BOARD OF DIRECTORS
26th JANUARY 2017

INVOLVEMENT, EXPERIENCE AND VOLUNTEERING
PATIENT VOICE REPORT

LOCAL PARTNERSHIPS – MENTAL HEALTHCARE
MENTAL HEALTH SERVICES FOR OLDER PEOPLE

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 October – December 2016 is **95%**. Our Friends and Family Test Score is **96%** (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 Local Partnerships – Mental Healthcare with an in-depth look at **Mental Health Services for Older People** and an **update on Low Secure and Community Forensic Services** (featured in October's report). The report highlights all prominent and/or recurring feedback in the last six months from the full range of feedback mechanisms used mental health services for older people, 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
- Dementia Diagnosis (as raised by Healthwatch report)
- Communication with carers
- Waiting times

It also updates on the issues presented in the paper three months previous, focussing on Low Secure and Community Forensic Services in October 2016.

These were:

- Waiting times (Nottingham Personality Disorder Network)
- Visiting times/flexibility with visiting arrangements (The Wells Road Centre)
- Information technology (The Wells Road Centre)
- Staffing levels, specifically the impact on activities and staff availability (The Wells Road Centre)

3. TRUSTWIDE HEADLINES

3.1 TRUSTWIDE HEADLINES

Data collected from the Service User Feedback survey:

	October - December 2016	July - September 2016
Service Quality Score	95%	94%
Friends and Family Test (FFT)	93%	93%
SUCE survey returns	5653	6371
`Service made a positive difference' score	96%	96%

3.2 PATIENT OPINION HEADLINES

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

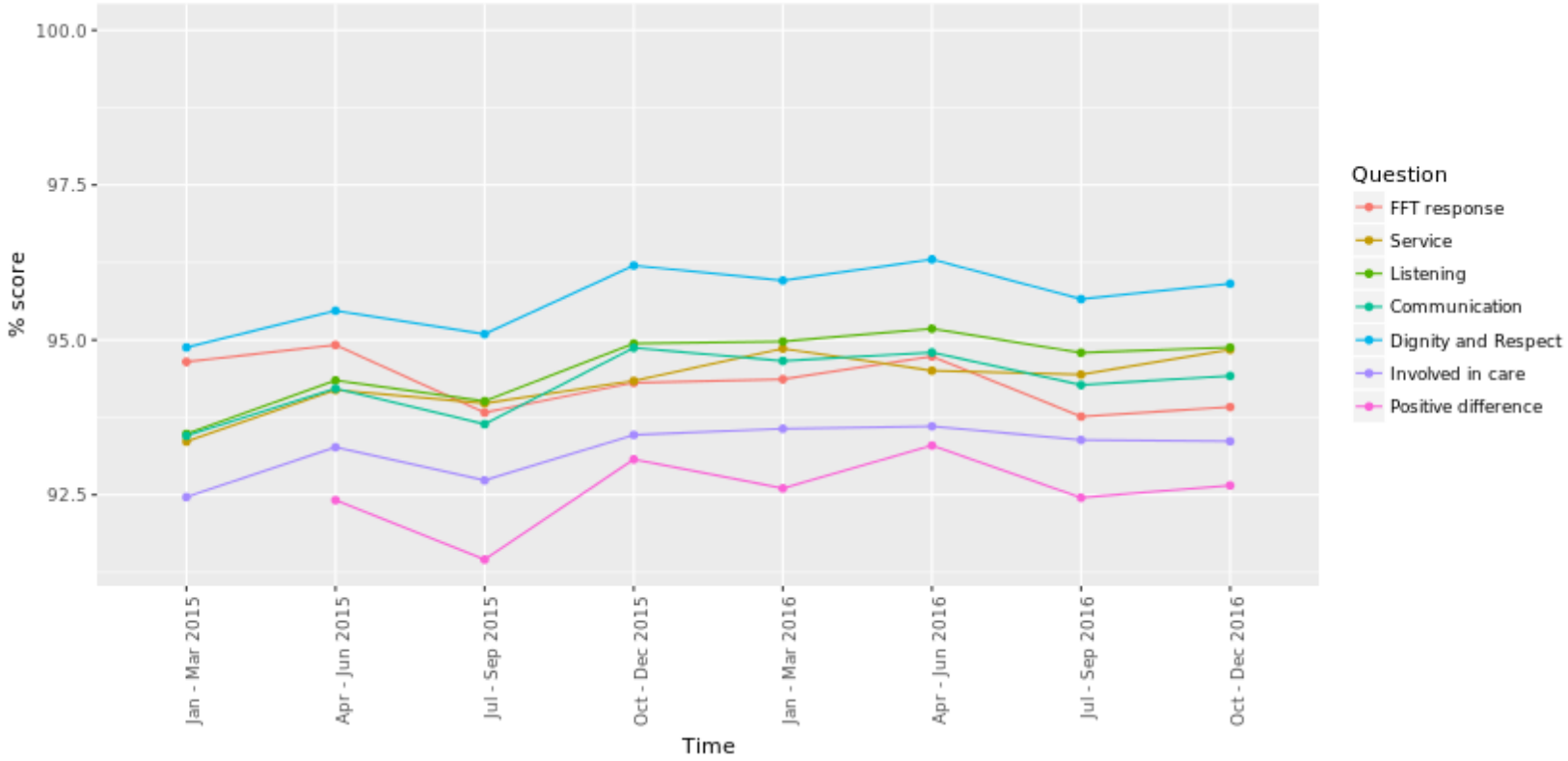
DECEMBER 2016	TRUSTWIDE	LOCAL SERVICES	FORENSIC SERVICES	HEALTH PARTNERSHIPS
Number of postings	106	19	6	81
Number of postings without a response	0	0	0	0
Number of postings rated as moderately critical or above	4	4	0	0
Number of postings with change planned/completed	2	1	1	0

3.3 TRUSTWIDE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (January 2015 – December 2016)	Emerging issues (October – December 2016)
ISSUES (based on 8839 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	11%	Treatment Programmes (Category: Care/Treatment) 2% in rolling year, 7% in current quarter
General (Category: Communication)	7%	
Waiting time (Category: Access to Services)	6%	
COMPLIMENTS (based on 15332 responses to 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	19%	General (Category: Service Quality/Outcomes) 14% in rolling year, 18% in current quarter
General (Category: Service Quality/Outcomes)	14%	
General (Category: Care/Treatment)	10%	

