

**BOARD OF DIRECTORS
31st OCTOBER 2019**

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

FORENSIC SERVICES – RAMPTON HOSPITAL

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 July - September is **93%**. Our Friends and Family Test Score is **92%**.

This month's Patient Voice Report focuses on **Forensic Services – Rampton Hospital** 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 activities
- Staff attitude and restrictive practices

- Not feeling listened to

The report also updates on the issues presented in the Patient Voices report submitted to Board in May featuring on **Forensic Services – Arnold Lodge Medium Secure Unit**.

These were:

- Staffing levels (and the impact on staff attitude)
- Care and contact time from staff
- Access to technology

3. SERVICE IN FOCUS: FORENSIC SERVICES – RAMPTON HOSPITAL

The Hospital provides quality services for approximately 340 patients requiring care and treatment in conditions of high security, through five clinical services.

- Mental Health Service
- National High Secure Learning Disability Service
- National High Secure Deaf Service
- National High Secure Healthcare Service for Women
- Personality Disorder Service

Three of these are national services; the sole providers of high secure care for women, deaf men, and men with a learning disability, in the country.

All services deliver treatment consisting of evidence based psychological interventions provided within a framework of individualised, needs-led and consistent multi-disciplinary care.

The five clinical services are supported by:

- Therapies and Education Department;
- Forensic Security Service;
- Physical Healthcare Service including additional healthcare such as dentistry and physiotherapy

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICE REPORT WITH A FOCUS ON FORENSIC SERVICES – RAMPTON HOSPITAL (JULY 2018).

ISSUE	DETAIL	ACTION PROPOSED/TAKEN	UPDATE – OCTOBER 2019
<p>Staffing Levels – levels of qualified nurses</p> <p>(Source: Trustwide Feedback survey)</p>	<p><i>They need more staff to run the place. (Newmarket Ward)</i></p> <p><i>More staff, more doctors, more managers to come on the ward to see what we are like. (Emerald Ward)</i></p> <p><i>To ensure our regular, familiar staff stay on our ward instead of moving them to plug gaps in other wards. (Ruby Ward)</i></p>	<ul style="list-style-type: none"> As of May 2018 the hospital has 73 qualified vacancies, with some planned start dates for staff. Rampton has an ongoing recruitment strategy to attract qualified staff to work for the hospital. Enhanced payment at start of employment for qualified staff Development opportunities for Band 3 and above. Adverts via radio, Twitter and Facebook Focus on retention via NHSI retention programme 	<p>Continuing issue – see table 4.0</p>
<p>Staff attitude and restrictive practices – increase in long-term segregation (LTS)</p> <p>(Source: Complaints, Trustwide Feedback survey)</p>	<p>Patients report feeling as though long term segregation is sometimes used like a punishment.</p> <p><i>Avoid segregation and be kept active and to be given activities to keep up occupied on the ward (Aintree Ward)</i></p> <p><i>Had problems in the past with the doctors. Didn't get on with them. Not attended ward round for 7 months when on segregation. (Aintree Ward)</i></p>	<ul style="list-style-type: none"> Staff report that the morale in the hospital has improved which has an impact on patient care. Staff attitude is being investigated via complaints with investigating officers from different care streams supporting objective investigation. This was initiated by the Patient Experience and Service Improvement group. Two year CQUIN on LTS which has shown a reducing trend. Focus on LTS continues through a new 2 year CQUIN. Recruitment for Therapeutic Involvement Workers specifically for reduction in LTS. Working collaboratively with sister high secure hospitals. HOPE model training across the site Sampling of investigation outcome to determine consistency with the outcome 	<p>Restrictive practices continue as an issue – see table 4.0</p> <p>Update on Long Term Segregation below</p>
<p>Being in long-term segregation too long</p> <p>(Source: Patients' Forums and Patient</p>	<p>Patients report being in long term segregation for too long, and this having a negative impact on their therapeutic progress, as well as having a</p>	<ul style="list-style-type: none"> Service specific meeting throughout the year Review meeting monthly to review plans for individual patients on LTS to ensure their care is progressing as required. Specially look at level of activity and integrating 	<p>J Rolinson (Mental Health Act Office) collaborating with patients on work to develop the LTS Exit Strategy to ensure people are moving off LTS as soon as is appropriate and</p>

