

**BOARD OF DIRECTORS
27th April 2017**

**INVOLVEMENT, EXPERIENCE AND VOLUNTEERING
PATIENT VOICE REPORT**

FORENSIC SERVICES – ARNOLD LODGE MEDIUM SECURE UNIT

1. PURPOSE

This is the monthly Patient Voice report produced for the Board of Directors. The main purposes of this 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 six months 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.

The report is part of our approach to Service User and Carer Experience which is a key part of the Involvement, Experience and Volunteering strategy (2015 – 2018). One of our three involvement aims is to change services by listening and responding to service user and carer views and aspirations.

Our approach is also based on the Trust's values and aligned to Department of Health priorities. As an NHS funded service we are required to carry out the Friends and Family Test. We must also meet the CQC Standard that requires us to seek and act on feedback so we can continually evaluate services and drive improvement.

As part of the Trust's development of its approach and the Francis Report we are continually looking at how we can improve both how we listen and respond to the patient voice. Our [feedback website](#) enables the public to leave and view feedback and also able see the changes we have made in response to feedback. The website also enables staff to view feedback about their team.

As part of our approach the Board of Directors receives a quarterly Involvement, Experience and Volunteering Report which looks at key achievements in the Involvement, Experience and Volunteering strategy and outlines our strategic direction and next steps. This Patient Voice Report is a monthly report and focuses on key patient stories and comments raised by service users, patients and carers.

2. EXECUTIVE SUMMARY

The Trust's Service Quality Rating for January – March 2017 is **94%**. Our Friends and Family Test Score is **95%** (this is the percentage of people who would be extremely likely or likely to recommend our

services if their friends or family needed similar care or treatment).

This month's Patient Voice Report focuses on **Forensic Services – Arnold Lodge Medium Secure Unit**, with headline information provided for the Trust as a whole, and for each division. The report also updates on Mental Health Services for Older People (featuring in January's report). The report highlights all prominent and/or recurring feedback in the last year from the full range of feedback mechanisms used by Arnold Lodge Medium Secure Unit, 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:

- Communication with Carers
- Staffing Issues
- Communication with Patients
- Access to Primary Healthcare Services

It also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring Mental Health Services for Older People, in January 2017.

These were:

- Availability of Services
- Information and support at the point of a diagnosis of Dementia
- Communication with carers
- Waiting times.

3. SERVICE IN FOCUS: FORENSIC SERVICES – ARNOLD LODGE MEDIUM SECURE UNIT

Arnold Lodge Medium Secure Unit provides inpatient services for men and women aged 18 or over who have a diagnosis of mental illness and/or personality disorder.

The services are:

- Male Mental Illness Service - this provides care, rehabilitation and enables recovery for men with a mental illness
- Male Personality Disorder Service - this provides a structured treatment programme and in some circumstances continuing care for men with a personality disorder.
- Women's Mental Health Service - this provides care, rehabilitation and enables recovery for women with a range of mental illnesses and personality disorders.

Staff on the unit employ a range of mechanisms to capture feedback from patients, their carers and families. There are also a range of ways patients, carers and families are involved.

3.1 MAIN ISSUES IDENTIFIED IN PREVIOUS PATIENT VOICES REPORT WITH FOCUS ON ARNOLD LODGE MEDIUM SECURE UNIT (APRIL 2016)

Below we update on the main issues identified (and the actions proposed in response) in the previous report which focussed on Arnold Lodge Medium Secure Unit, which was presented at the Board of Directors in April 2016:

ISSUE	SOURCE	DETAIL	ACTION TAKEN/PROPOSED
Patient shopping	Patients' Forum and ward meetings	Patients have raised this issue regularly within the Patients' Forum, commenting on the difficulty ordering, payment methods, catalogues, in-house patient shop opening times etc.	<p>Reported in April 2016: An internet shopping pilot was initiated in February as a response to many stores stopping the publication of paper catalogues and ordering being available via the internet only. Patients from across the service have been involved in a working group to look at how this system will be operationalised on each ward as it is a significant change to current practice.</p> <p>One of the wards will be undertaking a pilot during April and May with nursing staff facilitating internet shopping for patients during evenings and weekends.</p> <p>Update (April 2017): Successful pilot sessions ran on the Personality Disorder wards and Women's Services wards between May-December 2016 and the system has begun to be embedded into ward systems. A shopping event is planned for June 2017 for the Male Mental Illness wards.</p> <p>Technical challenges with card payments have been discussed during a recent shopping focus group and the Support Services Manager will be negotiating changes in limits and restrictions on Unit purchasing cards to try to address these challenges.</p>
Information on admission	Quality Network Peer Review and Trust Feedback Survey	<p>Mixed responses to the question in the Quality Network Peer Review <i>"Were you provided with information about the service before you were admitted? For example a welcome pack or leaflet?"</i></p> <p>Sample quote from the Feedback survey: <i>"More support when we first get here" (Cannock Ward)</i></p>	<p>Reported in April 2016: Information has been collated from across the service in order to provide a comprehensive information pack to be given to patients prior to, or immediately after, their admission to the service. This replaces the information that is currently given to patients by individual wards which varies in quality and content. The information pack will be professionally printed and is currently being designed by the Trust Communications Team.</p> <p>Update (April 2017): A new information pack for patients was launched in January 2017. The Involvement Leads at Arnold Lodge are working on a new edition of this pack which will be modular and easier to understand. This is being developed to complement the information pack for visitors and carers.</p>