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



4. FORENSIC SERVICES

4.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey

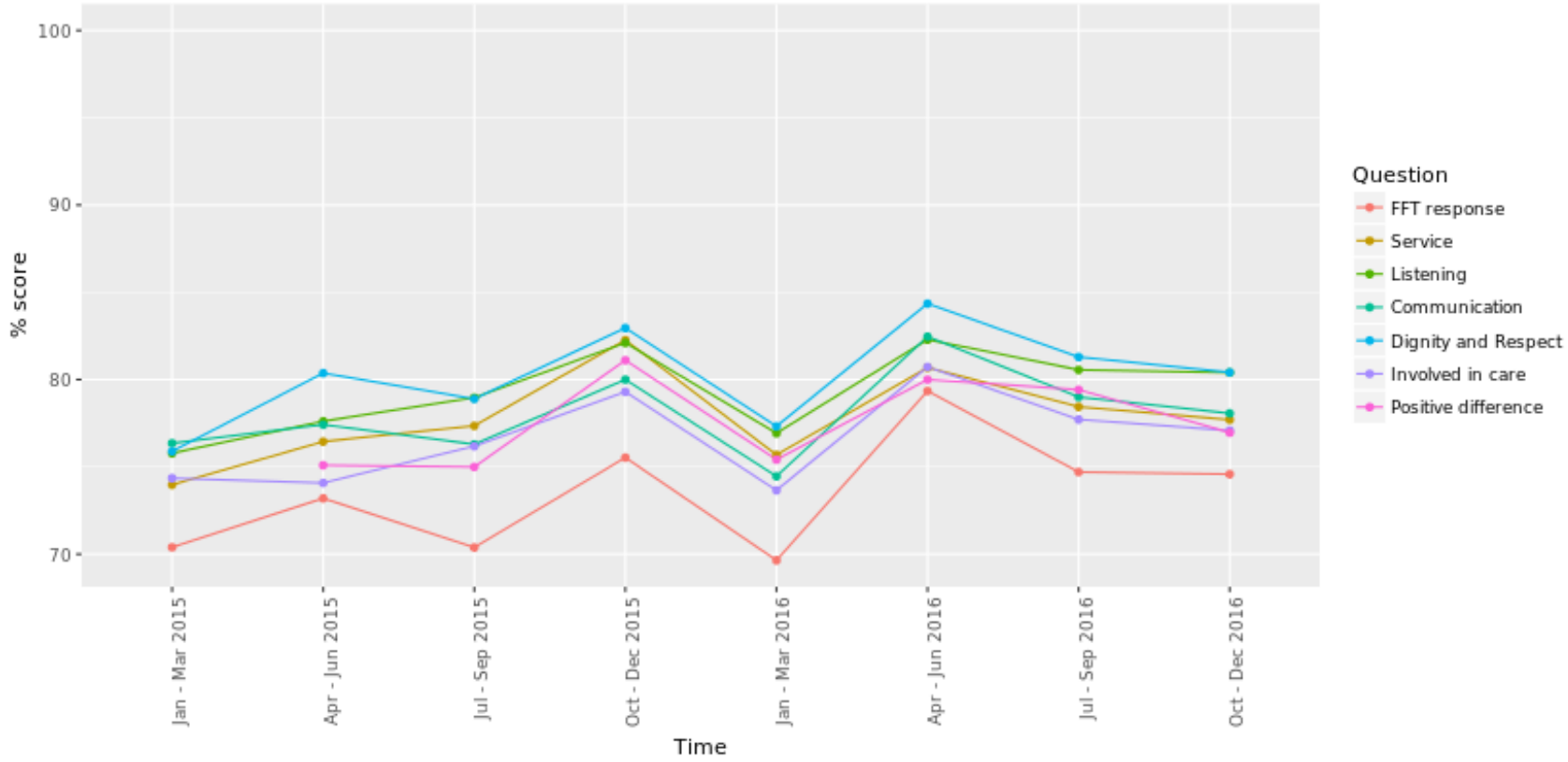
	October - December 2016	July - September 2016
Service Quality Score	78%	78%
Friends and Family Test (FFT)	68%	72%
SUCE survey returns	154	289
Patient Opinion stories	22	20
`Service made a positive difference' score	77%	79%

4.2 DIVISIONAL MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (January 2015 – December 2016)	Emerging issues (October – December 2016)
ISSUES (based on 597 responses to the 'What could we do better' question)		
Staffing levels (Category: Staff/Staff Attitude)	10%	Respect (Category: Staff/Staff Attitude) 4% in rolling year, 8% in rolling quarter
Quality of Care/Service (Category: Service Quality/Outcomes)	7%	
Activities (Category: Care/Treatment)	6%	
COMPLIMENTS (based on 668 responses to 'What did we do well' question)		
Being listened to (Category: Communication)	17%	Respect (Category: Staff/Staff Attitude) 5% in rolling year, 9% in current quarter
Quality of Care/Service (Category: Service Quality/Outcomes)	17%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	8%	

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



4.4 PATIENT OPINION

No postings deemed moderately critical or above have been published in the last month relating to Forensic Services.

One Patient Opinion posting stated a change was planned or made in the last month:

- A patient at Rampton Hospital submitted a posting asking for information on educational courses and how to access them for people who are not literate. They made a suggestion that Open University Courses might be a good idea.
  The Patient was signposted to the Acorn Education Centre in the main hospital with opportunities available for study, and the Occupational Therapy Manager at The Peaks Unit responded to say that *"The peaks patients are now able to attend the Acorn Education Centre in the main hospital so more opportunities will be available for study. I will liaise with my Education colleagues to ask them about Open University Courses and also about access to improve literacy skills"*
  www.patientopinion.org.uk/opinions/331873

