

BOARD OF DIRECTORS27th September 2018**INVOLVEMENT, EXPERIENCE AND VOLUNTEERING
PATIENT VOICE REPORT****BASSETLAW AND MID NOTTINGHAMSHIRE****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 June - August 2018 is **94%**. Our Friends and Family Test Score is **93%** (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 – Bassetlaw and Mid Nottinghamshire**, with headline information provided for the Trust as a whole, and for each division. The report also provides an update on **Forensic Services – Low Secure and Community Forensic Services** (featured in June's report).

The report highlights all prominent and/or recurring feedback in the last year from the full range of feedback mechanisms used by **Bassetlaw and Mid Nottinghamshire**, 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:

- Time of appointments (Community Nursing, Mansfield)
- Expectations around length of stay and when patients are going to be discharged (Pulmonary Rehabilitation and John Eastwood Hospice)
- Concerns over changes to neurological services (Neurological Services)

It also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring on **Low Secure and Community Forensic Services**, in June 2018. These were:

- Waiting times (PDD Network)
- Leave cancellations (Seacole Ward, WRC)
- Information to and relationship with carers, particularly relating confidentiality
- Issues surrounding the use of Electronic style cigarette products
- Staff Attitude

3. SERVICE IN FOCUS: LOCAL PARTNERSHIPS – BASSETLAW AND MID NOTTINGHAMSHIRE

The Mid Nottinghamshire and Bassetlaw Adult General Health directorate delivers a diverse range of community based services across the north of the county, including:

- Local integrated teams offering multi-disciplinary proactive, planned and targeted intervention for those at high risk of admission
- Community Nursing service, planned and urgent care for the housebound populations
- Intermediate care offering intensive rehabilitation services at home and within bedded facilities to promote self-management and independence
- Pulmonary rehabilitation offering self-management strategies
- Hospice services including outreach specialist nurses
- Call 4 Care service offering a well-established signposting and navigation function to manage patients within the community setting and reduce inappropriate Emergency Department attendances and non-elective admission to hospital.
- GP Out of Hours service within Bassetlaw

The Directorate has three Involvement champions (one in each locality) who support the teams in ensuring they gather feedback and respond to it appropriately. Key messages are shared in a weekly staff bulletin. Heads of Service and team leads are encouraged to review their feedback on the Your Feedback Matters website, together with reviewing feedback from other means, such as from Care Opinion and opportunistic feedback during clinical visits. The involvement champions and Heads of Service also review the feedback reports to keep an overview from a governance perspective.

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICES REPORT WITH A FOCUS ON LOCAL PARTNERSHIPS – BASSETLAW AND MID NOTTINGHAMSHIRE (SEPTEMBER 2017)

Below we update on the main issues identified (and the actions proposed in response) in the previous report which focussed on Bassetlaw and Mid Nottinghamshire, which was presented at the Board of Directors in September 2017.

ISSUE	DETAIL	ACTION TAKEN/PROPOSED – SEPTEMBER 2017	UPDATE – SEPTEMBER 2018
<p>Patients would like to receive their dressings faster – Community Nursing Mansfield</p> <p>(Source: Feedback Survey)</p>	<p>When community nurses require script for wound care products to enable the dressing care to be delivered we currently order the FP10 from the GP practices or our prescribers leave the script with our service users to obtain. Once the script is delivered to the pharmacy we are finding that they have to order the dressings from the suppliers as they are no longer keeping stock of the wound care products on our formulary, therefore there is a delay in delivery time.</p>	<ul style="list-style-type: none"> We are working with the Clinical Commissioning Group to monitor the trends within the pharmacies across the locality and work with them to obtain future solutions. We are also considering direct supply of dressings which will reduce the need for FP10 and the delay in this process. 	<p>Direct supply of dressings within community nursing was launched week commencing 16th July. Action complete.</p>
<p>Communication with service users – Integrated Care Teams in Newark and Sherwood</p> <p>(Source: Feedback Survey)</p>	<p>Changes to appointments not being communicated</p>	<ul style="list-style-type: none"> Deferred visits are monitored to look into trends behind the issue. The use of the Meridian demand and capacity tool is supporting more efficient planning of visits Reminder to all staff that when it is necessary to change a visit to telephone the patient/carer to discuss this with the patient before the visit/appointment is moved and ensure documented in clinical records Specific timings of visits are not always possible as the teams also need to respond to urgent on the day calls and prioritise visits accordingly, however staff have been reminded to contact the patient/carer to advise them if the visit is likely to be much later than usual 	<p>We have introduced a new standard operating procedure for triage which includes comfort calling the patient if appointments are changed and arranging a first appointment with the patient to ensure more effective communication with our service users re timings of visits. Action complete.</p>
<p>Continuity of staff/ time spent with service user - Integrated Care Teams in Newark and Sherwood</p>	<p>No continuity of staff performing visits and also the length of time of visits sometimes appeared rushed</p>	<ul style="list-style-type: none"> The teams are using the Meridian tool and the workforce model of the teams is being adjusted to ensure we have the right skills in the right place and in sufficient numbers to deliver high quality patient care. 	

