

**BOARD OF DIRECTORS
31st AUGUST 2017**

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

**FORENSIC SERVICES – LOW SECURE AND COMMUNITY FORENSIC
SERVICES**

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 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.

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 an annual 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 May to July is **95%**. Our Friends and Family Test Score is **97%** (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 – Low Secure and Community Forensic Services**, with headline information provided for the Trust as a whole, and for each division. The report also updates on Adult Mental Health Services (featuring in May's report).

The report highlights all prominent and/or recurring feedback in the last year from the full range of feedback mechanisms used by Low Secure and Community Forensic Services, 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:

- Waiting times for the Nottingham Personality Disorder Network
- Staffing levels impacting on activities and the cancellation of planned sessions

It also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring **Adult Mental Health Services, in May 2017**.

These were:

- Information to/communication with service users and carers
- Availability of Services
- Involvement of carers and families

3. SERVICE IN FOCUS: FORENSIC SERVICES – LOW SECURE AND COMMUNITY FORENSIC SERVICES

Low Secure Services – The Wells Road Centre And Prospect House

The Wells Road Centre (WRC) is a low secure unit which delivers treatment and care for eighty four patients who demonstrate challenging or harmful behaviour in the context of a serious mental disorder. They require the provision of appropriate security underpinned by the principles of rehabilitation and risk management. These services are delivered on five wards and there is also a step down unit (Prospect House).

Community Forensic Services (CFS) are composed of three distinct services:

- **The Community Forensic Mental Health Service** provides care, treatment and management to mentally disordered individuals in the community, who present a significant risk of harm to others.
- **The Personality Disorder and Development Network** is an intensive assessment and group based therapy service for people with suspected or diagnosed Antisocial Personality Disorder (ASPD) or Borderline Personality Disorder (BPD) to access for extended periods of time.
- **The Criminal Justice Liaison and Diversion service** deliver and co-ordinate a responsive liaison and diversion service, working in partnership with police, Youth Offending Teams, probation, courts, education, social care, housing, mental health (adults and children) and Learning Disability services, being based in Police custody suites and Courts.

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICES REPORT WITH A FOCUS ON FORENSIC SERVICES – LOW SECURE AND COMMUNITY FORENSIC SERVICES (OCTOBER 2016)

Two of the issues highlighted in the previous Patient Voices report which focussed on Low Secure and Community Forensic Services in October 2016 have continued to be raised as issues by patients, families and carers in the intervening time. These issues, waiting times for the Nottingham Personality Disorder Network and also staffing levels at The Wells Road Centre impacting on activities and staff availability, are represented in table 4.0 with associated actions as reported in October 2016 and with current updates. The other two issues identified in October 2016 are in the table below.

ISSUE	DETAIL	ACTION TAKEN/PROPOSED – OCTOBER 2016	UPDATE – AUGUST 2017
<p>Visiting times/flexibility with visiting arrangements</p> <p>(The Wells Road Centre)</p> <p>SOURCE: Carers sessions, Carers Forum, Quality Network Peer review, Visitors comments cards</p>	<p>Visits occasionally do not start on time sometimes the visit is extended to compensate and at other times this is not possible.</p>	<p>All unit co-ordinators who manage patient visits have been asked to remain as flexible as resources allow to ensure visitors get to see their loved one for the full time allocated for their visit.</p> <p>A recent audit has begun, to be conducted over a three month period, to show the extent of the problem and where the system and organisation can be improved.</p> <p>The Modern Matron will report the outcome of the audit to the Directorate Management Team for consideration, and improvements made accordingly.</p>	<p>The initial audit showed that there were some organisational issues either with ward staff escorting patients late, or visitors punctuality. The majority of difficulties in this respect related to new visitors not being aware of the time it takes for items brought in to be searched.</p> <p>As a result The Family and Friends information leaflet now makes carers aware of the search procedure and to be mindful of turning up slightly early if bringing items in.</p> <p>All unit co-ordinators who manage patient visits were asked to remain as flexible as resources allow to ensure visitors get to see their loved one for the full time allocated for their visit if any issues did occur. Unit Coordinators also tend to communicate better with Reception and collect visitors as they arrive (rather than waiting for slightly late visitors to turn up making those on time wait).</p> <p>We also have better communicated though The Family and Friends information leaflet that more bespoke (e.g longer/ earlier) visits can be arranged individually outside of visiting times with respective wards. July and August records show that some visitors continue to turn up late (some individuals regularly). However, there are no further concerns raised either with reception staff or through reception postcard feedback. This was also not a feature in National Quality Network or Carers forums.</p>

