

BOARD OF DIRECTORS
25th July 2019

INVOLVEMENT, EXPERIENCE AND VOLUNTEERING
PATIENT VOICE REPORT

LOCAL PARTNERSHIPS– ADULT MENTAL HEALTH

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 April - June is **95%**. Our Friends and Family Test Score is **95%**.

This month's Patient Voice Report focuses on **Local Partnerships – Adult Mental Health Services** 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:

- Waiting lists in community services
- Crisis Care
- Involvement of families/carers

- Availability of Services
- Time staff spend with service users
- Involvement in care/care planning

The report also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring on **Forensic Services – Wathwood Hospital**. These were:

- Activities
- Restricted food
- Vaping

3. SERVICE IN FOCUS: LOCAL PARTNERSHIPS – ADULT MENTAL HEALTH SERVICES

AMH provides acute and rehabilitation inpatient services, crisis teams and community services across Nottinghamshire and Bassetlaw.

There are seven acute admission wards and two psychiatric intensive care units (PICU) at sites at Highbury Hospital, Millbrook Mental Health Unit and Bassetlaw Hospital.

Four Crisis Resolution and Home Treatment (CRHT) teams provide urgent support and home treatment to prevent hospital admission. The acute pathway also includes Street Triage, 111 and Bed management.

Open inpatient rehabilitation is provided from an 18 bedded unit at Thorneywood Mount and a locked 18 bedded rehabilitation unit at Bracken house in Mansfield.

A range of community teams support the majority of service users at home. These are currently being remodelled into local mental health teams which will provide local access points for GP's and deliver assessment and a range of treatment pathways.

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICE REPORT WITH A FOCUS ON LOCAL PARTNERSHIPS – ADULT MENTAL HEALTH SERVICES (APRIL 2018)

ISSUE	DETAIL	ACTION TAKEN/PROPOSED – APRIL 2018	UPDATE - JULY 2018	UPDATE – JULY 2019
All other previous issues remain as current issues and are included in the later main issues table				
Disruption to patient care/continuity of care/use of locums	<p>High number of medical vacancies across the community teams</p> <p>Transformation of local mental health teams (LMHTs)</p>	<p>Recruitment programs being rolled out to fill vacancies to reduce the reliance on locum usage. The Trust are also recruiting to new roles for community services which include Non-Medical Prescribers and investing in training for Non-Medical Registered Clinicians (RCs) to consider new ways of working amidst this national shortage for Psychiatrists.</p> <p>Staff at all levels are considering how to carefully transition patient care from one service to another should this be required. Transition agreements are agreed in advance with patients and carers to include timescales and several introductions to any new workers where possible. This change has meant that a large number of people can now access a mental health team base that is geographically closer to them where they can access medication clinics or attend appointments.</p>	<p>Currently six consultant posts out to advert and the Clinical Directors are following up 21 Expressions of Interest from the Royal College of Psychiatry congress in July. Two locums are due to start next month to support LMHT's.</p> <p>Non-Medical Prescriber posts out to advert Six registered clinicians currently training within AMH.</p> <p>Caseload reviews taking place using complexity scale across LMHT's as part of service transformation.</p>	<p>A further successful round of recruitment has occurred, with the appointment of two Consultant Psychiatrists who will take up roles within the LMHTs.</p> <p>A Non-Medical RC is currently working within the locked rehabilitation unit – this is the first deployment of this new role since the Non-Medical RC training was rolled out on 2017.</p> <p>5 Non-Medical Prescribers (NMPs) were successfully appointed – the roles use their prescribing expertise along with their clinical leadership skills to support teams to improve access and advice for patients and referrers.</p> <p>Locum usage remains in parts however this is less than it was post LMHT transformation in September 2017.</p> <p>A lot of focus remains on how to best meet the needs of our diverse service user population to ensure they are getting the right care from the right place from people with the skill set that best meets those needs.</p>

Internet access in inpatient areas	<p>Patients have requested internet access across all inpatient wards in AMH</p> <p>Due to changes in housing access internet access is required to support people with housing issues. Council systems expect those seeking housing support to have computer access.</p>	<p>There had been a trial of access on the Redwoods but this has now been discontinued.</p> <p>No inpatient areas have access currently.</p> <p>Internet access continues to be raised. There is little progress.</p>	Recent IT upgrade at Highbury which should make internet access easier. Continues to be a priority for the directorate but needs higher level support.	Internet access is now available across all AMH inpatient sites after a lot of hard work.
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3.2 DIRECTORATE HEADLINES AND MAIN ISSUES AND COMPLIMENTS

TO NOTE:

- As Nottingham Recovery College generated 45% of the survey responses for Adult Mental Health Services in the last year (899 responses of 1983 in total), for the purposes of understanding the issues in inpatient and community services, the data for the Recovery College is removed from the analysis below and reported separately in section 3.7.
- Wherever feedback is attributed to 'Adult Mental Health' rather than to a service, this indicates that the feedback was received via the National Community Mental Health Survey and we are not able to attribute the feedback more specifically than directorate level.