<p>(Source: Feedback Survey)</p>		<ul style="list-style-type: none"> • The Mid Nottinghamshire capacity and demand workstream and the Meridian tool has assisted in identified average length of time for individual clinical procedures take to enable safe allocation and enable enough staffing capacity to be allocated to the demand intervention. • In addition, the Mid Nottinghamshire capacity and demand workstream is helping us to understand overall demand at team level on a weekly basis and to enable us to plan our staff capacity to this demand – this is helping us to identify safe staffing level requirements. • As Newark is such a large team the District Nursing teams have been split into three and are now doing geographical working to improve continuity of patient care. 	<p>The team now are allocated into three sub teams based on geographical working which promote continuity of staff visiting patients within the distinct localities. Action complete.</p>
<p>Patients would like more visits – Bassetlaw (Source: Feedback Survey)</p>	<p>This relates mainly to Macmillan nurses, Neuro/Stroke Service</p>	<ul style="list-style-type: none"> • The Specialist Palliative Care Nurses agree with the patient and carers the next visit and all Patients have direct numbers to contact the nurses. • The Neurological Nurses agree with the patient when the next visit will be and have contact numbers for support. The commissioners are reviewing the Epilepsy Service. 	<p>Productivity principles being applied to the teams as part of the mobilisation to the new community offer. This will include first to follow up ratio, and use of predicted dates of discharges on first visits. Action underway.</p>
<p>Patients would like to know changes to times and be told when someone is coming – Bassetlaw (Source: Feedback Survey)</p>	<p>This relates mainly to the Adult Integrated Services (North West/North East)</p>	<ul style="list-style-type: none"> • Ward Coordinators have been appointed and will contact patients if there are changes to times of visits 	<p>Ward Coordinators have been appointed and will contact patients if there are changes to times of visits. Action complete.</p>

3.2 DIRECTORATE HEADLINES

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

	Current rolling quarter (June – August 2018)	Previous rolling quarter (March – May 2018)
Service Quality Score	96%	97%
Friends and Family Test (FFT)	99%	99%
SUCE survey returns	501	556
'Service made a positive difference' score	95%	95%
Care Opinion postings	5	8

3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current year (Sept 2017 – Aug 2018)	Current rolling quarter (June – August 2018)
ISSUES (based on 1019 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services) <ul style="list-style-type: none"> Let me stay for longer. (John Eastwood Hospice, Day Care) More visits please. (Macmillan Specialist Nurses) It would be nice and very helpful to have this service repeated more often but understand this is difficult because of restraint on services etc. (Integrated care team (Newark & Trent)) 	13%	No emerging issues
Appointments (Category: Care/Treatment) <ul style="list-style-type: none"> Visit when they said they would. (Integrated care team (Newark & Trent)) Keep within a 2 hour period of visits (Community Nursing (Ashfield)) Not enough available appointments after operation. No appointments for two weeks. This is not satisfactory for open wound treatment. Why? (Integrated care team (Newark & Trent)) 	12%	
General (Category: Communication) <ul style="list-style-type: none"> You repeat the same test over and over again when different people attend - why do you not trust each other (Neuro and Stroke Service (Epilepsy, Parkinson's, and MS)) Make it easier to contact Diabetic Nurse. (Community Nursing (Mansfield)) Better communication with the family as to the best course of treatment and care. resulting in a distressing 10 days of care home residence which did not provide the care explained or expected. (Falls Service) 	8%	

COMPLIMENTS (based on 1477 responses to ‘What did we do well’ question)

General (Category: Service Quality/Outcomes)	24%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff attitude)	16%	
Quality of Care/Service (Category: Service Quality/Outcomes)	10%	

3.4 CARE OPINION

In the last year 58 stories have been published on Care Opinion commenting about Bassetlaw and Mid Nottinghamshire services:

	Current rolling year (Sept 2017 – Aug 2018)	Previous rolling year (Sept 2016 – Aug 2017)
Number of postings	58	64
Number of postings without a response	0	0
Number of postings <u>not</u> responded to within two working days	9	8
Number of postings rated as moderately critical or above	1	0
Number of postings which lead to a change in service	0	0

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

- ‘Incontinence product deliveries’ - www.careopinion.org.uk/opinions/569395

A partner posted on behalf of their wife (who also suffers with dementia) to say that she had not been delivered the correct continence products and due to this, would be without appropriate protection overnight.

Both the Specialist Continence Clinical Service Lead, and the General Manager for the locality, responded to say that the problem would be rectified by the following day (due to them having spoken to the provider on the patient’s behalf), and that they would look into the reasons why this had occurred.

