

**BOARD OF DIRECTORS**  
**30<sup>th</sup> May 2019**

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

**FORENSIC SERVICES – ARNOLD LODGE MEDIUM SECURE UNIT**

## 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 February 2019 - April 2019 is **94%**. Our Friends and Family Test Score is **94%**.

This month's Patient Voice Report focuses on **Forensic Services – Arnold Lodge Medium Secure Unit** 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:

- Staffing levels (and the impact on staff attitude)

- Care and contact time from staff
- Access to technology

The report also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring on **Local Partnerships Mental Health – Mental Health Services for Older People**. These were:

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

### **3. SERVICE IN FOCUS: FORENSIC SERVICES – ARNOLD LODGE MEDIUM SECURE UNIT**

Arnold Lodge Medium Secure Unit provides medium secure inpatient services for men and women aged 18 or over who have a diagnosis of mental illness and/or personality disorder.

The services are:

- Male Mental Illness Service - this provides care, rehabilitation and enables recovery for men with a mental illness
- Male Personality Disorder Service - this provides a structured treatment programme and in some circumstances continuing care for men with a personality disorder.
- Women's Mental Health Service - this provides care, rehabilitation and enables recovery for women with a range of mental illnesses and personality disorders.

Staff at Arnold Lodge employ a range of mechanisms to capture feedback from patients, their carers' and families. There are also a range of ways patients, carers and families can be involved. These are: Ward Based Community Meetings, Patients' Forum held monthly, other patient involvement groups (Shop, Library and Events), Service User and Carer Experience Surveys, a postcard survey for visitors, Care Opinion, bi-annual Friends, Family and Carers' Open Days, Carers Support Group, Family, Friends and Carers' newsletter.

### 3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICE REPORT WITH A FOCUS ON FORENSIC SERVICES – ARNOLD LODGE MEDIUM SECURE UNIT (APRIL 2018)

ISSUE	DETAIL	ACTION TAKEN/PROPOSED – APRIL 2018	UPDATE - MAY 2019
<p><b>Staff Attitude</b> (Source: Trust Feedback Survey)</p>	<p>The Trust Feedback Survey patients stated that some staff could appear to be dismissive, disrespectful and disinterested in the needs of patients.</p>	<p>Wards will display notices and give verbal reminders at each ward community meeting to raise concerns they have about the attitudes of staff towards patient to Clinical Team Leaders, the Ward Manager or via the Advocacy service.</p>	<p>Posters displayed in ward areas giving this information Patients were surveyed by Involvement Volunteers using a semi-structured interview about staff attitude and other issues highlighted in previous SUCE surveys - no problems were highlighted from these interviews</p>
<p><b>Staff Shortages</b> (Source: Trust Feedback Survey)</p>	<p>Continuing issue – update in table 4</p>		
<p><b>Treatment Information</b> (Source: Forensic Division In-Patient Survey, November-December 2017)</p>	<p>Some patients were concerned that information about their treatment was not communicated to them in sufficient detail and in a timely manner.</p>	<p>Clinical staff will be reminded about the need to discuss reports, care plans and treatment programmes with patients, particularly in advance of CPA (Care Programme Approach) meeting.  Standards for CPA reporting and consultation with patients to be audited.</p>	<p>This will remain under review at our monthly Patient Forum meetings and across Clinical Teams at CPAs.  Staff from all disciplines have Patient Feedback sections in their CPA reports.  The joint CPA documents (The Recovery &amp; Outcomes Care Plan and the Self- Assessment) have been reviewed by a patient reference panel from across the care streams. The aim is to implement the updates in May.  Arnold Lodge has been at the forefront of the development and initial pilot of a new patient experience measure The Patient Experience &amp; Outcome Measure (PREOM). This is now completed before each CPA Review Meeting where it is reviewed.</p>

