

BOARD OF DIRECTORS
31st May 2018

INVOLVEMENT, EXPERIENCE AND VOLUNTEERING
PATIENT VOICE REPORT

LOCAL PARTNERSHIPS – ADULT MENTAL HEALTH 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 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.

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 an annual 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 February to April is **95%**. Our Friends and Family Test Score is **95%** (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 – Adult Mental Health Services**, with headline information provided for the Trust as a whole, and for each division. The report also provides an update on **Forensic Services – Wathwood Hospital** (featured in February's report).

The report highlights all prominent and/or recurring feedback in the last year from the full range of feedback mechanisms used by **Adult Mental Health 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:

- Waiting lists in community services
- Crisis Care
- Involvement of families/carers
- Disruption to patient care/continuity of care/use of locums
- Internet access in inpatient areas
- Availability of Services
- Time staff spend with service users

It also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring on **Forensic Services – Wathwood Hospital**, in February 2018. These were:

- Activities
- Respect

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

NB: Feedback about the Recovery College via the Service User and Carer Experience survey accounts for a considerable proportion of the feedback received by the directorate. For the purpose of this report, the feedback relating to the college is reported separately from the directorate so as to give a fair representation of the main issues and compliments spanning clinical inpatient and community 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 MHU 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 VOICES REPORT WITH A FOCUS ON LOCAL PARTNERSHIPS – ADULT MENTAL HEALTH SERVICES (MAY 2017)

Below we update on the main issues identified (and the actions proposed in response) in the previous report which focussed on Adult Mental Health Services, which was presented at the Board of Directors in May 2017:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE – MAY 2018
<p>Information to/communication with service users and carers (Source: Complaints, Trustwide SUCE survey, carers groups)</p>	<p>Top theme from complaints across the year, with 30 complaints featuring this issue.</p>	<p>To review all information provided by each team in Adult Mental Health services. To work collaboratively and co-produce updated information for Local Mental Health Teams (LMHTs), inpatient acute, inpatient rehabilitation and Crisis Resolution and Home Treatment (CRHT). To review all electronic information, available via Connect and via partner organisations.</p>	<p>CRHT leaflet has been updated, LMHT information leaflet has now been produced and a new acute inpatient admission booklet is in draft form awaiting approval. This covers ward environments, what a patient and their family should expect when a loved one is admitted to hospital, 1-1 sessions, recovery planning, rational and detail regarding least restrictive practice and blanket restrictions. On line information has been reviewed, with CRHT and LMHT information added. General manager, operational manager and service manager met with the Carers' Council to discuss CRHT and AMH service changes in July 2017.</p>
<p>Availability of Services (Source: Trustwide SUCE survey, Complaints, Care Opinion, focus groups)</p>	<p><i>'Provide support that is not limited to six sessions as it's very difficult to get to know and trust someone in a very short period of time.'</i> (CATS Team)</p> <p><i>'Follow up management weren't put in place after my husband was sent home on leave. By that I mean that the ward was supposed to ring us each evening and the CRHT was supposed to arrange to visit daily. Neither of these things happened.'</i> (B2)</p>	<p>The Urgent Medical Mental Health Line (UMMHL) – went live on the 8th May and should improve urgent access to Adult Mental Health services. If successful this will become embedded in standard practice of LMHTs. CRHT are reviewing their service specification in line with the core fidelity to identify challenges of variation, and will work with commissioners to address these challenges. In Psychological Therapies, waiting time has been a challenge due to the increase of referrals. An urgent review of psychological pathways including IAPT is being led the transformation team.</p>	<p>Updated in main issues table (4.0)</p>
<p>Involvement of carers and families (Source: Care Opinion, Trustwide SUCE survey,</p>	<p><i>'Every time I have tried to provide insight into my family's home life I get interrupted even though I'm the</i></p>	<p>To continue working on key actions from the Triangle of Care self-assessments. To continue to progress education for the workforce in relation to carers' involvement in care and to review improvements made via all aspects of feedback.</p>	<p>AMH matron has provided focus sessions with carer leads and ward managers to support involvement of patients and their families/carers. AMH matron addresses themes of feedback from a variety of courses and agendas at relevant meetings</p>

carer forums, coroners court)	carer. (Rowan 2)	To pilot and roll out the questionnaire for carers regarding their relatives admission to hospital.	and with team leaders. Carer meetings are in situ in all inpatient areas, led by ward managers and carer leads Focused work is being completed around ideal ward rounds and ensuring patients and carers are involved in their care planning. All community mental health teams have completed their Triangle of Care self-assessment and all ward teams have updated theirs from last year as part of phase 2 of the Trust's implementation on the Triangle of Care. Further work is ongoing with Involvement and Jane Danforth with community service managers about how to further embed the principles of Triangle of Care into everyday practice with clinicians at all levels.
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3.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey and Care Opinion:

	Current rolling quarter (February – April 2018)	Previous rolling quarter (November 2017 – January 2018)
Service Quality Score	88%	85%
Friends and Family Test (FFT)	82%	77%
SUCE survey returns	135	124
'Service made a positive difference' score	83%	82%
Care Opinion postings	21	34

3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (May 2017 – April 2018)	Emerging issues current (February – April 2018)
ISSUES (based on 384 responses to the 'What could we do better' question)		
Approach to Care (Category: Care and Treatment) <ul style="list-style-type: none"> <i>Firm when have to be gentle when have to be, (Orchid Ward)</i> <i>Less reliance on meds (Lucy Wade Unit)</i> <i>Give more practical support, access to other services. Help to integrate into normal life (CRHT Bassetlaw)</i> 	13%	No emerging issues
General (Category: Care and Treatment) <ul style="list-style-type: none"> <i>I had one member of the team that I found to be unhelpful and when she left I felt a lot worse and I felt like she was more interested in letting me know how busy they were and the service was for people who really needed it. (CRHT County South)</i> <i>Ignorant staff especially males. Female staff to not sit on patient furniture, with their feet. (B2)</i> 	9%	
Time staff spend with service users (Category: Staff/Staff Attitude) <ul style="list-style-type: none"> <i>Spend more quality time with patients. Particularly in the evenings. (B2)</i> <i>Work closer with patients with preparation for discharge. (Orchid Ward)</i> 	5%	
Availability of Services (Category: Access to Services) <ul style="list-style-type: none"> <i>While I understand that staff are under pressure, I don't understand how you can limit the service of Mental Health team to 10 weeks as I assumed each case was different & some people need more support than others. (Primary Care Mental Health).</i> <i>Longer period under crisis team would be very beneficial. (CRHT Mid Nottinghamshire).</i> <i>When I desperately need my psychiatrist it can take 3 months or more to get an appointment. (Community Services)</i> 	5%	
Facilities (Category: Environment/Facilities) <ul style="list-style-type: none"> <i>Ward environment & keypad locks on door makes you feel like in prison at times. (Redwood 2)</i> <i>We could do with more to do. Separate showers too. We do get fresh air. Separate rooms would be better. (Orchid Ward)</i> 	5%	
COMPLIMENTS (based on 478 responses to 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	14%	No emerging compliments
General (Category: Care and Treatment)	13%	
Quality of Care/Services (Category: Service Quality and Outcomes)	9%	

3.4 CARE OPINION

In the last year, 99 stories have been published on Care Opinion commenting on Adult Mental Health Services:

	May 2017 – April 2018	May 2016 – April 2018
Number of postings	99	77
Number of postings without a response	2	0
Number of postings responded to within two working days	63	53
Number of postings rated as moderately critical or above	9	13
Number of postings which lead to a change in service	1	2

In the last year, the following stories were rated as moderately critical or above:

Out of 22 moderately critical stories, seven were highly critical (criticality level 4). All stories received a full and detailed response from the service with one change made due to the feedback.