<p>Information technology (The Wells Road Centre) SOURCE: Community meetings, Patient's Forum</p>	<p>The availability of the internet is currently limited to the Occupational Therapy Department which limits patients access to useful information and useful tools, such as Skype.</p>	<p>The roll out of wireless internet access for patient use on all ward areas, library and coffee bar, has been agreed between the Directorate and Information Technology departments in the Trust.</p> <p>In September 2016, a survey of the site was completed and a cost to update the equipment was being put together. The Directorate Management Team have agreed to fund the work and cost of additional licenses (£1500) and have set the 28th October for the end date for the scheme.</p>	<p>The roll out of wireless internet capability for patient use on all ward areas, library and coffee bar, has been implemented however we are awaiting the setup of Skype enabled laptops to arrive from the IT department for the wards.</p> <p>These were agreed for May 2017 but have been delayed following the Cyber-attack. They are expected imminently.</p>
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3.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey:

*Low Secure and Community Forensic Services conduct the survey every six months, between January - March and July - September. The data below therefore represents their most recent surveying period, and the previous surveying period for comparison.

	January - March 2017	July – September 2016
Service Quality Score	75%	84%
Friends and Family Test (FFT)	70%	78%
SUCE survey returns	53	56
Patient Opinion postings	2	15
`Service made a positive difference' score	77%	84%

3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (August 2016 – July 2017)	Emerging issues (January - March 2017)
ISSUES (based on 79 responses to the 'What could we do better' question)		
Staffing levels (Category: Staff/Staff Attitude) Comments cover most wards at The Wells Road Centre, and refer to a desire for more staff particularly in relation to ensuring activities take place. <ul style="list-style-type: none"> 'Staff try their best- staffing numbers are sometimes low so things get cancelled.' (Thurland Ward) 	10%	No emerging issues
Quality of Care/Service (Category: Service Quality/Outcomes) Comments refer to wards in The Wells Road Centre and to the Nottingham Personality Disorder Network, and comment on earlier discharge, bullying and the length of time it takes for decisions to be made. <ul style="list-style-type: none"> 'Discharge sooner. Hold people for too long. I don't like the system.' (Thurland Ward) 	10%	
General (Category: Care/Treatment) Comments refer to wards in The Wells Road Centre and to the Nottingham Personality Disorder Network, and comment on earlier discharge, quicker response time and responsiveness to cultural needs. <ul style="list-style-type: none"> 'Learned useful things but still feel like I'm in the same situation.' (Notts PD and Development Network) 	9%	
Waiting time (Category: Access to Services) Comments refer predominantly to the Nottingham Personality Disorder Network and also wards in The Wells Road Centre. Most comments relate to waiting before the first appointment. <ul style="list-style-type: none"> 'Too much waiting time between services. Lack of funding has a direct impact on service users' (Notts PD and Development Network) 	8%	
Activities (Category: Care/Treatment) Comments refer predominantly to wards at The Wells Road Centre, and a general desire for more activities. <ul style="list-style-type: none"> 'More OT and activities on the ward & between the wards e.g. inter ward pool competition. More session in close succession would improve the service.' (Trent Ward) 	7%	
COMPLIMENTS (based on 84 responses to 'What did we do well' question)		
Being listened to (Category: Communication)	19%	No emerging compliments
Quality of Care/Service (Category: Service Quality/Outcomes)	11%	
General (Category: Care/Treatment)	9%	

3.4 CARE OPINION

In the last year, six stories have been published on Care Opinion commenting on Low Secure and Community Forensic Services:

	Low Secure and Community Forensic Services August 2016 – July 2017
Number of postings	6
Number of postings without a response	0
Number of postings responded to within two working days	5
Number of postings rated as moderately critical or above	1
Number of postings which lead to a change in service	2

One story in the last year was deemed moderately critical:

A relative posted to say that they considered the transfer of their loved one to another ward within The Wells Road Centre was *'atrocious'*, with a *'lack of preparation/handover notes'* with *'The approach of staff [seeming to be] somewhat autocratic with no attempt to understand the patient, their complex needs and how to build up trust.'* The relative stated that *'This is a hospital but time and time again I start to question if it really is a place to get better.'*

www.careopinion.org.uk/opinions/314317

The Deputy Modern Matron, Gregg Murray, responded to apologise, and to encourage the relative to contact him to discuss the situation. The relative did make contact, and despite some of the complexity of this patient's case, the issues have been resolved satisfactorily for the patient and relative.