<p><b>Bullying and Intimidation by patients</b></p> <p>(Source: Forensic Division In-Patient Survey, November-December 2017)</p>	<p>Some patients have reported that they have experienced intimidation and bullying by other patients.</p>	<p>Anti-bullying Champions to be identified and advertised on wards          Patients to be reminded of ways and means to raise concerns via Named Nurse sessions, Ward Managers and Clinical Teams          Other evidence regarding intimidation, specifically Ward climate scales, CQC and Peer Review reports.</p>	<p>Anti-bullying Champions have been identified: training took place in July 2018. One Champion per ward and also Champions from Therapy Services and Psychology attended.</p> <p>Notices have been put on the wards for patients highlighting how to take concerns further.</p> <p>The Peer Review report did not highlight any problems within the hospital of bullying or intimidation.</p>
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### 3.2 DIRECTORATE HEADLINES AND MAIN ISSUES AND COMPLIMENTS

Data collected from the Service User Feedback survey:

	Most recent surveying period (Oct-Dec 18)	Previous surveying period (Apr-Jun 18)
Service Quality Score	82%	81%
Friends and Family Test (FFT)	61%	60%
SUCE survey returns	56	50
'Service made a positive difference' score	79%	79%

	Current rolling year (Apr 2018 – Mar 2019)	Emerging issues for the most recent surveying period (Oct - Dec 2018)
<b>ISSUES</b> (based on 60 responses to the 'What could we do better' question)		
<p><b>Approach to Care</b> (Category: Care/Treatment)            Most comments relate to Foxton Ward. The comments are all of a very mixed nature, with no one thing standing out.  <i>"Communicate with patients if a patient does something wrong staff leave it to ward round to deal with which makes ward rounds extremely stressful. Some staff don't really care for us but put us down as we are patients and are made to be wrong"</i> (Cannock Ward).</p>	9%	No emerging issues
<p><b>Staffing Levels</b> (Category: Staff/Staff attitude)            The highest number of comments come from Coniston Ward. Comments relate to staffing, and retention of existing staff.  <i>"Improve the amount of staffing levels."</i> (Coniston Ward).</p>	8%	
<p><b>Other</b> (Category: Care/Treatment)            There is no one focus of comment location. Comments are too mixed to specify a focus of concern.  <i>"To spend more on items in the shop instead of 15 things"</i> (Ridgeway Ward).</p>	7%	
<p><b>Being Listened to</b> (Category: Communication)            There is no one focus of comment location. Comments cover a variety of issues relating to the willingness of staff to listen to Service Users.  <i>"Listening &amp; Communicating - could do better."</i> (Tamar Ward).</p>	7%	

<b>Staff/Service User</b> (Category: Communication) Comments focus around Foxton Ward. The comments seem to be unspecific in nature, mostly just relating that communication is poor. <i>“Communicate with staff and patients as it is poor. Reduce complications with booking visits. Ensure staff have access to 'VISAC' when doing band 6 duties as it causes complications. Have consultations with patients before taking things away or making changes.” (Foxton Ward).</i>	6%	
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**COMPLIMENTS** (based on 65 responses to 'What did we do well' question)

General (Category: Service Quality/Outcomes)	14%	No emerging compliments
Approach to Care (Category: Care/Treatment)	12%	
Being listened to (Category: Communication)	12%	

**3.3 CARE OPINION**

In the last year 20 stories have been published on Care Opinion commenting on Arnold Lodge Medium Secure Unit:

	May 2018 – April 2019	May 2017 – April 2018
Number of postings	20	20
Number of postings without a response	0	0
Number of postings <u>not</u> responded to within two working days	0	7
Number of postings rated as moderately critical or above	0	0
Number of postings which lead to a change in service	0	5

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

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

**3.4 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (May 2018 – April 2019)**

In the reporting period, Forensic Services – Arnold Lodge Medium Secure Unit received 106 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
0	13	19	15	21	0

As Arnold Lodge Medium Secure Unit received no highly critical comments in the year, there are no areas of the hospital receiving particularly high volumes of highly critical feedback.

