

**BOARD OF DIRECTORS
30th MARCH 2017**

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

**LOCAL PARTNERSHIPS GENERAL HEALTH – CHILDREN’S AND
YOUNG PEOPLE’S SERVICES**

1. PURPOSE

This is the monthly Patient Voice report produced for the Board of Directors. The main purposes of this report are to:

Inform the Board of Directors of our headline patient experience indicators for the Trust as a whole, for each division and for a specific service.

- To summarise the full breadth of feedback received from service users, carers and staff over the previous 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 December 2016 - February 2017 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 General Healthcare – Children's and Young People's Services**, with headline information provided for the Trust as a whole, and for each division. The report also updates on **South Nottinghamshire Sub Economy** (featured in December's report). The report highlights all prominent and/or recurring feedback in the last year from the full range of feedback mechanisms used by Children's and Young People's Services, including those targeted at carers and families. The report then summarises the main issues identified and action taken or proposed to address these issues.

The main issues identified are:

- Concerns raised re introduction of opportunities to self-weigh babies
- Remodelling of 0-19yrs public health CYP service and concerns about reduced service provision
- Open sessions held but Polish families did not attend
- Requested first aid courses in Broxtowe Childrens Centres and identification of growing requests from parents/carers for a Paediatric First Aid course at Hawtonville Childrens Centre
- To improve communication and format of advice provided

It also updates on the issues presented in the paper three months previous, focussing on South Nottinghamshire Sub Economy in December 2016.

These were:

- Nurse visit appointment times
- Staffing Levels
- Home visit impact on privacy and dignity for patients with life limiting conditions
- Continence product requesting patient experience
- Short Stay Rehabilitation Unit visiting times impact on family/carers experience
- Pulmonary Rehabilitation programme waiting times

3. SERVICE IN FOCUS: LOCAL PARTNERSHIPS GENERAL HEALTH – CHILDREN’S AND YOUNG PEOPLE’S SERVICES

Services within the ‘directorate’ portfolio include: Health Visiting, School Nursing, Children’s Centres, Speech and Language therapy, Family Nurse Partnership, Looked After Children (LAC), Oral Health Promotion, School Aged Immunisation Service (SAIS), Breast feeding Support.

- Services delivered across the County and some (SAIS, LAC) also into Nottingham City.
- Age range: 0-19yrs plus families.
- The universal aspect of Health Visiting and School Nursing means that all resident 0-19yr old are able to freely access our most of our services

3.1 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey:

	December 2016 - February 2017	September – November 2016
Service Quality Score	97%	96%
Friends and Family Test (FFT)	96%	98%
SUCE survey returns	1885	1593
Patient Opinion postings	231	76
‘Service made a positive difference’ score	94%	95%

3.2 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (March 2016 – February 2017)	Emerging issues (December 2016 - February 2017)
ISSUES (based on 2565 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services) The majority of these comments are around the removal of weigh in clinics, and the lack of contact prior to birth.	21%	No emerging issues
General (Category: Communication) The majority of these are around informing patients of what is available, and communication between staff when moving across services	12%	
Activities (Category: Care/Treatment) Generally these are requesting more training for parents/carers and to request more information on what is readily available	8%	
Treatment Programmes (Category: Care/Treatment) Majority are around how staff made the patient feel whilst delivering care and not feeling confident in the advice given	5%	
Availability of Information (Category: Communication) Generally around providing more personal specific advice around care, majority around new child support	5%	
COMPLIMENTS (based on 4470 responses to 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	23%	No emerging compliments
General (Category: Service Availability/Outcomes)	14%	
General (Category: Care/Treatment)	10%	

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

Availability of Services (Category: Access to Services)

- *We have just been told that as of the 1st June we will no longer be allowed to come. I think this is disgraceful as they have known my child since she has been born and have a bond and helped me so much as she was premature. (Health Visiting, Newark)*
- *Not get rid of the weighing service! I find the communication extremely helpful, as I can touch base and ask any questions I am not sure about. If I'm worried about anything I can't talk to the GP about, I would come on a Thursday to ask my Health Visitor while weighing baby. (Health Visiting, Carlton)*
- *Would be nice to have support at the weekend - even just on the phone. (Breastfeeding Support Service (Ashfield))*
- *Keep the Health Visitors at baby weigh in sessions! Having Health Visitors available to ask questions to and reach a large amount of people at once is invaluable. If unsure of something it is good to be able to ask a question which you don't think would warrant an appointment. Face to face relationships are much better than a phone call and to be able to check the baby in person. (Health Visiting, Calverton)*

