

**BOARD OF DIRECTORS
26th July 2018**

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

FORENSIC SERVICES – RAMPTON HOSPITAL

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 April – June 2018 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 **Forensic Services – Rampton Hospital**, with headline information provided for the Trust as a whole, and for each division. The report also provides an update on **Forensic Services – Arnold Lodge Medium Secure Unit** (featured in April's report).

The report highlights all prominent and/or recurring feedback in the last year from the full range of feedback mechanisms used by **Rampton Hospital**, 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 – levels of qualified nurses
- Staff attitude and restrictive practices – increase in long-term segregation
- Being in long-term segregation too long
- Patients understanding of their pathway

It also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring on **Arnold Lodge Medium Secure Unit**, in April 2018. These were:

- Staff Attitude
- Staff Shortages
- Treatment Information
- Bullying and Intimidation by patients

3. SERVICE IN FOCUS: FORENSIC SERVICES – RAMPTON HOSPITAL

Rampton Hospital provides High Secure inpatient services for male and female adults with a diagnosis of mental illness, personality disorder or learning disability.

Services are currently arranged over four clinical streams which provide admission and assessment, treatment and pre- discharge support. These are:

- Male Mental Health Service
- The National Learning Disability service, (including the National Deaf Service)
- Male Personality Disorder Services
- National Women's Services

Patients within all Clinical Directorates have multi-disciplinary teams working with them to deliver their care and treatment. These include medical staff, Psychology and Social Work, as well as Allied Health Professionals in Therapies and Education and the nursing staff.

Staff at the Hospital employ a range of mechanisms to capture feedback from and involve patients, and their carers' and families – including a monthly Patients' Council, and Open Forum, an inpatient survey every 18 months in addition to bi-annual service user feedback surveys, Patient Opinion, quarterly Carer Events which are planned jointly with Carers, visitor feedback survey in reception to capture real time feedback and a bi-annual Family, Friends and Carers' newsletter 'In Touch'.

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICES REPORT WITH A FOCUS ON FORENSIC SERVICES – RAMPTON HOSPITAL (JULY 2017)

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

ISSUE	DETAIL	ACTION TAKEN/PROPOSED – JULY 2017	UPDATE – JULY 2018
<p>Lack of access to off ward activities and frequent cancellation of planned sessions</p> <p>(Source: Complaints, Trustwide SUCE survey)</p>	<p>This refers to the experience of patients having activities cancelled as a result of the availability of staff. This is an issue further highlighted by the CQC (Care Quality Commission). The underlying factors which have contributed to the cancellation of activities have included:</p> <ul style="list-style-type: none"> • Too broader range of activities provided in an uncoordinated way. • Increases in patient acuity and dependency requiring high dependency observations. • The impact of emergency out of grounds escorts where on occasion individual patients may to be escorted to acute hospital settings requiring a minimum of 4 staff • The impact of staff sickness 	<p>In recognising that the hospital provides a broad range of therapeutic and recreation activity across the three directorates in a number of settings, a project led by Ilona Kruppa , Associate Director of Psychological Therapies and Clinical Director, was established to:</p> <ul style="list-style-type: none"> • review the range and scope of activity offered • to reduce duplication and increase efficiency • better coordinate to reduce timetabling clashes and flatten out the requirement for staff escorts. <p>Having mapped the range of activities, these have been rationalised and arranged into a hospital wide timetable.</p> <p>Weekly hospital wide planning meetings have been established in order to agree the deployment of staff to ensure activities take place and there is daily communication between site manager and on call manager to ensure that any potential cancellations can be averted. This has resulted in a significant reduction in cancellations. Where clinical emergencies occur requiring the redeployment of staff it may, however, still be necessary to cancel activity.</p>	<p>Having established a central coordinating role which liaises with clinical areas and site managers via a daily planning meeting, the hospital continues to monitor the frequency of cancelled activities due to shortages of staff.</p> <p>The hospital wide time table has been revised to support overall reduction and to prevent too many sessions planned at one time that cannot be facilitated. The main emphasis on this has been to ensure theory sessions are achieved before activity sessions.</p> <p>This has resulted in a significant reduction in cancellations, although on occasions due to clinical emergencies it has been the case that some activities may be cancelled.</p> <p>Performance in relation to cancelled activities is reported to Executive Leadership Team fortnightly and is a key area of review in the assurance meetings held with CQC, NHSI and NHSE</p> <p>Cancellations are monitored by Deputy Director of Forensic Services.</p>
<p>Low staffing levels affecting patients care and treatment</p> <p>(Source: SUCE, complaints)</p>	<p>Low Staffing has been highlighted as a significant concern in particular the risk of having staff lone working on wards at night. This has occurred as a result of a number of factors including levels of sickness, increased levels of acuity including high dependency observations and emergency out of grounds escorts.</p>	<p>In view of the Carter good rostering practice guidelines, the Trust has commenced six monthly ward establishment reviews. The Division has completed two such reviews which take into account trends in acuity at ward level and the difference between budgeted numbers and the numbers of staff which patient need has</p>	<p>The hospital has established a proactive monitoring and response process involving the on call manager and the site manager in order to avoid the potential for lone working.</p> <p>This has proven successful with a dramatic reduction in lone working having been achieved. It is evident that the lone working that has occurred is due to emergency out of</p>