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

3.5 COMPLAINTS

Between September 2017 and August 2018, services within General Healthcare Bassetlaw and Mid- Nottinghamshire have been the subject of 11 full investigation complaints compared with 14 full investigation complaints in the previous 12 month period. The number by service is shown below:

Service	Total Sep 2017 - Aug 2018	Total Sep 2016 - Aug 2017
Adult Integrated Care (M&A)	5	5

Adult Integrated Care Team (N&S)	3	3
In Care/Therapy (HP)	2	N/A
Out Of Hours District Nursing	1	N/A
Intermediate Care (Mans & Ashf)	1	N/A
Integrated Services BHP (Bassetlaw)	N/A	3
Continence Advisory (New & She)	N/A	1
Daycare/Hospice Teams (N&S)	N/A	2

The themes most often arising in complaints are outlined below:

Theme	Total Sep 2017 - Aug 2018	Total Sep 2016 - Aug 2017
Nursing Care - Non In-Patient	6	7
Info To/Commun With Carers/ Relatives	3	N/A
Appointment Arrangements	2	N/A
Staff Attitude - Medical	1	N/A
Access To Appointment	1	N/A
Nursing Care - In-Patient	1	N/A
Communication With Other Services/Agencies	1	N/A
Confidentiality	1	N/A
Discharge From Hospital Arrangements	1	N/A
Medical Care - Continuity Of Care	1	N/A
Service Availability/Length Of Time To Be Seen	1	N/A
Facilities/Cleanliness/Repair	1	N/A
Staff Attitude - Nursing	1	1
Aids And Appliances	N/A	1
Medical Care - Adequacy Of Treatment	N/A	3
Physical Health Care	N/A	1

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

Case 17237 – Integrated Care Team Newark and Sherwood

The complainant wanted to know why the District Nursing Service declined to provide palliative care to their husband despite this being requested by the GP on three separate occasions. It was found that the referral received was not for Palliative Care input but for wound care.

Case 15493 – Integrated Care Team Mansfield and Ashfield

Patient raised concerns about the care received when having her dressing changed. Patient raised concerns about hygiene and how one nurse was not proficient at changing the dressing.

Case 17070 – Bassetlaw Out of Hours GP

Complainant raised concerns about the manner of the GP and the care provided and concerns as to why a thorough examination was not done.

Outcomes:

The following table shows the outcome of 10 full investigation complaints closed during the period September 2017 and August 2018:

Outcome	Total Sep 2017 - Aug 2018
Complaint Upheld In Part	3
Complaint Not Upheld	5
Complaint Upheld	1
Complaint Not Pursued	1

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 17388 – Integrated Care Team Mansfield and Ashfield

Complaint received about visits and wound care. Element of complaint was regarding that when a relative called the SPA Team to ask why a visit had not taken place they were informed that it was documented they had received a visit. This was incorrect, as the nurse had recorded the data

inaccurately. As a result of the complaint the nurse was made aware of the error and given support around accurate data entry on System 1 and the entry was marked in error.

Case 17817 – Integrated Care Team Mansfield and Ashfield

Complaint received about why the *'District Nurses refuse to come out and educate him on how to safely use the super-public catheter?'* Although the patient and their relatives were signposted to appropriate services there were learning points around communication. These were around communication with the patient/carer and how this was not done directly with them leading to care needs not being identified properly and incorrect information being shared. The issues arising from this complaint were to be shared with the wider team and triage staff to make them aware.

Local Resolution Complaints

In addition to the full investigation complaints received, the service has had 14 local resolution complaints for 2017-2018 and 10 local resolution complaints for 2016-2017 raised by patients about care issues. The number by service are shown below:

Service	Total Sep 2017 - Aug 2018	Total Sep 2016 - Aug 2017
Adult Integrated Care Team (N&S)	5	4
Adult Integrated Care (M&A)	4	2
Intermediate Care (Mans & Ash)	3	1
Integrated Services BHP (Bassetlaw)	1	2
Out Of Hours District Nursing	1	N/A
Continence Advisory (Mans & Ash)	N/A	1

The themes of the local resolution complaints are outlined below:

Theme	Total Sep 2017 - Aug 2018	Total Sep 2016 - Aug 2017
Staff Attitude - Nursing	4	2
Info To/Communication With Carers/Relatives	2	1
Service Availability/Length Of Time To Be Seen	2	N/A
Access To Appointment	1	1
Aids And Appliances	1	N/A

Appointment Arrangements	1	4
Lack Of Service Provision	1	N/A
Nursing Care - Non In-Patient	1	N/A
Staff Attitude - Medical	1	N/A
Nursing Care – In-Patient	N/A	2

3.6 FEEDBACK FROM CARERS, FAMILIES AND FRIENDS

In the last year, Bassetlaw and Mid Nottinghamshire received 214 Carers, Family and Friends Survey responses. 97% of carers would be extremely likely or likely to recommend our services if their friends or family needed similar care or treatment as a carer.