### 3.8 COMPLAINTS

Between May 2018 and April 2019, services within Arnold Lodge Hospital Medium Secure Services have been the subject of 16 complaints compared with eight complaints in the previous 12 month period. The number by ward/service area is shown below:

Service	Total May 2018 - April 2019	Total May 2017- April 2018
Ridgeway Ward	5	2
Coniston Ward	3	1
Rutland Main Ward	3	1
Management	2	0
Foxton Ward	1	1
Rutland ICU	1	0
Tamar Ward	1	1
Cannock Ward	0	2

Of the 16 complaints received, seven required a full investigation and nine were addressed via local resolution.

The themes most often arising in complaints are outlined below:

Theme	Total May 2018- April 2019	Total May 2017- April 2018
Safe, Adequate, Coordinated Care	8	4
Info To/Communication with SU/Carers	2	2
Cleanliness/Physical Environment/ Amenities	2	0
Assault/ Phys Aggression /Threat Incident	2	0
Access to Records	1	0
Support to Carers	1	0

Some examples of the types complaints received are given below:

- Lack of protection from staff
- Dissatisfied with medication administration
- Injured during restraint
- Changes to the patient shop

- Not having access to social care records
- Lack of staff making the ward feel unsafe
- Staff shortages leading to cancelled visits/leave/groups
- Inappropriate searches

**Outcomes (from closed complaints):**

Outcome	Total May 2018- April 2019
Complaint Not Upheld	7
Complaint Upheld/Upheld in Part	6
Complaint Resolved	1
Complaint Not Perused	1

**Completed actions from complaints:**

- A complaint was received from patients on a ward about staff shortages leading to cancelled visits. The management team reviewed the situation. All visits had been cancelled that weekend across the hospital because of staffing issues but they agreed that if an individual ward felt in future that they could facilitate their own visits, the visits could go ahead. (18810)
- Following a complaint about family visits being both cancelled and delayed, a series of emails were sent to duty co-ordinators to ensure good practice for facilitating visits. Staff were also reminded of the procedure to follow in the event of unit-wide short staffing. (18483)

In addition to the complaints, 12 further issues were addressed through PALS.

Some examples of the queries/concerns received are given below:

- Request for documents/information
- Follow up enquiry
- Concerns about lack of contact
- Request for contact from social work
- Unauthorised patient contact
- Request to wear religious dress
- Request for CCTV footage

**3.9 LOCAL MECHANISMS FOR FEEDBACK**

Arnold Lodge relies on a range of local feedback mechanisms, each created to capture feedback in different ways and on different topics. These include:

- Bi-monthly Shop Committee –The meeting discusses the range of goods on sale in the shop and the experience of shop workers and customers.
- Bi-monthly Library Committee – Reviews the work skills placements, resources held in the Patients’ Library, suggestions for other items that could be provided, review current resources in stock, decide what is no longer required and undertake regular audits.
- Comments Cards
- Events Committee – Look at suggestions for, and the organisation of, forthcoming social events
- Weekly Community Meetings on all wards
- Visitor Postcards
- Quarterly Carers’ Support Group (most recent – 10<sup>th</sup> February)
- Family, Friends and Carers’ Newsletter
- Peer Review

We are also working to improve links between ward based community meetings, the Unit Patients Forum and the Forensic Division Patient Experience Improvement & Involvement Sub Group, through patient Representatives from the Patients’ Forum attending the Sub Group meetings. A Sub Group Meeting was hosted by Arnold Lodge on 30<sup>th</sup> January 2018 with six Arnold Lodge patients attending. We are also producing the key points from the Patient Forum meetings promptly after the meeting to aid feedback into the community meetings. Community meetings now all have an action log. The Involvement Volunteers attend the Patients’ Forum.