<p>Information on the assessment process</p>	<p>Quality Network Peer Review 2015/16</p>	<p>Mixed responses to the question: <i>“Were you told what to expect from the service as part of your introduction?”</i></p> <p>Mixed responses to the question to friends and family: <i>“Did the service involve you as part of the admission process to the service?”</i> – More people answered negatively.</p>	<p>Reported in April 2016: A short, explanatory leaflet has been designed in response to the need for more information about the assessment process. This has been formatted by the Trust Communications Team and has just been returned by the Readers’ Panel for some minor tweaks before ratifying and circulating.</p> <p>Update (April 2017): This information has been incorporated into the information packs for patients and the visitors’ and carers’ information packs.</p>
<p>Communication with friends and family, particularly via Skype</p>	<p>Patient’s Forum and ward meetings</p>	<p>Patients have raised this regularly within the Patients’ Forum, and with the advocacy service. Requests have been made to open channels for Skype and for email, alongside phone and letter.</p>	<p>Reported in April 2016: Access to Skype facilities has recently been offered as an additional service to patients and has been successfully introduced, with four patients having now called relatives using Skype. The service is offered principally to patients whose relatives live some distance from Arnold Lodge, or who have difficulty visiting very regularly.</p> <p>Training will be offered to a variety of staff in April and May 2016 to help broaden the access to Skype for patients. Once this has been successfully implemented across the service, staff will be exploring the means for patients to access email, although this will be for receiving email only for security reasons.</p> <p>Update (April 2017): Skype is fully operational and administered by ward staff as part of the visiting system. The email system is now fully operational and administered by the Social Work team. The unit is investigating how to provide a video based messaging system for patients in long term segregation using the CoWALL facility.</p>

<p>Seclusion facilities</p>	<p>Ward meetings and Patient's Forum</p>	<p>Patients have raised concerns that seclusion facilities in the Women's Service are not fit for purpose as there is no natural light in the seclusion rooms, it is difficult to communicate effectively with observing staff using the intercom system and there is no en-suite shower facility, meaning that patients have to leave the seclusion room to take a shower.</p>	<p>Reported in April 2016: The Directorate Management Team are aware of the issues and nursing staff manage these as safely and effectively as possible.</p> <p>Capital bids have been submitted in order to improve the seclusion area, i.e. installation of CCTV and an improved intercom system, but changes to include natural light and an en-suite shower would involve major building work and is unlikely to be funded in the short-term.</p> <p>Prior to building the new Women's Service, extensive consultation took place with other Women's Services around the country. This was factored into the design of the facility. There is CCTV in both seclusion rooms to assist staff with patient observations - CCTV that records will soon be added outside the seclusion rooms. Works to the intercom will take place when we can safely move both patients currently in seclusion to alternative rooms. Works will take 5 days and should be completed by mid-May 2016.</p> <p>Update (April 2017): CCTV with a recording facility has been installed in the seclusion suite in the Women's Service. One of the intercom systems in the seclusion suite is not working because the works on the Women's Seclusion rooms have not proceeded due to the unprecedented demands on the use of seclusion and long term segregation since April 2016. There has not been sufficient time for contractors to access seclusion rooms to carry out repairs and modifications.</p> <p>The Support Services Manager is liaising with the Clinical Teams to find a five day period when one of the seclusion rooms in the Women's Service can be taken out of use. Essential repairs to walls, door frames, the intercom and essential decoration will be carried out during that time.</p> <p>We will soon be drafting a business case for the refurbishment of the ICU/seclusion area.</p>
-----------------------------	--	---	--