- 1. My time at Millbrook - www.careopinion.org.uk/opinions/448018**
 Highly Critical detailing a stay at Millbrook and illicit drugs were being brought onto the ward. Verbal patients to patient attacks were mentioned. Staff behaviour including treatment by the consultant and overall support was questioned and the therapeutic environment was criticised as was the environment. The patient felt there was a lack of progress in their recovery whilst on the ward. Not all staff were criticised; some were praised such as activity co-ordinator's (see change made*)
- 2. Lack of follow up crisis care - www.careopinion.org.uk/opinions/402514**
 Highly critical story- Nottingham City Crisis Team. Follow up calls were not made to the person in crisis. A request for a new care coordinator and alleged dismissal of patient concerns left the patient feeling alone. Patient reported feeling increasingly more suicidal but with no plan of support felt dismissed by the crisis team. Phone calls to PALS left the patient frustrated, being advised to attend A and E with no follow up support offered. The service met again with the person due to the feedback and setting up a crisis care plan was discussed. Contact with the Community Mental Health team has been established
- 3. Nottingham City Crisis Team - www.careopinion.org.uk/opinions/441592**
 Highly critical of the service and staff '*these people make me think about suicide just so I can see them suffer for not doing their job properly*'. The story mentions patronising staff and self-harm due to rude staff. The service was mentioned as being 'a shambles'. The patient is a regular caller to the service and received home visits from the team but felt they were 'pointless' The patient responded twice to the team replies on Care Opinion. They said the service has improved in some areas but asked staff to listen more. The responses also offered an opportunity for discussion to improve the patient experience with contact details provided.
- 4. Nottingham City Crisis Team - www.careopinion.org.uk/opinions/513087**
 Highly critical of the service and staff. 'They have let me down, put my life in serious risk and made me definitely more unstable than I was on referral to them'. Their visits were criticised for being short with no therapeutic content
 Requests to only have female staff visit were not met. This was perceived as deliberate. The patient reported discharge without consultation. Some staff were complimented however, including Dr Di-Mambro. There was a detailed response from the Crisis Team. The patient replied to the Crisis Team online via Care Opinion and agreed to contact them to discuss the issues when in a better place to do so.

5. Hopelessness - www.careopinion.org.uk/opinions/401168

Highly critical story - Rushcliffe Mental Health Team and County South Crisis Team. No contact had been made at the time of posting the story (10 weeks) after the initial visit. The patient commented, 'I tried to take my life recently. I ended up in A and E following an overdose. I called the crisis number before taking the pills'. The patient felt the Rushcliffe Team was misleading in their information handed over to professionals.' Help isn't there even for people who want to help themselves'. Two replies were made from the teams offering support and contact numbers to call to work out support.

6. Accessing support via Mansfield CMHT - www.careopinion.org.uk/opinions/441149

Highly critical story from a relative about an urgent referral to Mansfield CMHT requesting support as the patient was close to crisis. This was discussed at panel and the referral was reported as cancelled without notification. The patient deteriorated. No contact had been made with the family as reported in the feedback. The relative was worried that something would happen if the situation carried on. The relative stated the sister was being let down with little support available. A reply was made inviting the relative to contact the service to discuss support.

7. Notts NHS Healthcare Trust – County South Crisis Team - www.careopinion.org.uk/opinions/472352

Feedback from a friend of a mental health service user about medical notes she requested. When they arrived they were found to have comments written by the CPN about the friend of the service user who discovered she had been named in derogatory way. As the CPN had not worked or met with the friend it was distressing. A complaint about a breach in data protection was sent to the Trust. County South Team responded inviting the author to make contact. The author replied praising the staff member but also stating that no reply had been sent from complaints after two months. This was followed up by the Involvement Team via the Patient Experience Manager who stated it was being managed by Information Governance and not complaints.

In the last year, one story led to a change:

My time at Millbrook - www.careopinion.org.uk/opinions/448018

(Description of story as above)

In relation to the environment issues: Recruitment of an Environmental Care Co-ordinator. Re-upholstering of the furniture has taken place.

In relation to staff presence and availability: Recruitment of Registered Staff Nurses to Orchid Ward.

In relation to Illicit substances: The service has implemented a new policy regarding which gives staff more guidance and ability to act upon the presence of drugs. Orchid Ward has changed to an all-male ward to improve the patient experience. All of the issues raised were taken to the staff team and all points were addressed with the Leadership Team at Millbrook.

3.5 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (MAY 2017 – APRIL 2018)

In the last year, Adult Health Services received 603 completed surveys, with many providing free text comments. These comments are coded for criticality, ranging from +3 (highly critical) to -3 (highly complimentary).

Highly Critical	Fairly Critical	Mildly critical	Mildly complimentary	Fairly complimentary	Highly complimentary
10	184	390	293	334	14

As means of identifying whether there are a) services receiving particularly high volumes of highly critical feedback, or b) recurring themes within the most critical feedback received by the directorate, we analyse the feedback received via the survey which is deemed highly critical.

Of the ten highly critical comments received about Adult Mental Health services over the last year, there were no recurring themes and no service receiving a disproportional volume of very critical comments.