Council)	lack of activities.	and also currently presentation of risk	reintegrated sensitively onto the ward.
Patients understanding of their pathway (Source: Patients' Forums, Patients' Council)	Patients' report not being aware of their care pathway mile stones to achieve discharge.	<ul style="list-style-type: none"> • Presentation on Imprisonment for Public Protection (IPP) pathway • Review of MH wards and the admission and treatment dedicated wards. • Patients are being informed and included in their care planning and associated progress mile stones. 	<ul style="list-style-type: none"> • Reconfigured the pathway for learning disability and mental health patients • Provided a presentation to patients and then to carers/families on the new pathway

3.2 DIRECTORATE HEADLINES AND MAIN ISSUES AND COMPLIMENTS

Data collected from the Service User Feedback survey:

	Current rolling quarter (Jul - Sep 2019)	Previous rolling quarter (Jan – Mar 2019)
Service Quality Score	80%	73%
Friends and Family Test (FFT)	59%	56%
SUCE survey returns	139	114
'Service made a positive difference' score	79%	75%

	Current rolling year (Oct 18 - Sep 2019)	Emerging issues for the most recent surveying period (Jul - Sept 2019)
ISSUES (based on 176 responses to the 'What could we do better' question)		
Staffing levels (Category: Staff/Staff Attitude) Comments are not focused in a specific area. Most comments relate to a general lack of staff. <i>"Bring more staff in." (Topaz Ward)</i>	23%	No emerging issues
Approach to Care (Category: Care/Treatment) Comments are not focused in a specific area. Comments are wide ranging relating to Approach to Care. A good number of comments about being locked up too much, ward regimen, and the experience of being on a ward. <i>"More of a soft (TLC) approach when we are either unwell or distressed." (Jade Ward)</i>	13%	
Activities (Category: Care/Treatment) Comments are not focused in a specific area. Comments mostly relate to there not being enough activities available. <i>"Would like more off ward activities." (Malvern Ward)</i>	11%	

General (Category: Service Quality/Outcomes) The bulk of comments relate to Cheltenham Ward. Comments relate to not being helped, and feeling like the SU should not be on the ward. <i>"Stop looking up the sane. Did nothing well." (Canterbury Ward)</i>	6%	
Being listened to (Category: Communication) Comments are not focused in a specific area. All comments relate to a failure to listen enough. <i>"Listen to patients more when they are low not seclusion first because they lose trust." (Cheviot Ward)</i>	5%	
COMPLIMENTS (based on 114 responses to 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	14%	No emerging compliments
General (Category: Care/Treatment)	8%	
Being listened to (Category: Communication)	8%	

3.3 CARE OPINION

In the last year 112 stories have been published on Care Opinion commenting on Rampton Hospital:

	Oct 2018 - Sept 2019	Oct 2017 - Sept 2018
Number of postings	112	122
Number of postings without a response	0	0
Number of postings <u>not</u> responded to within two working days	0	9
Number of postings rated as moderately critical or above	5	7
Number of postings which lead to a change in service	0	8

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

1. **'You say we will be listened to'** - www.careopinion.org.uk/696339

Story from Erskine Ward Rampton Hospital mentions that 'staff seem to make their own rules' Patient would like to see top managers attend ward community meetings. The patient didn't feel cared for and said that staff said things that were untrue. They felt that seclusion was used as a punishment.

Response: The reply was detailed and acknowledge all the points in the feedback and informed the patient “you can add a note to your own records under section 18 which is for a patient to ensure they have their voice documented”. Please speak with your ward manager to help you”.

2. **‘It’s a good ward to be on’** - www.careopinion.org.uk/700102

Patient on Cotswold Ward. Rampton Hospital “I don’t feel safe on this ward we need more staff”. Off ward activities and on ward activities get affected. To feel safer, I say employ more staff’. The patient did say they felt they were treated well, and they enjoyed the community meetings where they were listened to.

Response: The reply thanked the patient and acknowledged there was work to be done and they would learn from their feedback.

3. **‘Hambleton ward High Secure service PD Pathway’** - www.careopinion.org.uk/701607

Posted by a patient – Rampton Hospital. *There are a lot of patients with different needs, more staff would be beneficial. My ward round. I am getting the right help. Caring... there was a time when I became very loud and difficult to deal with so instead of sending me to seclusion they just took me to my room for chat. That’s good care. There was an incident when I was in seclusion when a member of staff antagonised me. I did not ask them to come they just came to say are you suffering in what felt like a mocking way...you could improve the way you care when this happens. There is definitely a sense of community on this ward’.*

Response: A discussion was offered to the patient with concern expressed about the perceived antagonism whilst in seclusion. The patient was thanked with an acknowledgment of their balanced approach to feedback.

