

BOARD OF DIRECTORS
28th February 2019

INVOLVEMENT, EXPERIENCE AND VOLUNTEERING
PATIENT VOICE REPORT

LOCAL PARTNERSHIPS – MENTAL HEALTH
MENTAL HEALTHSERVICES FOR OLDER PEOPLE

1. PURPOSE

The main purposes of this monthly report are to:

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

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

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

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

2. EXECUTIVE SUMMARY

The Trust's Service Quality Rating for November - January 2019 is **96%**. Our Friends and Family Test Score is **95%**.

This month's Patient Voice Report focuses on **Local Partnerships Mental Health – Mental Health Services for Older People (MHSOP)** with headline information provided for the Trust as a whole, and for each division.

The report highlights all prominent and/or recurring feedback in the last year from the full range of feedback mechanisms used by the directorate, 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:

- Availability of services, and waiting times in the Memory Assessment Service
- Noise on Cherry Wards
- Activities
- Access to crisis services for older people
- Coordination of care and communication between organisations

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

- Waiting times for appointments/difficulty with booking system (Podiatry)
- Availability of Services – raised thresholds leading to people being told they're not eligible for the service (Dietetics/Adult SLT in particular)
- Equipment (Musculoskeletal)

3. SERVICE IN FOCUS: LOCAL PARTNERSHIPS - MENTAL HEALTH SERVICES FOR OLDER PEOPLE

Mental Health Services for Older People (MHSOP) provides services for people across Nottingham City, Nottinghamshire and Bassetlaw. Services are provided for people of any age with dementia and over age 65 with mental health issues.

The range of services includes:

- Working Age Dementia Service (WAD) which has been developed specifically to meet the needs of individuals below the age of 65 years with a suspected/confirmed diagnosis of dementia.
- Five inpatient wards, including Cherry and Silver Birch Wards at Highbury Hospital, Kingsley and Amber wards at Millbrook Hospital and B1 at Bassetlaw Hospital.
- County Dementia Outreach Service which aims to ensure improved quality of care for people of any age with a diagnosis of dementia living in a care home in Nottingham County by providing specialist assessment and support.
- Intensive Recovery Intervention Services (IRIS) across the county provide specialist assessment, active therapy, treatment, and the opportunity for recovery, for older people with a mental health problem or those of any age with a dementia. .
- City Mental Health Intensive Recovery Service (MHIR) provides short term intensive support to enable people to remain at home who would otherwise be at risk of being admitted to hospital or other care settings.
- Community Mental Health Teams (CMHT) work with service users who have mental health difficulties and need Specialist Mental Health Support.
- Memory Assessment Services (MAS) offer early specialist diagnosis for people experiencing memory problems and dementia over the age of 65.
- Compass Workers are peer support workers who are based in Community Mental Health Teams across the County to provide advice and support to carers of people living with dementia. This service is being decommissioned and will not exist beyond November 2019.
- Rapid Response Liaison Psychiatry (RRLP) Service operates across Sherwood Forest Hospitals (SFH) and the Nottingham University Hospital Sites and provides rapid assessment of patients within these acute hospitals who are referred due to concerns regarding their mental health.
- City South Day Services provide treatment based groups for people with dementia including 'Living Well with Dementia' and 'Cognitive Stimulation Therapy', as well as offering a range of individual and group therapies for individuals diagnosed with a mental health condition.
- MHSOP has members of staff on Ward B47 at QMC which takes patients with a primary physical health issue but who may also have a mental health need.

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICE REPORT WITH A FOCUS ON LOCAL PARTNERSHIPS MENTAL HEALTH – MENTAL HEALTH SERVICES FOR OLDER PEOPLE (JANUARY 2018)