Staffing level, particularly how this impacts on leave	Feedback Survey	<p><i>More staff (Thornton Ward)</i></p> <p><i>Improve Staff (Rutland Ward)</i></p> <p><i>Staffing levels to improve individualised care (Tamar Ward)</i></p> <p><i>Improve staffing levels, more OTs (Tamar Ward)</i></p>	<p>Reported in April 2016:</p> <p>There is a national shortage of qualified nurses. Arnold Lodge have over-recruited to unqualified posts in order to have more staff available on wards to facilitate leave where possible.</p> <p>In addition to this, there is a rolling recruitment programme and the unit have been proactive in using other media to attract staff to the service.</p> <p>‘Group leaves’ have been used effectively so that more than one patient can go out at a time with a reduced number of staff required.</p> <p>Update (April 2017):</p> <p>The recruitment of unqualified ward staff has been very successful, and a new cohort of unqualified staff has been accepted for appointment and inducted. The rolling programme of qualified nurse recruitment has continued and more qualified nurses have been offered positions at Arnold Lodge. Some of these are subject to successful completion of training. Twenty-three new Healthcare Support workers have been recruited since April 2016 and nine staff nurses. Two Occupational Therapists have also been recruited. The system for group-based leaves has successfully continued over the year.</p>
--	-----------------	--	--

3.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey:

*Arnold Lodge conduct the survey every six months, between April – June and October – December. The data below therefore represents their most recent surveying period, and the previous surveying period for comparison.

	October – December 2016	April – June 2016
Service Quality Score	81%	82%
Friends and Family Test (FFT)	65%	75%
SUCE survey returns	47	52
Patient Opinion postings	2	2
‘Service made a positive difference’ score	78%	80%

3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (January 2016 - December 2016)	Emerging issues (October – December 2016)
ISSUES (based on 63 responses to the 'What could we do better' question)		
Staffing levels (Category: Staff/Staff Attitude) The comments originate from all wards, generally requesting more staff or more time with staff.	12%	Quality of Care (Category: Service Quality and Outcomes) 13% in quarter, 5% in year
Communication between staff and service users (Category: Communication) The comments originate from many wards, and refer to the need for staff to be clearer, more informative and to involve patients more in decisions.	10%	
Being listened to (Category: Communication) The comments originate from many wards, with patients saying they sometimes feel ignored or dismissed.	8%	
Activities (Category: Care/Treatment) The comments originate from a number of wards, most from Tamar Ward, and relate mainly to more opportunities for physical activity.	8%	
General (Category: Communication) The comments originate from a number of wards, requesting staff communicate more with patients.	7%	
COMPLIMENTS (based on 75 responses to 'What did we do well' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	17%	No emerging compliments
Being listened to (Category: Communication)	14%	
Approach to Care (Category: Care/Treatment)	7%	

3.4 COMMENTS FROM THE SERVICE USER AND CARER EXPERIENCE (SUCE) SURVEY WHICH ILLUSTRATE TO THE MAIN ISSUES RAISED:

Staffing levels

- *Try and up the number of staff. Sometimes they're not free to spare their time. (Tamar Ward).*
- *More staff on the wards. (Coniston Ward).*
- *Staff could do less hours so they are more refreshed to give better care. (Cannock Ward).*

Communication between staff and service users

- *Be clear about where boundaries lie. I sometimes felt that the staff didn't care about my physical needs. Sometimes they don't listen and so you end up in trouble for all the wrong reasons. They don't always communicate with the patients and they spring appointments on to you without telling you. Don't always take time to go through care plans, and they go out of date and still don't get updated. (Coniston Ward).*
- *Be more informative, open and truthful. Less speculative keep to all the facts and don't listen to second hand information. Sometimes I find it hard to get point across because MDT thoughts are elsewhere. (Ridgeway Ward).*
- *I don't always get involved with decisions as most of times I don't know they're making any. (Ridgeway Ward).*

Being listened to

- *At times you are not heard and have to fight to put your point over. Sometimes you are not going to get respect from staff. (Ridgeway Ward).*
- *More involvement in placements/work skills. There are ups and downs. Some things get pushed aside. Somethings get ignored. (Cannock Ward).*
- *When I needed to talk I couldn't have the time. (Coniston Ward).*

Activities

- *More gym workout and work with other patients in sports hall. (Thornton Ward).*
- *Child family days. (Tamar Ward).*
- *Walking and debating should be part of structured day. Not enough field walks (Tamar Ward).*

General Communication

- *More communication. (Rutland Ward).*
- *Communicating with you - some staff are better than others. Involving in decisions - Sometimes I feel I don't know what is going on. (Cannock Ward).*

3.5 PATIENT OPINION

In the last year, **15** stories have been published on Patient Opinion commenting on Arnold Lodge Medium Secure Unit.