5. LOCAL PARTNERSHIPS – COMMUNITY HEALTHCARE

5.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

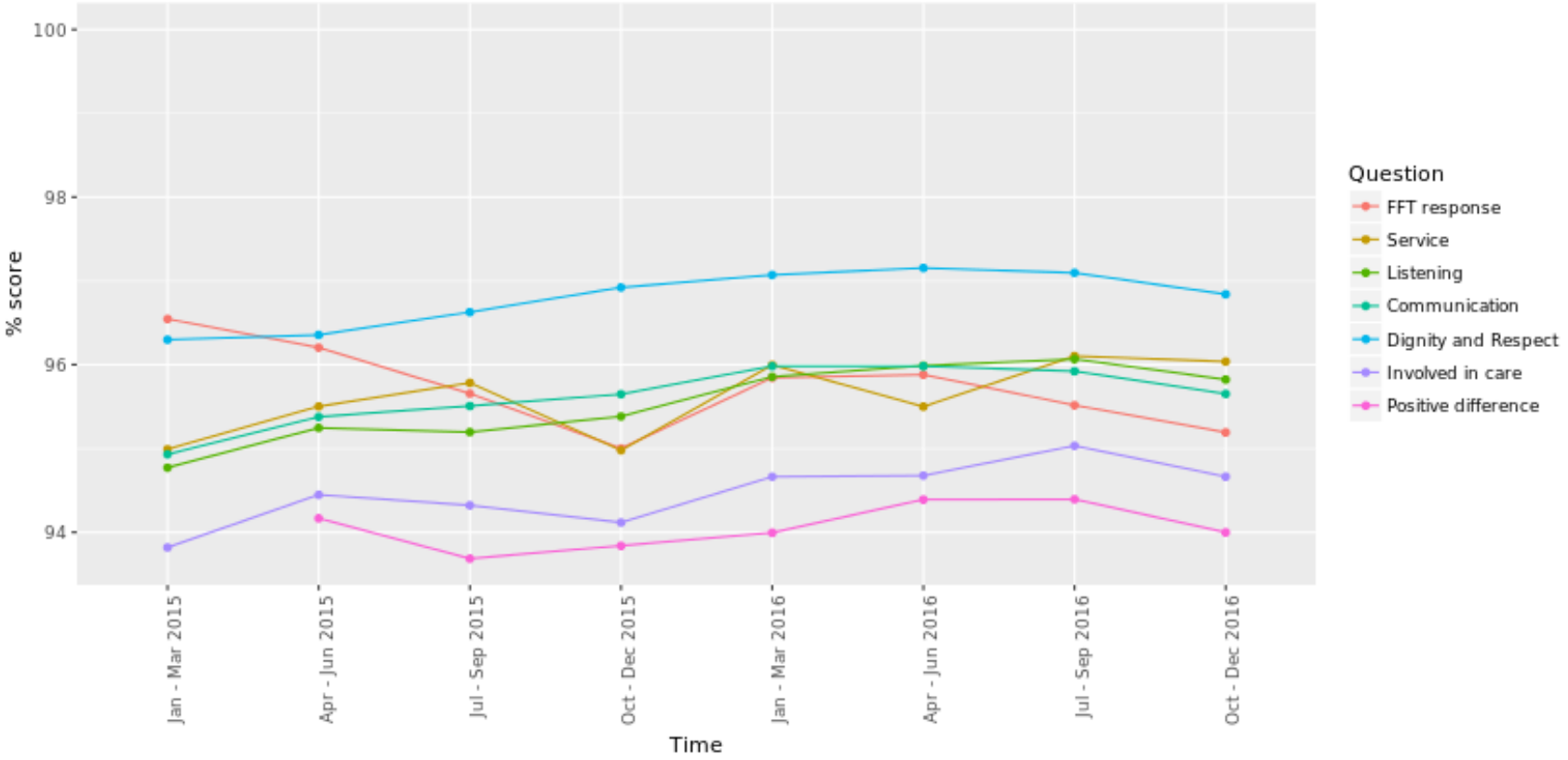
	October - December 2016	July - September 2016
Service Quality Score	96%	96%
Friends and Family Test (FFT)	98%	98%
SUCE survey returns	4067	4450
Patient Opinion stories	188	138
`Service made a positive difference' score	94%	94%

5.2 DIVISIONAL MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (January 2015 – December 2016)	Emerging issues (October – December 2016)
ISSUES (based on 6366 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services)	12%	Treatment programmes (Category: Care/Treatment) 4% in rolling year, 13% in current quarter
General (Category: Communication)	11%	
Appointments (Category: Care/Treatment)	8%	
COMPLIMENTS (based on 11321 responses to 'What did we do well' question)		
Helpful/caring/friendly (Staff/staff attitude)	22%	No emerging compliments
General (Category: Service Quality/Outcomes)	19%	
General (Category: Care/Treatment)	13%	

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



5.4 PATIENT OPINION

No postings deemed moderately critical or above have been published in the last month relating to Local Partnerships – Community healthcare, and no responses have been published in the last month stating a change is planned or has been made.

6. DIVISION IN FOCUS: LOCAL PARTNERSHIPS – MENTAL HEALTH

This month the focus is on Local Partnerships – Mental Healthcare. We are taking an in-depth look at the views and experiences of patients accessing support from mental health services for older people and the views and experiences of their carers' and families. We also include an update on the issues presented at the October's Board of Director's regarding Low Secure and Community Forensic Services.

