

**BOARD OF DIRECTORS
27th JULY 2017**

**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 six months 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 a quarterly 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 to June is **95%**. Our Friends and Family Test Score is **96%** (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 updates on Arnold Lodge (featuring 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:

- Lack of access to off ward activities and frequent cancellation of planned sessions
- Low staffing levels affecting patients care and treatment
- Staff attitude and restrictive practices

It also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring **Arnold Lodge, in April 2017**.

These were:

- Access to Primary Healthcare Services
- Staffing Issues
- Communication with Patients
- Communication with Carers

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 three clinical streams which provide admission and assessment, treatment and pre- discharge support. These are:

- Male Mental Health Service (including the National Deaf Service) and the National Learning Disability 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 2016)

In this section, we would normally update any actions taken in relation to the main issues identified in the previous report which focussed on Forensic Services – Rampton Hospital, which was presented at the Board of Directors in July 2016. However, the issues presented in the previous report mirror those represented in feedback from patients and carers in the intervening year, and so are represented in Section 4 with corresponding action taken and proposed.

3.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey:

*Rampton Hospital conducts the survey every six months, between January - March and July - September. The data below therefore represents their most recent surveying period, and the previous surveying period for comparison.

| | January - March 2017 | July – September 2016 |
|--|----------------------|-----------------------|
| Service Quality Score | 74% | 68% |
| Friends and Family Test (FFT) | 55% | 55% |
| SUCE survey returns | 127 | 91 |
| Patient Opinion postings | 31 | 10 |
| 'Service made a positive difference' score | 78 | 79 |

3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

| | Current rolling year (July 2016 – June 2017) | Emerging issues (January - March 2017) |
|---|---|---|
| ISSUES (based on 174 responses to the 'What could we do better' question) | | |
| Staffing levels (Category: Staff/Staff Attitude) Comments relate to wards in every clinical stream and area, and to a general desire for more staff and more specifically the impact of low staffing levels on activities. <ul style="list-style-type: none"> "I would like to see more staff on the ward so we can do more activities and make some time for 1-2-1 sessions" (Hambleton Ward) | 24% | No emerging issues |
| Activities (Category: Care/Treatment) Comments relate to wards in every clinical stream and area, and comment on a need for more activities on and off the wards but more the latter. Some ask for more therapeutic activities, some ask for more physical activities. <ul style="list-style-type: none"> "More options for activities and to get off ward" (Cheltenham Ward). | 10% | |
| Approach to Care (Category: Care/Treatment) Comments relate to wards in every clinical stream and area, and are varied in content. A number of comments relate to restrictions, respecting people as individuals and a need to build better relationships between staff and patients. <ul style="list-style-type: none"> "Less restrictions - can be over the top with the restrictions. Be more trusting" (Adwick Ward) | 10% | |
| Quality of Care/Service (Category: Service Quality/Outcomes) Comments relate to wards in most clinical streams, and are varied in content. Themes include: being kept in bedrooms too long, more respect and dignity needed, more choice needed, bullying on wards <ul style="list-style-type: none"> "The service has its own interest at heart, not mine" (Burne Ward) | 8% | |
| Being listened to (Category: Communication) Comments relate to wards in most clinical streams, and comment in general on a lack of listening by staff and | 6% | |

the way this makes patients feel.

- *“Listen’ and ‘Respect’ people and their rights. You ‘keep’ & ‘punish’ people”* (Grampian Ward)

COMPLIMENTS (based on 166 responses to ‘What did we do well’ question)

| | | |
|---|-----|-------------------------|
| Quality of Care/Service (Category: Service Quality/Outcomes) | 16% | No emerging compliments |
| Being listened to (Category: Communication) | 13% | |
| Helpful/Caring/Friendly (Category: Staff/Staff Attitude) | 8% | |

3.4 CARE OPINION

In the last year, 71 stories have been published on Care Opinion commenting on Rampton Hospital.

| | Rampton Hospital July 2016 – June 2017 |
|--|---|
| Number of postings | 71 |
| Number of postings without a response | 0 |
| Number of postings responded to within two working days | 49 |
| Number of postings rated as moderately critical or above | 1 |
| Number of postings which lead to a change in service | 0 |

One story in the last year was deemed moderately critical:

“Due to the severe lack of staff at present, patients are missing out on the basics such as shaves, room cleans, fresh air and access to patient property. In addition many on and off ward activities are being cancelled leaving patients stuck on the ward board and frustrated. This is also having a knock of effect on staff too, who are missing out on breaks, leaving everyone stressed.”

www.careopinion.org.uk/opinions/302610

The posting received responses from the clinical nurse manager, the modern matron and the Associate Director of Nursing, Quality and Patient Experience. All responses reassured the author that though the nature of patient need at Rampton means that staff often have to prioritise urgent situations over planned activity, a number of recruitment initiatives had been successful in bolstering the staffing compliment to mitigate this.