		<p>indicated as required.</p> <p>As a result the division has increased the baseline numbers of staff in the women's service by two staff per shift and in the Adwick Intensive Care Unit by one member of staff per shift. In addition, the hospital has created a pool of eight supernumerary night staff who are additional to the supernumerary site manager and team leaders on duty at night. This provides a group of staff who can be deployed across the hospital to respond to increases in dependency.</p> <p>Overall the number of staff deployed at night as a minimum has increased by 15.</p> <p>In addition to this work, the Division along with the rest of the Trust is engaged with self-assessment using the Keith Hurst ward multiplier tool. The tool which is endorsed by NHS Improvement provides an evidence based methodology for determining ward numbers based upon systematic analysis of activity.</p> <p>In addition to these changes, a daily meeting has been established to review staffing deployment and to review the risk of lone working. This involves the site manager and on call manager who working proactively to address any potential issues have significantly reduced the incidence of lone working.</p>	<p>grounds. In May we had no instances. The Board have supported an increase in nursing assistants for the night duty and a rolling programme has been developed to ensure staff are rostered on. Many wards are achieving this. Personality Disorder care stream is the last to achieve all wards however the plan is to have all wards running with 3 staff by September.</p> <p>The Division has therefore undertaken a strategic workforce review which has focussed upon the following:</p> <ul style="list-style-type: none"> • The numbers required to ensure safe staffing across the hospital • The support required to strengthen and broaden the scope of the existing recruitment strategy • Pay and incentives the Trust currently offers in order to ensure our services remain competitive. • Associate Nurse Training for band 2-4 • Team Leader Development opportunities
<p>Staff attitude and restrictive practices</p> <p>(Source: Complaints, Trustwide SUCE survey)</p>	<p>A key theme within patient complaints in addition to concerns regarding staffing and the cancellation of activities relates to staff attitude.</p> <p>Given the exceptional nature of the use of the range of restrictive practices</p>	<p>In relation to concerns regarding staff attitude all complaints are investigated and safeguarding involvement is embedded in the consideration of each case.</p> <p>All complaints are seen as an opportunity</p>	<p>In addition to progressing the previously identified actions the hospital, in response to suggestions raised via the patients in the Patient Experience Group, is progressing arrangements for complaints regarding staff attitude to be investigated independently of the clinical directorate from which the patient</p>

including restraint, seclusion, long term segregation and mechanical restraint their use is rightly subject to oversight and monitoring in order to ensure that its use is properly justified and proportionate.

to discuss with staff their personal impact and how this can be improved. This may involve formal performance planning and where necessary, disciplinary sanctions deemed have been applied.

In respect of the monitoring of themes emerging from complaints, general managers receive reports which not only detail the number and nature of complaints but also the people involved both patients and staff. This enables analysis and consideration of whether there are any particular concerns in relation to individual staff which may warrant further action.

Additionally initial pilot work has been undertaken in Anston ward on implementing "No Force First" , a model of working which enables staff to work positively with high risk individuals and focuses on the re-defining the relationship between staff and services users as one of 'risk-sharing partnership' rather than 'risk management control' through a review of institutional rules that unnecessarily hinder and frustrate service users. This also refers to the promotion of the use of 'recovery focused' and continually optimistic language about service users that seeks to avoid negative stereotyping and the development of negative perspectives around certain behaviours.

