

**BOARD OF DIRECTORS  
25<sup>th</sup> MAY 2017**

**Nursing, Quality & Patient Experience Directorate  
INVOLVEMENT, PATIENT EXPERIENCE AND  
VOLUNTEERING QUARTERLY REPORT**

## 1. INTRODUCTION:

The purpose of this paper is to:

1. Inform the Board of the national, local and internal context within which our involvement and experience work fits.
2. Update the Board on key achievements within the Involvement, Experience and Volunteering strategy and outline our strategic direction and next steps.
3. Highlight the impact Involvement is having on our culture, our services and in peoples' lives.
4. Highlight the action directorates are taking in response to patient experience feedback.

Our Involvement, Experience and Volunteering strategy sets out our ambitions to work in partnership with service users, carers and members to improve services, improve organisational culture and to prioritise service user recovery and well-being.

This strategy links to the Trust's Strategic Vision and its ambitions to provide the best possible care and support and to the service provider of choice. In addition, our commitment to being influenced by the views of service users, carers, families and volunteers fits with the patient experience priorities set out in the NHS Outcomes Framework 2016/17 and the strong emphasis on both empowering patients and engaging communities in the NHS Five Year Forward Plan.

We have adopted a pioneering approach which positions involvement, experience and volunteering as central to the culture of the organisation. It includes two unique involvement centres, volunteering and befriending services and strong membership engagement.

Our approach takes into account national requirements that we must fulfil in this area and guidance we must take into account.

- We have legal responsibilities under Section 242(1B) of the NHS Act (2008 onwards) to involve users, whether directly or through representatives.
- We must carry out the Friends and Family Test across all our services.

- We must meet Care Quality Commission (CQC) Standards around involvement in care and shaping services, as well as ensuring quality is monitored through feedback.
- We must take account of the NHS Constitution which emphasises patients' rights and demands they have greater control over their care.
- We must undertake PLACE (Patient Led Assessments of the Care Environment) Audits annually and must involve patient assessors

## 2. INVOLVEMENT, EXPERIENCE AND VOLUNTEERING CONTEXT

### NATIONAL

#### Statutory guidance on involving people in health and care

[NHS England has published statutory guidance on how to involve people in health and care.](#)

The guidance is for clinical commissioning groups and NHS England staff and has been developed with a range of people and organisations, including patient representatives and voluntary and community sector organisations. The guidance highlights the benefits of involving people in their own health and care and communities in commissioning decisions.

#### Innovative approach informs urgent mental health pathways

The West London Collaborative used social media and an interactive community event to inform a redesign of urgent mental health services. It collected people's lived experiences through a 'test my story' website and a Twitter campaign. This information was used to enact real life scenarios at an event. [A short film](#) has been made to share this innovative collaborative approach to engagement.

### LOCAL

**Healthwatch Nottinghamshire** have had their funding significantly reduced for 2017-18. Their future strategy targets five key areas of improvement that include:

1. Using innovative engagement approaches to be more representative of all local communities with more of a focus on the voice of the 'seldom heard'
2. Building their profile and influence through a clear and understood purpose that adds value by developing more effective partnerships and a Network of Networks
3. Collecting and using data more systematically, including identifying and demonstrating the impact of what they do in ways that are more meaningful to our stakeholders

Looking further ahead, Healthwatch Nottinghamshire and Healthwatch Nottingham have entered discussions with a view to becoming a single merged organisation by April 2018.

## 3. INVOLVEMENT, EXPERIENCE AND VOLUNTEERING STRATEGY – UPDATE

### 3.1 LISTEN AND RESPOND TO FEEDBACK

To listen to our patients, service users and carers in meaningful, comprehensive and varied ways. To use the information we receive intelligently and with understanding so we respond honestly and make changes that improve people's health and wellbeing.

### CURRENT DIRECTION

We continue to work with the Divisions to ensure that all teams capture and respond to feedback and make use of any opportunity to inform patients and carers of how their feedback has influenced service delivery. We are working with services to ensure that they look at **all** sources of feedback to gain a real understanding of what people are saying, and act upon feedback in ways which are proportional and outcome focussed.