ISSUE	DETAIL	ACTION TAKEN/PROPOSED – JANUARY 2018	UPDATE - JANUARY 2019
<p>Approach to Care – mainly about B1 and Kingsley Wards and focus is on communication</p> <p>(Source: Feedback Survey)</p>	<p>A number of comments on Kingsley and B1 wards relate to:</p> <ul style="list-style-type: none"> • More information when going into the ward due to fear and stigma. • Communication: being listened to and involved in care. • Activities provision. 	<p>Trainee Psychologists are working on a project to put together a short film to provide information and show the ward to patients prior to admission to help reduce the fear and anxiety for patients, families and carers.</p> <p>Rebecca Bracken has been leading on the implementation of the VIPS project on the MHSOP Inpatient Wards. The project aims to review the staff's understanding of the term 'person-centred care'; complete an assessment of strengths and weaknesses with regards to person-centred care on the ward; build on pre-existing good practice and further embed a culture of person-centred care; fully implement the VIPS model of person-centred care on all organic wards:</p> <ul style="list-style-type: none"> • V - A value base that asserts the absolute value of all human lives • I - An individual approach, recognising uniqueness • P - Understanding the world from the perspective of the person with dementia • S - Promotion of a supportive social psychology in which the person with dementia can experience relative well-being 	<p>This work is continuing.</p> <p>John Davies, In-patients Service Manager, and Sharon Howe, Matron, are now leading on VIP's. The VIPS model continues to be developed and work is being done to embed the model into inpatient care. Our organic wards are now trialling 60 second feedback as part of this where appropriate, by asking patient's visitors - one thing we do well; one thing we could improve on; rate our services from 1-10. VIP's is officially being launched on the 26th April at Duncan Macmillan House.</p> <p>Services are now liaising with Steve Daykin and a Quality Improvement Plan is being agreed.</p> <p>Developments currently being undertaken in relation to VIPS include:</p> <ul style="list-style-type: none"> • Music Therapy. • The use of 'All About Me' form to ensure/promote person-centred care. • Audits have been undertaken of the meal time experience on the

		<p>Development of Worry Catcher service across all wards.</p> <p>A Physical Healthcare Matron is being trialled for six months on Silver Birch and Cherry Wards to ascertain the benefits of physical healthcare nursing input and advice for patient care on older people's mental health wards. Education is also provided by the matron for mental health nursing staff re physical healthcare issues.</p>	<p>wards to identify and action improvements to this.</p> <ul style="list-style-type: none"> • Development of a QUIP re restrictive practices on the ward to identify and remove these. <p>The Worry Catcher Service has been very successful in raising concerns and providing an advocacy role for patients across all inpatient wards. Reports are regularly provided and the Ward managers maintain a rolling action log to address all concerns raised.</p> <p>The Physical Healthcare Matron role has now been made permanent. This post provides a successful service across all the MHSOP wards. The next MHSOP Inpatient Band 5 Nursing Forum will be focusing on physical healthcare in mental health.</p>
<p>Availability of services and waiting times for Memory Assessment Service (MAS)</p> <p>(Source: Feedback Survey)</p>	<p>Comments on from the SUCE survey identify waiting times at Gedling & Hucknall and Rushcliffe MAS.</p>	<p>Continuing issue – updated in table 4.0</p>	

<p>Noise on Cherry Wards</p> <p>(Source: Worry Catcher Report September 2017)</p>	<p>The Worry Catcher Report for September 2017 noted that a recurring theme on Cherry Ward was that “a number of patients stated that it was very noisy on the ward, especially at night. The noise usually comes from other patients, however one stated that the staff could also be noisy at night: “sometimes the staff talk too loudly at night”.</p>	<p>Continuing issue – updated in table 4.0</p>
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3.2 DIRECTORATE HEADLINES AND MAIN ISSUES AND COMPLIMENTS

Data collected from the Service User Feedback survey:

	[Current rolling quarter Nov 2018 - Jan 2019]	[Previous rolling quarter Aug - Oct 2018]
Service Quality Score	93%	95%
Friends and Family Test (FFT)	95%	93%
SUCE survey returns	191	422
'Service made a positive difference' score	90%	90%

	Current rolling year (Feb 2018 – Jan 2019)	Emerging issues for the current quarter (Nov 2018 - Jan 2019)
ISSUES (based on 492 responses to the ‘What could we do better’ question)		
<p>Approach to Care (Category: Care/Treatment)</p> <ul style="list-style-type: none"> Aims and outcomes not apparent. I often left my mum in tears. Stop changes to psychiatrists every few months. It is very distressing. The psychiatrist should read up on the person before you meet them, not at the time as you see them. Keeping to the same person helps. Did not always treat my mum with respect, often spoke to her in an intimidating manner. 	11%	No emerging issues
<p>General (Category: Service Quality/Outcomes)</p> <ul style="list-style-type: none"> All care is done by my husband. Care for a younger family member is so disjointed, with lacking in follow up care or facilities and provision for the future, sadly lacking. I'm unsure what the aim of the support/team is. (Broxtowe IRIS) 	9%	
<p>General (Category: Communication)</p> <ul style="list-style-type: none"> The only negative point I have is that I was wondering if anybody was going to contact me. (Compass Worker Service). Not having to tell several staff members the same thing. (Ward B1) 	6%	