3.6 DIFFERENCES BETWEEN COMMUNITY AND INPATIENT SERVICES (MAY 2017 – APRIL 2018)

	Community Services	Inpatient Services
Service Quality Score	90%	83%
Friends and Family Test (FFT)	88%	72%
SUCE survey returns	232	316
'Service made a positive difference' score	87%	81%

Across the other key question scores (covering the following elements of care: listening, communication, dignity and respect, feeling involved in care), inpatient services are scored at approximately 10% points lower than community services.

3.7 COMPLAINTS

Between May 2017 and April 2018, Adult Mental Health services have been the subject of 72 complaints compared with 130 complaints in the previous 12 month period. The number by service is shown below for any service which received more than one complaint:

Service	Total May 2017- April 2018	Total May 2016- April 2017
B2 Ward	8	8
Bed Management	2	0
CATS	4	13
CRHT City Hazel Suite	3	5
CRHT County Hazel Suite	4	10
Department of Psychological Medicine	6	7
LMHT City South	3	0
LMHT Gedling	8	6
LMHT Rushcliffe	6	8
LMHT Mansfield	2	0
LMHT Newark	2	0
Lucy Wade Unit Acute	3	7
Orchid Ward	7	13
Psychological Step 4	2	2
Recovery Team	6	10
Redwood 1	2	1
Redwood 2	5	2
Rowan 1	2	3
Rowan 2	5	3
The Willows PICU	3	2

The themes most often arising in complaints are outlined below:

Theme	Total May 2017- April 2018	Total May 2016- April 2017
Safe, Adequate and Co-Ordinated Care	100	144
Info to/Communication with Service Users/Carers	31	54
Staff Attitude	22	39

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

Case 17481:

The friend of a patient raised a complaint regarding documentation, discharge, communication and bed availability and the process around this. They raised concerns raised about B2 Ward, Rowan 2 and Bed Management Team.

Case 16542:

Patient raised a concern about their care from the Street Triage Team and the CRHT. The patient felt that because a family member works for the County CRHT her referral was not accepted.

Outcomes:

The following table shows the outcome of complaints closed during the period May 2017 and April 2018:

Outcome	Total May 2017- April 2018
Complaint Upheld In Part	21
Complaint Not Upheld	37
Complaint Upheld	10
Complaint Not Pursued	6
Ongoing	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:

Case 17481:

As a result of the above complaint there were 4 actions. As a result of the complaint there were 4 actions. All staff will be reminded of the importance of documenting communication with carers/relatives. It will also be discussed with staff the importance of all decision making process' to be documented clearly within RIO. It was highlighted as a result of the complaint that in this case the rationale for the transfer between the two hospitals and the impact of this on the patient was not documented.

Case 16542:

As a result of the complaint the Service Manager has been asked to discuss the importance of appropriately supporting staff and their family members when referred to our services on the monthly Team Leader's agenda to ensure this situation is prevented in the future.

Local Requests/Concerns:

In addition to the complaints received, the service has the opportunity to log concerns raised by patients about immediate care issues. The number by service is shown below for any service which received more than one complaint:

Service	Total May 2017- April 2018	Total May 2016- April 2017
B2 Ward	3	4
CATS	10	5
CRHT Mansfield and Ashfield	2	1
CRHT City Hazel Suite	7	2
CRHT County Hazel Suite	2	1
Department of Psychological Medicine	4	1
LMHT Broxtowe and Hucknall	2	2
LMHT Central	2	0
LMHT City South	2	0
LMHT Gedling	6	1
LMHT Rushcliffe	8	3
LMHT Ashfield	4	0
LMHT Mansfield	7	0
LMHT Newark	5	0
Millbrook Clinic Medical Team	3	5
Millbrook Main Reception	2	0
Orchid Ward	3	1
Recovery Team	5	4
Redwood 1	2	3
Rowan 2	2	1

The themes highlighted in more than one informal complaint are outlined below:

Theme	Total May 2017- April 2018	Total May 2016- April 2017
Appointment Arrangements	15	12
Staff Attitude	17	7
Cleanliness/Physical Environment	2	3
Confidentiality	3	2
Info to/Communication With Service Users/Carers	21	16
Safe, Adequate, Co-ordinated Care	52	21

Learning/Actions:

A range of learning points/actions arose from the informal complaints and some of these are outlined below:

- One complainant raised that they had felt trapped by being sat in the corner of the office at DPM, QMC when being assessed; they struggled with this due to anxiety. The response included that, although most of the assessment rooms at DPM are spacious and are set-up in such a way as for the patient to be comfortably sat and to have easy access to the door, there is one room which is rather small and the patient usually sits at the back. In this case the responder acknowledged and empathised with the complainants feelings. They added that the team tries not to use that room, but unfortunately at times it is necessary due to a shortage of assessment space. This feedback is being shared with the team to ensure that they try to use that room even less frequently in the future, and apologise for the use of this room in advance when anxiety is a feature of a patient's presentation.

- There have been several complaints relating to a number of consecutive medical appointments being cancelled and rescheduled, leading to delays in being seen. This was due to a number of reasons from doctor sickness and locum availability. The complaints resulted in apologies, appointments being scheduled for that month and also, as learning, AMH are looking to introduce a system where the doctor is alerted if more than one appointment in a row is being cancelled, so a decision can be made regarding whether this is clinically appropriate and, if so, an apology can be provided directly identifying the issue of more than one appointment being re-arranged.
- There have been several complaints in relation to staff member attitude / language / support provided by CRHT teams across AMH Directorate. Now that these calls are being recorded, it is proving to be an effective learning opportunity for staff involved to listen to the calls with their managers and reflect on how they spoke to the callers. In most cases, the content of calls have not been inappropriate however, when listening back to the manner/ tone objectively staff members themselves have reflected that this could have been better, offered apologies and said that they will take the learning on board for future calls. There have been no further complaints relating to these staff members since this time.

3.8 MEMBERSHIP SURVEY

To elicit further feedback from those connected with adult mental health services, an email survey was undertaken in May via the public membership:

Number of respondents:	26 (15 service users, 10 carers, 1 did not answer)
Comments relating to:	18 commenting on community services 8 commenting on inpatient services
Friends and Family Test:	69%
Service Quality Rating:	79%

Sample of comments received:

- *Provided a safe, calm environment, staff very approachable and kind.*
- *My CPN took ill late last year. I have been without a CPN since then.*
- *Considerable empathy shown to patient and family members.*
- *Provide a mental health crisis team that can actually do something.*
- *Good friendly communication with carers and good calm tolerant atmosphere in spite of obvious difficult circumstances.*

3.9 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 attendance at the service redesign of community services.

4.0 FEEDBACK RELATING TO NOTTINGHAM RECOVERY COLLEGE

	May 2017 – April 2018
Service Quality Score	94%
Friends and Family Test (FFT)	97%
SUCE survey returns	564
`Service made a positive difference' score	92%

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

- Approach to Care (Category: Care/Treatment) – 30%
More control during classroom time when students are off the task and digressing. (Nottingham Recovery College)
Some of the flow of the course could have been improved without the change in lectures. (Nottingham Recovery College)
- Availability of Services (Category: Access to Services) – 25%
Could of been a bit longer. There is still lots to learn. (Nottingham Recovery College)
The emotional resilience course needs to be longer than 4 weeks, make it 6 weeks. (Nottingham Recovery College)
- Quality of written information (Category: Communication) – 9%
More up to date information boards. (Nottingham Recovery College)
Possibly a few more handouts. (Nottingham Recovery College)

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

- Quality of Care (Category: Service Quality/Outcomes) - 16%
- General (Category: Care/Treatment) – 16%
- Approach to care (Category: Care/Treatment) – 12%