### **PATIENTS’ FORUM**

There have been a diverse range of issues raised by patients at the Patients Forum in the last year. The following lists some of the themes and issues discussed and resolved:

- Where meals have been delivered to the ward cold, replacement meals will be provided on request
- At the clinical team’s discretion, two or more patients can now request leave together
- USB sticks, for music storage, are being sourced
- Ward Managers & Therapy Services Manager looking at the practicalities of introducing weekday/daytime visiting times

### **ADVOCACY SERVICE**

The following table is a summary of the main issues raised by the Advocacy service on behalf of Arnold Lodge Patients:

<b>ITEM</b>	<b>RESOLUTION/ACTION</b>
Cancellation or reduction of leave due to low staffing levels	Leave cancellation is audited Wards have a policy to re-arrange leave as quickly as possible Policy allows for Clinical Teams to agree group leaves
General concerns regarding low staffing levels & cancelled visits.	The rolling programme of recruitment continues & in the last year a further 23 Healthcare Support

	Workers & 14 Qualified Nurses have been recruited. We continue to over recruit into unqualified vacancies.
Restrictions around technology items and use, and slow process and feedback when considering new items	Individual items are discussed in the technology group. A list of permitted items is published to patients regularly.
Access to 18 certificate DVD's & 17+ console games	Controlling the Use of Unsuitable Material – FO/A/13 is to be reviewed upon successful installation of the Patient Imaging Computer and will include clarification on the use of 18 certificate DVDs and 17+ console games
Just 3 requests per ward round, can visitor/contact requests be considered separately (Personality Disorder (PD) services only)	The number of requests and the rationale behind the number is to be discussed with individual Clinical Teams
Patients shop; stock levels are low & limited variety of fruit	The Therapy Services Manager released a patient Bulletin about this matter and offered his apologies for the problems in administering the shop. Seasonal fruit is to be ordered
Lack of variety of menus for those with special dietary requirements & meal portion sizes too small	Menus are varied periodically. There are restrictions due to nutrition and cost requirements Meal portions are based on recommendations from the Food Standards Agency & the Catering Department work in partnership with the dietician.
Risk Stage care plan issues (PD services only)	Risk Stage issues are dealt with on a case by case basis in discussion with individual Clinical Teams

#### 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><b>Staffing levels (and the impact on staff attitude)</b></p> <p>(Source: SUCE, Patients' forum)</p> <p><i>*Staffing levels – a continuing issue from previous report</i></p>	<p>Patients have provided feedback via various methods that suggest they are often being asked to wait when they make a request. Some patients report feeling that they are being dismissed by staff and that they feel staff are responding flippantly to their needs.</p>	<p>The rolling programme of recruitment continues &amp; in the last year a further 23 HealthCare Support Workers (HCSW) &amp; 14 Qualified nurses have been recruited. We continue to over recruit into unqualified vacancies. We have recruited a further 11 staff nurses who will commence working from Autumn 2019, we are interviewing 42 candidates for HCSW posts in May and hope to recruit up to 20 more staff.</p> <p>Staff attitude is taken very seriously at Arnold Lodge and the Senior Nursing Team will challenge any behaviour (witnessed or reported) that is not in keeping with the Trust and Unit expected standards.</p>
<p><b>Care and contact time from staff</b></p> <p>(Source: Patients' Forum)</p>	<p>Some patients feel that the level of care and contact time they receive from staff is not reflective of their stage of recovery: that with staffing levels as they are, the more distressed, unsettled patients are always prioritised over those who are settled and progressing in their recovery.</p>	<p>The staff are doing their level best. The complaints on staff attitudes are comparatively less. We are planning to have away days for all the teams to discuss about the forthcoming CQC report, which provides an opportunity for the staff to consciously reflect on this feedback. In addition, we are working hard towards addressing the vacancies. Furthermore, we are doing some work to improve the staff morale which can make a positive difference in this area. Happy staff - happy patients.</p>
<p><b>Access to technology</b></p> <p>(Source: Patients' Forum)</p>	<p>Patients complain of dated hardware and software, restricted access to internet shopping sites, no cordless landline – all contributing to a feeling of being disconnected and out-of-date.</p>	<p>In the last year, we installed private phones in all the units for private phone calls. Regarding internet access and access to shopping sites, we are working with the IT department. However, the progress is slow due to complexity in software security. We are still persevering with the IT department.</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 Arnold Lodge Medium Secure Unit:

### A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY:

- Helping to form structure in life. Help to deal with problematic behaviours. Give encouragement to those that have confidence issues and offer support when and where necessary (Cannock Ward)
- Lots of treatment groups which help us to understand ourselves and to gain skills. Good 1-1s with nursing staff (Cannock Ward)
- My consultant sees me twice a week without fail which makes me feel like she genuinely cares. My named nurse always involves me in making my care plans and listens to my opinion if I disagree with any of it. The ward staff treat me fairly and I feel as though this has helped me progress in my treatment (Coniston Ward)
- Staff look after patients and support each other very well (Ridgeway Ward)
- All of the staff on Ridge ward are excellent and supportive. (Ridgeway Ward)
- Approachable and are very supportive and are easy to get on with. (Tamar Ward)
- You listen to patients to improve the service. You manage to improve the service despite budget cuts. The gym is very regular so our health and wellbeing is looked after. (Tamar Ward)
- Staff on Thornton Ward are excellent and they help me at any time of the day. They take care of me and give me my medication and they help me at any moment and give me good advice. I have been on Thornton ward for 4 years, I have never seen anything different. Staff and patients work together about care plans medications, work , sports and keeping patients fit especially myself. (Thornton Ward)

### A SAMPLE OF COMPLIMENTS FROM CARE OPINION:

- I have always felt safe and knew I was supported by staff, they have done an amazing job. I don't think anything could have been better to help me progress. I would like to thank all the nursing team on Thornton Ward for all their help and encouragement.  
[www.careopinion.org.uk/opinions/648418](http://www.careopinion.org.uk/opinions/648418)
- I'd like to thank my MDT for all their guidance and help whilst I've been here. They have helped me to change lifelong habits and given me the tools to support me to protect myself and progress in the future. I never thought this would be possible as I've been engaging with purging and self-harm for 20 years and now feel really positive about my future. They have given me a new way of looking at things. I can really see a good future for myself.  
[www.careopinion.org.uk/opinions/620797](http://www.careopinion.org.uk/opinions/620797)
- Being at Arnold Lodge is very different to any other unit I have been in. The ward staff and OT staff support me very well. It's a nice atmosphere on the ward which makes me feel good about myself and the activities offered are pitched just right, they don't take up all your time but are in manageable chunks, this stops the boredom.  
[www.careopinion.org.uk/opinions/619656](http://www.careopinion.org.uk/opinions/619656)

## 6. UPDATE ON MAIN ISSUES PRESENTED IN THE PATIENT VOICES REPORT THREE MONTHS PREVIOUSLY

Below we update on any developments in relation to the main issues presented in the February 2019 report, featuring **Local Partnerships Mental Health – Mental Health Services for Older People**:

ISSUE	DETAIL	ACTION – FEBRUARY 2019	UPDATE – MAY 2019
<p><b>Availability of services, and waiting times in the Memory Assessment Service</b></p> <p><b>(Source: Feedback Survey)</b></p>	<p>Comments from the SUCE survey identify waiting times at Gedling &amp; Hucknall and Rushcliffe Memory Assessment Services (MAS).</p>	<p>Wait times for MAS across Bassetlaw, Mid-Notts and Greater Notts vary dependent upon how services have been commissioned by individual CCGs. The MHSOP Senior Management Team continue to work hard negotiating with Commissioners to address the waiting times within MAS across the area. The service is currently limited by the resources provided by the CCG.</p> <p>There is now a lead commissioner for MHSOP services (Jo Moon), and discussions about commissioning arrangements being consistent across the Nottinghamshire geography, and discussions about MHSOP are scheduled by commissioners for autumn 2019.</p>	<p>Current ongoing work in MAS looking at trying to reduce waits:</p> <p>MHSOP is offering appointments to service areas which have lower waiting times to enable people in areas of high waits to be seen more quickly.</p> <p>We are looking at the possibility of shortening the pathway to free up appointments (this would mean quicker discharge back to GP), and Clinical Director, General Manager and Operational Manager meeting commissioners shortly to agree how best to achieve this (eg review of service specification etc).</p> <p>The possibility of putting in a supernumerary Non-Medical Prescriber (NMP) to work across all service areas below performance targets to undertake extra clinics, is currently being explored, to better meet performance requirements.</p>
<p><b>Noise on Cherry Wards</b></p> <p><b>(Source: Worry Catcher Report September 2017)</b></p>	<p>The Worry Catcher Report for September 2017 noted that a recurring theme on Cherry Ward was that “a number of patients stated that it was very noisy on the ward, especially at night. The noise usually comes from other patients, however one stated that the staff could also be noisy at night: “sometimes the staff talk too loudly at night”.</p>	<p>Staff have been reminded to be mindful at night when they are undertaking their duties. Earplugs are available on the ward and patients are encouraged to use these as required.</p> <p>The ward is currently caring for patients who are acutely unwell with co-morbidity and complex needs which can lead to loud outbursts.</p> <p>More work is needed to look at how the ward can promote a good night’s sleep for the patients. MHSOP Matron to discuss further with the Ward Manager.</p>	<p>The noise on Cherry Ward has been audited with colleagues from Health and Safety and noise levels were found to be below normal conversation level of around 60 decibels and naturally then significantly below any statutory noise levels or whereby noise can be harmful to health or hearing. Staff across all inpatient areas are conscious of noise levels and work on a ward and individual basis to try to minimise noise that arises, reassure patients individually, utilise side rooms where possible etc.</p>

		Sharon Howe (Matron) and Colin Meredith (Health & Safety Advisor) have spent a night on Cherry Ward monitoring noise levels which were found to be within normal limits. The use of equipment to monitor noise on all ward areas is currently being explored e.g. Soundear or Yacker Tracker, which would indicate and alert noise levels to staff. The Health and Safety Team are assisting in identifying a plan across all MHSOP wards to monitor noise levels.	This is no longer an issue.
<b>Activities</b> <b>(Source : Worry Catcher Report Oct – Dec 2018)</b>	There is a perception amongst patients that there is a lack of activities available within inpatient services.	All wards have Activity Coordinators who provide meaningful therapeutic activities on the ward throughout the day to enable patient recovery and wellbeing. Where patients indicate their interests, the Activity Coordinators will incorporate this within the activities programme where possible. Patients are also informed of activities they can undertake when the Activity Coordinators are not on duty e.g. board/card games, dominoes etc.	Activity co-ordinators are in post across all our wards and are linking in with our Live team colleagues, ward based activities are offered to all patients and 1:1 interactions and engagements are also offered by the activity co-ordinators in addition to structured activities. Our matron and Inpatient service manager are working together with the ward managers to maintain these approaches and listen to feedback from our patients through the Worry Catcher service and other feedback routes (informal conversations with staff, SUCE feedback forms etc)
<b>Access to crisis services for older people</b> <b>(Source: National Community Mental Health Survey)</b>	Older people should have the same access to out of hours crisis support as a younger adults, but feedback given directly to staff and via the Trustwide survey suggests that this is not the case.	The Crisis Teams provide some limited out of hours support to MHSOP clients in the North of the County. However, the Crisis Teams are increasing their staffing numbers and there is an agreement in principle that this should enable MHSOP clients access to crisis services in the future.	Access to Crisis Resolution and Home Treatment (CrHT) is pending successful recruitment (which AMH colleagues are leading on), so is not yet in place. MHSOP patients are able to access CrHT at present but this is not an equitable offer across the Integrated Care System at present. MHSOP service specification reviews with commissioners will help to inform what our services should look like and consider current models alongside the CrHT offer.