General (Category: Communication)

- *Better communication about available services and events (Sure Start Chilwell, Beeston, Beeston North (inc Lenton) Children's Centres)*
- *Health visitors need to take into consideration how they approach you - not to be patronising. Communication to parents when groups cancelled. (Sure Start Hucknall Children's Centres (Butler's Hill, High Leys & Market Place))*
- *Communicate with other departments: Midwives do not communicate well with health visitors and hospital staff. This meant that pre-eclampsia was missed, I didn't see a health visitor till after my baby was born & lots of unnecessary appointments. (Health Visiting Ashfield)*
- *Contact during pregnancy to make sure clients are aware of the breastfeeding service. A better number to contact the Lime Green Team / Community Support. The number I was given was the Community MW advice line and I was not able to leave a message. (Breastfeeding Support Service (Newark and Sherwood)*

Activities (Category: Care/Treatment)

- *More courses with childcare. Better communication about courses. More afternoon groups especially at the Interchange where pushchairs can be taken inside and parking. (Sure Start Hucknall Children's Centres (Butler's Hill, High Leys & Market Place))*
- *More adult support i.e talking about child behaviour explaining what help is available regarding child behaviour and how to deal. Not just with literature - face to face help (Sure Start Ravensdale with Forest Town Children's Centre)*
- *Activity promote other provision in the area (not children's services led) support with finding childcare. (Sure Start Mansfield Woodhouse & Warsop Children's Centres)*
- *I think it could be a bit more private as some people don't like other people looking - also I would of liked to sit with some of my friends. (School Aged Immunisation Team)*

Treatment Programmes (Category: Care/Treatment)

- *I felt the health visitor lacked confidence, was unable to clearly and confidently answer my questions and concerns. I have requested a visit on a number of occasions to be told staffing levels prevented this to be carried on time. I would not seek help from the health visitor in the future due to lack of response and my lack of confidence. I have only met 3 of the team so this comment only relates to them (Health Visiting (Bass))*

- *More people doing the job as there is a big delay Maybe provide a stress ball/water to those that feel more anxious (School Aged Immunisation Team)*
- *In the past - I feel as if I have been treated dismissively with some of my concerns, which was quite upsetting. I have found the service variable. (Health Visiting, South (Rushcliffe))*
- *Need a health visitor at the clinics for support and guidance. No one was available which caused unnecessary stress and anxiety with weight concerns associated with breastfeeding. Please bring back Health Visitors at clinics (Health Visiting Mansfield)*

Availability of Information (Category: Communication)

- *Could be a little more proactive about greeting Mums as we enter the clinic and telling us what to do - some of us don't come very often! (Health Visiting, North (Rushcliffe))* Sample comment
- *Communication when phoning up for advice - never got back to me on one occasion and had to keep calling repeatedly to get a health visitor to call me back with an issue (Health Visiting Mansfield)*
- *When my baby was tiny, I asked for advice on how to co-sleep safely and was told I shouldn't be doing this. Better information and support would have been good. I often didn't do this on purpose and wanted to reduce risk. (Health Visiting, North (Rushcliffe))*
- *Explain things better and what will happen with the information we share with them. Give them more often and give them a day and a time so they know when they are going. (School Nurse Ashfield)*

3.4 PATIENT OPINION

In the last year, **463** stories have been published on Patient Opinion commenting on Children's and Young People's services.

	CHILDREN'S AND YOUNG PEOPLE'S SERVICES
Number of postings	463
Number of postings without a response	0
Number of postings responded to within two working days	406
Number of postings rated as moderately critical or above	1
Number of postings with change planned/completed	0

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

- *"Been coming for 6 months and love group, have met some lovely mummies and little friends for my daughter. Also something new at group and also the messy play is a brilliant idea" –
"Thank you for your lovely feedback about the children centre. The staff work hard to ensure that the sessions and activities are fun and enjoyable in a safe and stimulating environment" - www.patientopinion.org.uk/opinions/348970*
- *"I have been coming to BABES group for 7months now and it has been my lifeline"*