ARNOLD LODGE MEDIUM SECURE UNIT	
April 2016 – March 2017	
Number of postings	15
Number of postings without a response	0
Number of postings responded to within two working days	7
Number of postings rated as moderately critical or above	0
Number of postings with change planned/completed	1

Below we include a sample of the postings received, and links to the postings on the Patient Opinion site:

- *"It's ringing... but this is no ordinary call, this is Skype. I've recently transferred from high secure care to Arnold lodge and so far my experience has been totally positive. I have never used Skype in my life so all this tech is new to me... Now once a week I spend a 30 minute Skype session to see my family and every time it's just amazing. When I have normal visits, we sit and chat. When I skype, it's as if I'm at home with them...The whole experience leaves me feeling great. My face aches from smiling for a whole ½ hour."* - www.patientopinion.org.uk/opinions/331372
- *"Over the last month I felt bullied by a number of peers on my ward. This started because I have challenged the behaviours of my peers. I took this to the MDT (Multi-Disciplinary Team) and they took action as a result of this. I feel that the MDT have been very supportive. I also feel that the MDT have been really helpful I would like to thank the MDT on Ridgeway for the support that I have had from them."* - www.patientopinion.org.uk/opinions/328164
- *"Thanks to my clinical team and Richard the OT for arranging the various placements I have been involved in- the canal and River Trust project, we have been to presentations, worked the locks, unclogged weirs and I got to captain a boat. I cant tell you how valued this made me feel as an individual....normal work!"* - www.patientopinion.org.uk/opinions/307827
- *"Here on Cannock ward, the entire peer group feel that the new cleaners do a really fantastic job and are very thorough. We all would like to thank them all."* - www.patientopinion.org.uk/opinions/309360

3.6 COMPLAINTS

Between April 2016 - March 2017, Arnold Lodge have been the subject of 10 complaints.

Of these complaints:

- One case was upheld in part, three cases were not upheld and four cases were resolved with the complainants. One case was withdrawn as the patient was transferred not long after the complaint was made and in another the case was already being investigated via another process so was not pursued via the complaint procedure

Rather than highlighting any general areas of dissatisfaction with the service, each complaint has been specific to the circumstances of the patient. For example, a patient complained about care and treatment for a hand injury and another regarding his medication. Other issues related to telephone access, lengthy wait to move to a low secure hospital and staff attitude.

Action points have been highlighted in two cases:

- One area identified for improvement was that of accurate record keeping and documentation. This was communicated to the ward manager to ensure agreed process is followed.
- The second case highlighted a lack of communication and documentation for arranging an outpatient appointment and a review of process has been undertaken.

In addition to the complaints, five further issues were raised via PALS. Two issues were raised by relatives regarding care and treatment of their son/daughter and another was from a patient regarding medication. In these three cases, PALS requested the patients' respective care teams/consultants to make direct contact with the individuals.

3.7 LOCAL MECHANISMS FOR FEEDBACK

Arnold Lodge relies on a range of local feedback mechanisms, each created to capture feedback in different ways and on different topics. These include:

- Quarterly Catering Focus Group, Bi-monthly Shop Committee, Bi-monthly Library Committee

- Comments Cards
- Events Committee
- Weekly Community Meetings on all wards
- Visitor Postcards
- Family, Friends and Carers' Open Day Questionnaire, Quarterly Carers' Support Group and Family, Friends and Carers' Newsletter
- Peer Review

PATIENTS' FORUM

Arnold Lodge has a well-attended monthly Patients' Forum. Up to two patient representatives from each ward can volunteer to attend with the support of their Clinical Team and convey the issues raised by the peer group on their ward. These are issues that would be considered 'unit-wide' so are not specific to their ward which should be discussed in Ward Community Meetings for local resolution. The meeting is chaired by a patient. A member of the Advocacy service also attends and helps to facilitate discussions and support patients to raise their concerns.

There have been a long and diverse list of issues raised by patients at the Patients Forum in the period April 2016 to March 2017, including:

- The provision of chilled water dispensers on the ward – these were supplied with protective covers in December 2016
- Televisions for hire – now available
- More field access - field and community leave prioritised, sessions re-arranged if cancelled
- Extension to courtyard access in the evening – unfortunately this is not possible due to staff handover and reduced staffing after 8:30pm.
- Extension to visiting (including events for children) – explanations given as to why this is not possible/appropriate
- Waiting times for primary healthcare appointments – reorganisation in December 2016 to how primary health appointments are made and patients prioritised
- Raising money for good causes while on the ward – patients referred to the existing policy on charity fundraising events

ADVOCACY SERVICE

The Advocacy Service is active in listening to patients' concerns and passing these on to the Ward Managers, Service Managers and the Directorate Management Team.