Data collected from the Service User Feedback survey:

	Current rolling quarter (Apr – June 2019)	Previous rolling quarter (Jan – Mar 2019)
Service Quality Score	87%	82%
Friends and Family Test (FFT)	87%	76%
SUCE survey returns	143	131
'Service made a positive difference' score	85%	77%

	Current rolling year (July 2018 – June 2019)	Emerging issues for the most recent surveying period (Apr - Jun 2019)
ISSUES (based on 710 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment) <ul style="list-style-type: none"> I had spent several hours in family room prior to coming to 136 suite and several hours before in police car. I would have appreciated a sandwich/food and drink on arrival. (Section 136 Suite - County) Let me have my phone full time. (Orchid Ward) Increase resources, stop staff changes continuity of care would help, by keeping named worker. (City North LMHT) 	14%	Facilities (Category: Environment/Facilities) 6% in the quarter, 3% across the year
General (Category: Service Quality/Outcomes) <ul style="list-style-type: none"> Organisation from top to bottom is needed. Keeping patients informed of changes. (City South LMHT) Have nurses which are not arrogant. A mental health nurse treated me like dirt. I felt worse after seeing her! (CRHT City) 	8%	
Waiting time (Category: Access to Services) <ul style="list-style-type: none"> Improve waiting list times or perhaps sending updates to those waiting so they don't feel forgotten. (Step 4 Therapies) In April I was referred and told I'd be seen in 3 months. Offered appt in Oct, which was then cancelled. Finally seen in December! It's been a huge struggle. (City South LMHT) 	8%	
General (Category: Access to Services) <ul style="list-style-type: none"> I have requested to have more frequent appointments but have been refused. I'm left feeling very alone in my care, with no help to guide me to a better structure involving my mental health. My GP only wishes that there are more options [word unreadable] they themselves wish they could help. (Adult mental health) Make Community Psychiatric Nurses (CPNs) more accessible. (Bassetlaw LMHT) 	6%	
Continuity of staff (Category: Staff/Staff Attitude) <ul style="list-style-type: none"> My treatment was interrupted due to the therapist's availability. It would have been better to avoid a 6 month gap in the middle of treatment. (Step 4 Therapies) I usually refuse crisis team as they send a different person every visit or phone call. (Adult mental health) 	4%	
COMPLIMENTS (based on 666 responses to 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	12%	No emerging compliments
General (Category: Service Quality and Outcomes)	11%	
Approach to care (Category: Care/Treatment)	10%	

3.3 CARE OPINION

In the last year 55 stories have been published on Care Opinion commenting on Adult Mental Health

	July 2018 – June 2019	July 2017 – June 2018
Number of postings	58	84
Number of postings without a response	0	0
Number of postings <u>not</u> responded to within two working days	18	29
Number of postings rated as moderately critical or above	20	19
Number of postings which lead to a change in service	1	4

In the last year, **20 stories were rated moderately** critical or above for Adult Mental Health Services, all of which have received a response from an appropriate service lead. For the purposes of providing details on the most critical stories, below is a summary of the stories rated **strongly critical**.

In last year, **three stories were rated as strongly critical**:

- 'My experience of Ward B2'** (www.careopinion.org.uk/opinions/658199)

Comments in the story included - *'I felt thoroughly ready to commit suicide 'Confidentiality is non-existent on the ward', 'Staff mocked patients openly whilst bragging about their credentials as forensic mental health workers'. I felt this was a trip to the dark ages of mental health care and one I don't wish to repeat. I'd give recommendations to improve this unit but the only conclusion I can draw based on my experience is to shut it down and use other facilities'.*

A full and detailed response was provided by the Acute Services Manager - comments in the response included - *'I'm saddened that after your admission on the ward you felt low and disappointed with us, if you would like to talk over your posting please contact me. Your posting will aid our reflective learning within the team to improve standards of care'*
- 'My Dad'** (www.careopinion.org.uk/opinions/639432)

'My Dad committed suicide due to feeling helpless. If there had been better communication between hospital staff, GPs and mental health professionals I feel this may have been preventable. I am not writing this to blame others but to help improve communication'.

A sensitive response with contact details was provided by the Acute Services Manager to gain an understanding into the circumstances leading to the issues raised in the story and *'to gain understanding of your Dad's treatment plan and look at the issues you have raised about communication between differing teams in mental health and physical healthcare areas'.*
- 'Community mental health support'** (www.careopinion.org.uk/opinions/575288)

Comments in the story included - *'If the Community Mental Health team don't follow a plan and don't respond when you clearly need support where are you supposed to go? I'm feeling unsupported, suicidal and so very alone with everything'.*

A further post was made by the service user when our services didn't respond within Trust guidelines for responding (8 days),

'It's been over a week and still no response. My past experience of using Care Opinion has always been so positive and supportive and I have never not had a response before'

After this comment was made, a response was provided by the team leader for Rushcliffe & Gedling Community Mental Health Team with an offer to work together with an aim to improve the level of service for this individual.

No further comments were added to this story by the author.