"I'm really pleased that the breastfeeding support group has been a great help to you. The centre team and our health partners have worked really hard to promote this group and provide a service to support and advise breastfeeding mums and their families." - www.patientopinion.org.uk/opinions/347898

- *"My support worker was Kate and she was fabulous. She gave me all the advice I could need and was always there when I needed a helping hand. I never felt I was struggling when Kate came along. We all think she is great!"*
"Thank you for your positive feedback about family support worker Kate. The staff work hard to ensure you receive the right support at the right time. Its inspiring to hear that with Kates support you have been able to overcome your struggles and she has given you the tools to manage better." - www.patientopinion.org.uk/opinions/347285

3.5 COMPLAINTS

Between March 2016 and February 2017, Children’s and Young People’s services have been the subject of eight complaints, received by the following services:

Service	Total	Upheld/Upheld in Part
Health Visiting	6	3 Not Upheld/3 Upheld in part
Eastwood Sure Start Centre	1	Not Upheld
Vaccinations and immunisations team	1	Upheld in part

In addition, these services have logged and addressed a further 10 requests and concerns from patients.

The content of these complaints and concerns reflected, in particular, patient’s dissatisfaction with:

1. Confidentiality
2. Privacy and Dignity
3. Safe, adequate and Coordinated Care

Sample complaints:

- Confidentiality – Eastwood Sure Start Centre – A parent shared information with a Sure Start Worker which meant that the worker was duty bound to make a safeguarding referral and the police were required to attend. The parent was unhappy as they thought they had shared the information with the worker ‘off the record’.
- Privacy and Dignity – Vaccinations and Immunisations Team – Issues raised with regards to the privacy and Dignity of school children whilst having vaccinations.
- Safe, Adequate and Co-Ordinated Care - Health Visiting Team – Oak Tree Lane – Parent unhappy that child’s hip disorder was not picked up on sooner by the Health Visiting Team.

The below details the learning and actions taken as a result of the complaints which were ‘upheld in part’:

- The ordering of new privacy screens
- Communication – Better liaison with Midwifery and Refuge Staff
- Supervision - Further supervision to be given to staff working in refuge

- To complete record keeping training
- Monthly supervision with Professional Lead for six months
- Opportunity to update knowledge and skills in safeguarding
- To increase understanding about record keeping.

3.6 LOCAL MECHANISMS FOR FEEDBACK

Across Children's and Young People's services, staff employ a range of mechanisms to capture feedback from service users and their families, such as:

- Close working with parent and volunteer forums within Children's Centres
- Collate and scrutinise comments, incidents and compliments, along with the aforementioned mechanisms (Feedback Survey, Patient Opinion and complaints)
- Engagement with range of school groups for staff and students. This will be strengthened as part of new 0-19 Healthy Family Team model - local integrated teams will make links with local schools and student groups.
- Regular feedback feature at senior management team meetings, county-wide leadership forums and local team meetings.
- Working with Nottinghamshire County Council (NCC), supporting a range of developments (contributing to Young People's Health Strategy) and events (e.g. Young People's Health Event January 2017). Developing links with new NCC Schools Health Hub.
- Plan to make use of 'Your Voice, Your Choice' opportunity to more widely engage with wider families
- Plan to work with NCC on revalidation of the 'You're Welcome' criteria when next required. This is a nationally recognised tool for organisations to demonstrate that their services are 'young people friendly'. You're Welcome was recognised as a 'must do' at the CYP programme board in 2015 given that it is appearing regularly in new service specifications/outcome frameworks etc. We achieved a high level of accreditation in this in a range of our services in 2015, however there is now a move to redesign the tool and how it is assessed so we will work with the council on that when the new information comes out from the centre.

4. MAIN ISSUES FOR THE SERVICE AND ACTION TAKEN OR PLANNED

In the table below, we highlight the most prominent issues (selected from the range of feedback presented) raised by service users and their carers' and families over the last 12 months, and the actions taken or proposed to address these issues.