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## WHAT WE'VE DONE/IMPACT

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- We have produced three Patient Voices reports for the Trust Board of Directors. These looked at the range of feedback we received for particular services and the actions the service will take in response to this feedback. The services we focused on were Children and Young People's Services (March), Arnold Lodge (April) and Adult Mental Health Services (May).
- The 2017 National Community Mental Health Survey has commenced, service users will continue to receive surveys and reminders by post between now and 23<sup>rd</sup> June and the responses will be analysed and fed back to us in July. We are currently at a 26% response rate (the national average is at 21%).
- In the three months February - April 2017 we have had 6114 responses to our feedback survey, 453 PO postings, 1 712 people using the [Your Feedback Matters website](#).
- We have had over 139 000 responses to the Feedback Survey since we first began it in July 2009.
- Due to feedback raised by older people, a private, confidential room with safety adaptations has now been agreed at Kings Mill Hospital in which RRLP (Rapid Response and Liaison Psychiatry) assessments will take place.
- Patients in Bassetlaw raised concerns about changes to service delivery resulting in a reduction of matron availability to only three days per week. This feedback prompted a review of this change in service provision. The matron service has since resumed a five day service.
- A new action plan has been developed to track issues raised at the Rampton Patient's Council, to ensure that management responses are timely and that patients don't lose interest in the forum where discussions are not moving on (as reported by feedback from the patients attending).
- At HMP Hatfield and Hatfield Lakes, new evening clinics on smoking cessation and sexual health have commenced to accommodate working patients, as a response to feedback on this issue.
- Parents accessing Sherwood West Children's Centre requested a specific twins group. This group has now been running since February, with families regularly attending.
- Patients leaving HMP Nottingham requested more support on the administering of Naloxone to minimise harm, particularly where there is a risk of opiate overdose. Clinical Matron for Substance Misuse Services has now ensured that all patients at risk of overdose are identified and released with a Patient Specific Direction written for Naloxone and that recovery workers and practitioners are all trained on how to administer Naloxone so they're able to teach patients.
- A concern was raised about the mix of male and female staff on a ward at Arnold Lodge, especially in the mornings. For privacy and dignity reasons, patients asked that staff

knock on their doors and wait before moving the curtains over the observation doors. This is now standard practice across all wards at Arnold Lodge.

- Patients at The Wells Road Centre requested the use of e-readers without supervision. Patients can now use Kindles and their own laptop unsupervised. The relevant hospital policy (FO/C/50) has been reviewed and amended accordingly.
- Patients at Rampton raised the issue of poor communication with/from the Service Liaison Team. There has been a subsequent review of the complaints leaflet, leading to the production of a simpler version of the leaflet, and an easy-read version (to comply with the Accessible Information Standard).
- HMP Doncaster have introduced a patient phone line for making healthcare appointments as patients were concerned paper requests were not being received.
- Patients at Arnold Lodge raised the issue, via the advocacy service, of blanket restrictions during the period patients are confined to seclusion, asking specifically why all patients, regardless of reason for seclusion, were restricted access to a television. This was discussed at the Clinical Policy Committee and the decision was taken that television access should now be individually risk assessed.
- The Children's Speech and Language Therapy Team are reviewing admission and referral processes to ensure that children who have already received a package of care do not have a second 'wait' when re-referred.

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## **FUTURE PLANS**

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- We are currently embarking on a programme of work to improve how Patient Forums operate in forensic services, to ensure that they effectively capture, debate and report on patient and carer feedback, and monitor progress where issues are raised.
- The results of the 2017 National Community Mental Health Survey will be analysed and reported back to us in July. We will conduct further analysis for our own purposes, of both question scores and comments, to highlight areas requiring improvement.

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## **3.2 PRODUCE FUTURE PLANS AND SERVICES IN PARTNERSHIP**

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To engage patients, service users, carers, members and communities to work in partnership with us and other key health and social care organisations to co-produce future plans and services.

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### **CURRENT DIRECTION**

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To work with the Trust's Divisions, commissioners and local transformation programmes to ensure our services users, carers, Governors and members are actively involved in working in partnership to shape and develop services.

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### **WHAT WE'VE DONE**

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- We have started the Collaborative Service Change project with the King's Fund. As part of this we will develop a new model for how we work collaboratively around service change. The project will work with service users, carers, staff and partner organisations

over six months and will focus on two key service developments/pathways (Adult Mental Health Community Services and Respiratory Services in Mid- Nottinghamshire). .