The following table is a summary of the main issues raised by the Advocacy service

ITEM	RESOLUTION/ACTION
Cancellation or reduction of leave due to low staffing levels	Leave cancellation is audited Wards have a policy to re-arrange leave as quickly as possible
Non delivery of structured day activities due to low staffing levels	New structured day workers have been recruited
Restrictions around technology items and use, and slow process and feedback when considering new items	Individual items are discussed in the technology group. A list of permitted items is published to patients regularly.
Requests to attend the Technology group meeting	Patients will not be able to attend the Technology Group due to security issues: a separate Technology Focus Group will be set up for patients to feed ideas and questions into the Technology Group
Blanket restrictions-specifically on the use of caffeinated beverages and clothing	Restrictive Practice Group has been set up to discuss these types of issues and reports regularly
Phone access restrictions	The Security Liaison Manager is investigating the provision of secure sound proofing for phone calls. The Personality

	Disorder Service has increased the length of time patients can make individual phone calls.
Lack of variety of menus	Menus are discussed in the Catering Focus Group and are varied periodically. There are restrictions due to nutrition and cost requirements
Risk Stage care plan issues (PD services only)	Risk Stage issues are dealt with on a case by case basis in discussion with individual Clinical Teams

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>Access to Primary Healthcare Services</p> <p><i>(Source: Patients Forum and Individual Complaints)</i></p>	<p>Primary Healthcare Services were perceived to be hard to access and waiting times were long</p>	<p>The Primary Healthcare Service at Arnold Lodge was re-structured. The service is now more responsive. Patients are given appointments for assessment where the Primary Healthcare Team will triage their needs and refer them to the GP clinic or other clinics as necessary, Patients are given clear guidance about how long they will wait at each stage of the process.</p>
<p>Staffing Issues</p> <p><i>(Source: Patients Forum, SUCE Survey, Advocacy Service)</i></p>	<p>Some aspects of the service at Arnold Lodge (structured day, field access and community leave) have been disrupted due to staffing difficulties</p>	<p>More Healthcare Support workers and qualified nurses have been recruited. More qualified nurses are being recruited on a rolling recruitment programme. Structured day staff have been recruited.</p>
<p>Communication with Patients</p> <p><i>(Source: SUCE survey)</i></p>	<p>Some patients have a perception that staff are not communicating with patients adequately and that the information given to them is inadequate</p>	<p>A new information pack has been developed for patients, This will be further developed and tested for readability and relevance for patients</p>
<p>Communication with Carers</p> <p><i>(Source: Open Day Questionnaire and Carers Support Group)</i></p>	<p>Some carers have a perception that it is difficult to find information about patients conditions, care plans and treatments from clinical teams</p>	<p>Arnold Lodge will be developing a system of Carers' Champions for the wards. These will be staff who can advocate for the needs of patients and communicate more effectively with carers, family and friends The Involvement team at Arnold Lodge will be working with carers in the carers support group to help them to use existing means of communication more effectively.</p>

5. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey that illustrate about the **main compliments** shared about Arnold Lodge Medium Secure Unit:

5.1 A SAMPLE OF COMPLIMENTS FROM THE SERVICE USER FEEDBACK SURVEY:

- *Every things done when it is supposed to be done. Very understanding and caring with any issues. Good communication between staff. They understand any problems. The treatment suits my mental state. Very good at decision making. (Thornton Ward)*
- *Staff are always there to talk to and give good advice. The staff let me know about changes in my care. I'm treated fairly and same as other patients. I have requested not to go back to local area, and this is being sorted. I have changed lots at Arnold Lodge through my treatment and education. (Thornton Ward)*
- *Introduced a risk stage system that only works when it's not used by some as petty punishments. I find the staff more alert and responsive of meeting my needs. Equality, respect, works both ways and it ticks all boxes. Sometimes decisions need to be made in and emergency - However explanations are usually forthcoming afterwards. (Ridgeway Ward)*
- *You gave me a chance to prove I could respond to treatment when everyone else gave up on me. (Ridgeway Ward)*

5.2 A SAMPLE OF COMMENTS FROM THE VARIETY OF FEEDBACK MECHANISMS WITHIN ARNOLD LODGE MEDIUM SECURE UNIT

- *Excellent welcome, knew we were coming, very efficient and safe environment, organised side room for us- nice touch (visitor comment July 2016)*
- *Pleasant reception staff-very helpful and efficient- good communication between the necessary areas. Sorted us out a brew- thanks! (comment from staff transporting a patient from another hospital, August 2016)*
- *Nursing staff could briefly introduce themselves when meeting a visitor for the first time (suggestion from befriender, March 2017)*