In relation to the key question themes, carers reviewed our services as below:

- Listening: 96%
- Communication: 96%
- Dignity and Respect: 97%
- Inform who to contact: 93%
- Privacy to discuss: 95%
- Info about carers' assessment: 92%

DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Carers, Family and Friends survey:

	Current year (Sept 2017 – Aug 2018)	Current rolling quarter (June – August 2018)
ISSUES (based on 90 'What could we do better' comments)		
Appointments (Category: Care/Treatment)	21%	Carer support (7% in year, 25% in rolling quarter)
Communication between staff and service users (Category: Communication)	14%	
Time staff spend with service users (Category: Staff/Staff Attitude)	10%	
COMPLIMENTS (based on 140 'What did we do well' comments)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	18%	No emerging compliments
General (Category: Service Quality/Outcomes)	13%	
Quality of Care/Service (Category: Service Quality/Outcomes)	9%	

3.7 LOCAL MECHANISMS FOR FEEDBACK

In addition to collecting feedback from the Trust Feedback Survey and Care Opinion, Respiratory Services in mid-Nottinghamshire have been involved in a Trust project working with the Kings Fund to collaboratively develop a model for working in partnership (co-production) between patients, carers, staff and communities to improve services.

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

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

ISSUE	DETAIL	ACTION PROPOSED/TAKEN
<p>Time of appointments (Community Nursing, Mansfield)</p> <p>Source: Trustwide survey</p>	<p>Patients would like to know a specific time when the nurse is going to visit for their appointment</p>	<ul style="list-style-type: none"> • Deferred visits are monitored to look into trends behind the issue. The use of the Meridian demand and capacity tool is supporting more efficient planning of visits • Reminder to all staff that when it is necessary to change a visit to telephone the patient/carer to discuss this with the patient before the visit/appointment is moved and ensure documented in clinical records • To implement the standard operating procedure implemented in Newark and Sherwood
<p>Expectations around length of stay and when patients are going to be discharged (Pulmonary Rehabilitation and John Eastwood Hospice)</p> <p>Source: Trustwide survey</p>	<p>Patients have indicated that that they would like longer treatment programmes and more sessions/visits.</p>	<p>Productivity principles being applied to the teams as part of the mobilisation to the new community offer this will include first to follow up ratio and use of Predicted dates of discharges on first visits. Action underway</p>

<p>Concerns over changes to neurological services (Neurological Services)</p> <p>Source: Trustwide survey</p>	<p>Concerns have been raised that staff providing these services have been removed and this will mean a loss of service.</p>	<p>We have arranged several listening events with staff. Engagement with stakeholders re: service changes i.e. societies for Multiple Sclerosis (MS) and Parkinson Disease (PD); neurological consultants; GP forum of Bassetlaw.</p> <p>We are planning to have a group membership meeting in September with the MS and PD societies. Meeting with local MP planned.</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 Bassetlaw and Mid Nottinghamshire:

A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY:

- *The staff went over and above, nothing was too much trouble for them. So caring and compassionate, excellent staff. (John Eastwood Hospice, Day Care)*
- *Helpful, Friendly, polite, Made a big difference to my outlook on my COPD (Cardio Pulmonary Rehab Service)*
- *Listened, got me walking again and gave me confidence to go out on my own again (Adult Integrated Service (South West))*
- *Everyone who has provided help and support to my mum have been very kind and caring and it making a real difference to my mum's health and well being. (Community Nursing (Ashfield))*
- *Mel, Sandra and Chantelle are a credit to the team. No wards can say how marvellous these ladies are thank you so much. The staff that attended to my dad was more than professional. 3 of the care support ladies have become like family helping me and my sister and daughter care for and come to terms with my father's impending death (Call for Care)*
- *Everything was well planned to suit each individual person. (Respiratory Team (Ashfield & Mansfield))*
- *I can ask them anything and they will explain what things mean and what medications do (Macmillan Specialist Nurses)*

A SAMPLE OF COMPLIMENTS FROM CARE OPINION:

- *I would like to pass on thanks to Nikki, Community Staff Nurse following her visit today. It was a breath of fresh air to have Nikki coming in the house she was a fantastic lovely young lady who would be welcome in my Mum's house anytime. - <https://www.careopinion.org.uk/opinions/572496>*
- *The Falls Team and the Intensive Home Support Team have been a god send and worked as a team to provide all the help and care I have needed. This has made my recovery and getting back on my feet much faster. Everyone involved was lovely and helped me get my confidence back. - <https://www.careopinion.org.uk/opinions/558779>*
- *Louise, thank you for your prompt actions which were above and beyond your call of duty. Thank you for enabling mum to have a dignified peaceful pathway. - <https://www.careopinion.org.uk/opinions/537632>*