- Service users and carers have been working with Adult Mental Health (AMH) Services in a workstream group looking at a new service model for AMH Community Services.
- The Ideal Ward Round project continues, with the Resuable Learning Object (RLO, online learning tool) in the final stages of completion. Pilot wards have now been agreed at Millbrook and Bassetlaw Hospital, and funding has been secured to evaluate these pilots. At Lucy Wade PICU (Psychiatric Intensive Care Unit), the agreement is to use the Nursing Care Review weekly meeting to review patients care plans, risk management plans in place and Discharge plans for each service user. The meeting will involve and include service users in discussions around care to allow real service user involvement in decisions being made.
- We now have a series of films about volunteers who are involved in the Trust looking at different aspects of their involvement from supporting the Patients' Council at Rampton to volunteering at a Sure Start Centre. The films can be viewed here: <https://www.nottinghamshirehealthcare.nhs.uk/what-is-involvement>
- A Neo-Natal group has been set up at Hawtonville children's centre for parents to access peer to peer support following discharge from Kings Mill Hospital.
- Involvement Volunteers and patients at The Wells Road Centre have recently reviewed the information leaflet provided to Community Forensic patients. This is now on its final iteration and will be available for dissemination imminently.
- In early May, a group of established Involvement Volunteers, along with staff, spent the day at Arnold Lodge to support patients to completely reinvigorate the format of the Patient's Forum. This was a very successful day, and has led to the creation of a new Terms of Reference, new co-chairing format and recommendations to the management team on regular and requested staff attendance to answer issues raised.
- The Orion Unit (for those with Intellectual or Developmental Disabilities) has developed a collaborative process to help service users document any questions they have during the week that they might want to raise at the weekly ward rounds.
- Leg ulcer clinics in Nottingham North and East are trialling a new product which will allow patients to wash their leg and reapply dressings themselves, reducing demand on clinic appointments. This has received very positive patient feedback to date.
- Five recovery college courses at the Wathwood campus were co-delivered with patients between January and March.
- Following feedback from April's PLACE audit (involving patients), the Children's Centre at City Hospital has replaced flooring, begun garden work and improved the sensory area.

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## FUTURE PLANS

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- We are beginning work with commissioners to look at how we can communicate and engage with service users, carers and the public over changes to mental health services as a result of system transformation work.

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### **3.3 INVOLVE, SUPPORT AND COMMUNICATE WITH CARERS**

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To work in partnership with carers so they are involved, informed and supported to play a key role in both individual care and service planning.

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#### **CURRENT DIRECTION**

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To ensure that all clinical teams make progress from their self-assessments carried out as part of the Carers' Strategy and Triangle of Care (ward teams). To work with community mental health teams to carry out their self-assessments as part of the Triangle of Care. This will enable us to understand how all our teams are involving, communicating with and supporting carers and what plans they have to improve this.

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#### **WHAT WE'VE DONE**

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- We have undertaken two review days in March with carers. One to see how our ward and crisis teams have progressed with updating their phase 1 Triangle of Care self-assessments. These should show the progress the teams have made since last year. On the other day we reviewed how our community mental health teams are progressing with their Triangle of Care self-assessments which should be completed by July 2017.
- We have worked with carers and the Learning and Development Department to develop Carer Awareness Training for staff. There are four courses that will be co-delivered with carers between May and October.
- A link tutor from a local university attended the Wathwood Hospital Carers Forum to gain feedback from carers so as to use this within nurse training at the university.
- In mental health services for older people, the City MHIR (Mental Health Intensive Recovery) team are using documentation to indicate carer stress which will be included on the patient's admission to the service.
- In Mental Health Services for Older People, ward visiting times have now changed and family/friends/carers are now able to visit between 11am and 8pm. Carer's now report feeling more involved as they are able to sit with their loved ones throughout the day and be involved in their daily living if they wish to do so.

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#### **FUTURE PLANS**

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- To submit the Year Two Triangle of Care report to the Carers Trust in July 2017.
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### **3.4 INVOLVE, SUPPORT AND TRAIN VOLUNTEERS TO PLAY A KEY ROLE IN THE ORGANISATION**

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To enable volunteers to play a key role as partners in the organisation. To provide training, clear roles and support to enable volunteers to have a real impact on the organisation and to develop and take up opportunities. Our Involvement Centres to continue to evolve into places

where volunteers are trained, supported and connected to a range of opportunities and where there is a community of peers who support each other and collectively improve the Trust.

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## CURRENT DIRECTION

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To ensure that all volunteers are inducted, trained and supported well to enable them to carry out meaningful roles both safely and effectively.

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## WHAT WE'VE DONE

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- Currently, the Volunteering and Befriending Service support 92 individuals undertaking 255 different roles throughout the Trust, in 94 different services/locations.
- Rampton Befriending Service currently support 37 befrienders matched with 47 patients and a visiting care dog service. Priority matches are made with patients who have little or no contact with friends or family.
- We currently have 54 active involvement volunteers, in a range of placements across the Trust, particularly supporting Rampton Hospital and Adult Mental Health Services.
- Over 300 volunteers support the Children's Centres in a range of roles including breast feeding peer support and support with running children's groups.
- Ann Parkes, Involvement Volunteer, was awarded the Volunteer Award at this year's OSCARs, in recognition of her many years volunteering to help improve services and particularly in helping us to progress how we communicate with and support carers. Ann currently co-delivers part of the Band 2-4 programme.
- Volunteers continue to co-deliver the Involvement, Experience and Volunteering session at Trust and Forensic Induction every month. Their contributions to the presentations consistently receive high praise on the induction evaluation.
- In the past three months, involvement volunteers have contributed to 11 interviews, and have supported inpatients at Rampton and Wathwood to take part in interviews on panels.
- Involvement Volunteers are now preparing to support wards at Rampton Hospital with the Sense of Community CQUIN (Commissioning for Quality and Innovation), with the specific aim of facilitating the mid-way evaluation and concluding evaluation, and to capture feedback from the patients involved.
- Twenty-four PLACE audits have been conducted since March, involving 19 volunteers (alongside staff) covering a broad range of mental health services.
- Many patients with chronic respiratory disease are not accessing services in Nottingham North and East which could support and promote their well-being such as Pulmonary rehabilitation. The district have now recruited and trained peer volunteers to work with and support patients, to promote self-care and recovery.
- Four new volunteer befrienders were recruited in February to befriend patients at The Wells Road Centre.
- Patients at The Wells Road Centre have recently taken up volunteering positions in the hospital kitchens.