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

Mental Health Services for Older People (featured in Board of Directors paper, January 2016)

Below we update on any developments in relation to the main issues presented in the January report:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE – APRIL 2017
<p>Availability of Services</p> <p>(Source: Trustwide SUCE survey)</p>	<p>A large number of comments received in feedback identify that individuals would like to be in receipt of services for a longer period of time. This is particularly so in Day Services and Intensive Recovery Intervention Services (IRIS).</p>	<ul style="list-style-type: none"> Teams inform individuals that the service is time limited from the outset. They also provide information on other Community Services and support locally. <p>IRIS Teams refer and provide an appropriate handover to social care for ongoing support where this has been assessed as a need.</p>	<p>IRIS and MHIR (Mental Health Intensive Recovery) continue to be 12 week services and patients and carers continue to be informed of this at commencement of input. The service will occasionally retain patients longer than agreed until social services care packages can be put in place. Patients can always self-refer back into service if needed.</p>
<p>Information and support at the point of a diagnosis of Dementia</p> <p>(Source: Healthwatch Nottingham and Nottinghamshire Report)</p>	<p>The conclusion of the report recommended:</p> <ul style="list-style-type: none"> Improving waiting times from the point of referral to diagnosis with a particular focus on reducing the inequality between City and County residents. Those diagnosed with dementia and/or their carers at MAS to be given both written and verbal information. Ensure all individuals attending services that deliver dementia diagnoses are contacted by telephone following their visit. <p>Increase the number of support group and the capacity of support groups either statutory or voluntary.</p>	<ul style="list-style-type: none"> MAS review report has been completed focusing on capacity to meet the demand. This has been presented to commissioners. As well as providing information verbally, all the MAS clinics provide written information. As of November, they also now offer Recap (digital health information). All clinicians are registered and are providing information on the service either via post with the initial appointment letter or at time of care planning in the assessment appointment. The site has two MAS bundles one for time of assessment and one for time of diagnosis. At the inception of MAS, a service was commissioned from the Alzheimer's Society for a worker to sit in every clinic and offer support following diagnosis. This includes offering to contact individuals at a later date. The MAS team are also able to refer individuals as appropriate to Day Services for <i>Cognitive Stimulation Therapy Treatment</i>, or for the <i>Living Well with Dementia</i> course. 	<p>The Memory Assessment Services continue to implement Recap and refer to the Alzheimer's Society as appropriate or wanted by patients and carers.</p>

<p>Communication with carers</p> <p>(Source: Complaints)</p>	<p>Where issues have been identified via a complaint, action plans have been raised and completed to improve the quality of care within services.</p>	<ul style="list-style-type: none"> • The Trust is now undertaking the Triangle of Care. All Inpatient wards in MHSOP have a Carers Strategy Implementation Plan in place and this ensures that Carers needs are considered and appropriate information provided. • Similarly, all Community Teams are currently now completing the Carers Implementation Plans. <p>Teams and wards are aware of information resources that can be provided to carers.</p>	<p>The directorate has commenced a 9 month pilot with AgeUK on both wards at Highbury – Worry Catcher - which will work with patients and carers in a confidential way to look at how people are coping with their hospital stay and report complaints or concerns, however low level, to staff so that they can be dealt with as quickly as possible.</p>
<p>Waiting times</p> <p>(Source: Trustwide SUCE survey, Healthwatch report)</p>	<p>The Healthwatch Report identifies waiting times for dementia diagnosis.</p> <p>Comments within the SUCE report also identify waiting times within dementia diagnosis services.</p>	<ul style="list-style-type: none"> • As identified above, a MAS review report has been completed focusing on capacity to meet the demand. This has been presented to commissioners. • The Working Age Dementia (WAD) Service has recently transformed its service due to previously long waiting lists. A Diagnostic WAD Service is in place, and a Post-Diagnostic Service is now running. This has reduced waiting times from 32 weeks to 6 weeks. • A Service Transformation Project is also taking place within Mental Health Services for Older People (MHSOP). This is to look at the Community Model of Care to improve quality of care and increase capacity for patient care. A number of engagement events have been undertaken with staff, service users and carers to inform the model. 	<p>This particularly relates to Memory Assessment Services. The directorate has since reviewed SUCE returns (36 responses) from 01 January 2017 to 05 April 2017. The Friends and Family Test Score for this period of time it was 97%. The highest scores for ‘change one thing’ were: availability of services, location and follow up. The best things about the services were: Communication, helpful/friendly/caring and general care and treatment. There were 12 comments which stated that nothing could be improved. The MAS report outlining changes to services and increasing demand has been presented to and discussed with commissioners and we await feedback on how they intend to proceed in managing the continually increasing demand for memory clinics.</p>

7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter, January – March 2017, and the previous rolling quarter (October – December 2016) in brackets for comparison.