Two stories in the last year led to a service change:

- Team Leader for the Nottingham Personality Disorder Network responded to the relative of a service user waiting to begin treatment for over 9 months, with no named contact to speak to – *"He is seriously mentally ill and makes attempts on his life. We live in a house with children and our lives are full of uncertainty and turmoil because of his condition. We are desperate for professional help but 9 months after referral he still has not started treatment. When we ring the Personality Disorder Network we get through to a receptionist who can offer no help. Our calls are never returned or taken seriously."*

The Team Leader explained that the service had initiated a 'Contact Person' system which identified a contact point for any enquiries or requests from service users or their carers/families.

www.careopinion.org.uk/opinions/313079

- A staff member posted on behalf of patients who had raised an issue with them about noise at night, specifically from consoles and the TV. The Ward Manager of Lister Ward responded to say that the patients' community meeting had agreed that all TV's and consoles would be turned down at 21:00, and that patients had made signs to remind their peers to be considerate.

www.careopinion.org.uk/opinions/343277

3.5 SUMMARY OF FEEDBACK CRITICALITY VIA SERVICE USER AND CARER EXPERIENCE (SUCE) SURVEY (August 2016 – July 2017)

In the last year, Low Secure and Community Forensic Services received 118 completed surveys, with many providing free text comments. These 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
2	19	35	25	53	5

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, below is a summary of feedback received via the survey which is deemed highly critical.

Both comments deemed highly critical relate to Trent Ward, and both relate to communication, staff attitudes (a lack of respect/alleged bullying).

Of the five highly complimentary comments, two relate to Nottingham Personality Disorder Network, two relate to the Criminal Justice Liaison Team (City) and one relates to Prospect House. All comments refer to kind, caring and empathetic staff, who acted with compassion and made the service user feel listened to.

3.6 COMPLAINTS

Between August 2016 and July 2017, Low Secure and Community Forensic Services has been the subject of **21** complaints. Of these complaints, five cases were upheld, one case was upheld in part, 11 cases were not upheld and four cases were resolved with the complainants.

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 that a clinical report about them had been left on a window sill following a therapy session. A patient complained about their discharge arrangements and another about their experiences of engaging within a therapy group. A patient complained about their referral to the Personality Disorder (PD) Network and another about access to the PD Network. Other issues related to care and treatment, physical healthcare and accuracy of reports. Patients also complained about staff in that they were unhappy with a member of staff's attitude towards them and felt threatened by them.

The following are examples of actions highlighted following complaints:

- Following a complaint about confusion with discharge planning and referral responsibilities, the service now provides information to private providers about funding structures and the funding process when seeking locked rehabilitation placements. Information is also shared about the through care pathway to clarify what it offers to patients and providers.
- A patient's referral letter was sent to an old address – all letters are now auto-generated by RiO so similar situations will not arise.
- Following a complaint about the management of a referral, an information leaflet has now been created regarding waiting times.

3.7 LOCAL MECHANISMS FOR FEEDBACK

NATIONAL QUALITY NETWORK PEER REVIEW LOW SECURE SERVICES PEER REVIEW, MAY 2017

The feedback from the assessing team was extremely positive, with them complimenting the patient focused, involved services offered. The Wells Road Centre was ranked as the third best provider of Low Secure Services nationally in last year's review, with a score of 97%. In July 2017, the Directorate received confirmation that we had achieved a score of 96%, fully meeting 170 of the 179 standards.

An action plan is in development which focuses efforts on further improving our services in the nine partly met areas, plus some suggestions from patients raised during the process.

While no areas were considered to be failing, there were areas that were partially unmet, detailed below:

- 43 responders of 53 (81%) in the patient survey stated that they felt staff treated them with respect. However, they did not always feel that they were treated with compassion and respect by bank staff.