<ul style="list-style-type: none"> Felt overwhelmed with information to start with. (RRLP AMH SFH) 		
Waiting time (Category: Access to Services) <ul style="list-style-type: none"> Someone from the mental health team came to assess my mother but forgot to bring the memory test. We are still waiting for a meeting to complete her assessment. More, frequent visits. Six months is a long time, things can deteriorate quickly. Have shorter waits for appointments (Broxtowe Memory Assessment Service (MAS)) 	5%	
General (Category: Access to Services) <ul style="list-style-type: none"> Self-referral to remain an option would be preferable to going back to the GP, if/when further changes occur, needing consultation with the support teams. When in a mental health place, would have liked to have seen a doctor more often. If the visits would last a little longer but I know there will be many patients. I understand that they have to withdraw but I will miss them all very much. (Bassetlaw IRIS). 	5%	

COMPLIMENTS (based on 682 responses to 'What did we do well' question)

General (Category: Service Quality/Outcomes)	23%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	13%	
Approach to Care (Category: Care/Treatment)	9%	

3.3 CARE OPINION

In the last year 12 stories have been published on Care Opinion commenting on Local Partnerships Mental Health Services for Older People:

	Feb 2018 – Jan 2019	Feb 2017 – Jan 2018
Number of postings	12	40
Number of postings without a response	0	0
Number of postings <u>not</u> responded to within two working days	10	32
Number of postings rated as moderately critical or above	0	0
Number of postings which lead to a change in service	0	0

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

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

3.4 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (February 2018 – January 2019)

In the last year, Local Partnerships Mental Health Services for Older People received 980 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
1	102	134	123	221	2

As Mental Health Services for Older People only received one highly critical comment in the year, there are no services receiving particularly high volumes of highly critical feedback.

3.5 NATIONAL COMMUNITY MENTAL HEALTH SURVEY

The full results of the 2018 Community Mental Health Survey were reported to Board in December 2018. The question and section scores are derived from scores from all community mental health services, we do not receive the scores for each directorate individually.

When comparing with the other 55 organisations, Nottinghamshire Healthcare services scored well on sections relating to:

- Treatments (ranking: 5th)
- Overall views of care and services (ranking: 5th)
- Overall experience (ranking: 6th)

When comparing with the other 55 organisations, Nottinghamshire Healthcare services scored worse on sections relating to:

- Changes in who people see (ranked: 42nd)
- Reviewing care (ranked: 43rd)
- Crisis care (ranked: 55th)

The comments for each directorate are released to us, and a summary of the main issues and compliments are provided below:

Main issues:

- Service Quality/Outcomes (issues vary – one theme around family members bearing the burden of care)
- Access to Services (predominantly referring to the time-limited interventions rather than the wait for services initially)
- Care/Treatment (issues vary – one theme around more regular visits/check-ins)

Main compliments:

- Service quality/outcomes (strong compliments for the level of care and service received)
- Staff/Staff attitudes (mainly compliments for individual clinicians, but also generally positive views of staff)
- Care/Treatment (mainly compliments about good all-round care)

3.6 CARERS, FAMILY AND FRIENDS SURVEY (FEBRUARY 2018 – JANUARY 2019)

Mental Health Services for Older People received 172 Carers, Families and Friends surveys in the period (the highest number for any directorate, matched only by Integrated Specialist Services General Health).

98% of carers would be extremely likely or likely to recommend our services if their friends or family needed similar care or treatment as a carer.

In relation to the key question themes, carers reviewed our services as below:

- Listening: 97%
- Communication: 96%
- Dignity and Respect: 97%
- Inform who to contact: 94%
- Privacy to discuss: 95%
- Information on carers' assessment (carers' survey): 94%
- Information on support services: 94%

3.7 MEMBERSHIP SURVEY

To elicit further feedback from those connected with mental health services for older people, an email survey was undertaken in January via the public membership. We received **11 responses** (nine responses from carers, two responses from service users). The majority of those who responded had been in contact with the community mental health teams.