In addition to this Managing Violence and Aggression Training has been revised with increased emphasis upon de-escalation rather than physical intervention with the inclusion of video vignettes providing good practice examples of effective communication.

is based.

Staff attitude continues to be some themes in complaints.

We have worked on ensuring that all complaints are investigated out of the care stream to ensure the investigating officer is objective.

Staff across the site are all having HOPE training to support the reduction of Long Term Segregation (LTS).

A monthly meeting takes place to monitor and review LTS plans to ensure patients are not in LTS longer than required.

Therapeutic Involvement Workers have been recruited and commence in September to support patients in LTS to have integration to ward and off ward area. It is hoped that this will reduce the segregations across the site at a faster pace and ensure patients receive integration daily.

Linked with the wider reducing restrictive interventions plan, the division has launched its post incident diffusion and debrief model which provides an opportunity for both staff and patients to review and learn from incidents involving restrictive interventions this went live on 22 May 2017.

As a result of this and increased internal regulation of the use of long term segregation and seclusion, we have seen a significant reduction in episodes of long term segregation from 54 to the current level of 36.

3.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey and Care Opinion. Rampton Hospital conduct the survey on a six monthly cycle, therefore below we compare the most recent surveying period, with the previous surveying period.

	Most recent surveying period (January - March 2018)	Previous surveying period (July - Sept 2017)
Service Quality Score	73%	78%
Friends and Family Test (FFT)	60%	63%
SUCE survey returns	91	111
'Service made a positive difference' score	74%	81%
Care Opinion postings	27	47

3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current year (July 2017 – June 2018)	Most recent surveying period (January – March 2018)
ISSUES (based on 142 responses to the 'What could we do better' question)		
Staffing levels (Category: Staff/Staff attitude)	16%	No emerging complaints
Activities (Category: Care/Treatment)	12%	
Approach to care (Category: Care/Treatment)	10%	
COMPLIMENTS (based on 145 responses to 'What did we do well' question)		
Being listened to (Category: Communication)	13%	No emerging compliments
General (Category: Care/Treatment)	10%	
Quality of Care/Service (Category: Service Quality/Outcomes)	7%	

3.4 CARE OPINION

In the last year 180 stories have been published on Care Opinion commenting about Rampton Hospital:

	July 2017 – June 2018	July 2016 – June 2017
Number of postings	180	71
Number of postings without a response	0	0
Number of postings <u>not</u> responded to within two working days	36	22
Number of postings rated as moderately critical or above	12	1
Number of postings which lead to a change in service	8	4

In the last year, 12 stories were rated moderately critical or above. All stories have received a satisfactory response.

One story in the last year was rated as strongly critical:

A relative posted to say that they felt the Personality Disorder Services was *'in crisis'*, with *'self-harm levels higher than ever [and] staff all busy managing so everyone else is left to cope on their own'*.

The Deputy Matron responded to say that she had spoken to the relative at a carers' event shortly after the posting and had agreed to meet with the person's loved one to discuss their concerns and help to resolve the difficulties they were experiencing. The care team were also aware of the issue. www.careopinion.org.uk/opinions/441063

In the last year, **eight stories lead to a service change:**

A service user posted to say, amongst compliments for their clinical staff, that they felt disconnected to the Patients' Council. The Deputy Matron responded to encourage the person to discuss this with their named nurse or ward manager, and later posted to say *"We now discuss and feedback issues raised in the Patient Council at the Patient Involvement Meeting (PIER) which are monthly. Minutes of the Patient's Council are also feedback to patients within the Ward's Community Meetings."* www.careopinion.org.uk/opinions/516237

A service user posted to say that they wished to see more courses at the Recovery College and more meaningful activities and opportunities to learn and move on. The Senior Nurse/Modern Matron responded to say that *"...the revamped day care service programme is providing more opportunities for patients to do more things and the Recovery College has expanded the range of courses on offer... When next I attend the ward community meetings I shall feedback on courses offered by the Recovery College and the updated Diamond Resource Center's (DRC) activities programme."* www.careopinion.org.uk/opinions/505080