PATIENT INVOLVEMENT STRATEGY MEETING (WRC)

On the 9th June, a meeting was arranged to look at our current involvement strategy and to plan for the future. Patients from across the hospital were invited, with five patients attending.

INVOLVEMENT IN THE OCCUPATIONAL THERAPY (OT) PROGRAMME (WRC)

The OT programme was evaluated in June (at the half way point in the 6 month programme cycle) and a revised programme commenced in response to outcomes and patient feedback.

WELLBEING TEAM (WRC)

The Wellbeing team uses patient feedback to ensure that there is a full programme of meaningful activity available to all patients.

RECOVERY COLLEGE PATIENT ACTION GROUP (WRC)

Seven patients attended the Action Group in March to evaluate and plan future courses with support from the main campus.

PATIENT FORUM (WRC)

Issues raised and actions taken via the Patient Forum over the last year include:

- The extended work place scheme in the coffee bar has now commenced and is doing well. Patients are able to continue with their placement if they demonstrate that they are competent in their work.
- Patients have requested to keep their bank cards in their possession and not be stored in the ward safe. In principle, patients could be individually assessed to allow them their bank card when they are on escorted leave.
- Patients requested to keep their computers. Currently the agreement is that patients are allowed to have their computers in their rooms from 20:00-22:00; however patients would like to have them in their room permanently. Potentially computers will be allowed at all times, but this will be agreed on an individual basis. The internet can be accessed in the ward area, supervised by a member of staff.

QUARTERLY CARERS' FORUM (WRC)

Over the past year, the key topics below have been discussed including preparing patients to return to work and the initial results of the peer review and support offered by the social work department at The Wells Road Centre.

FORENSIC INPATIENT SURVEY (WRC)

The results for the Forensic inpatient survey were received in April. Forty-three of 87 questionnaires (response rate of 49%) were received for Low Secure Forensic Services. As in previous surveys, overall the responses given by patients suggest that they have a generally positive view of the care provided within The Wells Road Centre and Prospect House. There are a minority of cases where patients feel aspects of their experience have been a negative one. Themes within the responses highlight dissatisfaction with a shortage of staff and the subsequent knock on effects on the ward, activities and the ability to respond to patients' requests.

VOLUNTEER SUPPORT AT WESTMINSTER HOUSE (CFS)

Volunteers now be attend Westminster House bi-monthly to stimulate discussion and feedback on service provision with patients attending the service base. Volunteers first attended on the 10th August, using the SUCE forms to capture feedback and capturing feedback through informal discussions.

POSTCARD SURVEYS

Postcards are available in the reception areas of both community bases. Positive feedback, as noted below, has been received specifically in regard to the therapy sessions facilitated by the team. Some negative comments have been received, relating to the doors at Westminster House feeling intimidating and unwelcoming.

- *‘Therapy has helped keep me normal & grounded. I feel calmer and can deal with my emotions safely. I have the knowledge to do it & it feels like enlightenment... This taught me everything good I know about myself. Thank you’.*
- *‘The therapy and service is very beneficial to people with mental health problems... it’s helped me become a better person and achieve things in my life I didn’t expect was possible’*

SERVICE QUESTIONNAIRES (PD NETWORK)

All service users are asked to complete a questionnaire at the completion of their assessment, the comments and experiences shared help the staff to develop their practices and services. Those having completed their therapy are also offered opportunity to give their feedback verbally or in writing.

FAMILY, FRIENDS AND CARERS MEETINGS (PD NETWORK)

The service initiated these meetings last year, initially aimed at the families of service users attending the young adult group, using an educational element.

FEEDBACK FORMS AND VERBAL FEEDBACK (CRIMINAL JUSTICE LIAISON AND DIVERSION SERVICE)

Often people are seen only once by this team and in stressful settings, such as the police station or court, feedback questionnaires are left with them to complete and return if they are willing.

CRIMINAL JUSTICE LIAISON AND DIVERSION SERVICE STEERING GROUP

A dedicated service user attends the steering group.