Responses to the question 'What could we do better?' mainly related to issues already noted in section 3.2. We also received the below comments relating to different issues:

- *Reduce dose of antipsychotic drugs until symptoms reappear, then increase by small steps until symptoms controlled. Do NOT start on high dose and keep it the same. Do NOT change drug from tablet form to liquid because nursing home staff can more easily OVER dose residents using liquid.*
- *Consider delaying discharge back to GP and making known more widely what services the team can offer (e.g. SALT, physiotherapy)*
- *Recently, due to pressure of patient numbers, my wife's CPN has been withdrawn from us. I say us because I was the 24/7 unpaid untrained carer and I got more from these visits than my wife, this is not to say she got nothing herself from the visits. Now no one visits, there is no stimulating conversation anymore and as the carer for someone with mental ill health my own health is suffering.*

3.8 COMPLAINTS

Between February 2018 – January 2019, services within Local Partnership Mental Health Services for Older People have been the subject of **9** full investigation complaints compared with **16** full investigation complaints in the previous 12 month period. The number by service is shown below:

Service	Total Feb 2018 – Jan 2019	Total Feb 2017 – Jan 2018
B1 Ward	2	0

Cherry Ward	2	2
Silver Birch Ward	2	4
CMHT (Broxtowe MHSOP)	1	1
IRIS MHSOP (Broxtowe)	1	0
RRLP - Adult SFH	1	1
RRLP - MHSOP QMC	1	1

The themes most often arising in complaints are outlined below:

Theme	Total Feb 2018 – Jan 2019	Total Feb 2017 – Jan 2018
Safe, Adequate, Coordinated Care	9	14
Confidentiality	1	0
Info To/Communication With SU/Carers	1	7
Privacy/Dignity	1	1
Quality/Accuracy Of Clinical Records	1	0

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

- Wife of patient made a complaint as unhappy with the level of care provided by the RRLP. One of the concerns was relating to the request of a head scan which was not done and the patient was advised to go to their GP from the consultant to request this. Please see learning identified under '*Learning/Actions section*' (**18644 – RRLP Kings Mill SFH**)
- Family of patient made a complaint as unhappy with care provided to the patient whilst on B1 Ward. They raised concerns about medication, nursing care, Mental Health Act, info to/communication with carers/relatives, access to records and communication with other services/agencies. Please see learning identified under '*Learning/Actions section*' (**18963 – B1 Ward Bassetlaw**)

Outcomes:

The following table shows the outcome of **10** full investigation complaints closed during the period February 2018 – January 2019:

Outcome	Total Feb 2018 – Jan 2019
Complaint Upheld In Part	5

Complaint Not Upheld	2
Complaint Upheld	0
Complaint Not Pursued	2
Ongoing	1

Learning/Actions:

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

- Doctor working in RRLP at Kings Mill Hospital – unaware of local processes for requesting tests - new doctors will have this included in local induction to increase awareness of how to request structural brain scans. **(18644 – RRLP Kings Mill SFH - Complaint upheld in part)**
- Communication with families following incident - Increase levels of communication in a timely manner following incidents
Consistent recording of PRN medication in patient records - For all medication given on a PRN basis to be documented in that individuals patient records
The medication listed on the ATC discharge letter unclear and ambiguous – Medication on discharge reports to be question/checked if unclear and/or ambiguous
Patient information being sent in a timely manner when arranging transfer - For patient information to be sent in a timely manner

All actions to be discussed at team meetings and staff reminded of certain policies/local protocol. **(18963 – B1 Ward Bassetlaw)**

Local Resolution Complaints

In addition to the full investigation complaints received, the service has had **11** local resolution complaints for February 2018 – January 2019 and **6** local resolution complaints for the previous year raised by patients about care issues. The number by service are shown below:

Service	Total Feb 2018 – Jan 2019	Total Feb 2017 – Jan 2018
Cherry Ward	3	3
Silver Birch Ward	3	1
RRLP - Adult SFH	2	1
Amber Ward	1	0
B1 Ward	1	0
CMHT (Mans & Ashfield MHSOP)	1	0
Kingsley Ward	1	0
Management (MHSOP)	1	0

The themes of the local resolution complaints are outlined below:

Theme	Total Feb 2018 – Jan 2019	Total Feb 2017 – Jan 2018
Safe, Adequate, Coordinated Care	8	2
Attitude Of Staff	3	2
Info To/Commun With SU/Carers	2	1
Assault/Phys Aggr/Threat Incid	1	0
Policy/Procedure	1	0

3.9 LOCAL MECHANISMS FOR FEEDBACK

Mental Health Services for Older People collect feedback from a number of sources, including those already covered. Comments from thank you cards and letters to all Teams and wards are recorded on Ulysees and/or via the directorate compliments database.