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 June 2018 report, featuring **Low Secure and Community Forensic Services**:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED – JUNE 2018	UPDATE - SEPTEMBER 2018
<p>Waiting times (Personality Disorder Development Network, PDDN)</p> <p>SOURCE: Trustwide survey, verbal feedback (collated and reported at clinical meetings)</p>	<p>Initially, feedback indicated an issue with long delays while waiting for assessment.</p> <p>More recently, feedback has indicated an issue with delays between assessment and commencing therapy sessions.</p>	<p>Waiting times from referral to assessment have been significantly reduced, average wait - 10 weeks, due to re-organisation of resource within the current team. Waiting times from assessment to group therapy remain high, due to resource, high rate of demand, and reducing investment from CCG's in 2018.</p> <p>The service has introduced quarterly reviews for those waiting longer than 16 weeks between assessment and treatment and between differing treatment groups. These have proven valuable, with positive feedback from service users in regard to helping them use safety strategies, and prepare for therapy, but also in terms of being held in mind and not forgotten about.</p> <p>The service also now has a phone contact point and service users are ringing in to check on their progress in relation to waiting times, although this has alleviated the frequency of formal complaints, local concerns are still raised in regards to the wait.</p> <p>The PDDN external review was completed in December 2016. The external review steering group started to meet in May 2017 to address the recommendations, with waiting times a feature of the agenda.</p> <p>The steering group is aligned with the Systems Transformation plan with the overall aim of providing a clearly defined Trust Personality Disorder Strategy within a reduced financial envelope. The strategy focuses on those with the highest need across secondary mental healthcare, and as such has led to a change in entry requirements for the PDDN.</p> <p>Thresholds into services are being strictly re-defined - a recent review against the new threshold has reduced the amount of</p>	<p>Waiting times from assessment to therapy continue to be monitored closely.</p> <p>Quarterly reviews are happening for all service users who have been waiting for therapy longer than 16 weeks. The feedback from service users is that these are helpful and remind them of their crisis plans and ways in which to contain their emotions and begin thinking of how they will utilise the therapy group.</p> <p>The phone contact point is being used regularly by service users and acts as a reminder to their crisis plan to enable them to contain their emotions.</p> <p>The new threshold has now been implemented, which has reduced the number of referrals accepted into the service, therefore will impact upon reducing waiting times in the longer term.</p> <p>The single referral route into secondary mental health care via local mental health teams (LMHTs) is beginning to be implemented. The assessments by LMHT's are now been discussed at the central weekly Personality Disorder meeting for a clear pathway of care to be discussed. Structured Clinical management is due to start as an intervention in October,</p>

		<p>service users accessing the PDDN service by 20%.</p> <p>There will be a single referral route into secondary mental healthcare via the Local Mental Health Teams (LMHTs) single point of access (this will reduce the referrals directly into the PDDN by 30%, though it will have implications elsewhere).</p> <p>A detailed assessment of need will take place within LMHT at the beginning of a service user's acceptance, and once completed this will be presented at a central, weekly Personality Disorder meeting (for those assessed as Cluster 8) facilitated jointly by the PDDN and Adult Mental Health colleagues.</p> <p>This meeting will eventually formulate and plan the relevant pathway of treatment, care and therapy for each service user and their specific need.</p> <p>Clearly defined case management and Structured Clinical Management Interventions will be introduced throughout LMHT, therefore increasing the offer of evidenced based therapy and interventions to this service user group.</p>	<p>increasing the offer of evidenced based therapy beyond that of the PDDN and ensuring the pathway of care is the most relevant, this will also reduce the waiting times for group therapy in the PDDN.</p> <p>There has been a slight, but noticeable reduction in the waiting times and it is anticipated over the year this will reduce further.</p> <p>It is important to acknowledge that some patients will always show as long waiters but it is anticipated in the longer term this will be through patient choice as opposed to service resource.</p>
<p>Leave cancellations (Seacole Ward, WRC)</p> <p>SOURCE: Trustwide survey, Patient Forum</p>	<p>Due to certain ward environments and high dependency levels</p>	<p>Escorted leave cancellations continues to be a theme from patient feedback, however the numbers of cancellations are relatively low which suggests that leave is of great importance to patients and any cancellations heighten levels of frustration.</p> <p>March, for example, 43 leaves were booked that month, and five were unfortunately cancelled (all because of staffing issues). Of these, three were successfully rearranged.</p> <p>Following patient feedback, the Directorate Management Team (DMT) monitors the provision of escorted leave on each ward on a monthly basis.</p> <p>Over the last six months, 807 escorted leaves have been scheduled, and 103 (13%) of them have had to be cancelled.</p> <p>Of these cancellations, 40 (5% of the total), were due to short staffing, and 27 of these cancelled leaves were subsequently rearranged, bringing the rate down to 2.5% of the total.</p> <p>Leave suspension/mental state and patients refusing leave, account for the majority of other cancellations.</p>	<p>Between June and July 376 leaves were planned and 344 (91%) went ahead as planned. Only four of 32 cancellations were due to staffing issues. Other reasons highlighted were cancellations due to suspension/ mental state and patient refusal.</p> <p>As the stats show leave cancellation due to staffing is relatively low, but has a significant impact on our patients. The Directorate are very mindful of this impact and work with our patients, accepting their frustrations and problem solving the best solutions.</p>