6.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

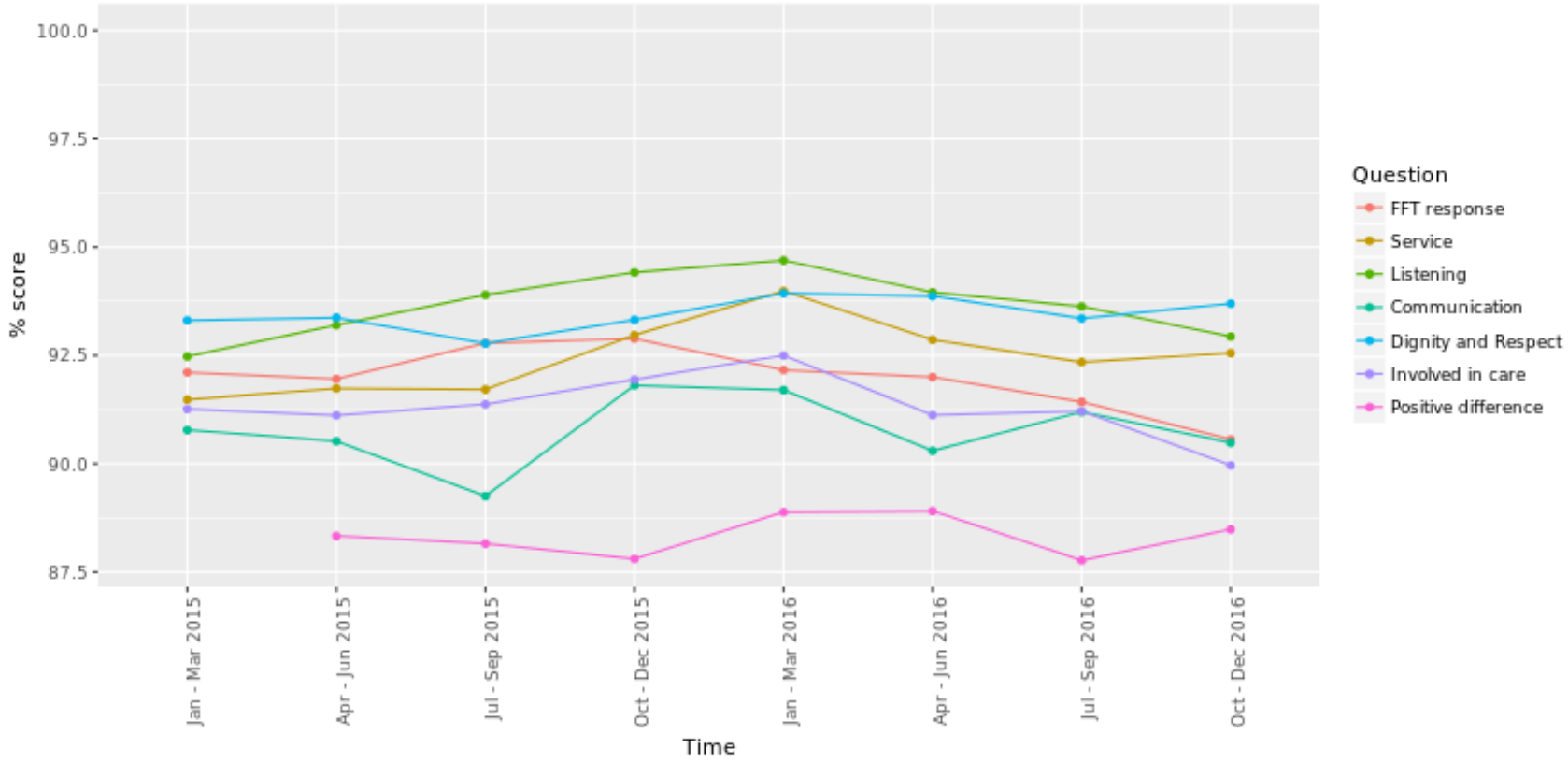
	October - December 2016	July - September 2016
Service Quality Score	93%	92%
Friends and Family Test (FFT)	92%	93%
SUCE survey returns	1432	1632
Patient Opinion stories	37	52
`Service made a positive difference' score	89%	88%

6.2 DIVISIONAL MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (January 2015 – December 2016)	Emerging issues (October – December 2016)
ISSUES (based on 1876 responses to the 'What could we do better' question)		
Availability of services (Category: Access to services)	12%	No emerging issues
Waiting time (Category: Access to services)	8%	
Approach to Care (Category: Care/Treatment)	7%	
COMPLIMENTS (based on 3343 responses to 'What did we do well' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	18%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	13%	
Being Listened to (Category: Communication)	6%	

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



6.4 PATIENT OPINION

Four postings published in the last month relating to Local Partnerships – Mental Healthcare was deemed moderately critical:

- A person posted a story relating to their care at the point of crisis. The person claimed that the crisis team offered little assistance due to a lack of current risk assessment for admission to Haven House, which in turn led to the person attending the emergency department at QMC. The person experienced a delay before triage, and further hours with no medical support so decided to leave the department. The following morning, the person was admitted to Haven House (as arranged by their community psychiatric nurse - CPN) but did not feel well cared for at Haven House.

  The Matron at QMC's Emergency Department responded encouraging the person to contact them directly to discuss their experiences, as did the Acting Service Manager for the City Crisis Team, who also offered an apology for such a negative experience. The Acting Service Manager later wrote a further response to the story thanking the person for having spoken to her and explaining that she had offered to meet the person, along with some friends who had experienced similar, where they could ask questions and talk through their experiences. The person responded to thank the Acting Service Manager for arranging to meet them.
  www.patientopinion.org.uk/opinions/334282

- A second story was posted by someone attempting to access Haven House while in crisis. They were told that a bed was available, but hours later they were declined a bed at Haven House due to their level of risk and were seemingly offered no alternative care other than the emergency department. The person stated feeling very frightened and declared that they had self harmed.

  A dialogue followed between the Acting Service Manager for the City Crisis Team and the person, which involved online responses and phone calls. This action put in a place a plan for the person to be kept well at home but also be able to access Haven House if needed. The person went on to explain that though they had experienced more difficult nights and had self harmed again, the crisis team had offered considerable and constructive support and that support continued. The Acting Service Manager also commented on the person's desire for a crisis café in Nottingham, which they felt was worth exploring.
  www.patientopinion.org.uk/opinions/334195

- A person posted to say that they had been discharged from the emergency department with the reassurance that the crisis team would offer them support. They person stated that the crisis team had since visited twice, for 15 minutes each time, had seemed distracted and offered little support.

  The Service Manager for adult mental health services responded with their personal contact details to encourage the person to contact her. No further detail is provided.
  www.patientopinion.org.uk/opinions/331787

- A further story relating to experiences of the emergency department at QMC was posted, which explained that while the streaming nurse was 'patient and understanding', no pain relief was offered to help alleviate the pain of self-harm injuries and only a very brief assessment by the psychological medicine department was conducted which missed information about the self-harm, leaving the person feeling dismissed. The issues were compounded by the issue of the service user being an employee of Nottingham University Hospitals, seated in an area where they were seen by colleague and coworkers.

  The Matron from the Emergency Department, and the Acting Service Manager for the City Crisis Team, both responded encouraging the person to contact them so that they could resolve the issues and discuss the experience. No further detail is provided.
  www.patientopinion.org.uk/opinions/331440

One Patient Opinion posting stated a change was planned or made in the last month:

- A posting praised staff on Orchid Ward at Millbrook Hospital with a suggestion to do more for physical health on the ward to help mental health.