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## **FUTURE PLANS**

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- Currently, our focus is to recruit, train and support service user and carer volunteers who are broadly representative of our patient population and are able to contribute to the ongoing and upcoming service transformation programmes by contributing their experiences and expertise.

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## **3.5 INVOLVE AND COMMUNICATE WITH OUR COMMUNITIES**

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To work in partnership with our members, communities and voluntary sector so that the Trust is an engaged and supportive partner to the communities we serve.

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### **CURRENT DIRECTION**

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To ensure we have regular communication with our members and provide them with a range of opportunities to share their views and to shape and develop health services in the Trust, locally and nationally.

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### **WHAT WE'VE DONE**

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- We have produced monthly e-bulletins for members that are also sent to all staff. The latest editions included information about new autism family support hubs, links to films we have produced about involvement and volunteering and links to recent Trust Board Patient Voice reports.
- A small working group has begun the work to look at how we take a more strategic and co-ordinated approach to working with communities and our involvement work will support this. We are currently collecting demographic data that will be used to inform our decisions.

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### **FUTURE PLANS**

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- We will be revising our Membership Strategy in time for July's Annual General Meeting /Annual Members' Meeting. We will shortly be sending the strategy out for consultation.

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## **3.6 USE TECHNOLOGY TO ENGAGE IN NEW WAYS**

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To explore and use the most effective new methods and technologies including our website and social media to reach out to and engage with our service users, carers, members and communities.

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### **CURRENT DIRECTION**

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We continue to develop how we use our Your Feedback Matters Website, the Involvement Twitter account, the Involvement blog and the Trust website to communicate with and involve people.

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### **WHAT WE'VE DONE**

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- All the data and comments from the 6114 surveys and the 453 Patient Opinion postings are publically available on [Your Feedback Matters website](#). The website was viewed by 1712 people in the last three months (February - April 2017).
- We tweeted 62 times in the three months (February – April 2017). These tweets created 32.5k impressions, and 111 mentions ('Impression': A tweet has been delivered to the Twitter stream of a particular account. Not everyone who receives a tweet will read it, this is a measure of potential impressions.)
- We have published fifteen blogs between February –April 2017, shared on the [Involvement Blog](#), which includes a blog from a volunteer at Thorneywood Mount who supports the activity programme, a reposted blog from Care Opinion which referenced responses to feedback from Nottinghamshire Healthcare and a blog thanking the volunteers at the Rosewood Involvement Centre for their commitment to NHS Sustainability Day.
- The learning from the Ideal Ward Round project will soon become a part of an RLO (Reusable Learning Object); an online learning tool for staff.
- A number of films featuring staff, patients and carers commenting on Involvement have been published on the Trust website to help explain how approach and the benefits of volunteering to the public.

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## **FUTURE PLANS**

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- To continue to explore ways of using technology to communicate with and involve people.
- To encourage all directorates to blog about the changes they've made to services, the ways they've involved people in this, and responded to their feedback.

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## **3.7 DEMONSTRATE OUR IMPACT, SHARE GOOD PRACTICE AND SHAPE NATIONAL AGENDAS**

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To have clear ways of demonstrating our impact, to share good practice internally and externally and to shape national and local agendas around involvement, experience and volunteering

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### **CURRENT DIRECTION**

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To continue to share the impact of our work.

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### **WHAT WE'VE DONE**

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- The Trust Chair and members of the IEV Team presented at a Patient Opinion event in Sheffield on 8<sup>th</sup> March about how we have used Patient Opinion effectively in the Trust.
- We are carrying out a Volunteering Impact Assessment with volunteers, staff and patients to look at the impact of volunteering in the organisation. The assessment will be completed shortly and the result then analysed.

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### **FUTURE PLANS**

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- We are shortly to evaluate our Involvement, Experience and Volunteering work during 2016/17.

### 3. RECOMMENDATION

The Board of Directors is asked to consider and note progress highlighted in the report.

Paul Sanguinazzi  
Head of Involvement and Experience

Amy Gaskin-Williams  
Involvement and Experience Manager

May 2017