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>WAITING TIMES</p> <p>(Nottingham Personality Disorder Network)</p> <p>SOURCE: SUCE</p> <p>Verbal feedback (collated and reported at clinical meetings)</p>	<p>Initially, feedback indicated an issue with long delays while waiting for assessment.</p> <p>More recently, feedback has indicated an issue with delays between assessment and commencing therapy sessions.</p>	<p>October 2016:</p> <p>The service received a high volume of referrals, leading to a backlog which was managed through the addition of further Referral and Allocation Management meetings (RAMM). All referrals are now discussed within a week of being referred.</p> <p>A variety of other actions were also taken, including:</p> <ul style="list-style-type: none"> • changing the assessment process from group to individual slots • telephoning service users to confirm appointments prior to assessment, reducing the number of Did Not Attend (DNAs) - allowing staff to fill assessment slots at short notice. <p>The average wait for an assessment is now between eight to ten weeks from being discussed at RAMM.</p> <p>The service has utilised finite resources to concentrate on ensuring the initial access to the service is reduced. Unfortunately, this has reduced the resource available to facilitate therapy groups, meaning the waiting time from assessment to therapy has increased.</p> <p>A formulation for each service user is developed during the assessment phase and this formulation creates a care plan for each individual whilst they are waiting for therapy groups, this has been reported as very useful by service users. Any service users waiting longer than three months for therapy are contacted by their named worker which service users report as valuable. Whilst this has not reduced the wait from assessment to therapy, it does ensure that the service users are engaged in a process.</p> <p>We have recently introduced a rolling therapy group, which means that a new Mentalisation Based Therapy Introduction (MBTI) group starts at three monthly intervals; this will reduce the wait for this therapy programme, but not for the MBT therapy programme. Service users can also now access a</p>

		<p>therapy group in any geographical area they are available to try to ensure the maximum number of service users are in therapy.</p> <p>Development of a Personality Disorder pathway with those referring into the PDDN (The Personality Disorder and Development Network) is underway. This would mean referrals were more appropriate, leading to reduced numbers of referrals, allowing resources to be employed in the therapy groups.</p> <p>An external review of the PDDN has been commissioned, with all these issues being shared.</p> <p>UPDATE August 2017:</p> <p>Waiting times remain high, due to resource and demand, multiple local concerns and formal complaints are received in relation to this. The external review is now complete and has been widely shared within the Trust and with Commissioners.</p> <p>The external review steering group started to meet in May 2017 to address the recommendations, with waiting times a feature of the agenda. The steering group are aligned with the Transformation plans with the overall aim of developing a robust personality disorder strategy within the whole of secondary care. Consideration is being given to one referral route into secondary care services (this will reduce the referrals straight into the PDDN by 30%, though have implications elsewhere) The strategy would include detailed assessment of need at the beginning of a service user's acceptance into services and clear pathways of treatment, care and therapy for their needs, with all services delivering relevant care packages. PDDN involvement in this process will offer the services consultation and support and also determine at an early stage those who will receive therapy from the PDDN, without the service user having to be referred or reassessed. With this strategy in place, it is hoped the waiting times for the PDDN will reduce, though this will not be realised in the shorter term.</p>
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<p>STAFFING LEVELS, SPECIFICALLY THE IMPACT ON ACTIVITIES AND STAFF AVAILABILITY</p> <p>(The Wells Road Centre)</p> <p>SOURCE: Community meetings, Patients Forum, Trust feedback survey</p>	<p>Though periods of heightened clinical challenge staff managing crisis situations are less available to engage in activities.</p>	<p>October 2016: Resources are continuously reviewed by senior nursing colleagues. The cancellation of activities and leave is monitored to show where organisational adjustments need to be made. Where planned leave has to be cancelled, this is always rearranged.</p> <p>UPDATE August 2017: This continues to be a feature of patient feedback. Efforts to ensure ward staffing compliments are correct (such as recent increase in compliment for Seacole ward, Trust recruitment drive and Keith Hurst assessment tool process) will help to ensure we recruit to the correct levels for the challenge posed by our patient group. Staff Nurse vacancies have been a challenge through much of the year however a number of staff nurses which were recruited earlier in the year are expected to qualify and arrive through September – October which will improve access to leave.</p>
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5. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey that illustrate about the **main compliments** shared about Low Secure and Community Forensic Services:

5.1 A SAMPLE OF COMPLIMENTS FROM THE SERVICE USER AND CARER EXPERIENCE (SUCE) SURVEY:

- *Made to feel comfortable. Non-Judgemental. Asked a lot of questions. Focused on what was important to me/how I felt. Supported me in the areas I want to improve in. (Notts PD and Development Network)*
- *Very understanding and listens carefully. I feel that I am now being listened to and have come out feeling more positive. Even when I struggled to talk I was told to take my time. (Notts PD and Development Network)*
- *You know when someone is not just hearing what you say but actually listening to what you say. I was not talk at but to. Non-judgmental & empathetic. I was involved in the decision making or at least felt like it. Sometimes just being able to talk to someone can make you feel better. (Criminal Justice Liaison - City)*
- *Clinical team is supportive and caring and help with all your needs. You get treated like adults not kids and get constructive criticism which is all fair. Feel staff listen to all you concerns and help you with it. Feel staff communicate well, keep us up to day with things, letting us know things. Staff treat all patients equally, with dignity and respect. Staff talk you through your treatment plans. Listening to me about my medication. (Prospect House)*
- *Care, the staff are good, the team are approachable, you can talk to anyone, when you want to do something you get respect. Good team to deal with. (Porchester Ward)*
- *Everything. Being cared for proper. I get listened to. I always get (respect) when I have talk times. Telling me about new decisions. I get the care I need. (Lister Ward)*
- *Help people with support. They oversee your day. Make sure we get visits. Cause staff help me out with support. To give you good respect. I got the information about my care. Because they help you control your anger and they are good at that. Staff helped me with my issues and managing my emotions. (Lister Ward)*

5.2 A SAMPLE OF COMPLIMENTS RECEIVED VIA THANK YOU CARDS

- *'Thank you for all the treatments and 1:1s' (PD Network)*
- *'Knowing the group was there has been a security blanket' (PD Network)*
- *'Thank you very much for the difference it has made in my life. Hopefully (in the nicest possible way), we will never have to meet again' (PD Network)*

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 May report, featuring Adult Mental Health Services:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE – AUGUST 2017
<p>Information to/communication with service users and carers (Source: Complaints, Trustwide SUCE survey, carers groups)</p>	<p>Top theme from complaints across the year, with 30 complaints featuring this issue.</p>	<p>To review all information provided by each team in Adult Mental Health services. To work collaboratively and co-produce updated information for Local Mental Health Teams (LMHTs), inpatient acute, inpatient rehabilitation and Crisis Resolution and Home Treatment (CRHT). To review all electronic information, available via Connect and via partner organisations.</p>	<p>This work is ongoing, CRHT leaflet has been updated, LMHT information leaflet has been produced and a new acute inpatient admission booklet is in draft form awaiting approval. This covers ward environments, what a patient and their family should expect when a loved one is admitted to hospital, 1-1 sessions, recovery planning, rational and detail regarding least restrictive practice and blanket restrictions. On line information is also under review, CRHT is updated and LMHT will be added this month General manager, operational manager and service manager met with the Carers' Council to discuss CRHT and AMH service changes in July 2017.</p>
<p>Availability of Services (Source: Trustwide SUCE survey, Complaints, Care Opinion, focus groups)</p>	<p><i>'Provide support that is not limited to six sessions as it's very difficult to get to know and trust someone in a very short period of time.'</i> (CATS Team)</p> <p><i>'Follow up management weren't put in place after my husband was sent home on leave. By that I mean that the ward was supposed to ring us each evening and the CRHT</i></p>	<p>The Urgent Medical Mental Health Line (UMMHL) – went live on the 8th May and should improve urgent access to Adult Mental Health services. If successful this will become embedded in standard practice of LMHTs. CRHT are reviewing their service specification in line with the core fidelity to identify challenges of variation, and will work with commissioners to address these challenges. In Psychological Therapies, waiting time has been a challenge due to the increase of referrals. An urgent review of psychological pathways including IAPT is being led the transformation team.</p>	<p>UMMHL continues to operate, and has received positive feedback from patients so far.</p> <p>CATS (Community Assessment Team) team do not limit support to six sessions, there is an evaluation point at 6-8 weeks to check how the service user is coping and whether the CATS team remain the most appropriate service for support and whether the intervention is proving helpful. At this stage, they may be signposted or</p>