<p>Information to and relationship with carers, particularly relating confidentiality</p> <p>SOURCE: Carers forums, contact with carers</p>	<p>Several carers at the carer's forum in April 2018 indicated that staff were not always engaging them on discussions around their relatives wishes around confidentiality.</p>	<p>Carers contact plans are used within the service to prompt staff to discuss confidentiality using the guidance provided within the Trust procedure on the sharing of information. It is clear that staff tend to understand the personal/personal sensitive levels but are perhaps over cautious when discussing general information.</p> <p>We have started to provide friends and family sessions on the block training provided to all staff, where confidentiality will be discussed to raise staff awareness.</p> <p>Confidentiality can also create dissatisfaction particularly where there are temporary difficult issues which the patient does not wish to disclose to a family member.</p> <p>This can create friction when the staff are unable to give reasons for any tightening of restrictions related to such issues, and the patient has told the family member that they 'don't know why', for example they do not have leave off the ward.</p> <p>This kind of issue accounts for some of the feedback we receive, which on the surface will appear to indicate a deficit on the part of the service.</p>	<p>We are currently reviewing the carers contact plans in line with recommendations from a recent serious incident investigation into the tragic death of one of our patients. This includes better communication with the family around the arrangements made for unescorted leave so that any anomalies are picked up sooner</p> <p>Family and Friends training is provided by members of the Social Work team and helps to give all staff an understanding of issues faced by relatives of inpatients such as confidentiality, communication, support and stigma. All staff receive this on an annual basis.</p> <p>The next Family and Friends Forum is due to be held on Saturday 29th September and will be led by the Involvement team who will be discussing how to get better involved in feedback and ensuring their views are captured and acted upon.</p>
<p>Issues surrounding the use of Electronic style cigarette products</p> <p>SOURCE: Patients' Forum</p>	<p>Patients would like to be able to use Electronic style cigarette products as an alternative to smoking, and are traditional NRT products when on unescorted leave.</p>	<p>Despite excellent achievements whilst using other forms of Nicotine Replacement Therapy whilst in-patients at the WRC; the majority of our patients return to smoking as soon as they access unescorted leave.</p> <p>They and we recognise the success rate for those in the community who use Electronic Cigarettes and "Vape" products.</p> <p>The use of a disposable "E Burn" product is being piloted in Local Partnerships and is currently approved for use in some prisons.</p> <p>As such, we have sought support from within the Division and through the Trust Medicines Optimisation Group Meeting to add these to our range of interventions to help patients stop smoking.</p> <p>There remain however, concerns about the security of the</p>	<p>The Trust and diversion has supported the introduction of "E burn" products. The procedures and operational management of this is being worked through with the support of the patient Forum</p>

		<p>product in relation to illicit substances, and this needs further discussion.</p> <p>The Patients remain fully sighted on this and the last progress update was shared at the Patient Forum on the 7th June 2018.</p>	
<p>Staff Attitude</p> <p>SOURCE: Complaints</p>	<p>Patient feedback shows that sometimes staff are too busy to talk or can appear dismissive at times.</p>	<p>We have recently introduced 'getting to know me sheets' across the hospital which the patients have been involved in developing. These are largely aimed at new staff and bank workers and include information which the patients want to get across (such as hobbies or experiences).</p> <p>Seacole have introduced a 'resource nurse' who will ensure that they are available in the main ward area to address basic needs and requests quickly. This person will not complete observations during their allotted hour or get involved in managing incidents.</p> <p>This feedback is also being discussed in patient and staff meetings to raise awareness.</p> <p>Patients are being encouraged to raise concerns about individual staff members with ward management as soon as possible so that any staff support required can be identified and addressed as soon as possible. Patient reps who lead within our Patient Forum have agreed to take this forward within the community meetings and amongst their peers.</p> <p>The Directorate continues to support the role of seven Band 3 staff who make up the "Well Being and Spinney Meadows Teams". These team offer social, recreational, and vocational activities to all our patients and are an addition to the Occupational Therapy and Nursing staff assigned to each ward area. The team focus on providing a range of activities, with especial focus on those patients who are unable to leave the ward area, or who are not currently accessing significant programs in the community. Part of this role includes back filling ward compliments, especially at those busy times, to create free time to key workers enabling them to complete one to one sessions, patient's leaves, and to facilitate treatment groups.</p>	<p>The 'Getting to know me' sheets have been well received in the hospital and we have found that patients enjoy sharing personal characteristics which may not have been a focus for new/ bank staff.</p> <p>The resource nurse on Seacole continues to be allocated hourly. This staff member is recorded on the white board along with other staff roles so that they can see who to approach quickly.</p> <p>Patients have been encouraged to report any issues with staff. Nurse Managers and Advocates continue to be present on the wards and recent external visits by Low Secure Peer Review and CQC have highlighted that patients and staff have a positive relationship in terms of feeling able to raise concerns and that staff come across as compassionate.</p> <p>The Wellbeing team continue to provide a valuable service in conjunction with Occupational therapy programmes to ensure patients are provided with plenty of opportunities to stay occupied and learn new skills.</p>