4. **‘Quantock Ward High Secure service PD Pathway’** - www.careopinion.org.uk/701542

Rampton Hospital Patient on Quantock Ward. Patient said that more staff would help them feel safer. They were happy with the ward round but felt was hard to comment on feeling cared for as it felt like everything got cancelled They only felt heard sometimes and that louder patients received more attention than quiet patients. They said there was a sense of community but asked for more interaction with patients.

Response: The reply reflected on the points and whilst pleased with the positive comments expressed concerns around not feeling heard at times. An action was agreed to have a community meeting to discuss ward feelings with patients.

5. **‘Hambleton ward, Rampton’** - www.careopinion.org.uk/701611

Patient felt that the *‘staffing feels rarely enough’, ‘to cover corridor checks and 1-2-1’s’*. The ward rounds were regular, but the patient did not feel involved and was depressed. *‘One of the Drs is very abrupt and seems unapproachable’*. When the staffing was adequate the patient had good support. The patient asked for a stop to changing named nurses and to allow some say in this process. Communication needed improving with messages to and from families and friends.

‘Not making decisions about me without me’ was requested. On a positive note a sense of community was felt on the ward.

Response: A detailed reply was provided with an explanation about why moving staff around to meet demand was needed and an apology for inconsistency of care. An action was taken to invite the Clinical Director to the Personality Disorder Involvement meeting to discuss

In the last year, 0 stories lead to a service change.

3.4 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (October 2018 - September 2019)

In the reporting period, Forensic Services – Rampton Hospital received 254 completed surveys, with many providing free text comments. These comments are coded for criticality, ranging from +3 (highly critical) to -3 (highly complementary).

Highly Critical	Moderately Critical	Mildly critical	Mildly complimentary	Fairly complimentary	Highly complimentary
4	106	66	53	61	0

All four of the highly critical comments relate to staff attitudes and the perception of a lack of respect from staff, and originate from different care streams:

- “...actively shrinking and reducing our off ward activities...Have ignored and reduced the quality of life for some of the most damaged and vulnerable people that society will not tolerate.” (Canterbury Ward – Mental Health)
- “More care...At times I have felt very neglected when in crisis. Staff can be very dismissive. Staff can make you very low at times. I honestly don't know what my treatment pathway is (after 6 years in here).” (Quantock Ward – Personality Disorder)
- “They have made life difficult for me. Don't listen or give me respect. I have health issues caused by this place. I prefer prison to begin in Rampton. Interfere with my rights. One or two listen but not the high-ups – especially the doctor doesn't listen to me. I don't feel safe.” (Grampian Ward – Learning Disability)
- “Put a stop to abuse - outsiders investigate complaints. Stamp out laziness and old school way of treating patients. Top secret hospital mentality - mind games. Negative - abuse. Cover up for each other - collude. Mind games provoke. I fill one of these in every year the place is getting worse.” (Eden Ward – Personality Disorder)

3.5 COMPLAINTS

Between October 2018 and September 2019, Rampton Hospital has been the subject of **287** complaints compared with **349** in the previous 12 month period. The number by service area is shown below:

Service/area	Total Oct 18 – Sep 19	Total Oct 17 – Sep 18
Personality Disorder	114	119
Learning Disabilities	47	68
Forensic Mental Health	45	91
Women's Services	38	39
Security Services	16	16
Forensic Services	14	8
Therapies & Education	8	5
Physical Healthcare	5	3

Facilities High Secure	0	0
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Of the 287 complaints received, 133 required a full investigation and 154 were addressed via local resolution.

The themes most often arising in complaints are outlined below:

Theme	Total Oct 18 – Sep 19	Total Oct 17– Sep 2018
Concerns about care including nursing care, MDT care, medication/prescribing issues, adequacy of treatment, discharge arrangements, diagnosis	96	113
Staff attitude (nursing/medical/Therapy and Education Department)	65	97
Patient property/ expenses	33	31
Assault/physical aggression/threat ie: Patient to Patient physical/verbal/threats allegations against staff	26	37
Security Services (mail censors & escorting issues)	16	20
Catering & environmental issues including accessibility	7	11
Medicines Management	7	9
Policy/procedure issue	6	5
Appointment arrangements/delays	5	5
Privacy & dignity issue	5	1
Information/communication issues	4	2
Accuracy & access to clinical records	4	3
Confidentiality breach	3	11
Equality & Diversity	3	2
Length of time to be seen & service availability	3	2
Support to carers	3	0