  The Acting Ward Manager of the Lucy Wade Unit responded to say ***"…****we are pleased to report that we are developing these opportunities wider; both at millbrook and in the wider community with bookings from everyone active doing sessions on the ward, positive goals football team and the development of our new activity coordinators based on the wards"*
  www.patientopinion.org.uk/opinions/329854

6.5 UPDATE ON PREVIOUS BOARD PAPER WITH FORENSIC SERVICES FOCUS

LOW SECURE AND COMMUNITY FORENSIC SERVICES (featured in Board of Directors paper, October 2016)
Below we update on any developments in relation to the main issues presented in the October report:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE – JANUARY 2017
Waiting times (Nottingham Personality Disorder Network)	Initially, feedback indicated an issue with long delays while waiting for assessment. More recently, feedback has indicated an issue with delays between assessment and commencing therapy sessions.	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. A variety of other actions were also taken, including: • changing the assessment process from group to individual slots • telephoning service users to confirm appointments prior to assessment, reducing the number of Did Not Attends (DNAs) - allowing staff to fill assessment slots at short notice. The average wait for an assessment is now between eight to ten weeks from being discussed at RAMM. 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. 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 referral to assessment and formulation is manageable we do continue to have long waiting times for people accessing therapy programmes. Whilst putting into place 3 monthly 1:1 sessions has helped in the majority of cases we do continue to receive concerns about the waiting times. Despite offering different geographical areas for people to attend for therapy this has made no substantial impact on waiting times, often them preferring to wait until they can receive therapy in their nearest geographical area. The development of the PD pathway continues and we hope that in time this may lead to reduced numbers of referrals, allowing resources to be employed in the therapy groups. Current resources and PD pathways do not allow us to reduce these waiting times and we need to

		Whilst this has not reduced the wait from assessment to therapy, it does ensure that the service users are engaged in a process. 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 therapy group in any geographical area they are available to try to ensure the maximum number of service users are in therapy. Development of a Personality Disorder pathway with those referring into the PDDN is underway. This would mean referrals were more appropriate, leading to reduced numbers of referrals, allowing resources to be employed in the therapy groups. An external review of the PDDN has been commissioned, with all these issues being shared.	agree realistic waiting times with commissioners The external review has now been completed and full details and recommendations will be discussed through various forums.
Visiting times/flexibility with visiting arrangements (The Wells Road Centre)	Visits occasionally do not start on time sometimes the visit is extended to compensate and at other times this is not possible.	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. 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. The Modern Matron will report the outcome of the audit to the Directorate Management Team for consideration, and improvements made accordingly.	The audit results showed that there can be a problem with getting visitors into the hospital on time during their first visit. Processing identity checks as well as ensuring any items brought in are checked can take up to ten minutes if there are number of visitors. On a minority of occasions staff have been late due to incidents occurring at short notice prior to a visit causing delays in reaching the reception in time.

Information technology (The Wells Road Centre)	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.	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. 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.	Wi-Fi for patients is now in place we are in the process of ordering internet capable laptops for each ward.
Staffing levels, specifically the impact on activities and staff availability (The Wells Road Centre)	Though periods of heightened clinical challenge staff managing crisis situations are less available to engage in activities.	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.	We continue to monitor resources and the cancellation of activities. We have a Deputy Matron in charge of recruitment and staff resources to ensure shortfalls are pre-empted and action is taken as quickly as possible to maintain quality.

7. SERVICE IN FOCUS: 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 functional 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. The WAD service has two components a diagnostic service and an early post diagnostic treatment service, that together offer specialist assessment, diagnosis, appropriate treatment, active therapy, and the opportunity for an individually tailored care plan both pre and post-diagnosis.

- Five inpatient wards, including Cherry and Silver Birch Wards at Highbury Hospital, Kingsley and Amber wards at Millbrook Hospital and B1 at Bassetlaw Hospital. They provide assessment and treatment for individuals with dementia or for individuals with functional mental health conditions.

- Dementia Outreach Services (City and County) which aim to ensure improved quality of care for people of any age with a diagnosis of dementia in a care home 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. They enable people to have the choice to live as independently as possible at a time of crisis. The service is delivered in people's own homes and makes every effort to prevent unnecessary admission to hospital or residential care.

- 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. The support is for older people with a functional mental illness and people of any age with a diagnosis of dementia.

- Community Mental Health Teams (CMHT) work with service users who have mental health difficulties and need Specialist Mental Health Support. Services are available to older adults over 65 with a mental health issue which has a predominantly psychological cause and people of any age with a diagnosis of dementia.

- 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.

- Rapid Response Liaison Psychiatry (RRLP) Service operates across Sherwood Forest Hospitals (SFH), Bassetlaw District General Hospital 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. The teams accept referrals from either the Emergency Department at each hospital or from the inpatient wards. Referrals may be for patients who have self-harmed, are suicidal, are in acute mental health crisis or who may have a possible dementia or delirium. A liaison service is also provided to clinicians in these hospitals who require advice on the management of patients with possible mental health problems.

- 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.
- Integrated Neighbourhood Teams; a link workers pathway which provides mental health support, advice and training to the staff who work in the Integrated Neighbourhood Teams to ensure that patients have a seamless pathway
- Ward B47 at QMC and Ward 52 at Kings Mill Hospital take patients with a primary physical health issue but who may also have a mental health need. Mental Health Nurses are in place to meet the needs of those patients with complex mental health needs.

*****All acronyms used in the remainder of the report are referenced above.

7.1 MAIN ISSUES IDENTIFIED IN PREVIOUS PATIENT VOICES REPORT WITH FOCUS ON MENTAL HEALTH SERVICES FOR OLDER PEOPLE (FEBRUARY 2016)

Below we update on the main issues identified (and the actions proposed in response) in the previous report which focussed on mental health services for older people, which was presented at the Board of Directors in February 2016.

ISSUE	DETAIL	ACTION TAKEN/PROPOSED
Parking/transport (Source: Feedback survey)	Many comments relate to the ambulance service provided by Arriva, and it not being punctual or not arriving. Other comments relate to the lack of parking at (or nearby to) the St Francis Day Hospital, and for Lawrence Day services.	**Reported in February 2016:** • Discussions are ongoing with Arriva as concerns arise. **Update (January 2017):** • St Francis has now moved location and it is hoped that this will help with parking for disabled access.
Access to services (Source: Feedback Survey, verbal feedback from families and carers)	The majority of comments relate to a desire to remain in day services longer as the service is highly valued, rather than an issue of access into the services at referral stage. This relates to the acknowledgement nationally that there is an issue with older people being isolated and lonely due to a lack of continuing social interaction and support services.	**Reported in February 2016:** • In the Rushcliffe CMHT, a reserve list is now held for cancellations so that they can offer appoints at short notice. • On initial visit by a Clinician, the IRIS Team discuss that they are a short term service and if on-going support is needed then there could possibly be a charge depending on financial circumstances. **Update (January 2017):** • Comments from individuals who wish to remain in MHSOP services continue, but as previously this is where the service is highly valued, rather than an issue of access. • Individuals are informed that services are short term.