In the last year, **one story led to a service change.**

- **'Voice Box – an NHS Treasure'** (www.careopinion.org.uk/opinions/581336)

Voice Box is a group for people who have voice hearing experiences. The success of the author and their experience of Voice Box enabled the service user to (happily) quit the group. The feedback on Care Opinion helped the service to come to a decision and this was shared with the author in their reply from the service manager - *'On the strength of feedback and the evidence base for this approach the City LMHTs will be continuing to offer Voice box after this successful trial run'*.

3.4 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (July 2018 - June 2019)

In the reporting period, Local Partnerships - Adult Mental Health Services received 1084 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	Moderately Critical	Mildly critical	Mildly complimentary	Fairly complimentary	Highly complimentary
26	371	231	152	170	6

No service is represented disproportionately within the highly critical feedback, most comments were received via the National Community Mental Health Survey and as such, cannot be attributed to a particular service.

There is a theme within the highly critical feedback relating to the feeling of not being understood and of decisions being made without the full involvement and agreement of the service user, as demonstrated by the comments below:

- *I felt like I wasn't taken at all seriously (CRHT County South)*
- *To be understood and that text book answers to the things that I find difficult to process and overcome are not helpful in the slightest and only reaffirm my experiences and belief that no one understands why I feel suicidal (Adult Mental Health)*
- *My new doctor saw me for 30 minutes over two appointments and decided to take away my medication that I had been on for approximately eight years (Adult Mental Health)*
- *My counsellor only tells me what he thinks I feel instead of listening. No help. I want to die. (Adult mental health)*
- *If people are truly helping us, talk to us, not just assume the best, after all you are playing with people's lives. (Adult mental health)*

3.5 COMPLAINTS

Between July 2018 - June 2019, services within Local Partnerships Adult Mental Health Services have been the subject of 84 full investigation complaints compared with 91 full investigation complaints in the previous 12 month period. The number by service is shown below:

Service	Total July 18 – June 19	Total July 17 – June 18
LMHT (Rushcliffe AMH)	14	15
The Willows (PICU)	13	2
LMHT (Central)	12	2
LMHT (Gedling AMH)	10	7
Orchid Ward	9	10
LMHT Newark	9	9
Jasmine 136 Suite (Millbrook)	8	0
LMHT (City North)	8	15
Redwood 1	7	9
Rowan 2	6	12
Rowan 1	5	5
RRLP – Bassetlaw	5	1
Bracken house	5	0
CRHT (Bassetlaw AMH)	5	0
CRHT City (Hazel Suite AMH)	5	3
CRHT County (Hazel Suite AMH)	5	5
LMHT Mansfield	4	6
Dept OF Psychological Medicine	3	8
LMHT (Broxtowe & Hucknall AMH)	3	2
Redwood 2	3	17
Ward B2	2	13
Bassetlaw AMH Medical Team	2	0
Bed Management	2	3
LMHT Ashfield	2	0
LMHT Bassetlaw	2	2
LMHT (City East)	2	1
LMHT (City South)	2	7

Management (AMH City)	2	0
106/145 Thorneywood Mount (Rehab Unit)	1	0
CRHT (Mansfield & Ashfield AMH)	1	2
Lucy Wade Unit (Acute)	1	2
Millbrook Clinic (AMH Medical Team)	1	0
Psychiatric Outpatient (QMC)	1	0
Psychological Health – Step 4	1	2
Psychology (AMH)	1	0

The themes most often arising in complaints are outlined below:

Theme	Total July 18 – June 19	Total July 17 – June 18
Safe, Adequate, Coordinated Care	89	100
Attitude of Staff	17	24
Info To/Communication With SU/Carers	17	30
Quality/Accuracy Of Clinical Records	6	2

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

- **Information To/Communication With Patients**
- **Medical Care - Adequacy Of Treatment**
- **Nursing Care - Non In-Patient**

Outcomes:

The following table shows the outcome of 84 full investigation complaints closed during the period July 2018 - June 2019:

Outcome	Total July 18 – June 19
Complaint Not Pursued	2
Complaint Not Upheld	54
Complaint Upheld In Part	22
Complaint Upheld	3

Learning/Actions:

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

- For all medication given on a PRN basis to be document in that individuals patient records.
- Timely completed RIO entries
- Rushcliffe LMHT to communicate accurately with patients about the outcome of their appointments

Local Resolution Complaints

In addition to the full investigation complaints received, the service has had 50 local resolution complaints for July 2018 - June 2019 and 35 local resolution complaints for the previous year raised by patients about care issues. The number by service are shown below:

Service	Total July 18 – June 19	Total July 17 – June 18
LMHT (City North)	14	1
LMHT (Central)	12	6
LMHT Newark	11	6
LMHT (City South)	8	2
LMHT (Gedling AMH)	8	11
CRHT County (Hazel Suite AMH)	5	3
LMHT Ashfield	5	6
Dept Of Psychological Medicine	4	4