<p><b>Coordination of care and communication between organisations</b></p> <p><b>(Source: National Community Mental Health Survey)</b></p>	<p>Patients and their families are feeding back that they feel there is ineffective communication between organisations involved in care, and that subsequently the coordination of their care is impacted.</p>	<p>MHSOP are currently looking differently at how applicable the Care Programme Approach (CPA) is to our patients and making sure that it is used appropriately. CPA provides the opportunity to co-ordinate and review an individual's support with others involved in their care. This should ensure improved communication and co-ordinated services.</p> <p>The Compass Worker Service which is delivered within CMHTs, provides peer support to carers of people living with dementia in the County areas. This has been a very successful service supporting and enabling carers to continue with their caring role. Unfortunately this service is being decommissioned by the CCG and will not exist beyond November 2019.</p>	<p>CPA continues to be an area of focus with weekly reviews of CPA numbers in the Directorate and work to support staff in the understanding and application of CPA. This is supported by clarity for MHSOP staff in regards to pathways and eligibility criteria across teams which has been finalised.</p> <p>The Compass Worker Service will be fully decommissioned by the 31.7.19.</p>
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## 7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter (February – April 2019) and in brackets, previous rolling quarter (January – March 2019).

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	94% (94%)	81% (81%)	94% (94%)	96% (97%)
FRIENDS AND FAMILY TEST (FFT)	94% (94%)	76% (74%)	93% (92%)	97% (98%)
SUCE SURVEY RETURNS	4880 (5498)	470 (521)	1514 (1813)	2892 (3159)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	92% (92%)	81% (80%)	90% (89%)	95% (95%)

### 7.2 CARE OPINION HEADLINES

Data collected from Care Opinion website ([www.careopinion.org.uk](http://www.careopinion.org.uk)):

APRIL 2019	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS – MENTAL HEALTH	LOCAL PARTNERSHIPS – GENERAL HEALTH
Number of postings	57	7	11	38
Number of postings without a response	5	0	0	5
Number of postings rated as moderately critical or above	1	0	1	0
Number of postings with changes made	1	0	1	0

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

- 'My daughter' - [www.careopinion.org.uk/opinions/651666](http://www.careopinion.org.uk/opinions/651666)

Story from a parent/guardian praising the service received by CAMHS but expressing disappointment after a referral to Adult Mental Health Services resulted in her daughter overdosing. A re-referral to adult mental health services was completed even though the clinician said 'it probably won't get us anywhere'. An offer has been made for the parent to make contact to talk in confidence about the poor experience.

In the last month, **one story indicated that a change had been made:**

- *'Awful. Waste of time and hope'* - [www.careopinion.org.uk/opinions/651713](http://www.careopinion.org.uk/opinions/651713)  
Story from a service user who used the Trust website for information. Their GP referred them to the Trauma service. After waiting over two months for a referral they discovered the Trust website information was out of date as the service is closed to new referrals and waiting to hear if funding is available via the CCG. The Communications Team have since amended the website and a change has been recorded. This was explained in the response from the Clinical Psychologist from Trauma Services. <http://bit.ly/2IVnLZb>

### 7.3 TRUSTWIDE AND DIVISIONAL MAIN ISSUES

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

	Current rolling year (May 2018 – Apr 2019)	Emerging issues for the current quarter (Feb – Apr 2019)
<b>TRUSTWIDE</b> (based on 7320 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	9%	No emerging issues
Availability of Services (Category: Access to Services)	9%	
Waiting time (Category: Access to Services)	7%	
<b>FORENSIC SERVICES</b> (based on 840 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	11%	No emerging issues
Staffing Levels (Category: Staff/Staff Attitude)	10%	
Waiting time (Category: Access to Services)	9%	
<b>LOCAL PARTNERSHIPS – MENTAL HEALTH</b> (based on 2228 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	15%	No emerging issues
General (Category: Access to Services)	10%	
Waiting time (Category: Access to Services)	8%	
<b>LOCAL PARTNERSHIPS – GENERAL HEALTH</b> (based on 4245 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services)	21%	No emerging issues
Appointments (Category: Care/Treatment)	7%	
Waiting time (Category: Access to Services)	6%	