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
Waiting lists in community services	Patients are reporting (via the national community mental health survey) long waits to be seen by a professional – particularly psychiatrists	<p>Unusually high levels of vacancies and sickness has impacted on the waiting times across community services. Recruitment is ongoing for Psychiatrists and as outlined below the Trust are investing in new roles that will support a reduction in waiting times.</p> <p>Since December 2017, the LMHTs have managed to reduce waiting times from referral to assessment which will support quicker identification of people's health and social care needs. In line with recovery focussed working the LMHTs have developed clearly defined treatment pathways in accordance with a patient's presenting needs rather than being diagnostically led. Psychiatrists are firmly embedded in the LMHTs daily practice, attending daily meetings to advise on care plans and those with the most complex needs.</p>
Crisis Care	<p>There have been complaints regarding crisis staff attitudes/complaints/support</p> <p>Concerns raised regarding supporting family of trust employees appropriately</p>	<p>To enable CRHT leads to respond to complaints accurately all calls into CRHT are now recorded over a 24hr period for monitoring, training and review.</p> <p>If there is a need to address staff attitude or response this is done in supervision or sooner if required.</p> <p>Training and staff development – three service development training days planned for 2018 around behaviour and risk.</p> <p>Work being undertaken in the directorate to ensure we have a more consistent approach to care to improve communication.</p> <p>All crisis teams have been reminded that the Trust should provide care and support to all Nottinghamshire residents including relatives and staff. As this can be complex staff support and supervision was provided. Staff advised to escalate concerns to team leads who will support.</p>
Involvement of families/carers	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>All areas work with the Triangle of Care principles.</p> <p>All Inpatient wards in AMH have a Carers Strategy Implementation Plan in place and this ensures that carers' needs are considered and appropriate information provided.</p> <p>Similarly, all Community Teams have completed the Carers Strategy Implementation Plans.</p>

		<p>Family Interventions Training is currently prioritised within AMH</p> <p>Teams and wards have access to information resources that can be provided to carers.</p>
<p>Disruption to patient care/continuity of care/use of locums</p>	<p>High number of medical vacancies across the community teams</p> <p>Transformation of locality 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 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.</p> <p>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>Internet access in inpatient areas</p>	<p>Patients have requested internet access across all in patient 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>
<p>Availability of Services</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>Staff are working with third sector services in order to sign post service users/cares and families to social groups. Knowledge of and collaboration with these agencies is being developed within the teams through agencies coming into team meetings.</p> <p>UMMHL (Urgent Medical Mental Health Line) continues to operate, and has received positive feedback from patients so far.</p> <p>CATS (Community Assessment Team) team do not limit support to six sessions, there is an evaluation point at 6-8 weeks to check how the service user is coping and whether the CATS team remain the most appropriate service for support and whether the intervention is proving helpful. At this stage, they may be signposted or continue to receive support.</p> <p>The new CHRT specification has been completed and is awaiting sign off with the commissioners.</p>

<p>Time staff spend with service users</p>	<p>Patients comment on poor levels of 1-1 with nurses</p>	<p>Staff on Orchid currently trialling period after handover to prioritise time with patients to achieve 1-1's and care planning activities.</p> <p>Hurst and safe wards initiatives are identifying gaps in staffing to support addressing staffing deficits, which will support additional staff time to enable more 1-1's to occur.</p>
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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:

5.1 A SAMPLE OF COMPLIMENTS FROM THE SERVICE USER AND CARER EXPERIENCE (SUCE) SURVEY:

- *The support and just knowing someone was there was so reassuring. (CRHT Bassetlaw)*
- *Excellent advice & listening from crisis team. (CRHT Mid Nottinghamshire)*
- *Safeguarding - checking you to see you are OK. Listened. Excellent peer support mentors. Occupational therapy sessions. (Rowan 2)*
- *Someone cared for him day and night. Also when he was transferred to another Mental Health Hospital, the staff rang up to transfer him back to Highbury which we were very pleased about as the staff know him better. (Rowan 1)*
- *Best service, excellent care from all doctors & nurses. Should I need hospital again I only want to come back to B2. Krystina, Brendon, Sharon, Emma & Fern have really looked after me. All the care assistants were brilliant. (B2)*
- *Staff are supportive and encouraging about leaving the ward. (B2)*

5.2 A SAMPLE OF COMPLIMENTS FROM CARE OPINION:

- *I can't thank the staff enough for their support during my stay in Rowan 2 because without them I would never have made it this far. (www.careopinion.org.uk/opinions/521754)*
- *Everyone at the Orion centre are very friendly & helpful. My key worker Louis is really caring and supportive. (www.careopinion.org.uk/opinions/521531)*
- *Can't fault the care and support I've received in hospital especially the care and support I received whilst working with Rose, very caring and genuine lady, also Eileen. (www.careopinion.org.uk/opinions/518455)*
- *I was an inpatient for around 3 months whilst I didn't plan to be admitted to hospital I realised was unwell so there for treatment to get better and move forward positively with my life.*
- *In hospital I felt well supported and cared for. I feel there is a stigma around mental health but now realise that it happens to 1 in 4 or 1 in 3 people and is nothing to be ashamed of. I am now well and came out the other side a stronger person. I hope my confidence grows and I go on to bigger and better changes in life. (www.careopinion.org.uk/opinions/491589)*
- *You all helped me on my road to recovery- when I could see no way out of what I can only describe as a nightmare. (www.careopinion.org.uk/opinions/468268)*