LMHT (Rushcliffe AMH)	4	10
CRHT (Mansfield & Ashfield AMH)	3	2
Orchid Ward	3	4
Rowan 2	3	2
Admin QMC AMH	2	0
Ward B2	2	6
LMHT (Broxtowe & Hucknall AMH)	2	3
The Willows (PICU)	2	2
106/145 Thorneywood (Rehab Unit)	1	0
Bassetlaw AMH Medical Team	1	0
Broxtowe & Hucknall AMH Medical	1	0
CRHT (Bassetlaw AMH)	1	0
CRHT City (Hazel Suite AMH)	1	7
LMHT (City East)	1	1
LMHT Bassetlaw	1	0
LMHT Mansfield	1	9
Management (AMH City)	1	0
Millbrook Clinic (AMH Medical Team)	1	3
Psychiatric Outpatients (QMC)	1	0
Psychology (AMH)	1	1
Psychotherapy (St Ann's House)	1	1
Rowan 1	1	7

The themes of the local resolution complaints are outlined below:

Theme	Total July 18 – June 19	Total July 17 – June 18
Safe, Adequate, Coordinated Care	47	61
Appointment Arrangements	13	17
Attitude Of Staff	13	19
Info To/Communication With SU/Carers	12	22

Confidentiality	3	1
Length Of Time To Be Seen/Service Availability	3	3
Quality/Accuracy Of Clinical Records	3	1
Medicines Management	2	0
Policy/Procedure	2	1
Access To Records	1	1
Assault/Phys Aggression/Threat Incidents	1	1
Privacy/Dignity	1	0
Support To Carers	1	0

3.6 CARERS, FAMILIES AND FRIENDS SURVEY

Adult Mental Health Services received 47 Carers, Families and Friends surveys in the period.

89% 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: 89%
- Communication: 88%
- Dignity and Respect: 91%

3.7 FEEDBACK RELATING TO NOTTINGHAM RECOVERY COLLEGE

	July 2018 – June 2019
Service Quality Score	96%
Friends and Family Test (FFT)	98%
SUCE survey returns	899
'Service made a positive difference' score	93%

The main issues raised about the Recovery College over the last year were:

- **General (Category: Access to Services)**

- *More time i.e. sessions. It's just crammed into too few weeks.*
- *Almost feel like the anxiety course should be longer - it takes a while for me to feel at ease and fully focused.*
- **Approach to Care (Category: Care/Treatment)**
 - *Revise the groups so that people are grouped in groups with people who have similar issues to my and ensure that people are more comfortable and there is less chance of triggering people off.*
 - *I would like a course that focuses primarily on increasing emotional resilience. In the future having resources online, with a log-in & virtual courses to complete during & after graduation, if you wish.*
- **Other (Category: Care/Treatment)**
 - *Include more varied examples of worksheets/handouts.*
 - *Smaller class as was overwhelmed by the number of people, my class was about 15.*

The main compliments about the Recovery College over the last year were:

- General (Category: Service Quality/Outcomes) – 21%
- Approach to care (Category: Care/Treatment) – 19%
- General (Category: Care/Treatment) – 9%

3.8 LOCAL MECHANISMS FOR FEEDBACK

Additional to the mechanisms above, which are predominantly service user focussed, Adult Mental Health Services use a range of mechanisms to communicate with, and capture feedback from, carers families and friends:

- Carers, Family and Friends bi-monthly meetings – This led to the initiative of developing a questionnaire for carers to complete about their loved one when admitted to an acute ward.
- Carers' weekly group at Highbury – regular invites include all team leads, service managers and operational managers who address issues and respond with actions at next meeting. This resulted in presentations to families and carers regarding CRHT, Haven House and social care.
- Time to Talk, which was established at Highbury now takes place at Bracken House, Millbrook and Bassetlaw.
- There has been patient and carer in attendance at the service redesign of community services.

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	UPDATE
<p>Waiting lists in community services</p> <p><i>(Source: Trustwide survey, National Community Mental Health Survey)</i></p>	<p>Patients are reporting (via the national community mental health survey) long waits to be seen by a professional – particularly psychiatrists</p>	<p>Reconfiguration of LMHT's complete, all teams have standardised operating frameworks, daily Red Amber meetings to address referrals and workload.</p> <p>LMHTs are experiencing high level of demand for services with a continued increase in referral rates. The City LMHTs have seen a slip in referral to assessment waiting times due to staff vacancies and sickness combined with demand. LMHTs are looking at innovative ways of service delivery with the first roll out of a evidence based Hearing Voices programme that delivers key interventions within a group setting, facilitating the opportunity for peer support and continued social networking opportunities.</p> <p>The majority of patients referred are seen within the eight week period for assessment, but there are growing waits for some treatment. Early Intervention in Psychosis for 18-35 years are the exception as we have specific two week requirements (which are separately funded by the CCG). Waiting times for patients over the 8 week period for Assessment appear to be related to incomplete RIO information (RIO being the organisation's patient record system). Steps are being taken to correct and update RIO to achieve an accurate picture.</p> <p>The Non-Medical Prescriber posts are currently out to advert which will help address the waiting list. Six consultant posts out to advert, two locums due to commence.</p> <p>Step 4 services are able to offer assessments within the contracted 12 week period, however, waits for treatment are exceeding one year in many areas.</p>	<p>The Non-Medical Prescriber (NMP) posts have been appointed to across all four City LMHTs with further NMPs based in two of the three County South teams. A further cohort have successfully completed their NMP training and teams are using these additional skills to ensure timely medication reviews.</p> <p>To date a significant review of the outpatient caseloads has taken place to further assure that where care can be managed in primary care it is. This process envisages a reduction in outpatient caseload sizes more able to offer a responsive service to those with the most complex needs.</p> <p>Waiting lists for assessment and treatment remain a constant reality for all services and work has already started with the support of the Involvement team to consider what "Waiting Well" means and looks like for service users and their families. The scope of the project group is also reviewing how we can best use digital resources that are available</p>