A service user posted to say how much they had valued being a part of the Sense Of Community (SoC) project on Topaz Ward, and hoped more people would get involved and that more direction/help would be provided from the SoC leaders. Senior Nurse/Modern Matron posted two responses to say that *"...[now] sense of community is a standing agenda on each ward within Women's Services and this has enabled more patients and staff to be motivated and proactively and positively involved in the project."* www.careopinion.org.uk/opinions/448967

A further four postings also related to the same topic, and stated the same change: www.careopinion.org.uk/opinions/448847, www.careopinion.org.uk/opinions/448751, www.careopinion.org.uk/opinions/448487, www.careopinion.org.uk/opinions/448486

A service user posted to praise their named nurse and nursing team for involving them in planning their care and supporting them through 'bad times'. They mentioned the need for more staff, particularly in relation to activities and support, and asked for patients to be involved more in recruitment. Senior Nurse/Modern Matron responded to reassure the person that *"the hospital management and clinicians have a robust recruitment programme whereby we are recruitment on a monthly basis... patients are on all the recruitment interview panels within the service. This week together with Senior Nurse Managers, patients will be recruiting ward managers and team leaders."* www.careopinion.org.uk/opinions/440365

3.5 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (June 2017 – May 2018)

In the last year, Rampton Hospital received 202 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
3	54	92	64	98	1

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 or fairly critical.

No directorate or individual ward features disproportionately often amongst the fairly and highly critical feedback, but there is a prominent theme relating to a lack of communication from patients to staff – judged as either due to a lack of time and staff, or due to a poor attitude.

3.6 COMPLAINTS

Between July 2017 and June 2018, Rampton Hospital has been the subject of **346** complaints compared with **312** in the previous 12 month period. The number by service area is shown below:

Service/area	Total Jul 2017 – Jun 2018	Total Jul 2016 – Jun 2017
Personality Disorder	116	111
Mental Health	82	78
Learning Disabilities	66	37
Women's Services	35	38
Security Services	16	9
Facilities High Secure	9	13
Therapies & Education	7	5
Physical Healthcare	5	6
Forensic Services	5	10
HIS Clinical Information Systems	3	0

Of the 346 complaints received, 146 required a full investigation and 200 were addressed via local resolution.

The themes most often arising in complaints are outlined below:

Theme	Total Jul 2017 – Jun 2018	Total Jul 2016 – Jun 2017
Concerns about care including nursing care, MDT care, medication/prescribing issues, adequacy of treatment, discharge arrangements, diagnosis	125	144
Staff attitude (nursing/medical/TED)	85	58
Assault/physical aggression/threat ie: pt v pt physical/verbal/threats allegations against staff	42	34
Patient property/expenses	30	27
Security Services (mail censors & escorting issues)	16	4
Catering & environmental issues including accessibility	15	16
Confidentiality breach/privacy & dignity issue	14	4
Policy/procedure issue	8	7
Appointment arrangements/delays	6	7
Equality & Diversity	3	4
Accuracy & access to clinical records	3	2
Information/communication issues	2	4
Complaints Handling	0	1

Some examples of the types complaints received are given below:

- Continuity of staff.
- Low staffing levels leading to lack of access to fresh air and other activities.

- Uncaring and unsympathetic staff attitude.
- Allegations of assault by staff and other patients.
- Damaged and missing property.
- Cancelled and missed appointments.
- Mail issues.
- Sense of care being neglected.
- Confidentiality breach.
- Injury from episode of restraint.
- Feeling unsafe.
- Unhappy with size of food portions and quality of food.
- Nursing record issues.
- Medication errors.