Inpatient areas also capture feedback in a number of other ways which includes:

- Patient Ward meetings. 'You Said, We did' posters are used to reflect responses.
- The Worry Catcher Service gains feedback which is recorded in the Service Report.
- VIPS 60 second feedback

Relevant reports from other organisations e.g. Healthwatch are considered.

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>Availability of services, and waiting times in the Memory Assessment Service</p> <p>(Source: Feedback Survey)</p>	<p>Comments from the SUCE survey identify waiting times at Gedling & Hucknall and Rushcliffe Memory Assessment Services (MAS).</p>	<p>Wait times for MAS across Bassetlaw, Mid-Notts and Greater Notts vary dependent upon how services have been commissioned by individual CCGs.</p> <p>The MHSOP Senior Management Team continue to work hard negotiating with Commissioners to address the waiting times within MAS across the area. The service is currently limited by the resources provided by the CCG.</p> <p>There is now a lead commissioner for MHSOP services (Jo Moon), and discussions about commissioning arrangements being consistent across the Nottinghamshire geography, and discussions about MHSOP are scheduled by commissioners for autumn 2019.</p>
<p>Noise on Cherry Wards</p> <p>(Source: Worry Catcher Report September 2017)</p>	<p>The Worry Catcher Report for September 2017 noted that a recurring theme on Cherry Ward was that "a number of patients stated that it was very noisy on the ward, especially at night. The noise usually comes from other patients, however one stated that the staff could also be noisy at night: "sometimes the staff talk too loudly at night".</p>	<p>Staff have been reminded to be mindful at night when they are undertaking their duties. Earplugs are available on the ward and patients are encouraged to use these as required.</p> <p>The ward is currently caring for patients who are acutely unwell with co-morbidity and complex needs which can lead to loud outbursts.</p> <p>More work is needed to look at how the ward can promote a good night's sleep for the patients. MHSOP Matron to discuss further with the Ward Manager.</p> <p>Sharon Howe (Matron) and Colin Meredith (Health & Safety Advisor) have spent a night on Cherry Ward monitoring noise levels which were found to be within normal limits. The use of equipment to monitor noise on all ward areas is currently being explored e.g. Soundear or Yacker Tracker, which would indicate and alert noise levels to staff. The Health and Safety Team are assisting in identifying a plan across all MHSOP wards to monitor noise levels.</p>

<p>Activities</p> <p>(Source : Worry Catcher Report Oct – Dec 2018)</p>	<p>There is a perception amongst patients that there is a lack of activities available within inpatient services.</p>	<p>All wards have Activity Coordinators who provide meaningful therapeutic activities on the ward throughout the day to enable patient recovery and wellbeing.</p> <p>Where patients indicate their interests, the Activity Coordinators will incorporate this within the activities programme where possible. Patients are also informed of activities they can undertake when the Activity Coordinators are not on duty e.g. board/card games, dominoes etc.</p>
<p>Access to crisis services for older people</p> <p>(Source: National Community Mental Health Survey)</p>	<p>Older people should have the same access to out of hours crisis support as a younger adults, but feedback given directly to staff and via the Trustwide survey suggests that this is not the case.</p>	<p>The Crisis Teams provide some limited out of hours support to MHSOP clients in the North of the County. However, the Crisis Teams are increasing their staffing numbers and there is an agreement in principle that this should enable MHSOP clients access to crisis services in the future.</p>
<p>Coordination of care and communication between organisations</p> <p>(Source: National Community Mental Health Survey)</p>	<p>Patients and their families are feeding back that they feel there is ineffective communication between organisations involved in care, and that subsequently the coordination of their care is impacted.</p>	<p>MHSOP are currently looking differently at how applicable the Care Programme Approach (CPA) is to our patients and making sure that it is used appropriately. CPA provides the opportunity to co-ordinate and review an individual's support with others involved in their care. This should ensure improved communication and co-ordinated services.</p> <p>The Compass Worker Service which is delivered within CMHTs, provides peer support to carers of people living with dementia in the County areas. This has been a very successful service supporting and enabling carers to continue with their caring role. Unfortunately this service is being decommissioned by the CCG and will not exist beyond November 2019.</p>