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 2018 report, featuring **Forensic Services – Wathwood Hospital**:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE - MAY 2018
<p>Activities</p> <p>Source: SUCE survey, Care Opinion</p>	<p>Patients have asked for more activities to be provided.</p> <p><i>“... I would like to see more activities here as it is boring sometimes ...”</i></p>	<p>Each ward/individual continues to have a full and busy Occupational Therapy/nursing programme informed by patient feedback and requests.</p> <p>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.</p> <p>Excellent sports facilities available in the evenings and on a Sunday complimenting the already extensive activities across the unit.</p> <p>We have increased access to the central activities on a weekend and access to the central activity outdoor area during summer months.</p>	<p>Please see attached examples of the events planner and a couple of examples of the daily activities that are available at Wathwood. Inclusive of OT groups 5 days a week, Sports 6 days a week, access to horticulture and the coffee shop and patients library.</p> <p>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>Respect</p> <p>Source: SUCE survey, Care Opinion</p>	<p>Some patients have raised issues around how they are treated by staff.</p> <p><i>“...Sometimes you get the odd sarcastic member of staff...”</i></p>	<p>More patients state that staff attitude is a positive attribute at Wathwood than those who have identified it as an area of improvement. However following the survey feedback an action plan was devised and includes the issue of staff attitude.</p> <p>This has been reviewed within Wathwood’s management team and actions agreed are:</p> <ul style="list-style-type: none"> - New staff to complete induction pack and achieve objectives particularly linked to confidentiality and patient interactions. - All staff to receive monthly supervision for support and guidance, addressing any issues regarding patient relationships. - Ward Managers and Nurse in Charge staff to monitor performance of individual staff on a shift basis and address any concerns regarding interactions with patients. <p>Patients to be allocated a nurse per shift so they are given time to be listened to.</p>	<p>We continue to have patients as part of our recruitment team who ask staff probing questions. We also hold the patients forum fortnightly which is supported by volunteers from Rosewood. This is an ideal opportunity for patients to ask questions and to hold staff to account.</p> <ul style="list-style-type: none"> • The new induction packs are seemingly working well • Supervision is increasing and we now have an electronic database. • We hold group and relational security meetings allowing staff to explore alternative ways to engage patients. • We have managers and Team Leaders engaging the staff teams and we pride ourselves to be visible on the wards. • Patients also allocated a nurse per shift to explore any issues.

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 to April 2018, and the previous rolling quarter (November 2017 - January 2018) in brackets for comparison:

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS -GENERAL HEALTH
SERVICE QUALITY SCORE	95% (95%)	81% (81%)	95% (95%)	96% (96%)
FRIENDS AND FAMILY TEST (FFT)	95% (95%)	75% (73%)	94% (94%)	98% (98%)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	92% (92%)	80% (81%)	88% (89%)	94% (94%)
SUCE SURVEY RETURNS	5110 (4415)	346 (232)	1255 (1807)	3508 (2482)
CARE STORIES OPINION	232 (230)	54(73)	20(17)	151 (123)

7.2 CARE OPINION HEADLINES

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

APRIL 2018	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL
Number of postings	56	14	9	33
Number of postings without a response	0	0	0	0
Number of postings rated as moderately critical or above	1	0	1	0
Number of postings with changes made	0	0	0	0

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

The story is summarised in section 3.4 (Nottingham City Crisis Team - www.careopinion.org.uk/opinions/513087)

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 (May 2017 – April 2018)	Emerging issues (February 2018 – April 2018)
TRUSTWIDE (based on 7292 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to services)	12%	No emerging issues
Approach to Care (Category: Care/Treatment)	9%	
Waiting Time (Category: Access to services)	7%	
FORENSIC SERVICES (based on 751 responses to the 'What could we do better' question)		
Staffing Levels (Category: Staff/Staff Attitude)	10%	No emerging issues
Approach to Care (Category: Care/Treatment)	9%	
Waiting Time (Category: Access to services)	9%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1873 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	16%	No emerging issues
Availability of Services (Category: Access to services)	10%	
Waiting Time (Category: Access to services)	9%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 4668 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to services)	19%	Activities (Category: Care/Treatment) 5% in previous year, 10% in current quarter.
Appointments (Category: Care/ Treatment)	11%	
General (Category: Communication)	6%	