Outcomes:

Outcome	Total Jul 2017 – Jun 2018
Complaint Not Upheld	105
Complaint Upheld/Upheld in Part	79
Complaint Resolved	129
Complaint Withdrawn	35

Learning/Actions:

Examples of actions taken following complaints

- In response to complaints about not being collected for Muslim prayers, there were a number of discussions between those involved in facilitating the collection arrangements, including the central resource office, site managers, security department and modern matrons. It was emphasised how important it is that patients are escorted to the prayer sessions on time.
- A patient complained that he was temporarily transferred to a different bedroom which was dirty and he was concerned about cross-contamination. The ward manager has discussed the cleanliness of vacant rooms with staff and ward housekeepers to ensure rooms are cleaned as soon as they are vacated.
- A patient complained about being given the wrong medication. In future, two staff are to administer medication whenever possible and, in the absence of a second qualified member of staff, an unqualified member of staff will be present to witness it. A clinic log checklist has also been implemented.
- Following a complaint from a patient about the high price of washing powder, facilities have agreed to look at sourcing and stocking an economy range of cleaning products and reviewing the mark-up on branded priced items.
- A complaint was made about restricted access to the dayroom. Ward manager agreed to provide hot water flasks in the rotunda to allow patients the opportunity to make hot drinks when dayroom access is restricted.

- Following a complaint from a patient about four cancelled hospital appointments, there is now a dedicated member of the health care administration team who receives referrals to hospital, liaises with the bookings clerks, wards and the transport department to minimise cancellations. There is also an established monthly out of grounds forum where all out of grounds trips are discussed in detail.

PALS (Patient Advice and Liaison Service)

PALS continued to assist Rampton patients and their families to answer queries and resolve problems. There were **335** such PALS events between July 2017 and June 2018, compared to **230** in the previous 12 month period.

3.7 LOCAL MECHANISMS FOR FEEDBACK

Rampton Hospital has a broad range of local feedback mechanisms and opportunities for patients to feedback on all aspects of their care and treatment including activities. These include:

- Informally through discussion with ward staff and their MDT (Multi-Disciplinary Team)
- Named nurse sessions
- At ward rounds and CPA (Care Programme Approach) reviews
- Community meetings
- Via the Service Liaison (advocacy)
- Directorate User Groups
- Patients Council (hospital wide representation)
- Meeting with managers – 1:1 and group settings
- Complaints Procedure
- Divisional Patient Experience, Improvement and Involvement Group

MAIN HOSPITAL PATIENTS' COUNCIL

There have been several ongoing themes during the last year. These include:

- Lack of nursing staff on wards and the impact this has on daily life.
- The cancellation of activities, also perceived as due to lack of staff. Again this impacts on other areas such as escort and grounds access.
- Last year, patients reported problems with ward phones – not being able to reach some numbers, calls cutting off after several minutes, sometimes not working at all, overcharging for calls. A new telephone system was installed, with some teething problems. Work has taken place to resolve these issues, and there has been a significant reduction in complaints relating to the telephone system.
- Patient ordering systems - work has commenced to develop an internet-based method of ordering through TOGS clothing shop. In the meantime patients are able to use the approved catalogues to order clothing.
- Issues from the Patient's Shop, particularly lack of stock and pricing. The Patient's Shop is now visiting wards with a trolley for those patients who are segregated or cannot attend the shop for various reasons and this has been well received by patients.
- The menu - a new menu has recently been put in place.
- The availability of technology - achieving appropriate access to technology in order to ensure that patients are able to keep pace with advances in society whilst managing any associated security risks can present a significant challenge within the secure service.

- A lack of feedback from issues raised through the council - as a result an issue log has been established in order maintain a focus upon issues raised, feedback given and the timeliness of action.

ADVOCACY SERVICES

Together (for Mental Wellbeing) provides the Independent Mental Health Advocate (IMHA) service and generic advocacy service to patients at Rampton Hospital and across the wider Forensic Division.

Issues and themes raised by patients both individually and at group meetings over the last year have included:

- Patients telephone system
- Opening of TOGS clothing store
- Staffing levels and effect on patient activities in the hospital
- Access to new technologies
- New patients menu
- CPA (Care Programme Approach) related work and support at tribunals

CARERS' FORUMS/CARERS' EVENTS

Over 40 carers and volunteers attended each carer event in December 2016 and March 2017. Generally, feedback from carers has been positive and they have valued being involved at the hospital. A sample comment received was *"I find each and every carers' event very interesting, something different each time. I look forward to these visits and should I think of something for the future events it is comforting to know that we can discuss this with the team"*.

Forms are also received from carers who stay overnight in the visitors centre. In the last year, 18 forms were returned & four people completed the iPad feedback system in the visitors' reception. 20 of the 22 carers rated their stay at the hospital as either 'Great' or 'Very Good'.