	<p><i>was supposed to arrange to visit daily. Neither of these things happened.'</i> (B2)</p>		<p>continue to receive support.</p> <p>The new CHRT specification has been completed and is awaiting sign off with the commissioners.</p>
<p>Involvement of carers and families</p> <p><i>(Source: Care Opinion, Trustwide SUCE survey, carer forums, coroners court)</i></p>	<p><i>'Every time I have tried to provide insight into my family's home life I get interrupted even though I'm the carer. (Rowan 2)</i></p>	<p>To continue working on key actions from the Triangle of Care self-assessments.</p> <p>To continue to progress education for the workforce in relation to carers' involvement in care and to review improvements made via all aspects of feedback.</p> <p>To pilot and roll out the questionnaire for carers regarding their relatives admission to hospital.</p>	<p>AMH matron has provided focus sessions with carer leads and ward managers to support involvement of patients and their families/carers.</p> <p>AMH matron addresses themes of feedback from a variety of courses and agendas at relevant meetings and with team leaders.</p> <p>Carer meetings are in situ in all inpatient areas, led by ward managers and carer leads</p> <p>Focused work is being completed around ideal ward rounds and ensuring patients and carers are involved in their care planning.</p> <p>All community mental health teams have completed their Triangle of Care self-assessment and all ward teams have updated theirs from last year as part of phase 2 of the Trust's implementation on the Triangle of Care.</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, May - July 2017, and the previous rolling quarter (February - April 2017) in brackets for comparison:

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	95% (94%)	82% (80%)	95% (93%)	96% (96%)
FRIENDS AND FAMILY TEST (FFT)	97% (95%)	76% (74)	95% (93%)	98% (98%)
SUCE SURVEY RETURNS	4918 (6114)	110 (507)	1586 (1509)	3222 (4098)
PATIENT OPINION STORIES	225 (453)	76 (35)	49 (11)	100 (407)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	93% (92%)	79% (78%)	90% (89%)	94% (94%)

7.2 CARE OPINION HEADLINES

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

JULY 2017	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS – MENTAL HEALTH	LOCAL PARTNERSHIPS – GENERAL
Number of postings	115	52	18	45
Number of postings without a response	0	0	0	0
Number of postings rated as moderately critical or above	4	4	0	0
Number of postings with changes made	0	0	0	0

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

- Kempton Ward Rampton Hospital** - www.careopinion.org.uk/opinions/382547
'My new named Nurse helps me and now involves me in the care plan. My new named nurse is good and cares for me. I have felt bullied by Staff and Patients here picking on me. I am not having a good time here at the moment.'
 Interim General Manager, Adele Bryan, responded to say she was concerned that the patient highlighted a lack of involvement in previous care plans, and would ensure involvement in care plans is audited so that the service can learn how to improve. She also explained that sessions on bullying were imminent, to ensure patients felt safe.
- They should set up a anti bullying scheme** - www.careopinion.org.uk/opinions/382555
'Care plans, yes the nurse sits with me and asks questions and how it is going to work.'

My nurse listens to me. Sad but I have felt bullied by patients, they try to bring me down, they talk down to me. They should set up a anti bullying scheme.'

Interim General Manager, Adele Bryan, responded in agreement, explaining that bullying sessions are being planned for September 2017.

- **Too many restrictions on my care plan - www.careopinion.org.uk/opinions/382303**

'I do feel involved in my care plan however they don't tell me what is going on. I am not really happy with the care plans, too many restrictions. My plan is to discuss my care plan. I have felt a few times bulled by Patient and Staff, Staff takes the P... out of my culture. Some patients try to wind me up and try to get me to hit them. I do upset them too, say things that are personal. Staff do try to resolve issues (not all staff have been horrible)'

Interim General Manager, Adele Bryan, responded to encourage the patient to speak to their ward manager or matron to ensure they're aware of the situation and could support them.

- **I like my named nurse - www.careopinion.org.uk/opinions/382300**

'I am involved in many care plans including Pen access, Seclusion. I like my named nurse, friendly and puts a smile on my face. Very supportive (Thank you) I have seen bullying here from Patients, Staff stamp it out, I hate bullying. More Staff to stamp out bullying and staff the ward when low. My named nurse makes me happy all the staffs make me laugh.'