Five stories in the last year led to a service change:

- Four stories posted on behalf of patients attending the Involvement meeting on The Peaks Unit indicated that people appreciated being involved in more activities. The Modern Matron responded to say that as of June 2017, patients from The Peaks Unit began accessing a joint social evening with the Male Personality Disorder wards - www.careopinion.org.uk/opinions/328010, www.careopinion.org.uk/opinions/341427, www.careopinion.org.uk/opinions/341424, www.careopinion.org.uk/opinions/341431
- A patient posted to say they would like more access to educational courses. The Occupational Therapy Manager from The Peaks Unit explained that patients are now able to access the Acorn Education Centre in the main hospital to study and can attend the Learning Recovery Zone where they are supported with self-directed learning - www.careopinion.org.uk/opinions/331873

3.5 SUMMARY OF FEEDBACK CRITICALITY VIA SERVICE USER AND CARER EXPERIENCE (SUCE) SURVEY (July 2016 – June 2017)

In the last year, Rampton Hospital received 219 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 |
|-----------------|-----------------|-----------------|----------------------|----------------------|----------------------|
| 9 | 50 | 112 | 105 | 58 | 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, below is a summary of feedback received via the survey which is deemed highly critical.

Of the nine highly critical comments, five relate to Ruby Ward, with themes including:

- Feeling constrained to bedrooms

- Not enough access to exercise activity and fresh air
- Not enough therapeutic support
- Poor management
- Staff attitude

Of the remaining four highly critical comments:

- One comment relates to Burne Ward, referring to abusive staff attitudes
- One comment relates to Hambleton Ward, referring to no assistance for the person to manage their disabilities and medication changes with consent
- One comment relates to Malvern Ward, referring to a lack of involvement or respect from staff
- One comment relates to Adwick Ward, referring to meal portions and a lack of involvement in decisions about care

3.6 COMPLAINTS

In the past 12 months (to end of May 2017), Rampton Hospital has received 303 complaints. By the end of June 2017, 295 (97%) of these complaints had been completed.

The table below shows the number of complaints received in the last 12 months from each service area at Rampton Hospital:

| Service area | Total | Number of complaints resolved locally |
|--------------------------------|------------|---------------------------------------|
| Forensic Peaks | 79 | 44 |
| Forensic Mental Health | 72 | 47 |
| Forensic Women's Services | 44 | 22 |
| Forensic Learning Disabilities | 37 | 15 |
| Forensic Personality Disorder | 19 | 8 |
| Facilities High Secure | 14 | 11 |
| Forensic Security | 10 | 6 |
| Forensic Services | 9 | 8 |
| Forensic Physical Healthcare | 8 | 4 |
| Forensic Therapies & Education | 6 | 3 |
| Finance | 5 | 3 |
| Total | 303 | 171 |

The table below lists the top five issues raised within these complaints, along with the percentage of completed complaints that were upheld or partially upheld:

| Category | Total number of complaints in past 12 months raising this issue (June 2016 – May 2017) | % of those which have been investigated and closed which were upheld or partially upheld |
|--|--|--|
| Nursing care | 90 | 17% |
| Staff attitude | 78 | 8% |
| Assault/physical aggression/threat incident (including patient vs patient) | 32 | 0% |
| Patient property/expenses | 28 | 18% |
| Cleanliness/physical environment/amenities | 19 | 21% |

Nursing Care and Staff Attitude

The nursing care complaints generally concerned differences with ward rules or the way incidents were managed, or anxiety about staffing levels and access to fresh air and activities. Staff attitude complaints often concerned inappropriate comments. More than 50% of complaints were resolved through dialogue with the patient, without recourse to a full investigation.

The lasting picture from the past year is that for many patients, the way individual staff support them in relation to the restrictions and inconveniences of daily ward life is of paramount importance. The 30 complaints closed in May 2017 were typical, including complaints about observations being carried out in excess of the agreed care plan or in a manner which compromised the patient's dignity. There were also complaints about lack of access to fresh air, as well as, conversely, a complaint from a patient who said he was forced to go outside when he didn't want to.