ISSUE	DETAIL	ACTION TAKEN/PROPOSED
<p>Concerns raised re introduction of opportunities to self-weigh babies</p> <p>Source: Patient Opinion, Feedback in Clinics, local media and political</p>	<p>New parents concerned that current child health clinic provision lacks time and privacy. Clinics visited by many parents just wanting to know weight of baby. Other parents concerned that access to social support and advice will be compromised due to introduction of self-weigh sessions</p>	<ul style="list-style-type: none"> • Develop letter to parents to explain service changes and advising of a tailored service for parents to meet their individual needs, offering privacy and protected time with the Health Visitor (HV). • Development of “self-weigh of babies” leaflet to support parents; Ensure scales available. Posters with instructions available. • Ensure all staff are aware and are able to support service users in obtaining support from HVs and additional social contact through local networks as required. • Ensure and monitor that there are adequate HV sessions for clients to book into. • Promote use of RECAP, Children’s Centres or additional local support. • Parents now reporting feeling ‘less rushed’ and have more time and less waiting around to be seen. More choice of venues and times in the week for getting babies weighed, greater engagement of fathers. Children’s centres reporting more engagement with their groups and support services. Health visitors report being able to use time more effectively with families that require support.
<p>Remodelling of 0-19yrs public health CYP service and concerns about reduced service provision</p> <p>Source: Media, union, service users, CCG</p>	<p>Reduced funding and new service specification requires remodelling of current service offer.</p>	<ul style="list-style-type: none"> • Close working with commissioners during mobilisation phase. Joint communications plan with NCC developed. • Utilise outputs of full consultation carried out by NCC prior to retendering that was supported by our services. • Engagement of staff side from the outset. • Engage quality and risk team to scrutinise and challenge. • Information on new model distributed to all key stakeholders and service users. • Staff fully engaged in process. • Assurances provided to range of external agencies and stakeholders in relation to risks identified- including primary care, education, other local health and social care providers, voluntary sector. • Aware we now need to move from the what we need to do as dictated by

		the service specification to better consultation with school aged children in particular into the 'how' the services are delivered.
<p>Open sessions held but Polish families did not attend</p> <p>Source: Identified by staff at Childrens Centre in Hucknall</p>	<p>Following identification of growing Polish community in the area, implement a New Group for Polish families at Hucknall Children's Centre.</p>	<ul style="list-style-type: none"> • Monthly sessions (starting 31.01.17) have been booked to bring together Hucknall families with English as a Second Language (Following a review of last years' sessions, it was decided to extend the group to "English as a Second Language", rather than just Polish.) • Met and now working closely with Child Health Assistant Practitioner to identify families who may not be registered with Children's Centre – these will all receive a personalised invite to the first session • Children's Centre E&D Champions involved in planning and delivering sessions • Children's Centre Early Years worker involved in first session • SALT (Speech and language Therapy) to attend initial and possibly future sessions if appropriate • Group promoted to Home Talk workers • Eastern European Volunteer involved in planning and promotion of group and will attend sessions
<p>Requested first aid courses in Broxtowe Childrens Centres and identification of growing requests from parents/carers for a Paediatric First Aid course at Hawtonville Childrens Centre</p> <p>Source: Service users via SUCE forms and direct requests</p>	<p>Service users identified this as a need that they would like to be addressed</p>	<ul style="list-style-type: none"> • Scheduled three Save a Baby's Life courses for Brinsley, Awsworth and Eastwood through Royal Life Saving Society in January. • Promoted these during sessions, in the What's On and on Facebook. • Proving popular with parents and expect to have lots attending. • Post on Facebook promoting this reached a record number of people on Facebook – 1988 people reached in the first three days. • A provider for the course in Hawtonville Children's Centre has been found and a tutor booked to deliver a 6 week course on a Thursday afternoon from 20 April – 25 May 2017
<p>To improve communication and format of advice provided</p> <p>Source: Direct from service users</p>	<p>Rushcliffe Health Visiting clients would like to receive information in other formats not just leaflets</p>	<ul style="list-style-type: none"> • Working group arranged to progress launching RECAP in Rushcliffe. • RECAP is now live and is being rolled out across services

5. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey that illustrate about the **main compliments** shared about Children's and Young People's Services:

5.1 A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY:

- *“Information given is up to date. Activities used fully support Childrens needs. Never needed support but I know it is available. I am completely happy with the treatment and support.”* (Sure Start Eastwood, Brinsley & Awsorth Children's Centres)
- *“Informative , Friendly , approachable, on the end of the phone. Couldn't recommend enough. Service provided has been excellent .Any questions answered and much more info on what you haven't.”* (Health Visiting, South (Rushcliffe))
- *“Make sure we was alright with it happening the jab didn't hurt and it was successfully placed into my arm and i was happy with the member of staff because she fitted me greatly and made me calm. I think that Rachel was very helpful and deserves a special mention as i feel she made everyone feel a lot more comfortable.”* (School Aged Immunisation Team)
- *“I like that in all sessions the girls are all so welcoming, make you feel at ease and that you can go to them if you have a problem/issue or information about any of the events coming up or services I need to access. In my opinion the services and events I have accessed have been brilliant.”* (Sure Start Manton & Prospect Kilton Children's Centre)
- *“The service my family and I have received to date has been exemplary. We have always been warmly welcomed and my partner has been made to feel very welcome and included. Staff genuinely care and ensure you are treated as individuals The centre staff offer the warmest of welcomes and place every child at the heart of all they do. It is evident that they care for the family as a whole – many thanks to each and every staff member for all their diligent care and support.”* (Sure Start, Broxtowe)

5.2 A SAMPLE OF COMMENTS FROM THE VARIETY OF FEEDBACK MECHANISMS WITHIN CHILDREN'S AND YOUNG PEOPLE'S SERVICES

- *“Thank you so much for all you have done for our family and J, you are one in a million.”* (Sure Start, Broxtowe – Thank you card)
- Mother who attended antenatal sessions having decided beforehand to bottle feed, delivered her baby and because of the feeding session in antenatal course she decided to have a go at breastfeeding. She did this and it went so well she telephoned us to say she wants to come back to an antenatal session for other mums to be to share her story. (Sure Start, Broxtowe – direct parent feedback to staff)

- *“Fab to see Surestart back in Awsworth. Thank you for a lovely afternoon. The children had a lovely time. The face painter was excellent and Jane is amazing too! In all seriousness, thank you to all at Surestart, we had a lovely afternoon”, “Thank you so much for organising this event in awsworth, the kids have had a thoroughly enjoyable afternoon, and loved all the various activities, well done and thank you for a spooky afternoon”, “Was great to have an event in Awsworth for the children. My girls had a great time. It was carefully thought out and a fun afternoon had by all. Thank you xx”* (Feedback from three parents on the Broxtowe Sure Start Facebook page)
- *“Without Jessica at Sure Start and team I do not know how I would have been able to cope with all the emotional needs for Jenson and me, she has been one big strength to me and family knowing we had someone there for us to help and get advice. I would like to thank Jessica co much for all her hard work and support. She has always been there understood, and been very professional at all times. Nothing has never been too much for her and for giving all her time in meetings. As I keep saying I don’t know where we would be today without her.”* (Sure Start Journey, Broxtowe)

6. UPDATE ON PREVIOUS BOARD PAPER WITH LOCAL PARTNERSHIPS GENERAL HEALTH FOCUS

SOUTH NOTTINGHAMSHIRE SUB ECONOMY (featured in Board of Directors paper, December 2016)

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

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE – MARCH 2017
Nurse visit appointment times	The majority of comments relate to nurses visits and not knowing when they will be and also Coronary Heart Disease (CHD) appointments, the initial one is a long wait	Due to the responsiveness and clinical prioritisation required within our domiciliary services it is not always possible to provide and keep to appointment times. These services are for housebound patients. Our nursing staff need to provide flexibility to rapidly respond when required to support admission avoidance, facilitation of discharge from hospital and to provide support to primary care.	N/A
Staffing Levels	This relates to lack of staffing across most areas and staff not having the time to spend with patients, they are always rushing to the next patient	We are continually working to improve quality and safety of care while driving value for money through productivity and efficiency of services. The Trust’s strategy for promoting prevention and self-care doesn’t currently align with the expectations of all of our patients. New and different ways of working will mean a reduced workforce – we have reduced our service budgets by 5% this year while	Meridian, an external consultancy, has undertaken a workforce change and development programme within Bassetlaw community services. This programme has successfully enabled clinicians and team leaders to better understand their capacity and