<p>Crisis Care</p> <p><i>(Source: Trustwide survey)</i></p>	<p>There have been complaints regarding crisis staff attitudes/support</p> <p>Concerns raised regarding supporting family of trust employees appropriately</p>	<p>The monitoring of calls has supported CRHT leads to investigate complaints more fully and also been used in reflective practice and supervision sessions with staff. There has been a reduction in complaints and negative Care Opinion postings since the last report. At the CRHT commissioning review in July 2018, commissioners noted that GP's have stated they have seen an improvement is CRHT in relation to communication and response. The training invents have proved very popular with staff reporting it was some of the best training they have attended. All CRHT teams are currently being reviewed in relation to the core fidelity criteria to ensure that there is consistency across services and that teams are working as close to core fidelity as resources allow. This work is being shared with commissioners to ensure that CRHT funding is reviewed accordingly.</p> <p>There have been no further issues with CRHT in relation to providing care for staffs' relatives.</p>	<p>After a comprehensive review of our CRHTs against the Core Fidelity standards a proposal has been agreed which initially prioritises 24/7 gatekeeping and Home Treatment Services with further work underway to meet all of the Core Fidelity Standards over the next two years to meet the national 2020/21 target for services.</p>
<p>Involvement of families/carers</p> <p><i>(Source: Carers', Family and Friends survey and carers meetings)</i></p>	<p>Families and carers wish to be included in the care of their relative/ friend, and in meetings and via the carers' survey, a lack of involvement has been raised.</p>	<p>Involving family and carers in their loved ones care continues to be a priority for the directorate. 329 AMH staff trained in Behavioural Family Therapy (BFT). Below details the training programmes across AMH:</p> <ul style="list-style-type: none"> • Six BFT training events per year • Four BFT refresher day per year • Working with families one day workshop once per month • Triangle of Care (ToC) training facilitated by Learning And Organisational Development <p>Every team within AMH has a Carer Lead & have access to Carers Packs - including Carer Feedback forms. Carer volunteers involved in recruitment and training (all Family Intervention Team training) Nine carers groups across city & county North County acute wards & Mid Notts CRHT running pilot re implementing best practice guidance working with families FIT linking in with medical colleagues regarding family sensitive practice & Carers Packs ToC best practice pathway under development, coproduction with Service Managers, Involvement team and FIT. Strong links with Carers Federation, Carers Trust and Social care young Carers assessment team.</p>	<p>Further commitment to training all of our staff in BFT interventions and providing them with the support to integrate this approach within their daily practice continues, heavily supported by the Family Intervention Team (FIT). They offering regular supervision and a rolling training programme for all our staff across the organisation.</p> <p>Band 6 training now rolled out across LMHTs – having delivered to 3 cohorts of staff. The programme was co-produced with the Involvement team and service user/carers stories are shared by our volunteers and used to frame the first session. The session on Recovery & Care Planning is being co-delivered with one of our involvement volunteers. Prior to that the content of the week long training was framed with the outcome of aims that had been co-produced with service users and carers, each session was consulted on</p>

		City Carers Support Service	<p>in co-production meetings where service users and carers checked and challenged on content and the simulated learning sessions used a co-production group in order to produce the learning scenario which continues to be used.</p> <p>ToC document co-produced with the Involvement team, Service managers and FIT team has been initially launched at the Band 6 training. This is due to be integrated as a core document on RIO.</p>
<p>Availability of Services</p> <p><i>(Source: Trustwide survey)</i></p>	<p>Patients have reported on a lack of activity social groups provided by community teams</p> <p>Patients regularly provide feedback that states that they would benefit from more interaction with services and particularly more support post-discharge and from crisis services.</p>	<p>It is now a priority of the service transformation across Bassetlaw, Mid Notts and Greater Notts to work with third sector services to sign post service users/carers/families and will be picked up via the transformation programme. An increased focus on working more closely with partner providers and organisations to enable the LMHTs to offer health focused interventions and partners to provide care which is social based, but aware of the challenges these organisations also face.</p> <p>The Urgent Medical Mental Health Line (UMMHL) is no longer funded but the UMMHL principles will be embedded in the new model as laid out in the service transformation of LMHT's/primary mental health care. A key focus of the new model will be better communication between primary care/secondary care, reduced waiting times, and faster access back into secondary care if appropriate.</p> <p>The CRHT specification is being further reviewed in relation to core fidelity and five year forward view. Each team has completed self- assessment and work has begun with commissioners regarding future CRHT provision.</p> <p>Locked Rehabilitation - Bracken House is due for retender, with the expected schedule to be opened towards the end of August 2018. Although the national focus is for a move away from Locked Rehabilitation beds, at this time AMH are expecting to retender for the existing bed stock (twelve male and six female).</p>	<p>A successful bid was made to further enhance our Individual Placement Support (IPS) service. This will lead to more people accessing employment and meaningful occupation that will help to support and maintain recovery. The evidence base for this approach in relation to achieving recovery and social inclusion makes this an exciting offer to our service users.</p> <p>Discussions have started about how we can more widely use the Recovery College to support the discharge planning process and offer. Many of the courses that are offered provide key recovery skills whilst also providing a social opportunity for many.</p>