Personality disorder (PD) in older patients can be missed, or poorly addressed (Source: Complaint)	A complaint raised the issue of personality disorder in older people, and the lack of recognition for the condition.	**Reported in February 2016:** • A project had begun, led by Dr David Connelly and Javid Khalique, with the active participation and support of the Involvement Centre, peer group workers and local representatives of the national "Emergence" Personality Disorder (PD) organisation. • MHSOP with Adult Mental Health involvement has commenced a PD training initiative for its staff. • The project has now also produced a critique of assessment of older people with PD that will enable looking at future assessment tools that would be valuable in diagnosis in older persons. **Update (January 2017):** • The project finished in March 2016, training days re Personality Disorder are available for staff within MHSOP and these are led by MHSOP Psychology. • Patients with ongoing risks are discussed at the two MHSOP locality meetings were a crisis plan is developed to meet the patient's needs, and to prevent unnecessary admissions.
Communication (Source: Feedback survey, Complaints)	People ask for more information at the beginning of treatment, when they are either admitted or begin a course of treatment in the community Families and carers ask for more information on progress Some comments received raise the issue of the information given being too technical, or being too much to understand at one time	**Reported in February 2016:** • The directorate are progressing their work on the Trust Carers' Strategy and Triangle of Care. • The digital health prescribing pilot (addressing the need for better, accessible information available to all online) will shortly begin, in two Memory Assessment Services initially. • An information leaflet stand has been ordered for easy access for patients/carers and staff to access relevant and required information (Newark and Sherwood CMHT) • Rushcliffe IRIS team continuing to gather information/build a portfolio of support groups/ social activities and will accompany service user on initial visit. • The Alzheimer's Society runs an information clinic which people are offered access to after their diagnosis.

		Update (January 2017): • All Inpatient areas have a Carers Strategy Implementation Plan in place and Community Teams are currently undertaking their self-assessment. • Digital health prescribing (Recap) is now available across all MAS localities. • Teams continue to provide information of support groups and social activities as appropriate.

7.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey:

	October - December 2016	July - September 2016
Service Quality Score	92%	93%
Friends and Family Test (FFT)	93%	95%
SUCE survey returns	297	237
Patient Opinion postings	15	22
`Service made a positive difference' score	89%	89%

7.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (January 2015 – December 2016)	Emerging issues (October – December 2016)
ISSUES (based on 499 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services) The comments relate to the full spectrum of MHSOP services. Comments mostly relate to restricted length of care, and over-subscribed services limiting access to care. There is an indicated perception that services will be reduced further.	11%	No emerging issues
Waiting time (Category: Access to Services) The comments relate to the full spectrum of MHSOP services. Comments relate to waiting for assessment, results and treatment. Comments indicate that limited communication increases concerns relating to waiting times.	8%	
Approach to Care (Category: Care/Treatment) The comments relate to the full spectrum of MHSOP services. The comments are very mixed, with an underlying element of inadequate consideration for the service user and carer's opinions leading to dissatisfaction with care given.	8%	
Staff/Service User (Category: Communication) The comments relate to a wide range of MHSOP services, but Ward B1 appears repeatedly (Ward B1 also appear repeatedly in the compliments shared for staff/service user communication). Comments seem to relate to limited communication, as well as a dismissive approach to communication from staff.	6%	
Staffing Levels (Category: Staff/Staff Attitude) The comments relate to a wide range of MHSOP services, but Cherry Ward is mentioned repeatedly. Comments suggest that staffing levels are leading to overworked staff, longer waiting times, and reduced access to care.	5%	
COMPLIMENTS (based on 784 responses to 'What did we do well' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	25%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff attitude)	16%	
General (Category: Staff/Staff Attitude)	4%	

7.4 COMMENTS AND STORIES WHICH ILLUSTRATE THE MAIN ISSUES RAISED

In the following section we present a summary of the feedback received through the major channels used across Mental Health Services for Older People services over the last 12 months. This feedback serves to illustrate the main issues that have been raised by patients, their carers and families, and staff.

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

Comments that illustrate what has been said about the **main issues** raised:

Availability of Services (Category: Access to Services)

- *Extend the service. I know finance is always a problem but some may come from other sources of employing outside help. (Mansfield and Ashfield CMHT (MHSOP)).*
- *Access to Mental Health SOP should be faster, not easy to obtain dementia diagnosis via GP. (Mental health services for older people).*
- *We have all looked forward to the visits, so our only improvement would be for visits to carry on. (Rushcliffe IRIS).*
- *Make this service available to as many people as possible. (City Memory Assessment service).*

Waiting time (Category: Access to Services)

- *The long wait to been seen as a new patient is agonizing and at times frightening. (Gedling and Hucknall CMHT).*
- *We had to wait 3 months to get a result (City Memory Assessment service).*
- *Obviously waiting times for appointment create anxieties. A nice idea would be a "chat" over a coffee. The patient would be put at ease. (Gedling and Hucknall Memory Assessment Service (MAS)).*

Approach to Care (Category: Care/Treatment)

- *[Could do with a] Weekly diary of things they have done as Dad has trouble remembering what he has been doing in group. (Lawrence Unit).*
- *Better understanding and help before admittance to hospital. (Mansfield & Ashfield IRIS).*
- *There were occasions that mental health workers have dismissed my neurological condition when it arose as "attention seeking" without reference to my notes. (Mental health services for older people).*
- *Difficult having people with different conditions together. People should try a different route if possible. (B1).*

Staff/Service User (Category: Communication)

- *There isn't always someone available to help or explain what is happening or what I need to do. (B1).*
- *A better explanation of why I was required to attend the day care services and how I would benefit from the experience. (Mental health services for older people).*

- *The person who my wife sees approx every 3 months does not speak very good English. My wife is unable to understand so she is very reluctant to go. (Mental health services for older people).*

Staffing Levels (Category: Staff/Staff Attitude)

- *Staffing level make it difficult sometime to call someone when help is needed at once, maybe volunteer worker could help in some cases. (Cherry Ward).*
- *Employ more staff in order to attend patients needs more quickly and to enable the assessment process to achieve it's aims without a 7 month delay. Direct more financial resources to 'front line' staff and care. (Mansfield and Ashfield CMHT (MHSOP)).*
- *More staff and resources for the unit. (Broxtowe CMHT (Sheila Gibson Unit)).*

7.4.2 PATIENT OPINION

Between January – December 2016, mental health services for older people received 64 Patient Opinion postings, viewed 8117 times on the Patient Opinion site.