5. MAIN COMPLIMENTS

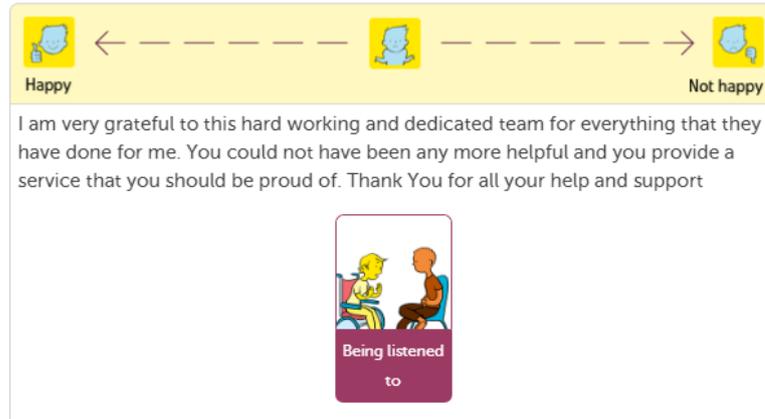
Below are some of the comments from the feedback survey in response to the question 'What did we do well?' about Mental Health Services for Older People:

A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY:

- *A well needed service - skilled, knowledgeable staff. Diagnosis and treatment discussed. Support services to help on discharge. Information leaflet was useful. (RRLP NUH)*
- *Gave lots of good information regarding service available and extremely supportive with my emotional problems . (Compass Worker Service)*
- *It's perfect. Communication excellent between staff and to the patients. I don't know what I would have done without the IRIS team. (Gedling & Hucknall IRIS)*
- *Caring attitude & patience. Putting the patient at the centre of care & decisions. Respecting patients. Welcoming visitors. Supporting family of patient. (Kingsley Ward)*
- *Everything in my experience with the service was has and is extremely been so life changing to me. I am able to be more, no longer over anxious and I can be more relaxed in knowing I don't have to be on call 24-7. Listened - advised - showed compassion being able to relate to my concerns. Directed me to new place of help I may need at times:- I just cannot thank the help and guidance I have received enough years I have spent punishing myself and the service & advice I received has given me a new life - thank you. (Compass Worker Service)*
- *I had extremely good advice with all most everything that we covered and pointed in the right direction for further advice if needed. Listened, cared, and followed up on my wellbeing through all stages. (Compass Worker Service)*

A SAMPLE OF COMPLIMENTS FROM CARE OPINION:

- *We were visited by an Occupational Therapist from the Person at Risk team for Nottinghamshire Fire and Rescue. Sarah was a fantastic lady who listened well to us and made us feel involved at all times. She sorted out a walking stick and Attendance Allowance. Nothing could have been better than all the things she helped us with I give her 20/10 and we are really very happy with the service. Thank you Sarah (MHSOP OT working within Fire Service)*
- *Very worried about asking for help initially for my wife who suffers with dementia. My daughter contacted the GP on my behalf as my wife was getting confused, agitated and I needed some support. The GP referred to the IRIS team who came to visit the home and listened to both myself and my wife. They offered morning help to assist my wife with dressing and washing as this had become difficult for us both. The staff were fabulous. They calmed my wife and then we had numerous other nursing staff who offered support with financial advice, aftercare, support groups etc. I can honestly say I don't know what I would have done without their support, care and advice. (IRIS)*
- *Attended Memory Assessment Service in Mansfield and Ashfield. The appointment came through very quickly. The advice given really helps you to feel better about what is happening, it puts your mind at rest. Someone made sure we knew what was happening all the time. Everything was excellent - thank you. (Mansfield & Ashfield MAS)*
- *The below image is a picture posting from Care Opinion relating to Mansfield and Ashfield IRIS team (www.careopinion.org.uk/opinions/446670)*



A quote from a thank you letter received by Newark and Sherwood IRIS team:

- *I must express my sincere and heartfelt gratitude to everyone who has helped and is helping me get back on my feet and restoring my health in body, mind and spirit! From A&E right up to the wards in Kings mill and now back at home again, the IRIS team, I have never before had such amazing and overwhelming compassion, kindness and care. Everything that could be done, was done.*

A quote from a thank you card received by Mansfield and Ashfield CMHT:

- *To SS, you're a super star. I can't thank you enough for all the care and support, that you have given to mum and myself, over the last few months. Without you being there for us, I can't imagine how we would have made it through the difficult times. You came as mum's CPN but to me it felt that you were also our friend.*

Membership survey:

- *Staff very helpful and friendly when you do get to see them. Plenty of time given to ask questions and voice concerns. Evident empathy and patience with the dementia sufferer.*