Access to records	1	0
Complaints Handling	0	0

Some examples of the types complaints received are given below:

- Allegations of assault by staff and other patients.
- Unhappy with the attitude of staff.
- Damaged and missing property.
- Cancelled, delayed and missed appointments.
- Feeling unsafe.
- Cancelled family visits.
- Medication unavailable on the ward.
- Patient feeling bullied by staff member.
- Missing property.
- Unhappy with medication prescribed.
- Low staffing levels.
- Lack of access to fresh air.
- Issues with mail.

Outcomes:

Outcome	Total Oct 2018 – Sep 2019
Complaint Not Upheld	113
Complaint Upheld/Upheld in Part	79
Complaint Resolved	83
Complaint Withdrawn	37

Learning/Actions:

Examples of actions taken following complaints

- **Photocopying-** A complaint investigation highlighted that staff were not permitted to photocopy documents for patients and that should patients require a photocopy of a document they should request this through Advocacy or, in the event that it is learning-related, through TED. An email was circulated to all ward staff advising that photocopying documents or searching the Internet for patients is not allowed.
- **Racist abuse-** A complaint was received at Rampton Hospital about a patient shouting racist abuse at a fellow patient. As a result the issue was raised in the ward community meeting, highlighting the need to respect one another and that any forms of bullying, abuse or harassment will be addressed with the upmost severity.

- **Low staffing levels-** An investigation at Rampton Hospital highlighted that numerous fresh air sessions have been cancelled due to low staffing levels. As a result a fresh air protocol to be shared with all staff, CRO and site managers was devised and signed off in the ward managers' meeting. It was also confirmed by the modern matron that fresh air responsibilities are reviewed daily in the staffing meeting and changed if there is significant clinical activity on the ward that day. The directorate secretary also now maintains a "fresh air" database to capture the number of cancellations and whether an IR1 was completed.
- **Targeted and bullied by staff-** A complaint was received at Rampton Hospital about a patient being targeted and bullied by a staff nurse. The investigation found that there should be a consistent team approach to delivering patients' individual care. It was confirmed by the ward manager that the nurse practitioner provides a reflective space on a weekly basis to discuss patients and the consistency within the team in terms of delivery of care. Outcomes are reported back within the weekly ward business meeting. As well as this the ward manager stated all supervision records are monitored by the ward manager over the month and staff are reminded to have supervision via e-mail or face-to-face.
- **Medication prescribing issues-** A Rampton Hospital patient complained that he had been given half the dose on his prescription; this was because there was only one tablet left in the box. The modern matron confirmed Friday stock checks are in operation to ensure the ward is stocked over the weekend and night staff checks the trolley for the next day. Pharmacy top ups are also in place. There will be a local ward audit to ensure these measures are maintained.

PALS (Patient Advice and Liaison Service)

PALS continued to assist Rampton patients and their families to answer queries and resolve problems. There were **310** such PALS events between October 2018 and September 2019, compared to **328** in the previous 12 month period.

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 PROPOSED/TAKEN
<p>Staffing Levels and how this relates to activities being cancelled/not taking place</p> <p>(Source: Trustwide Feedback survey)</p>	<p>Patients are raising the issue of staffing levels, via the Trustwide survey and via forums and groups.</p> <p>Patients talk about needing more staff and about staff being drawn away from their ward to other areas of the hospital, relating to clinical need.</p> <p>Patients are particularly frustrated when activities are cancelled or postponed due to staff shortages.</p>	<p>In the last year, the hospital has:</p> <ul style="list-style-type: none"> halved its qualified staff nurse vacancies. We have supported 40+ members of staff to go through their TNA (nursing associate) training programmes, which will boost our qualified workforce in March once they graduate. continued to recruit over establishment for nursing assistants closed a Evans ward which has freed up staff for other areas continued to hold assessment days, attracting more staff to the hospital <p>Despite this good work, the hospital still remains short of staff overall. Increased observations in some areas has also increased demand for staff.</p> <p>In relation to the impact of being short staffed on activities, we are exploring the option of releasing capacity for activities by assigning one activity coordinator to each ward to ensure that there is a full and varied programme of meaningful activity taking place. We are prioritising therapeutic activity within the programme.</p> <p>We are also employing escort staff to ensure patients can get to activities when they're taking place, so as not drawing qualified staff away from the ward each time.</p>
<p>Staff attitude and restrictive practices</p> <p>(Source: Complaints, Trustwide Feedback survey)</p>	<p>Sample comments:</p> <p><i>'Staff can be very dismissive'</i></p> <p><i>'Don't listen or give me respect'</i></p> <p><i>'Not treat us like were in prison.'</i></p> <p>In the CQC (Oct 2019) report patients said that a minority of staff had used or condoned the</p>	<p>A project has taken place to review complaints about staff attitude, which identified that where patients have complained about staff attitude the response has not always been consistent. As a result of this work, the findings have been reported via the Rampton hospital managers meeting in addition to being shared with patients at the Divisional patient experience and service improvement forum.</p> <p>The hospital has determined that as a minimum, the member of staff should be made aware that the complaint has been made and that the appropriate manager should facilitate a discussion between the staff and patient in order to discuss the patients concerns.</p>