Interim General Manager, Adele Bryan, responded to explain that bullying sessions are being planned for September 2017.

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 (August 2016 – July 2017)	Emerging issues (May - July 2017)
TRUSTWIDE (based on 8534 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)	6%	
Waiting time (Category: Access to Services)	5%	
FORENSIC SERVICES (based on 693 responses to the 'What could we do better' question)		
Staffing levels (Category: Staff/Staff attitude)	12%	No emerging issues
Waiting time (Category: Access to Services)	8%	
Approach to Care (Category: Care/Treatment)	8%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1980 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	14%	No emerging issues
Approach to Care (Category: Care/Treatment)	12%	
Waiting time (Category: Access to Services)	6%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 5856 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	17%	No emerging issues
General (Category: Communication)	8%	
Appointments (Category: Access to Services)	8%	

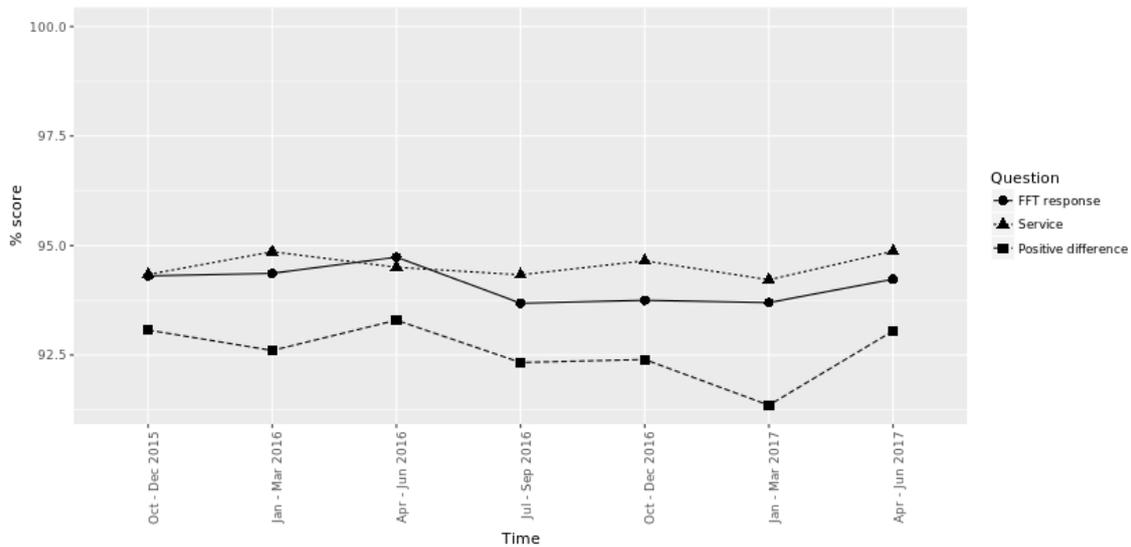
7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

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

	Current rolling year (August 2016 – July 2017)	Emerging compliments (May - July 2017)
TRUSTWIDE (based on 13616 responses to 'What did we do well' question)		
Being Listened to (Category: Communication)	16%	No emerging compliments
Quality of Care/Service (Category: Service Quality/Outcomes)	16%	
Helpful/friendly/caring (Category: Staff/Staff attitude)	9%	
FORENSIC SERVICES (based on 765 responses to 'What did we do well' question)		
Being listened to (Category: Communication)	16%	No emerging compliments
Quality of Care/Service (Category: Service Quality/Outcomes)	16%	
Helpful/friendly/caring (Category: Staff/Staff attitude)	9%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 3190 responses to 'What did we do well' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	19%	No emerging compliments
Helpful/friendly/caring (Category: Staff/Staff attitude)	13%	
Approach to Care (Category: Care/Treatment)	6%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 9655 responses to 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	23%	No emerging compliments
Helpful/friendly/caring (Category: Staff/Staff attitude)	17%	
General (category: Care/treatment)	11%	

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:

- Forensic Services - bit.ly/2uTW0Fw
- Local Partnerships - Mental Health - bit.ly/2w6f6vU
- Local Partnerships - General Health - bit.ly/2w5Zb0N

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

August 2017