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 November 2018 report, featuring **Local Partnerships – General Health – Integrated Specialist Services**:

ISSUE	DETAIL	ACTION – NOVEMBER 2018	UPDATE – FEBRUARY 2019
<p><i>Waiting times for appointments/difficulty with booking system (Podiatry)</i></p>	<p>‘Get more staff make appointment system easier and more availability’ (Podiatry, Park House).</p> <p>‘Tried to get through on the phone to make an appointment, there was always a queue of 10 in line; attempted several times and eventually sat for 20/25 mins to get an answer....could do with more lines.’ (Podiatry, Ashfield Health Village).</p> <p>‘Arrange for more appointments to be made easier, it is frustrating to continually ring to be told constantly you are 10th in the queue. What is more frustrating to ring at 4.15pm to be told you are closed.’ (Podiatry, Arnold).</p>	<p>A comprehensive review of the demand and capacity of the Podiatry SPA has been undertaken, which has clearly shown there are not enough staff or telephone lines to answer the volume of calls received.</p> <p>Funding for two additional administrators has been agreed initially to try and relieve some of the pressures. A request for additional accommodation at Mansfield Community Hospital has been made and a review of the cost of additional phone lines/equipment is being undertaken.</p>	<p>An improvement plan is in place which includes an increase in the advance booking period and a service review to provide an improvement in telephone response from the single point of access.</p>
<p><i>Availability of Services – raised thresholds leading to people being told they’re not eligible for the service (Dietetics/Adult SLT in particular)</i></p>	<p>‘The course should be made available to everyone that has diabetes.’ (DESMOND).</p>	<p>The education course is designed for those people with type 2 diabetes only in line with NICE guidelines.</p> <p>Anyone with Type 2 Diabetes can attend and the team promote this on an ongoing basis.</p> <p>Self-referral is possible in some CCG’s (clinical Commissioning Groups) and we are working to ensure this is the case everywhere.</p> <p>Patients with Type 1 Diabetes are eligible for an equivalent course relevant to them but this is provided by secondary care and not the Trust</p>	<p>No further action required.</p>

<p>Equipment (Musculoskeletal)</p>	<p>'Appointments delayed because equipment breaks down, 1. Chair Broken 2. X-Ray 3. Computer Injection did not numb up mouth well, painful' (Dental, Clifton Cornerstone).</p> <p>'Some equipment is very old and not working well' (Musculoskeletal Physio (MSK), Mansfield & Ashfield).</p> <p>'The gym needs new equipment and more importantly a soft floor to prevent injury in case of a fall.' (Musculoskeletal Physio (MSK), Mansfield & Ashfield).</p> <p>'Replace some of the old equipment' (Musculoskeletal Physio (MSK), Mansfield & Ashfield).</p> <p>'Upgrade of equipment would be a benefit, especially the exercise bike' (Musculoskeletal Physio (MSK), Mansfield & Ashfield).</p>	<p>All the MSK equipment has been serviced this year and is in working order.</p> <p>There is one bike, where the display doesn't work, but this does not affect the use of the bike at all.</p> <p>The Service does not have a recurrent budget for purchasing new equipment, therefore the equipment the service does have is carefully maintained.</p> <p>There are two spinning bikes which are quite new but they are not suitable for the Older Adults group</p>	<p>Equipment continues to be serviced in line with Trust policy.</p> <p>When equipment is no longer safe or fit for purpose then we would look to replace it.</p> <p>No further action required.</p>
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7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter (November 2018 – January 2019) and in brackets, previous rolling quarter (August - October 2018).

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	96% (93%)	79% (78%)	95% (94%)	97% (96%)
FRIENDS AND FAMILY TEST (FFT)	95% (91%)	64% (63%)	92% (90%)	98% (97%)
SUCE SURVEY RETURNS	4540 (4761)	160 (459)	1530 (1944)	2844 (2358)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	93% (91%)	79% (77%)	89% (87%)	94% (95%)

7.2 CARE OPINION HEADLINES

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

January 2019	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
Number of postings	53	9	8	36
Number of postings without a response	2	1	0	1
Number of postings rated as moderately critical or above	0	0	0	0
Number of postings with changes made	0	0	0	0