	<p>use of racist and other inappropriate language towards patients.</p>	<p>The hospital is engaged in the Trustwide work relating to restrictive practice, including the Quality Improvement project devoted to the topic. Patient representatives from all areas were recently asked in the Divisional Patient Experience and Service Improvement Forum to identify, and to ask patients on their wards to identify, specific restrictive practices so that they can be explained/addressed.</p> <p>The findings in the CQC report will be investigated as part of the work of the Rampton Improvement Board.</p>
<p>Not feeling listened to (Source: Trustwide Feedback survey)</p>	<p>Sample comments:</p> <p><i>'You have not listened to me'</i></p> <p><i>'Listen to patients more. Staff just fob you off most of the time. Some staff don't care'</i></p> <p><i>'I felt my opinions could have been listened to more'</i></p>	<p>Patients have a variety of ways to express their views and speak directly to staff about anything concerning them; these include:</p> <ul style="list-style-type: none"> • Volunteers coming into the wards to capture Care Opinion postings and responses to the Trustwide survey • Ward meetings and Directorate Involvement Meetings – to which any patient can attend • Divisional meeting – to which representatives from each ward attend to communicate the views of their wider ward • Main hospital Patients' Council – to which representatives from each ward attend to communicate the views of the wider ward • Time with named members of staff, and if requested, time with the ward manager/matron • Formal complaints/PALS • Advocacy, if requested • Head of Clinical Operations holds drop ins for patients to speak directly to her <p>Feedback from most of these mechanisms is shared at directorate and divisional groups and the patients' council, in the form of an action plan, which summarises what people are saying and how staff are responding to it. Patients in attendance can (and do) challenge staff if they feel actions are not being followed up on.</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 Forensic Services – Rampton Hospital:

A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY AND CARE OPINION:

- Very good care. Good service. Good staff (Cambridge Ward).
- Respect – been fine with me. Listen – Any problems I have. Talking – Got things sorted that is needed, a good outcome. Care plans – Care plan involved, care plan is working. Medications – Explain side effects to medications. Feel better – Getting the help I need. (Aintree Ward).
- Really helped me settle in. (Ruby Ward)
- Look after my needs. Happy with what I get. (Hambleton Ward).
- The nurses have been alright. The ward staff listen well. Care plans - they explain carefully. (Cheltenham Ward).
- Listen to me. Care support. Good staff. Please don't shut our ward because we are all happy & for friends, nice staff (Canterbury Ward).
- You keep us safe and well. You are always available, whenever we need to talk to you. Everything is fine (100%) (Cambridge Ward).
- Support. Communicate good. Commitment never give up. Always guide people. (Quantock Ward).
- The staff have cared for me well a few times when I have been in crisis and they have helped me lots. (Eden ward)
- The Staff do listen and share information with other staff so you know any problems are not just forgot about. (Canterbury Ward)
- My named Nurse and managers do help me feel safe here. My team works well with me when they tell me I am doing well, this is my named Nurse who does this. (Mental Health Service)