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	94% (95%)	80% (78%)	93% (92%)	96% (96%)
FRIENDS AND FAMILY TEST (FFT)	95% (96%)	73% (68%)	93% (91%)	98% (98%)
SUCE SURVEY RETURNS	6062 (6185)	524 (154)	1344 (1869)	4193 (4155)
PATIENT OPINION STORIES	340 (247)	41 (22)	20 (37)	279 (188)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	91% (92%)	78% (77%)	88% (88%)	94% (94%)

7.2 PATIENT OPINION HEADLINES

Data collected from Patient Opinion website (www.patientopinion.org.uk):

MARCH 2017	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL
Number of postings	83	10	12	61
Number of postings without a response	0	0	0	0
Number of postings rated as moderately critical or above	3	0	3	0
Number of postings with changes made	3	0	1	2

In the last month, three stories were rated as moderately critical or above:

- **"Outstanding professionalism and cohesion at Highbury" -** www.patientopinion.org.uk/opinions/357741
"I just have one request that with regards the administering may partner's antidepressant during his stay at Millbrook which was administered incorrectly, that this could be followed up by yourselves to ensure it doesn't happen again, via your team as neither my partner nor I wish to complain."
A response was offered by the service manager, but no further contact was made by the partner.
- **"My experiences as a carer of a daughter with anorexia" -** www.patientopinion.org.uk/opinions/354910
"Surely it would make sense to train some of the staff in specialist Eating Disorder skills. ED kill more people each year than any other mental health diagnosis so why then is it considered to be the poor relation within this Trust and nationwide."
A response was offered by the service manager, who later received a thank you from the relative. The patient is currently receiving treatment out of area with a specialist team.
- **"It feels like there is no compassion" -** www.patientopinion.org.uk/opinions/353570
"My relative is on Orchid ward, from the very first time we walked through the door with them, it has been an absolute nightmare, their health is going down rapidly. We have been waiting for a month for them to be moved to nottingham, where we at least can visit them daily, so they can see a friendly face."
Change made: Recently, changes have been made to the system of ensuring patients are moved to their locality as soon as practically possible via the bed management team on a needs led basis.

Three service changes were made in the last month, brief summaries of the associated stories and the changes made are provided below, with links to the full story and response on the Patient Opinion website:

- *"I can't self-refer. Can you hear me?"* (Let's Talk Wellbeing, IAPT Leicestershire and Rutland)
Change made: Feedback prompted the service to change their answerphone message to include the address of the self-referral portal, and email address. Service user commented *I've now self-referred and feel better just by doing that. Especially when I saw my answers to the questions and realised I was right to be asking for help'.* - www.patientopinion.org.uk/opinions/353805
- *"I would have liked to have had a more informal set up"* (Beeston Central Children's Centre)
Comments stating staff should have had a better attitude. Mum was shown to a hot room with no windows to feed her baby
Change Made: Reviewed the way staff present themselves during appointments. Made the environment feel friendlier by removing the desk that acted as a barrier (when possible). Breast Feeding Champion to visit the centre to make environment changes with access to a comfortable area for feeding - www.patientopinion.org.uk/opinions/353899

7.3 TRUSTWIDE AND DIVISIONAL MAIN ISSUES

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

	Current rolling year (April 2016 – March 2017)	Emerging issues (January – March 2017)
TRUSTWIDE (based on 9234 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services)	12%	No emerging issues
General (Category: Communication)	6%	
Waiting time (Category: Access to Services)	6%	
FORENSIC SERVICES (based on 804 responses to the 'What could we do better' question)		
Staffing levels (Category: Staff/Staff Attitude)	10%	Approach to Care (Category: Care/Treatment) 11% in current quarter, 7% in year
Waiting time (Category: Access to Services)	8%	
Quality of Care/Service (Category: Service Quality/Outcomes)	8%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1966 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services)	13%	No emerging issues
Approach to Care (Category: Care/Treatment)	9%	
Waiting time (Category: Access to Services)	7%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 6459 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services)	14%	No emerging issues
General (Category: Communication)	10%	
Appointments (Category: Care/Treatment)	7%	