Comments included:

- *"The visitor centre has undergone quite a lot of changes. The gardens are excellent; also improved the kitchen, lounge etc. Quiet warm and relaxing."*
- *"Keep up the warm relaxing, well maintained centre. Visitors do find it stressful or anxious and feel uptight about visiting relatives. I feel when I stay, the quiet out in the country and the lovely gardens help. Well done to the team - clean, warm, friendly and helpful. Thank you."*

Out of the 51 child visits that took place this year, three children left feedback on the iPad all saying that they felt happy after their visit, with two rating the Family Centre as good and one as OK. They also left comments regarding what would make their visit better. Visitor feedback forms were completed for all of the 51 child visits at the end of each visit, with six requiring some follow up work from the Social Worker or Family Support Team.

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 – 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>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>Being in long-term segregation too long</p> <p>(Source: Patients' Forums and Patient Council)</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 lack of activities.</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 and also currently presentation of risk
<p>Patients understanding of their pathway</p> <p>(Source: Patients' Forums, Patients' Council)</p>	<p>Patients' report not being aware of their care pathway mile stones to achieve discharge.</p>	<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.

5. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey in response to the question 'What did we do well?' about Low Secure and Community Forensic Services:

A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY:

- *Looked after me, made me feel better. Listen to me when I was upset. If I don't understand, they put it in easier words. Talk to me in a polite manner. (Aintree Ward)*
- *When I'm up or down they listen well. They tell me what's happening, Day activities and night time activities. I like the night activities. I never fail with my medication. They save my life. They keep me well. (Aintree Ward)*
- *Talking and listening. They try to fit in as much activities and therapies as they can. They give out timetables, they tell me and read them to me. They listen to me and I listen to them. They are polite. (Cheltenham Ward)*
- *Friendly respectful staff. Patient suggestions are listened to and acted on. Mangers will come see patients if there are issues. We receive letters keeping us updated. Staff treat patients with respect and kindness. Doctors and named nurses often talk to me about my treatment. Plenty of exercise on offer. Plenty of therapy and course to keep me busy. (Newmarket Ward)*
- *They engage well with me. I give respect and get it back. I feel much better, I have made a lot of progress since coming onto this ward. (Bonnard Ward)*

A SAMPLE OF COMPLIMENTS FROM CARE OPINION:

I wanted to write down how thankful I am towards my Care Team. Two of them being (Team Leader) Katy and (Staff Nurse) Bethany for helping me in times of distress. They are both committed to helping patients make progress and want to help patients.

I have struggled on many occasions and they have helped me a lot. So I wanted to write down my appreciation.

www.careopinion.org.uk/opinions/545026

My therapist is Doctor Louise. She is an exceptional therapist whom has helped me to understand myself better. Although I have struggled a lot and sometimes I put up defence walls she still keeps helping me with kindness and compassion. DR Louise really cares about her patients and she has really gone out of her way to help me. She has helped me to feel less lonely and in pain.

I wanted to voice my appreciation for her exceptional professionalism. I am a patient on Quantock Ward.

www.careopinion.org.uk/opinions/544991

Last week I had an emotional breakdown and one member of staff in particular - John (TIW) went above and beyond to help me if it had not been for his supportive interventions I would now be stuck in a very depressive black hole. So I would like to say a special thank you to him, the work he does is really appreciated.