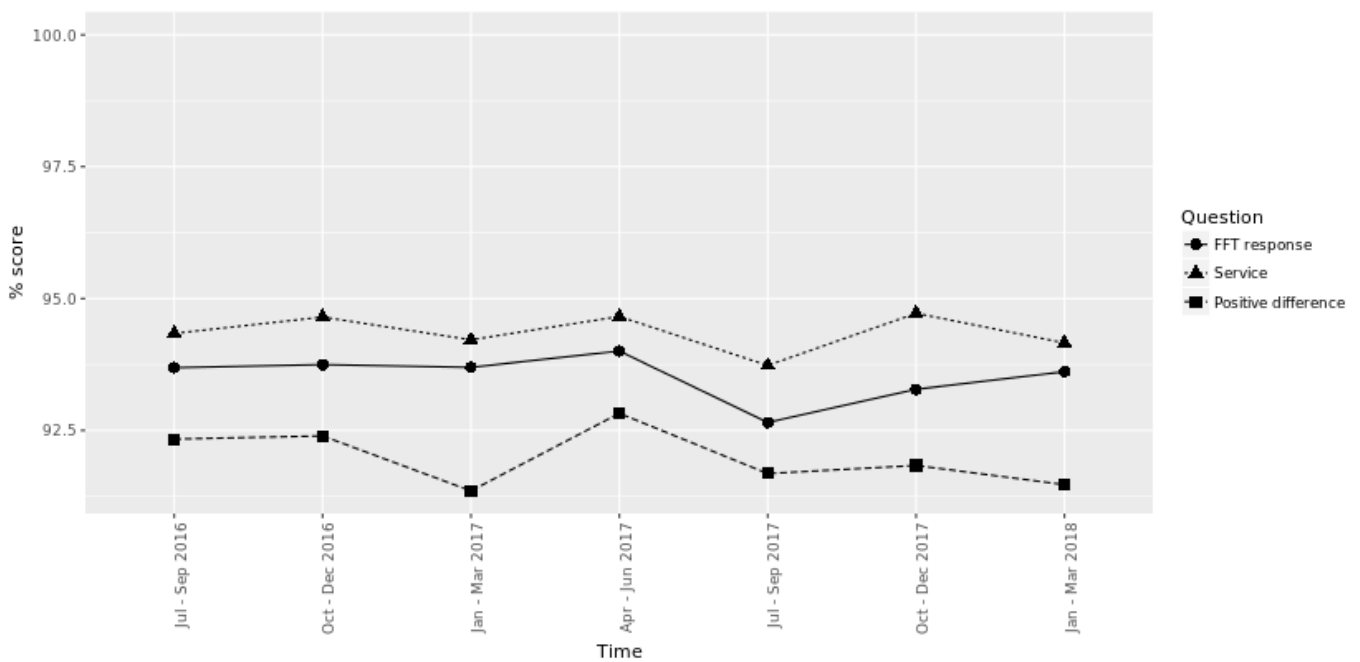
7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

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

	Current rolling year (May 2017 – April 2018)	Emerging compliments (February 2018 – April 2018)
TRUSTWIDE (based on 11793 responses to 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	17%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	14%	
General (Category: Care/ Treatment)	9%	
FORENSIC SERVICES (based on 847 responses to the 'What did we do well' question)		
Being listened to (Communication)	17%	General (Category: Service Quality/Outcomes); 7% in previous year, 13% in current quarter.
General (Category: Care/ Treatment)	10%	
Quality of Care/Service (Category: Service Quality/Outcomes)	8%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 3254 responses to the 'What did we do well' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	13%	General (Category: Service Quality/Outcomes); 9% in previous year, 18% in current quarter.
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	11%	
General (Category: Care/ Treatment)	10%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 7692 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	22%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	17%	
General (Category: Care/ Treatment)	9%	

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: <https://bit.ly/2lvuqZW>

Local Partnerships - General Health: <https://bit.ly/2lvuqZW>

Forensic Services: <https://bit.ly/2Lcs0qx>

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 2018