		<p>maintaining high standards of quality as demonstrated through our indicators of safety, care, effectiveness, access and leadership. We will not be aiming to put more clinical staff into services where this isn't required. However we will continue to listen to and act on service user feedback as we continue to improve services, patient experience and effectiveness of care.</p>	<p>demand constraints and provided the tools by which those constraints can be more successfully managed. The programme is now being replicated within Mid Notts community services, AMH and MHSOP. Additionally NHCT staff are being trained and mentored through the Meridian methodology as a means of bringing the skills and knowledge 'in house'. The Local Partnerships Division's 2017/18 cost improvement plans include replication of this programme in South Notts community services, providing the opportunity to evidence workforce change requirements that will best meet patient need.</p>
Home visit impact on privacy and dignity for patients with life limiting conditions	<p>Patients with life limiting conditions receiving home visits from community nurses reported an adverse impact on their privacy and dignity due to these visits. They reported feeling uncomfortable with their neighbours and friends being able to see nurses regularly visiting their home indicating that they were living with a serious medical condition.</p>	<p>The community nursing team in Nottinghamshire North and East (NNE) Locality One established Supportive Clinics based at the health centre for patients and their carers as an alternative to home visits. Patient satisfaction with the clinic has been evidenced through the Trust Feedback Survey and appointment attendance compliance. Added value has been the support provided to patients and carers within the clinic by our MacMillan nurses and the gains of a clinic setting eliminating travel time for community nurses. The Supportive Clinic is planned for roll out across other localities into 2017.</p>	<p>Roll out of the Supportive Clinic across NNE localities in progress and to be completed by March 2017. Evaluation to be shared with directorate management team in Q1 17/18 for consideration of roll out across all localities.</p>
Continence product requesting patient experience	<p>In April 2016 our services took over the contract for managing product prescribing for patients suffering with continence issues. To re-order products patients</p>	<p>The continence prescribing service reviewed the telephony solution, added additional administrative capacity and most significantly changed the length of prescription time from 28 to 56 days, reducing the frequency patients needed to make re-orders and reducing the call demand.</p>	<p>On-going monitoring, no concerns raised.</p>

	are required to telephone to place an order. High demand led to long telephone waits and poor experience.	Quality of this service is closely monitored through numbers of prescriptions issued and concerns raised, both indicating highly positive service user experience.	
Short Stay Rehabilitation Unit visiting times impact on family/carer experience	Our Short Stay Reablement Unit for older person's rehabilitation following hospital stay is delivered within a care home. We contract Age UK to support discharges and provide patient advocacy. Our Age UK colleagues highlighted the impact of the visiting times set by the care home on families and carers wanting to spend time with their loved ones.	Our management team met with the care home to discuss the issue and agreed on extended visiting times for afternoons and evenings 7 days per week. A negotiation included our clinical staff supporting accompanying visitors from the entrance through the residential patient area when reception cover not in place. This has led to added benefits of further developing relationships between our therapists and families and greater involvement of families within patient's rehabilitation programmes. Age UK continue to monitor patient and family experience and have reported very positive feedback since this change.	Recent management restructure within New Care Homes has resulted in a new management team with responsibility for The Grand Care Home. A positive relationship has been quickly fostered with this new team supporting the focus on service user and carer experience. No issues escalated from quarterly contract monitoring meeting (Jan 17).
Pulmonary Rehabilitation programme waiting times	Our Pulmonary Rehabilitation programmes are accessed by patients with respiratory long term conditions and following assessment provide eight weekly exercise and education sessions to support long term condition management. High referral demand had led to increased waiting times to access the programmes with waits in excess of 13 weeks in some localities.	Review of pulmonary rehabilitation programme models in other regions led to a revised service offer, moving from a cohort to rolling programme so patients can be added to a programme as soon as a place becomes available, and making use of digital technologies such as RECAP to develop self-care and online education where appropriate. These changes have resulted in reduced waiting times, more focus on self-care and positive patient experience evidenced through the Trustwide survey. Added value has been achieved by using freed up capacity to expand the programme to include Heart Failure patients, a previously unmet need.	On-going monitoring, waiting times remain within target threshold. Recent recruitment to the service of substantive Pulmonary Rehabilitation physiotherapist will support future service development.

7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter, December 2016 – February 2017, and the previous rolling quarter (September – November 2016) in brackets for comparison.