www.careopinion.org.uk/opinions/529616

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 April 2018 report, featuring **Arnold Lodge Medium Secure Unit**:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE - JULY 2018
Staff Attitude (Source: Trust Feedback Survey)	The Trust Feedback Survey patients stated that some staff could appear to be dismissive, disrespectful and disinterested in the needs of patients.	Wards will display notices and give verbal reminders at each ward community meeting to raise concerns they have about the attitudes of staff towards patient to Clinical Team Leaders, the Ward Manager or via the Advocacy service.	<ol style="list-style-type: none"> 1. Posters displayed in ward areas giving this information 2. Patients were surveyed by Involvement Volunteers using a semi-structured interview about staff attitude and other issues highlighted in previous SUCE surveys - no problems were highlighted from these interviews
Staff Shortages (Source: Trust Feedback Survey)	Some patients were concerned the levels of staffing were insufficient to ensure activities, particularly leave and visits, were activities were being cancelled or postponed.	The rolling programme of recruitment continues & in the last year a further 23 HCSW's & 14 Qualified nurses have been recruited. We continue to over recruit into unqualified vacancies. Senior Nurses and the Therapy Services Manager will be investigating how to facilitate more on-ward sessions to help maintain numbers of staff on ward. Statistics for leave and visit cancellations to be collated and published.	<ol style="list-style-type: none"> 1. Rolling programme of recruitment continues. 2. The new programme of Therapy Services on-ward sessions is being planned and will be available to wards in July 2018. Statistics for leave and visit cancellations are collated quarterly and will be presented to the Patients' Forum, starting on 19th July 2018 and the Directorate Management Team from 6th August 2018
Treatment Information (Source: Forensic Division In-Patient Survey, November-December 2017)	Some patients were concerned that information about their treatment was not communicated to them in sufficient detail and in a timely manner.	<p>Clinical staff will be reminded about the need to discuss reports, care plans and treatment programmes with patients, particularly in advance of CPA (Carer Programme Approach) meeting.</p> <p>Standards for CPA reporting and consultation with patients to be audited.</p>	<ol style="list-style-type: none"> 1. Staff have been reminded of the need to involve patients fully in the CPA process by the CPA Lead. 2. CPA processes have been audited by the CPA lead in January 2018. The recommendation from the audit was that any discussions that staff and patients had about the upcoming CPA report and care plan in preparation for the CPA meeting should be fully documented as part of the CPA report.

<p>Bullying and Intimidation by patients (Source: Forensic Division In-Patient Survey, November-December 2017)</p>	<p>Some patients have reported that they have experienced intimidation and bullying by other patients.</p>	<p>Anti-bullying Champions to be identified and advertised on wards Patients to be reminded of ways and means to raise concerns via Named Nurse sessions, Ward Managers and Clinical Teams Other evidence regarding intimidation, specifically Ward climate scales, CQC and Peer Review reports.</p>	<ol style="list-style-type: none"> 1. Anti-bullying Champions have been identified: training has been arranged for 30th July 2018. One Champion per ward and also Champions from Therapy Services and Psychology have been identified. 2. Notices have been put on the wards for patients highlighting how to take concerns further. 3. The Peer Review report did not highlight any problems within the hospital of bullying or intimidation.
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7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter (April - June 2018) and in brackets, previous rolling quarter (January – March 2018).

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS -GENERAL HEALTH
SERVICE QUALITY SCORE	95% (94%)	78% (81%)	94% (95%)	96% (96%)
FRIENDS AND FAMILY TEST (FFT)	95% (95%)	62% (75%)	93% (90%)	98% (98%)
SUCE SURVEY RETURNS	4773 (5169)	126 (459)	1656 (1062)	2986 (3647)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	92% (92%)	79% (80%)	89% (86%)	94% (94%)

7.2 CARE OPINION HEADLINES

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

June 2018	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS – MENTAL HEALTH	LOCAL PARTNERSHIPS – GENERAL
Number of postings	36	16	5	15
Number of postings without a response	0	0	0	0
Number of postings rated as moderately critical or above	1	1	0	0
Number of postings with changes made	0	0	0	0

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

A service user posted to say that they felt that *'no real therapy is done'* in personality disorder services at Rampton, and that there are not enough staff to undertake OT activities. They also commented on the prices in the patient shop.

The Executive Director of Forensic Services responded to say that it can be difficult to make judgements about appropriate levels of therapy as this differs from person to person, and also explained that the shop prices were under review following the CQC inspection.

www.careopinion.org.uk/opinions/542504

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 (July 2017 – June 2018)	Emerging issues for the current rolling quarter (April – June 2018)
TRUSTWIDE (based on 6972 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services)	13%	No emerging issues.
Approach to Care (Category: Care/Treatment)	8%	
Waiting time (Category: Access to Services)	7%	
FORENSIC SERVICES (based on 744 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	9%	Being Listened to (Category: Communication); 5% in the last year, 10% in the last quarter.
Staffing Levels (Category: Staff/Staff Attitude)	9%	
Waiting time (Category: Access to Services)	9%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1636 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	17%	General (Category: Access to Services); 2% in last year, 7% in last quarter.
Availability of Services (Category: Access to Services)	11%	
Waiting time (Category: Access to Services)	8%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 4592 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services)	18%	No emerging issues.
Appointments (Category: Care/Treatment)	11%	
General (Category: Communication)	5%	