Of those 64 postings:

- 60 were rated as entirely positive
- 2 of those were rated as minimally critical
- 1 was rated as moderately critical

All stories have received a response, with 48 of the 64 stories receiving a response within two working days (75%).

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

- *"We would like to ask if the Trust can identify guest speakers who work for the older people service to come along and chat with us [The Dementia Carers' Group] as we are very keen to link into the Trust and help it change services and lives of our loved ones and also link us to other carers'."* The older people's Community Team in Newark and Sherwood agreed to support this request www.patientopinion.org.uk/opinions/286564

- *"I didn't feel comfortable talking about my mum and her deteriorating health in her presence. It would have been helpful for me to have some time to talk to the IRIS team alone, so that I could explain the issues from my perspective. The team left without agreeing any support for my mum."* www.patientopinion.org.uk/opinions/291520

- *'The IRIS team have been an absolute godsend - I really don't know what we would have done without them. We feel very lucky to have found out about them and are really pleased such an excellent service is available in Nottinghamshire'* www.patientopinion.org.uk/opinions/299361

- *"I wasn't aware Compass workers existed or what they did, however I was referred to and contacted by one (Videlle) from Bassetlaw NHS. What a difference! I was*

struggling caring for my elderly mother. Videlle offered support and direction when I didn't know what to do, I am really grateful for everything she's done for me."
www.patientopinion.org.uk/opinions/313045

7.4.3 COMPLAINTS

Between 1st January - 31 December 2016, services within mental health services for older people have been the subject of 29 complaints. The departments which have been complained about are detailed in the table below. Please note, a number of complaints concerned more than one department, therefore the total number of complaints in the table below exceeds 29 as the complaints about each department are logged.

Department/Team	Number of Complaints
Amber Ward	5
Kingsley Ward	5
Silver Birch Ward	5
Cherry Ward	3
IRIS MHSOP (Broxtowe)	3
B1 Ward	2
CMHT (Mans & Ashfield MHSOP)	2
RRLP - MHSOP Millbrook	2
City MAS (MHSOP)	1
CMHT (Broxtowe MHSOP)	1
CMHT (New & Sher MHSOP)	1
CMHT (Rushcliffe MHSOP)	1
IRIS MHSOP (Newark & Sherwood)	1
IRIS MHSOP (Rushcliffe)	1
Management (MHSOP)	1
MHIR (St Francis Unit)	1
RRLP - Adult SFH	1

The Top 6 most frequently selected categories were:

1. Information to / Communication with Carers or Relatives (52%)
2. Nursing Care – Inpatient (21%)
3. Staff Attitude – Nursing (21%)
4. Medical Care – Adequacy of Treatment (17%)
5. Nursing Care – Non Inpatient (17%)
6. Property Loss/Missing (17%)

Some examples of the types of complaints received about information to and communication with carers and relatives are given below:

- A relative complained that when she telephoned the ward for information in relation to her mother, she felt that staff were cold and unwilling to provide

information. The relative also felt that they had not been consulted by staff in the time leading up to the admission and was not involved in decisions about her care and treatment after her mother was admitted. (Ref, 13405)

- A relative complained that after the patient was discharged from the ward, there was no family support put in place; they stated that there was a period of no telephone contact from the clinical team. (Ref: 14124)

- A relative complained that they were unable to effectively communicate with the ward manager to raise concerns when incidents occurred. They also felt that information they provided was not passed between shifts. (Ref 14133)

- A family member raised concerns that they had not been informed of an incident where the patient absconded from the ward. They did not find out until later in the day when speaking to a nurse. (Ref 11635)

- A family stated that after the patient was admitted to the ward, they provided a lot of information to staff. However, they felt that staff did not appear to be interested in the information/explanations that they provided. (Ref: 14521)

- A relative raised concerns that his mother was detained under the Mental Health Act without this having being discussed with him. (Ref 13364)

The outcomes of the 23 complaints which have been closed to date are shown in the table below. The majority of complaints which are 'not pursued' are those which have been made by a relative/carer but the patient does not provide their consent for the complaint to be investigated and the relative/carer to be provided with a response.

Outcome	Number of Complaints
Complaint Upheld In Part	11
Complaint Not Upheld	7
Complaint Upheld	3
Complaint Not Pursued	1
Complaint Withdrawn	1
Total	**23**

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

- A complaint investigation found that Incident Reporting Procedures had not been followed on an inpatient ward when the patient absconded and the family were not informed. The investigator advised that staff on Cherry Ward and Silver Birch Ward will be reminded of the incident reporting procedure and the need for family members to be informed in a timely manner. (Ref: 11635, Cherry and Silver Birch Wards)

- A complaint investigation found that there had not been an adequate handover when a patient was transferred between wards and it was considered that this contributed to her being able to abscond from the ward. It was recommended that

when a patient is transferred to another ward, regardless of the duration, there should be a robust handover of information, particularly regarding observation levels. This will be discussed with ward staff within Mental Health Services for Older People and staff will be requested to remind themselves of the relevant policy and procedure. The investigation also found that Patient Property Sheets had not been completed when the patient was transferred to another ward. Silver Birch Ward were reminded in their team meeting on 4th May 2016 of the need for Patient Property Sheets to be completed when a patient is transferred to another ward. The investigation concluded that when the family raised concerns, no further action was taken. Staff on Silver Birch and Cherry Ward will be reminded of the need to respond to concerns raised by patients or relatives in a timely and appropriate manner. If it is not possible to resolve the concerns locally, the patient or relative will be advised how to make a formal complaint. Consideration will be given to arranging further training for ward staff on responding to complaints and concerns. (Ref: 11635, Cherry and Silver Birch Wards)

- A complaint investigation found that the Trust's policy relating to the safe storage of patient's property had not been adhered to and, as a result, a patient's property had gone missing. The investigation recommended that all staff on the ward re-read the Trust's Policy and Procedure in relation to searching patient's and the safe storage of patient's property. As part of the induction to the ward, all new staff will be informed about the requirements for safe storage of patient's property. In addition, it was agreed that a spare safe key would be held on the ward and be accessible to qualified staff members twenty-four hours a day to ensure that the safe can be accessed and that property can be safely secured. Staff were to be reminded that the safe key should not be taken off the premises. (Ref: 12208, Silver Birch Ward)