### 7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

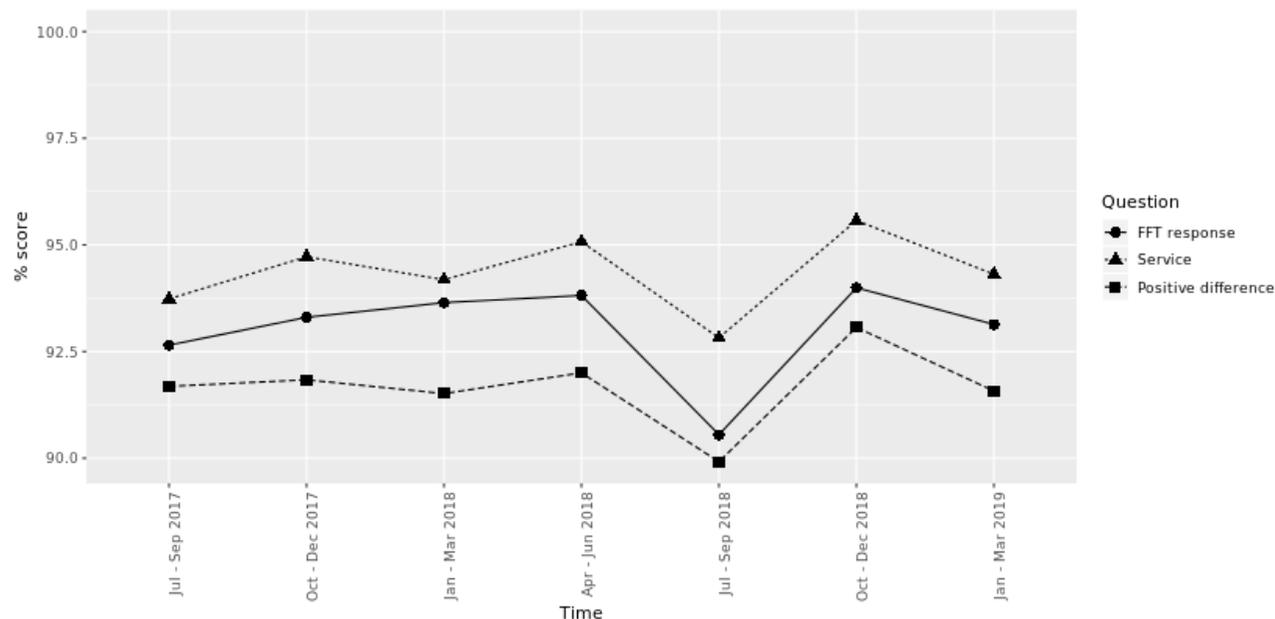
Data collected from the Service User and Carer Experience (SUCE) survey:

	Current rolling year (May 2018 – Apr 2019)	Emerging issues for the current quarter (Feb – Apr 2019)
<b>TRUSTWIDE</b> (based on 12132 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)	17%	
Quality of Care/Service (Category: Service Quality/Outcomes)	10%	
<b>FORENSIC SERVICES</b> (based on 879 responses to the 'What did we do well' question)		

General (Category: Service Quality/Outcomes)	16%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	11%	
Being Listened to (Category: Staff/Staff attitude)	11%	
<b>LOCAL PARTNERSHIPS – MENTAL HEALTH</b> (based on 3392 responses to the ‘What did we do well’ question)		
General (Category: Service Quality/Outcomes)	19%	No emerging compliments
Approach to Care (Category: Care/Treatment)	11%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	11%	
<b>LOCAL PARTNERSHIPS – GENERAL HEALTH</b> (based on 7854 responses to the ‘What did we do well’ question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	24%	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](http://bit.ly/2AUtmcn)
- Local Partnerships - General Health: [bit.ly/2CEJqYH](http://bit.ly/2CEJqYH)
- Forensic Services: [bit.ly/2MiUGWi](http://bit.ly/2MiUGWi)

## 8. RECOMMENDATION

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

Paul Sanguinazzi  
Head of Involvement and Experience

Amy Gaskin-Williams  
Involvement and Experience Manager

May 2019