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

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 (February 2018 – January 2019)	Emerging issues for the current quarter (November 2018 – January 2019)
TRUSTWIDE (based on 7016 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	10%	Approach to care (Category: Care/Treatment); 8% in last year, 11% in last quarter
Approach to Care (Category: Care/Treatment)	8%	
Waiting time (Category: Access to Services)	7%	
FORENSIC SERVICES (based on 738 responses to the 'What could we do better' question)		
Staffing levels (Category: Staff/Staff Attitude)	10%	Staffing Levels (Category: Staff/Staff Attitude); 10% in last year, 19% in last quarter
Waiting time (Category: Access to Services)	9%	
Approach to Care (Category: Care/Treatment)	8%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1913 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	14%	Other (Category: Communication); 3% in last year, 7% in last quarter.
Waiting time (Category: Access to Services)	8%	
General (Category: Service Quality/Outcomes)	8%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 4361 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	19%	Availability of services (Category: Access to Services); 19% in last year, 24% in last quarter.
Appointments (Category: Care/Treatment)	7%	
Waiting time (Category: Access to Services)	6%	

7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

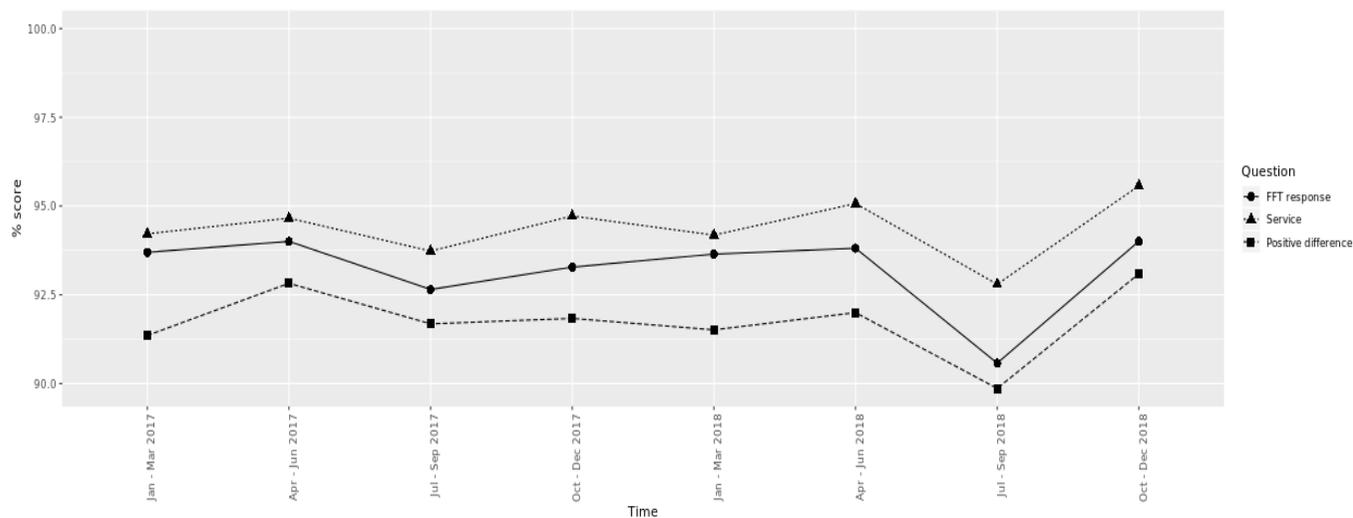
Data collected from the Service User and Carer Experience (SUCE) survey:

	Current rolling year (February 2018 – January 2019)	Emerging compliments for the current quarter (November 2018 – January 2019)
TRUSTWIDE (based on 11598 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	18%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	17%	

Quality of Care/Service (Category: Service Quality/Outcomes)	9%	Approach to care (Category: Care/Treatment); 4% in last year, 9% in last quarter.
FORENSIC SERVICES (based on 810 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	15%	No emerging compliments
Being listened to (Category: Communication)	14%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	10%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 2898 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	20%	Approach to care (Category: Care/Treatment); 11% in last year, 16% in last quarter.
Approach to Care (Category: Care/Treatment)	11%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	11%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 7886 responses to the 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	22%	No emerging compliments
General (Category: Service Quality/Outcomes)	16%	
Quality of Care/Service (Category: Service Quality/Outcomes)	13%	

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

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



For divisional trend graphs, please follow the links below:

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

8. RECOMMENDATION

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

Paul Sanguinazzi
Head of Involvement and Experience

Amy Gaskin-Williams
Involvement and Experience Manager

February 2019