7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter (June - August 2018) and in brackets, previous rolling quarter (March - May 2018).

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	94% (95%)	81% (80%)	95% (95%)	95% (97%)
FRIENDS AND FAMILY TEST (FFT)	93% (95%)	77% (72%)	93% (92%)	96% (98%)
SUCE SURVEY RETURNS	4822 (5033)	389 (307)	1430 (1424)	3001 (3298)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	91% (92%)	80% (79%)	89% (89%)	93% (94%)

7.2 CARE OPINION HEADLINES

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

AUGUST 2018	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL
Number of postings	42	15	9	18
Number of postings without a response	1	0	1	0
Number of postings rated as moderately critical or above	6	0	4	2
Number of postings with changes made	0	0	0	0

In the last month, **six stories were rated as moderately critical** or above:

- 'Poor consultation' - www.careopinion.org.uk/opinions/578937
A partner posted to say that their girlfriend was seen by a psychiatrist (who arrived late and did not know his girlfriend's name) and that the doctor made a 'rapid' diagnosis of depression, recommending medication, when this was not what their girlfriend wanted - '*she left feeling confused and disappointed by the lack of care from this person*'.

The service manager for City Community Services responded to encourage the person to contact them so that they could discuss non-medicated options which might suit her more.

- 'Incontinence product deliveries' - www.careopinion.org.uk/opinions/569395
(Detail in section 3.4)
- 'Communication skills' - www.careopinion.org.uk/opinions/579368

A carer posted to say that their husband spoke to the crisis team and found the member of staff *'annoying, self-opinionated, overbearing'*. They stated that they *'did not think that it was helpful and it was our family and GP that eventually helped us to get him better and not them.'*

The acting service manager for the City Crisis Team responded to apologise, and to provide their contact details so that the patient (or their partner) could discuss their experience directly with them, allowing them to speak to the staff involved.

- *'Community Mental Health support'* - www.careopinion.org.uk/opinions/575288
A service user posted to say that they had made a plan with their CPN for the period of the CPN's three weeks annual leave, but that the plan was not followed by the community mental health team and crisis service which resulted in further distress and a lack of care following serious self harm and an A&E admission - *'I'm feeling unsupported, suicidal and so very alone'*.

The Team Leader for the relevant community team responded, suggesting that the person speak to their community team immediately, or their local crisis team, and if that didn't feel comfortable, to speak directly to them (the team leader) so that they could help.

- *'Crisis mental health team'* - www.careopinion.org.uk/opinions/573983
A service user posted to say that their therapist referred them to the crisis team who they feel provided no advice or support, *'Complete waste of my time and effort to say I'm at breaking point and no help or further suggestions'*.

The Clinical Project Lead for Adult Mental Health responded to apologise, to encourage the person to speak to their local emergency department or crisis team urgently if their suicidal thoughts continued, and provided contact details for the team and service manager if they wanted to talk in more detail about their poor experience so that they could take action.

- *'System has changed in the 11 months since assessment'* - www.careopinion.org.uk/opinions/573255
A parent posted to say that their daughter was seen by a speech and language therapist, who gave them only general ideas and did not allow sufficient time for questions from the daughter or parents. They were then told that it would take six-twelve months to be seen by someone in school, who could provide practical support, but in the intervening 11 months, the system has changed and they will now not be seen.
The general manager for Specialist Services responded to explain why the system had changed, and that it is the increase in demand for the service has created delays for all.