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	95% (95%)	79% (78%)	92% (92%)	97% (96%)
FRIENDS AND FAMILY TEST (FFT)	96% (96%)	74% (70%)	90% (90%)	98% (98%)
SUCE SURVEY RETURNS	5424 (6670)	274 (180)	1096 (1951)	4052 (4533)
PATIENT OPINION STORIES	360 (190)	37 (24)	45 (30)	278 (136)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	92% (93%)	76% (80%)	86% (88%)	94% (94%)

7.2 PATIENT OPINION HEADLINES

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

FEBRUARY 2017	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS – MENTAL HEALTH	LOCAL PARTNERSHIPS – GENERAL
Number of postings	184	19	12	153
Number of postings without a response	2 (Both NHS Choices postings)	1	1	0
Number of postings rated as moderately critical or above	1	0	0	1
Number of postings with changes made	2	2	0	0

In the last month, one story was rated as moderately critical or above:

- *“My father... had a fall in his Council flat and was rushed to emergency. Excellent care received over a full month... was sent to Rehabilitation, to enable him to return home or at least recover walking, feeding. On day one, he had a fall and was returned to emergency department. He now had fractured ribs, to add to his list of arm/leg fractures from the previous fall. He was returned to Rehab...A month later, he was rushed back to emergency. They treated my father's broken arm; seven days later the rehab staff noticed other injuries - a broken leg. How do you miss a broken leg? My father returned to emergency...now, a full 3 and 1/2 months after first admission, he's been discharged to a nursing home. It's a sad final chapter to such bravery, such independence.”*

A response was received by the matron at the emergency department at Nottingham University Hospital and also by Sara Jane Ashmore at Lings Bar Hospital, who met with the family member and have since put in place a plan for her father's care.

The family member responded to say *“We felt listened to, and also that action would be taken where necessary to improve the service...we can see that the team works hard to make a difference for patients, and do want the best possible outcomes....It's great that in the NHS people do listen; and are brave enough to apologise where needed.”*

www.patientopinion.org.uk/opinions/349556

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

- Feedback from patients in Rampton Hospital identified how much they appreciated the service user band 'Rosewood Rockers' visiting. Change Made: Rosewood Rockers are now included in the Diamond Resource Centre events programme.
www.patientopinion.org.uk/opinions/347228
- Feedback from patients in the community meeting at The Wells Road Centre suggested noise was an issue on the ward. Change made: Agreement made that music/ TVs, games consoles should be turned down at 21:00.
www.patientopinion.org.uk/opinions/343277

7.3 TRUSTWIDE AND DIVISIONAL MAIN ISSUES

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

	Current rolling year (March 2016 – February 2017)	Emerging issues (December 2016 - February 2017)
TRUSTWIDE (based on 9288 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	12%	Availability of services (Category Access to Services) 12% in rolling year, 17% in rolling quarter
General (Category: Communication)	6%	
Waiting time (Category: Access to Services)	6%	
FORENSIC SERVICES (based on 643 responses to the 'What could we do better' question)		
Staffing levels (Category: Staff/Staff Attitude)	8%	No emerging issues
Waiting time (Category: Access to Services)	7%	
Quality of Care/Service (Category: Service Quality/Outcomes)	7%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 2140 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	13%	No emerging issues
Waiting time (Category: Access to Services)	8%	
Approach to Care (Category: Care/Treatment)	8%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 6363 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services)	14%	Availability of services (Category: Access to Services) 14% in rolling year, 23% in rolling quarter
General (Category: Communication)	11%	
Appointments (Category: Care/Treatment)	8%	

