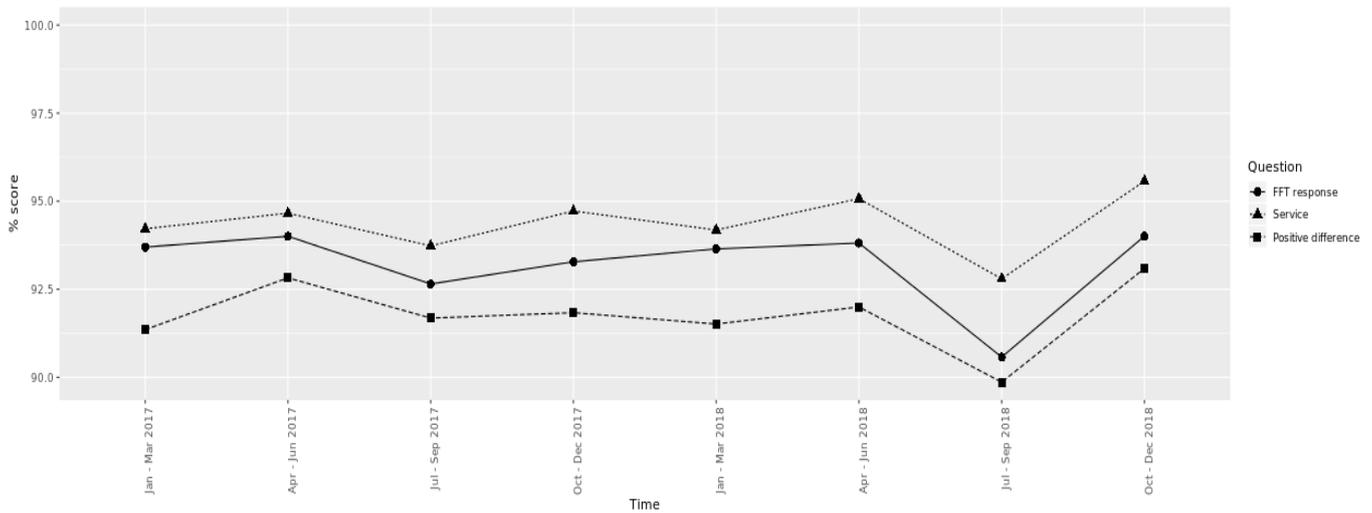
7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

Data collected from the Service User and Carer Experience (SUCE) survey:

	Current rolling year (Jan 2018 – Dec 2018)	Emerging issues for the current quarter (Oct 2018 – Dec 2018)
TRUSTWIDE (based on 11435 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	17%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	17%	
Quality of Care/Service (Category: Service Quality/Outcomes)	8%	
FORENSIC SERVICES (based on 875 responses to the 'What did we do well' question)		
Being listened to (Category: Communication)	15%	Approach to care (Category: Care/Treatment); 8% in last year, 13% in last quarter
General (Category: Service Quality/Outcomes)	14%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	10%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 2688 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	19%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	11%	
Approach to Care (Category: Care/Treatment)	10%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 7870 responses to the 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	22%	No emerging compliments
General (Category: Service Quality/Outcomes)	17%	
Quality of Care/Service (Category: Service Quality/Outcomes)	12%	

7.5 TRUSTWIDE AND DIVISIONAL TREND IN SERVICE QUALITY, FRIENDS AND FAMILY TEST AND KEY QUESTION SCORES

The below graph shows the Trust wide trend in Service Quality Score, Friends and Family Test Score and scores on key questions asked in the Service User and Carer Experience survey.



For divisional trend graphs, please follow the links below:

- Local Partnerships - Mental Health: bit.ly/2AUtmcn
- Local Partnerships - General Health: bit.ly/2CEJqYH
- Forensic Services: bit.ly/2MiUGWi

8. RECOMMENDATION

The Board of Directors are asked to note and comment on the paper.

Paul Sanguinazzi
Head of Involvement and Experience

Amy Gaskin-Williams
Involvement and Experience Manager

January 2019