7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

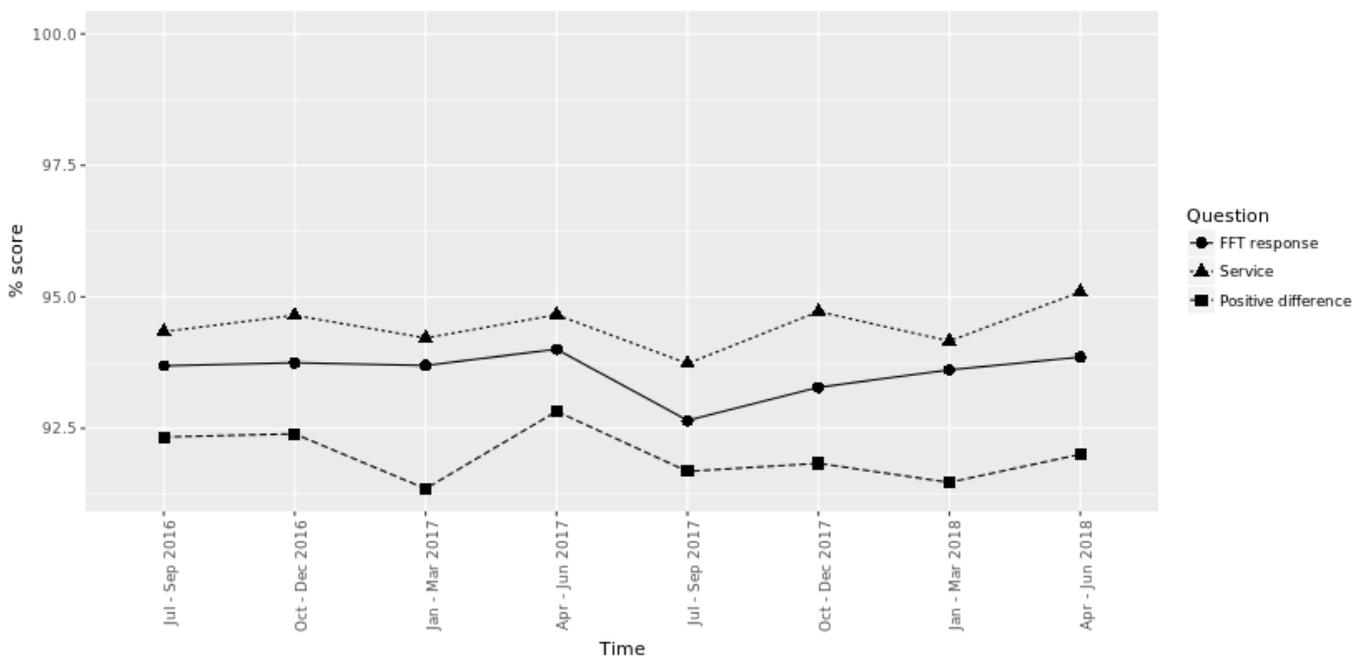
Data collected from the Service User and Carer Experience (SUCE) survey:

	Current rolling year (July 2017 – June 2018)	Emerging issues for the current rolling quarter (April – June 2018)
TRUSTWIDE (based on 11462 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)	15%	
General (Category: Care/Treatment)	8%	

FORENSIC SERVICES (based on 833 responses to the 'What did we do well' question)		
Being listened to (Category: Communication)	17%	No emerging compliments
General (Category: Care/Treatment)	10%	
General (Category: Service Quality/Outcomes)	8%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 2937 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	12%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	11%	
Quality of Care/Service (Category: Service Quality/Outcomes)	11%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 7690 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	21%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	18%	
General (Category: Care/Treatment)	7%	

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/2LehN6t>
- Local Partnerships - General Health: <https://bit.ly/2LiMq7a>
- Forensic Services: <https://bit.ly/2NejC0e>

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

July 2018