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

Below we update on any developments in relation to the main issues presented in the May 2019 report, featuring **Forensic Services – Arnold Lodge Medium Secure Unit**:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE – OCT 19
<p>Staffing levels (and the impact on staff attitude)</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 & in the last year a further 23 HealthCare Support Workers (HCSW) & 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>Current vacancies:</p> <ul style="list-style-type: none"> • Qualified – 17.03 working time equivalents • Unqualified – 0.5 working time equivalents <p><u>Recruitment</u></p> <p>Qualified:</p> <ul style="list-style-type: none"> • 13 staff nurses (Band 5) offered posts + one Nurse Associate (Band 4) offered post • Unqualified – Two HealthCare Support Workers (HCSW - band 2) offered posts <p><u>Adverts</u></p> <p>Qualified: Monthly rolling advert for staff nurses + four Nurse Associates (band 4) commencing in March 2020</p> <p>Unqualified: Presently recruiting up to ten HCSW (band 2) to cover shortfalls within the qualified staff group</p> <p>In addition, we are recruiting to an Advanced Nurse Practitioner post within the Women's service and a Primary Healthcare Manager post.</p>
<p>Care and contact time from staff</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</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 Care Quality Commission 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>At Team Days for wards and other departments, the CQC report has been a prominent agenda item – with this one of the points raised.</p> <p>With increased focus, efforts are made to ensure Reflective Practice sessions, facilitated by staff from the Psychology Department, take place on each ward every month.</p> <p>All clinicians look to provide an equitable time to patients with differing levels of intensity based on their stage of treatment. For example, the Psychology Department provide more intense direct therapeutic work for those patients who are further along in their recovery so they can address vital forensic and clinical needs allowing them to move on to other</p>

	recovery.		services.
Access to technology (Source: Patients' Forum)	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.	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.	Internet access (with a particularly focus on gaining access to shopping sites), and the patient imaging computer are still in progress with IT.

7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter (Jul - Sep 2019) and in brackets, previous rolling quarter (Apr - Jun 2019).

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	93% (95%)	81% (79%)	94% (94%)	97% (96%)
FRIENDS AND FAMILY TEST (FFT)	92% (95%)	72% (65%)	93% (93%)	95% (95%)
SUCE SURVEY RETURNS	3470 (4158)	601 (120)	1080 (1694)	1789 (2343)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	90% (93%)	80% (79%)	90% (89%)	95% (95%)

7.2 CARE OPINION HEADLINES

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

SEPTEMBER 2019	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS – MENTAL HEALTH	LOCAL PARTNERSHIPS – GENERAL HEALTH
Number of postings	83	58	11	14
Number of postings without a response	2	0	2	0
Number of postings rated as moderately critical or above	7	5	2	0
Number of postings with changes made	0	0	0	0

In the last month, seven stories were rated moderately critical or above:

- "CAMHS" www.careopinion.org.uk/696679 - Child and Adolescent Mental Health Services – Community (City)

Story posted by a parent about a referral which they didn't know about. The parent passed on the message and the son reported he knew nothing about it. The parent assumed it was a fake call and rang the police. The CAMHS staff member called again. The parent passed on the information from the son. The parent said the staff member started swearing at them and put the phone down.

The parent missed a health appointment and the service '*took this as I was going to commit suicide, so I had two police officers knocking on my door for a welfare check*'. I later found out by the police that the call was from a senior member of CAMHS staff.

Response: The service lead replied with an apology offering to look into what happened with the referral and to see which staff were involved to investigate their responses. CAMHS explained; '*We would only contact a young person or family if a referral has been received and we do ask for consent from the young person as part of the referral process*'.

- "Most of the staff were amazing..." www.careopinion.org.uk/700005 - Ward B2 Bassetlaw Hospital

'I can't express how great the staff are that work on B2. The HCA's and nurses are all incredibly compassionate and will go above and beyond to help you when you are struggling. Compared to other wards I have been on, the staff on B2 are truly amazing. My issue however is not with the ward staff at all but with how I was treated by psychiatry.' The patient felt that they did not feel listened to and did not receive compassion. They felt pushed to go home before they were ready whilst still making plans to end their life. The resentment built up and took away what the patient felt would have been a therapeutic place to recover as they felt staff thought they were wasting a bed space.

Response: Team Leader County South responded with a considered and reflective reply about how the service user felt and explained 'The Ideal Ward Round' had been implemented to consider the ward experience and how it can be improved. An offer was made for the service user to contact them to discuss the issues raised and any other concerns.

- Five further moderately critical stories are summarised in the Rampton Hospital Care Opinion stories featured on page six.