- A relative complained that, despite asking staff to inform him when they would be visiting his elderly mother, they had visited his mother twice when he was not present. The investigation found that, due to the patient's history of depression and anxiety, the Community Psychiatric Nurse (CPN) had agreed to keep the relative informed of any future planned visits by the IRIS Team. Regrettably, the care plan the CPN completed for the patient did not indicate that the relative should be present during visits. The investigation acknowledged that this information should have been communicated to all those involved in the patient's care and, had this happened, it would have avoided the situation that the relative found himself in. It was agreed that the learning from this complaint would be shared with staff from the IRIS Team to highlight the importance of completing a full care plan. (Ref: 12509, IRIS - Rushcliffe)

7.4.4 LOCAL MECHANISMS FOR FEEDBACK

Mental Health Services for Older People collect feedback from a number of sources. All Teams and wards use the Service User and Carer Experience (SUCE) questionnaires. The SUCE questionnaire may be provided in varying formats, for example, by the Trust written questionnaire, via an IPad, or one Team will contact individuals by phone following their input due to the nature of the service provided.

The directorate also promote the use of Patient Opinion for individuals to comment on the service they have received. An Information leaflet is available on the different ways that feedback can be sent to Patient Opinion, this is not only via posting online, but feedback can be written on the leaflet and posted by mail or a telephone contact number is available. Staff also enable individuals to post online via IPads.

Other ways of gaining feedback are through Patient Ward meetings where this is appropriate and 'You Said, We did' posters are used to reflect responses. Comments from thank you cards and letters to all Teams and wards are recorded.

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

8.0 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 patients 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
Availability of Services (Source: Trustwide SUCE survey)	• 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).	• Teams inform individuals that the service is time limited from the outset. They also provide information on other Community Services and support locally. • IRIS Teams refer and provide an appropriate handover to social care for ongoing support where this has been assessed as a need.
Information and support at the point of a diagnosis of Dementia (Source: Healthwatch Nottingham and Nottinghamshire Report)	The conclusion of the report recommended: • 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. • Increase the number of support group and the capacity of support groups either statutory or voluntary.	• 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. They also now offer Recap (digital health information), which went live on the 14th November 2016. 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 2 MAS bundles one for time of assessment and one for time of diagnosis. • At the inception of MAS, a service was commissioned from the Alzheimers 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 *Cognitive Stimulation Therapy Treatment*, or for the *Living Well with Dementia* course.

Communication with carers (Source: Complaints)	• Where issues have been identified via a complaint, action plans have been raised and completed to improve the quality of care within services.	• 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. • Teams and wards are aware of information resources that can be provided to carers.
Waiting times (Source: Trustwide SUCE survey, Healthwatch report)	• The Healthwatch Report identifies waiting times for dementia diagnosis. • Comments within the SUCE report also identify waiting times within dementia diagnosis services.	• 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.

9. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey that illustrate about the **main compliments** shared about South Nottinghamshire Sub Economy Services:

9.1 A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY:

- *"You have shown so much understanding, and I couldn't have wished for better help. You have helped me to feel I could cope, like there was light at the end of the tunnel. I felt reassured to have had someone like you to go through all the appointments and experience with. I'm glad I attended clinic, even though I have had to get used to having this diagnosis I'm glad it was you who was there. Thank-you for your help".* (Memory Assessment Service)

- *"This feedback is only about the help given by Jo or rapid response liaison psychiatry. I was worried about my mum, Jean, state of mind when she had been sat on the ward for about ten days I needed to get her home before the next weekend and it was already Thursday. I called Jo she agreed with me and she did everything she could to get my mum out. Jo was fantastic & succeeded. I am in her debt."* - RRLP (MHSOP Nottingham University Hospital)

- *"I was crying out for help on caring for my mum, no one listened to me. I phoned Maria up and she got things going fast. Thanks to her my mum safe and well."* (City CMHT)

- *"[The two members of staff I came into contact with] did exactly what they said they would. They were respectful, helpful & diligent. They did not patronise my mother."* (Newark & Sherwood IRIS)

- *"When I was at my lowest ebb the support from Videll was excellent and throughout her visits to me got me through the issues I had."* (Compass Worker Service)

- *"Take extra care in looking after patients above and beyond the call of duty, I'e' they are close to being angels."* (Ward B1)

- *"All the staff are so caring, I can't thank them enough for taking such good care of my mum. What a great team of nurses."* (Cherry Ward)

- *"Everything you do here is very outstanding my wife has come on brilliantly. She has really looked forward to coming. All the staff are brilliant. Keep up the good work."* (Day Services South)

9.2 A SAMPLE OF COMMENTS FROM THE VARIETY OF FEEDBACK MECHANISMS WITHIN MENTAL HEALTH SERVICES FOR OLDER PEOPLE

- *"We attended your 'Living Well with Dementia' course. We would like to thank everyone involved for their kindness and friendliness. It was a most helpful and*

encouraging 4 weeks. We felt we had gained a great deal from it – not only from the team of experts, but also from exchanging experiences from others in a similar situation." (Thank you card, St Francis Day Services)

- *"Just wanted to say a huge thanks for everything you did for our mum during her stay with you…..She couldn't remember who any of her daughters were, which as you can imagine was heartbreaking for us. However, after a few weeks with you she began to recognise us again, and this is something we will always be grateful for."* (Thank you card, Silver Birch Ward)

- *"The IRIS Team have been an absolute godsend – I really don't know what we would have done without them. Their support and advice has been very much appreciated. We feel very lucky to have found out about them and are really pleased such an excellent service is available in Nottinghamshire."* (Patient Opinion)

- *"Work was done on allowing the care staff to understand the importance of their !:! support role and how to manage the care planning and staffing priorities around the giving of this. Additional advice on strategies to maximise the benefits of this time has enabled the home to achieve positive outcomes for the service user."* (Patient Opinion)

- *"I had a series of illnesses, then told I had cancer, which tipped me over the top. I was at the point of taking my life. The mental health rapid response Team were great. I was then referred to MHSOP, and given great support by all involved. Now I feel more confident and happy, things are looking up. I am waiting to begin volunteering in MIND in hope of giving something back. MHSOP supported me in my recovery, and wish to thank all involved."* (Patient Opinion)

10. RECOMMENDATION

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

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January 2016