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 (September 2017 – August 2018)	Emerging issues for the current rolling quarter (June - August 2018)
TRUSTWIDE (based on 6800 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	11%	General (Category: Access to Services); 7% in last quarter, 2% in previous year.
Approach to Care (Category: Care/Treatment)	7%	
Waiting time (Category: Access to Services)	7%	
FORENSIC SERVICES (based on 809 responses to the 'What could we do better' question)		
Waiting time (Category: Access to Services)	10%	General (Category: Access to Services); 10% in last quarter, 3% in previous year.
Staffing levels (Category: Staff/Staff Attitude)	8%	
Approach to Care (Category: Care/Treatment)	7%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1532 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	16%	General (Category: Access to Services); 13% in last quarter, 4% in previous year.
Availability of services (Category: Access to Services)	10%	
Waiting time (Category: Access to Services)	7%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 4457 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	18%	No emerging issues.
Appointments (Category: Care/Treatment)	9%	
Activities (Category: Care/Treatment)	5%	

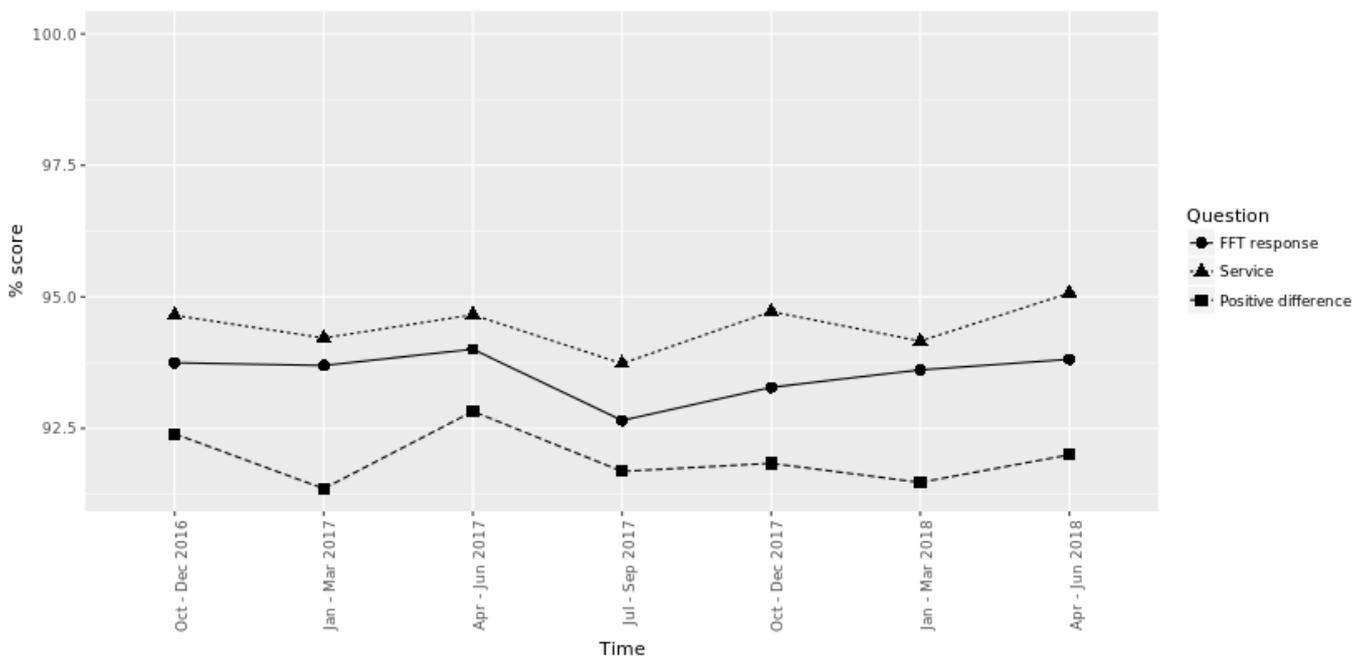
7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

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

	Current rolling year (September 2017 – August 2018)	Emerging issues for the current rolling quarter (June - August 2018)
TRUSTWIDE (based on 11261 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	17%	No emerging compliments.
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	16%	
Quality of Care/Service (Category: Service Quality/Outcomes)	8%	
FORENSIC SERVICES (based on 903 responses to the 'What did we do well' question)		
Being Listened to (Category: Communication)	15%	Helpful/Caring/Friendly (Category: Staff/Staff Attitude); 14% in last quarter, 9% in last year.
General (Category: Service Quality/Outcomes)	12%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	9%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 2766 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	15%	General (Category: Service Quality/Outcomes); 22% in last quarter, 15% in last year.
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	11%	
General (Category: Care/Treatment)	8%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 7590 responses to the 'What did we do well' question)		
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	19%	Quality of Care/Service (Category: Service Quality/Outcomes); 16% in last quarter, 8% in last year.
General (Category: Service Quality/Outcomes)	19%	
Quality of Care/Service (Category: Service Quality/Outcomes)	8%	

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/2OxvRGo
- Local Partnerships - General Health: bit.ly/2NjGOio
- Forensic Services: bit.ly/2pbLuZ3

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

September 2018