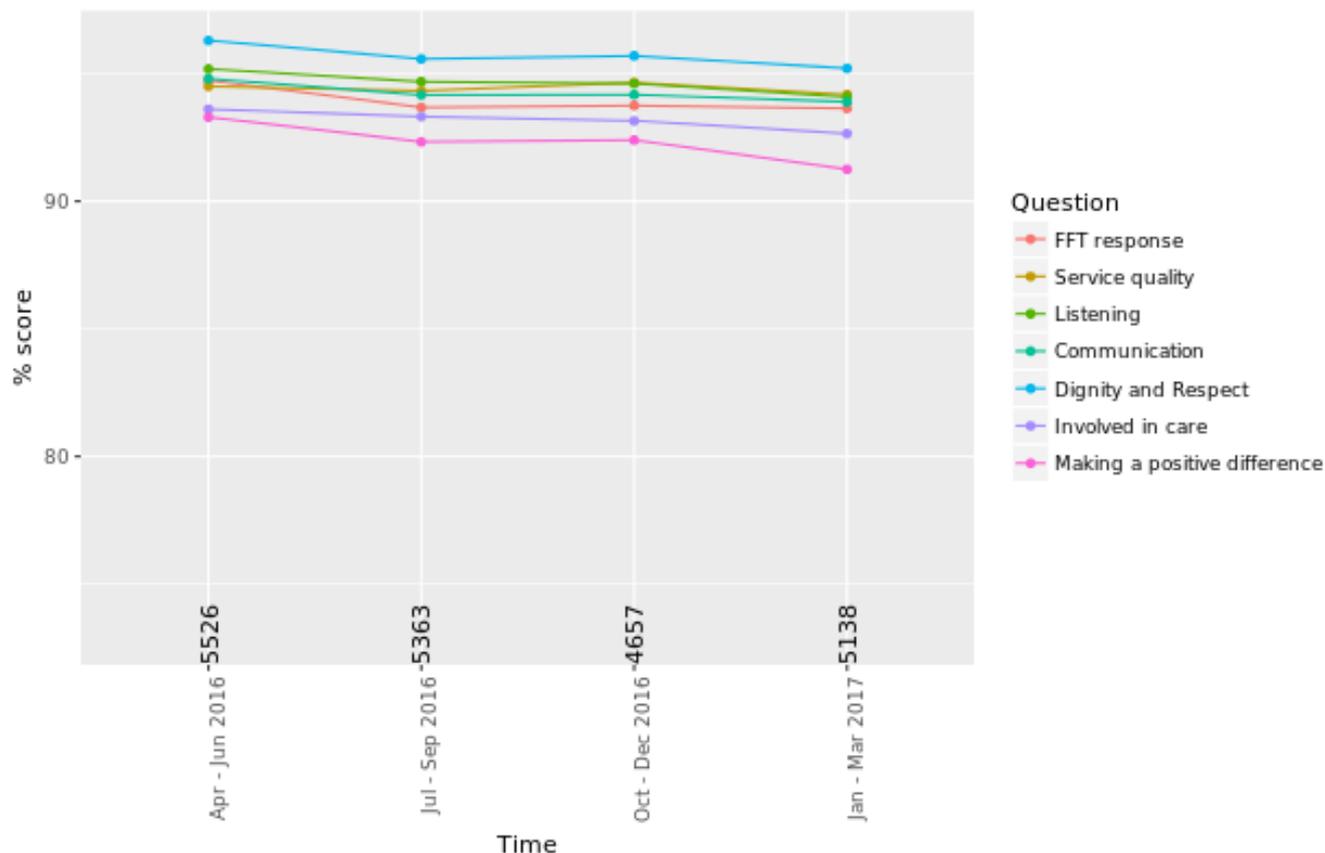
7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

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

	Current rolling year (April 2016 – March 2017)	Emerging issues (January – March 2017)
TRUSTWIDE (based on 15126 responses to 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	17%	No emerging issues
General (Category: Service Quality/Outcomes)	14%	
General (Category: Care/Treatment)	9%	
FORENSIC SERVICES (based on 887 responses to 'What did we do well' question)		
Being listened to (Category: Communication)	17%	No emerging issues
Quality of Care/Service (Category: Service Quality/Outcomes)	16%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	9%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 3218 responses to 'What did we do well' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	21%	No emerging issues
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	13%	
Being listened to (Category: Communication)	5%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 11015 responses to 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	20%	No emerging issues
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	19%	
General (Category: Care/Treatment)	12%	

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

The below graph shows the Trustwide 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:

- Forensic Services - <http://bit.ly/2opr4sU>
- Local Partnerships - Mental Health - <http://bit.ly/2pPf3h8>
- Local Partnerships - General Health - <http://bit.ly/2oklcSf>

8. RECOMMENDATION

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

Amy Gaskin-Williams
Involvement and Experience Manager

Paul Sanguinazzi
Head of Involvement and Experience

April 2017