In the last month, **0 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 (Oct 18 - Sep 2019)	Emerging issues for the most recent surveying period (Jul - Sept 2019)
TRUSTWIDE (based on 3551 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	10%	No Emerging issues.
Waiting time (Category: Access to Services)	9%	
Availability of services (Category: Access to Services)	9%	
FORENSIC SERVICES (based on 689 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	13%	No Emerging issues.
Staffing levels (Category: Staff/Staff Attitude)	11%	
Waiting time (Category: Access to Services)	11%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1470 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	14%	Availability of Services (Category: Access to Services); 6% in last year, 11% in last quarter.
Waiting time (Category: Access to Services)	10%	
General (Category: Access to Services)	8%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 1324 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	24%	Other (Category: Communication); 5% in last year, 9% in last quarter.
Appointments (Category: Care/Treatment)	8%	
Waiting time (Category: Access to Services)	6%	

7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

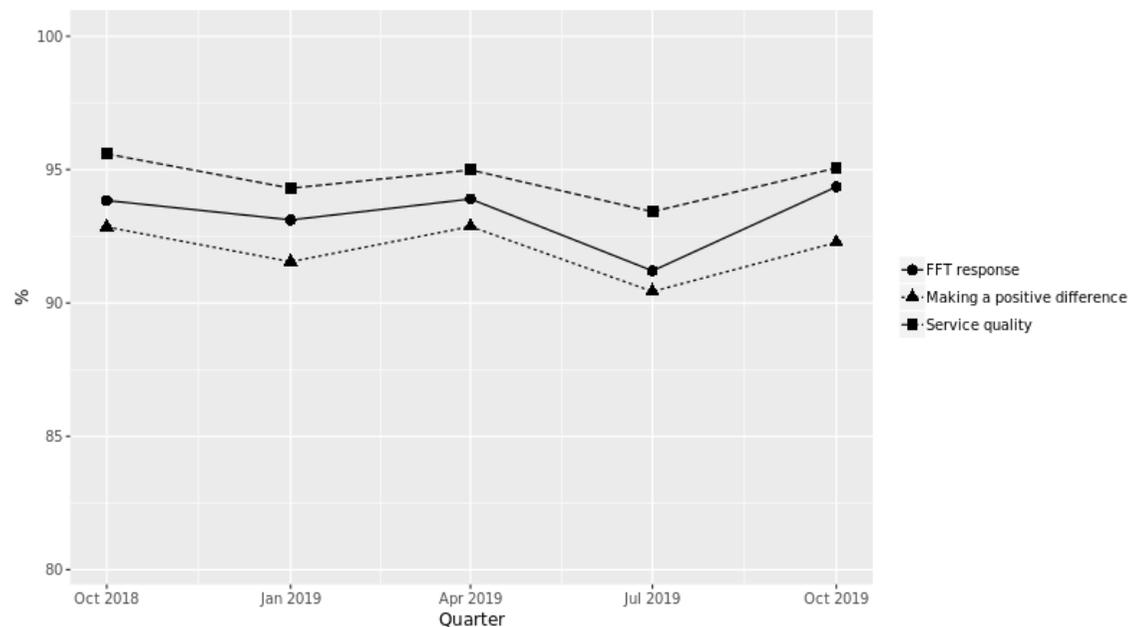
Data collected from the Service User and Carer Experience (SUCE) survey:

	Current rolling year (Oct 18 - Sep 2019)	Emerging issues for the most recent surveying period (Jul - Sept 2019)
TRUSTWIDE (based on 4236 responses to the 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	18%	No Emerging compliments.
General (Category: Service Quality/Outcomes)	16%	
Quality of Care/Service (Category: Service Quality/Outcomes)	9%	

FORENSIC SERVICES (based on 701 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	16%	No Emerging compliments.
Being listened to (Category: Communication)	9%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	9%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1522 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	18%	No Emerging compliments.
Approach to Care (Category: Care/Treatment)	13%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	12%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 1678 responses to the 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	26%	Other (Category: Communication); 7% in last year, 13% in last quarter
Quality of Care/Service (Category: Service Quality/Outcomes)	16%	
General (Category: Service Quality/Outcomes)	13%	

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

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



For divisional trend graphs, please follow the links below:

- Local Partnerships - Mental Health: bit.ly/2AUtmcn
- Local Partnerships - General Health: bit.ly/2CEJgYH
- Forensic Services - bit.ly/2MiUGWj

8. RECOMMENDATION

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

Paul Sanguinazzi
Head of Involvement, Experience and Volunteering

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

October 2019