<p>Time staff spend with service users</p> <p><i>(Source: Trustwide survey)</i></p>	<p>Patients comment on poor levels of 1-1 with nurses, particularly on Orchid Ward.</p>	<p>Following the safe staffing review AMH are recruiting four Band 6 nurses across Highbury and Orchid ward at Millbrook to enhance psychological interventions and activities offered to patients. The AMH nurse consultant and lead psychologist for AMH are leading a review of psychological therapies across the acute wards to ensure that workforce and resources best meet the needs of acute inpatients and enhance patient experience.</p> <p>A pilot of individual and group activities is being run on Lucy Wade Unit which will be evaluated as part of the wider review above.</p> <p>All acute wards are now using Hurst and safe care module to ensure resources are maximised and patient 1-1's are carried out.</p> <p>Each patient now completes a recovery care plan which is audited weekly by matrons/service managers.</p>	<p>The 4 x Band 6 Psychologically Informed Practitioners (APIP) are now in post and offering a range of psychologically interventions across wards at Millbrook and Highbury.</p>
<p>Involvement in care/care planning</p> <p><i>(Source: National Community Mental Health survey)</i></p>	<p>Patients have consistently raised issue with feeling detached from or not involved in the planning of their care and in important decisions.</p>	<p>Collaborative care planning is a key agenda issue across all our services. Community teams have dedicated a part of the Band 6 training to revisit the need for service users and their families to be involved in their care plans, with a particularly emphasis on a recovery focus.</p> <p>The CQC inspection this year found that our staff in community services are developing holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and staff engaged in clinical audit to evaluate the quality of care they provided.</p> <p>A Collaborative Care Planning project has been launched and a project team has been formed to consider how we can better approach collaboration in care plans and important decisions in care. The project team includes a mixture of staff and volunteers from the Involvement Centre and there are sure to be further updates as this project progresses.</p>	<p>N/A</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 Adult Mental Health Services:

A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY:

- The care I have had in the last twelve months has been excellent. The people who dealt with me were very professional and interested in my care, the package was always first class. This has helped me get on with my well-being. In my humble opinion, no better care available for anyone with mental health issues unsurpassable in every field. (Adult mental health)
- I welcomed the visits by my mental health care. I keep in touch with the real world and feel safe. I have many problems unresolved, but it is very complicated and mainly caused by one family member, who still shirks their responsibilities. (Adult mental health)
- Empowerment. Allowed to express myself constructively. Being creative. Enabling me to figure out my next steps for the future. (Nottingham Recovery College)
- The bipolar echolalia group has been very beneficial in helping me understand and limit the worst effects of the condition. It's also been nice to become friends with and share experiences with other people suffering from the condition. (Adult mental health)
- No one judged you for being on the ward, all of the nursing staff and healthcare staff were always available if you needed a chat one to one. (B2)
- No matter how awkward or nasty a patient was the staff were so professional and kept their clam, no matter how dangerous the situation. (Orchid Ward)
- Creating a relaxed & friendly environment and putting me at ease. Understanding my complex Mental Health problems. Showing me care and understanding. (Step 4 Therapies)
- I get very unwell/ill every two-three years. At those times, my parents (carers) contact doctors and help me to get the care I need. My mental health doctor and all the staff are very supportive at those times and help me to get better. (Adult mental health)
- I have been lucky to have a psychiatrist who listens and is empathic. Who is also open minded about medication and making changes to it. (Adult mental health)

6. UPDATE ON MAIN ISSUES PRESENTED IN THE PATIENT VOICES REPORT (MARCH 2019)

Below we update on any developments in relation to the main issues presented in the February 2019 report, featuring **Forensic Services – Wathwood Hospital**:

ISSUE	DETAIL	ACTION – MARCH 2019	UPDATE – JULY 2019
<p>Activities (Source: Patients' Forum)</p>	<p>Patients have asked for more activities to be provided.</p>	<p><u>June 2018:</u> Each ward/individual continues to have a full and busy Occupational Therapy (OT)/nursing programme informed by patient feedback and requests. We have the events planner for two themed nights per month. Wathwood continues to meet the standard relating to the provision of 25 hours of meaningful/therapeutic activity. Excellent sports facilities available in the evenings and on a Sunday complimenting the already extensive activities across the unit. We have increased access to the central activities on a weekend and access to the central activity outdoor area during summer months. We are running external activities areas weekly on top of the current programme and we have arranged a sports day in June and a sponsored walk for those with leave. Sports team and horticulture present an audit of the attendance of patients.</p> <p><u>March 2019:</u> We have an extensive OT plan every day for each ward and individual, we have sports on six days a week for swimming gym, and theme of the month sport, we have horticulture, recovery college and an events planning.</p> <p>More diverse events have been arranged e.g. Shaun Attwood (author) attended Wathwood, talking about his previous experiences of prison life and illicit drugs. Danny Sculthorpe (ex-professional rugby player) also visited to speak on his own mental health and his book.</p>	<p>We continue to offer lots of activities through the Sports, Horticulture and Occupational Therapy.</p> <p>Furthermore we have additional events, Falconry display 9th July 2018 and a play from Moorlands view LSU on the 10th July.</p> <p>Please find attached the latest Horticulture audit demonstrating that the hours of activity have been maintained however more impressively we have managed to get a lot of different people including the 3:1 escorts for patients taking their first stepping stone into the community.</p>

		  04.02.19 LOdges OT programme example.v Events Calendar 2019.docx	
Restricted food (Source: Patients' Forum)	Patients raising various concerns relating to the restriction of certain foods (particularly bread), or limited portions.	<p>Staff are providing education about eating healthily through the healthy lifestyles group (linked to the hospital's Obesity strategy).</p> <p>To complement our education work, we have introduced the Daily Mile and Coast to Coast bike ride, and continue to offer many sporting/physical activities during the week.</p>	<p>We continue to run the healthy lifestyles groups educating people about food, exercise and how to be healthy in the future.</p> <p>We continue to work with patients around purchasing items from the shop and developing new menus.</p>
Vaping (Source: Patients' Forum)	Patients wish to vape on site and are unhappy that they cannot do so.	Watching brief especially around Wells Road and The Humber centre who are piloting Vapes.	We still have a watching brief as we review how other sites have managed vaping within their services.

7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter (Apr - June 2019) and in brackets, previous rolling quarter (January – March 2019).

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	95% (94%)	79% (81%)	95% (94%)	96% (97%)
FRIENDS AND FAMILY TEST (FFT)	95% (94%)	65% (74%)	94% (92%)	97% (98%)
SUCE SURVEY RETURNS	3694 (5498)	120 (521)	1359 (1813)	2215 (3159)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	93% (91%)	79% (80%)	91% (89%)	95% (95%)

7.2 CARE OPINION HEADLINES

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

JUNE 2019	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS – MENTAL HEALTH	LOCAL PARTNERSHIPS – GENERAL HEALTH
Number of postings	56	32	11	13
Number of postings without a response	4	0	0	4
Number of postings rated as moderately critical or above	5	0	4	1
Number of postings with changes made	0	0	0	0

In the last month, **four stories rated as moderately critical** or above (all stories have received a reply from an appropriate service lead):

- **'Crisis support at night'** - www.careopinion.org.uk/opinions/669127

A service user rang County South Crisis Team in distress. Quote: *'The person I spoke to hadn't a clue what I was talking about, didn't listen to me and certainly never bothered to look at my crisis plan'. I felt embarrassed and worse after the call'. So now I have to do the walk of shame to my GP to get stitched up'.*

A response was provided by the Team Leader of County South Crisis Team apologising with an offer of a phone call or e-mail contact to discuss further. The story was forwarded to the County South CRHT for reflection and learning.

- **'District nurse home visits'** - www.careopinion.org.uk/opinions/667460

A service user complained about communication between their GP and other services and having to pay for their own dressings. This story is unclear in the detail.

The Integrated Care Team Leader – Ashfield North replied and invited the author to contact them to ascertain where we should direct the story to.

- **'Nottingham City Crisis team'** - www.careopinion.org.uk/opinions/665082

This story is a detailed account of a service users experience of the crisis team. It highlights several contacts made to team members over time and the different team members effect on the individual both negative and positive. Quote: *'A service that is supposed to help me and others when most distressed and vulnerable and which has once again I feel, let me down spectacularly'* Quote: *'I spoke to out of hours line on a Thursday and spoke to a staff member who was so compassionate and kind and really saved my life when I was adamant on taking it'.* The story mentioned promised phone calls that were not made to the service user and how the service user felt when unable to call back to challenge this.

The response from the Service Manager of the City & County South Crisis team meant a positive discussion took place via e-mail and as a result, a meeting was arranged to meet to discuss concerns.