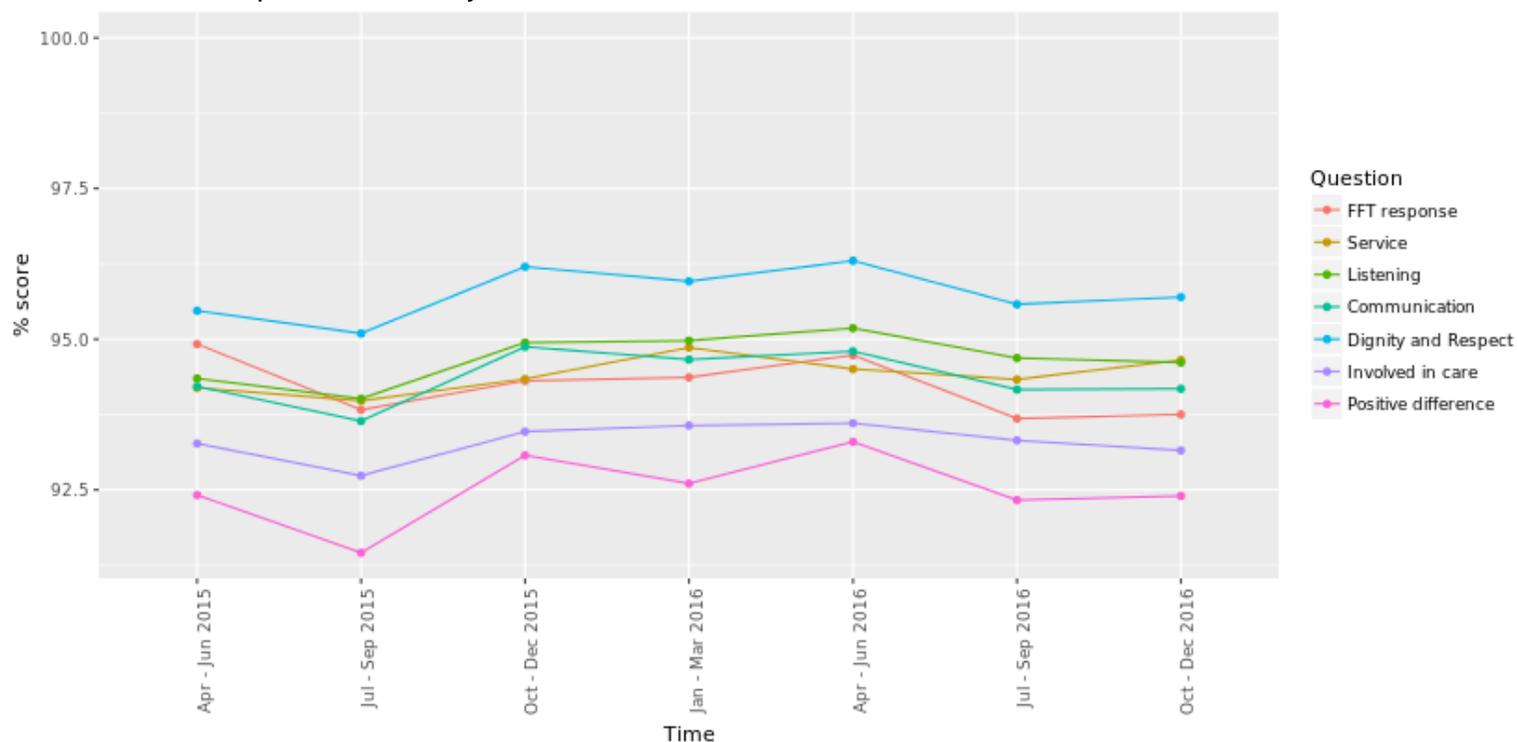
7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

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

	Current rolling year (February 2016 – January 2017)	Emerging issues (November 2016 – January 2017)
TRUSTWIDE (based on 15376 responses to 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	17%	No emerging compliments
General (Category: Service Quality/Outcomes)	14%	
General (Category: Care/Treatment)	9%	
FORENSIC SERVICES (based on 721 responses to 'What did we do well' question)		
Being listened to (Category: Communication)	18%	No emerging compliments
Quality of Care/Service (Category: Service Quality/Outcomes)	16%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	9%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 3429 responses to 'What did we do well' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	20%	General (Category: Care/Treatment) 7% in rolling quarter, 3% in rolling year
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	12%	
Being Listened to (Category: Communication)	6%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 11072 responses to 'What did we do well' question)		
Helpful/caring/friendly (Category: Staff/Staff Attitude)	20%	Staff/Service User (Category: Communication) 6% in rolling quarter, 2% in rolling year
General (Category: Service Quality/Outcomes)	19%	
General (Category: Care/Treatment)	12%	

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

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



For divisional trend graphs, please follow the links below:

- Forensic Services - bit.ly/2mAp7J8
- Local Partnerships - Mental Health - bit.ly/2n6B39o
- Local Partnerships - General Health - <http://bit.ly/2nvQh91>

8. RECOMMENDATION

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

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Patient Experience Manager

Amy Gaskin-Williams
Involvement and Experience Manager

Paul Sanguinazzi
Head of Involvement and Experience

March 2017