- **'Lack of mental health care'**- www.careopinion.org.uk/opinions/664521

A patient was discharged from Bassetlaw Mental Health Outpatients on the understanding they would be able to re-refer but they report being told there was nothing that could be done. The patient was left with a feeling of no hope after a diagnosis of borderline personality disorder Quote: *Why is there no help available for me? I would engage with services and I want to get well. I want to take control of my life rather than letting my emotions taking control of me and most people getting angry with me and rejecting me'.*

A response was made by the Community Service Manager, Millbrook Mental Health Unit apologising for the distress caused and explained the referral process for senior members of the team to consider treatment options. The service manager offered to answer any unanswered queries about care and provided contact details.

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 (July 2018 – June 2019)	Emerging issues for the most recent surveying period (Apr - Jun 2019)
TRUSTWIDE (based on 6645 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	10%	No emerging issues.
Availability of services (Category: Access to Services)	9%	
Waiting time (Category: Access to Services)	8%	
FORENSIC SERVICES (based on 853 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	12%	Approach to Care (Category: Care/Treatment); 12% in last year, 18% in last quarter.
Staffing levels (Category: Staff/Staff Attitude)	11%	
Waiting time (Category: Access to Services)	9%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1198 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	14%	No emerging issues.
General (Category: Access to Services)	10%	
Waiting time (Category: Access to Services)	9%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 3790 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	22%	No emerging issues.
Appointments (Category: Care/Treatment)	7%	
Waiting time (Category: Access to Services)	5%	

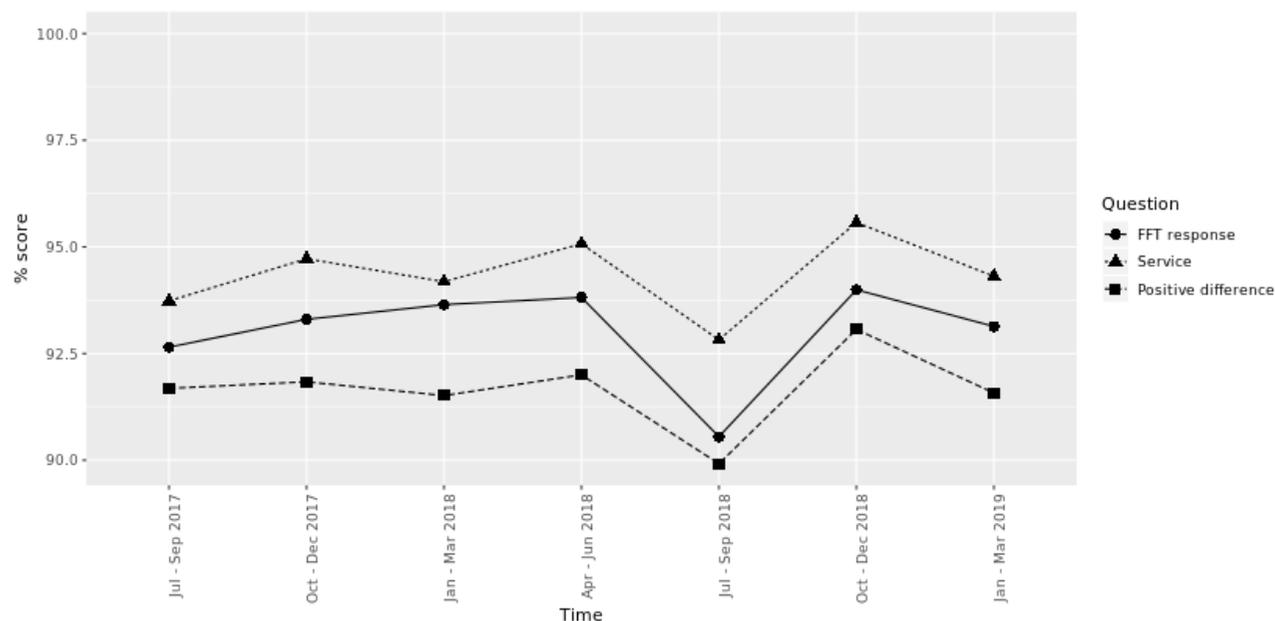
7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

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

	Current rolling year (July 2018 – June 2019)	Emerging issues for the most recent surveying period (Apr - Jun 2019)
TRUSTWIDE (based on 11113 responses to the 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	18%	No emerging compliments.
General (Category: Service Quality/Outcomes)	16%	
Quality of Care/Service (Category: Service Quality/Outcomes)	10%	
FORENSIC SERVICES (based on 888 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	15%	General (Category: Care/Treatment); 6% in last year, 12% in last quarter.
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	11%	
Being listened to (Category: Communication)	10%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 3098 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	18%	No emerging compliments.
Approach to Care (Category: Care/Treatment)	12%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	11%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 7123 responses to the 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	25%	No emerging compliments.
Quality of Care/Service (Category: Service Quality/Outcomes)	16%	
General (Category: Service Quality/Outcomes)	15%	

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/2CEJqYH
- Forensic Services: bit.ly/2MiUGWi

8. RECOMMENDATION

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

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Amy Gaskin-Williams
Deputy Head of Involvement, Experience and Volunteering

July 2019