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 i-Pad 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 TAKEN/PROPOSED |
|--|---|---|
| <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.</p> <p>This is an issue further highlighted by the CQC (Care Quality Commission).</p> <p>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> |

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|---|---|---|
| <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 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>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 including restraint,</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 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.</p> |

| | | |
|--|--|---|
| | <p>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.</p> | <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> |
|--|--|---|

5. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey that illustrate about the **main compliments** shared about Rampton Hospital:

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

- *Staff have really helped me get through a hard time. My team has given me the tools to help myself. When speaking to me they listen to me. Staff communicate well with me. I feel respected at all times. Rampton gave me tools I needed to sort my life out and get my head straight. (Blake Ward)*
- *We have some brilliant people who do go the extra mile. (Quantock Ward)*
- *I believe I have been treated fairly. I believe that when I have made requests people have done their best & if not they have given straight answers. They communicate in a way that I understand. Respect dignity, respect my needs & wishes, although I appreciate they can't do everything I ask for. Involved in decision making & medication. (Anston Ward)*
- *Most things. Talk with me before & after CPA. Involving in decisions about your care/treatment: Dr in ward rounds. Positive difference: Definitely. (Kempton Ward)*
- *We have a laugh and staff help me to distract myself when I'm feeling unwell they never give up on me they hold hope for me when I lose it myself. (Ruby Ward)*
- *Look after patients well. When staffing levels adequate support and activities happen. Support you and have a laugh. When in seclusion felt like was listened to enabling me to return to ward environment. (Topaz Ward)*

5.2 COMPLIMENTS LOG WITHIN RAMPTON HOSPITAL:

For the period from June 2016 to May 2017, eight official compliments were recorded for Rampton Hospital. All of the compliments were thanking staff (either individuals or teams) for their hard work, support given to the patients, time and attention given to visitors and for going 'the extra mile'. One patient had written to nominate a staff member for a Nottinghamshire Healthcare NHS Foundation Trust 'Oscar'.

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 report, featuring Arnold Lodge Medium Secure Unit:

| ISSUE | DETAIL | ACTION TAKEN/PROPOSED - APRIL 2017 | UPDATE – JULY 2017 |
|--|--|--|--|
| <p>Access to Primary Healthcare Services</p> <p><i>(Source: Patients Forum and Individual Complaints)</i></p> | <p>Primary Healthcare Services were perceived to be hard to access and waiting times were long</p> | <p>The Primary Healthcare Service at Arnold Lodge was re-structured. The service is now more responsive. Patients are given appointments for assessment where the Primary Healthcare Team will triage their needs and refer them to the GP clinic or other clinics as necessary, Patients are given clear guidance about how long they will wait at each stage of the process.</p> | <p>Systems are now in place that ensure the service is responsive and patients physical healthcare needs are met by an appropriate member of the team, or externally as required.</p> |
| <p>Staffing Issues</p> <p><i>(Source: Patients Forum, SUCE Survey, Advocacy Service)</i></p> | <p>Some aspects of the service at Arnold Lodge (structured day, field access and community leave) have been disrupted due to staffing difficulties</p> | <p>More Healthcare Support workers and qualified nurses have been recruited. More qualified nurses are being recruited on a rolling recruitment programme. Structured day staff have been recruited.</p> | <p>Additional Structured Day staff are now in post – totalling five working across all three carestreams.</p> <p>We have a rolling recruitment programme for Nursing staff and have recently made offers to 16 Staff Nurses, all due to commence before January 2018.</p> <p>We continue to recruit to Staff Nurse positions, with a further advert promoted in July 2017.</p> <p>We are actively over-recruiting to Health Care Support Worker roles to compensate for the deficit in Staff Nurse numbers, with further interviews taking place this July 2017.</p> |
| <p>Communication with Patients</p> <p><i>(Source: SUCE survey)</i></p> | <p>Some patients have a perception that staff are not communicating with patients adequately and that the information given to them is inadequate</p> | <p>A new information pack has been developed for patients, This will be further developed and tested for readability and relevance for patients</p> | <p>The new modular patient information pack is approximately 60% complete and will be ready to submit to the reader's panel by the 31st July 2017 when it will then be trialled in the Women's Services.</p> |

| | | | |
|---|--|---|---|
| <p>Communication with Carers</p> <p><i>(Source: Open Day Questionnaire and Carers Support Group)</i></p> | <p>Some carers have a perception that it is difficult to find information about patients conditions, care plans and treatments from clinical teams</p> | <p>Arnold Lodge will be developing a system of Carers' Champions for the wards. These will be staff who can advocate for the needs of patients and communicate more effectively with carers, family and friends</p> <p>The Involvement team at Arnold Lodge will be working with carers in the carers support group to help them to use existing means of communication more effectively.</p> | <p>With regards to the Carers Champions, our Ward Managers have been asked to identify staff from their service who would like to undertake this role. They will then undertake the necessary training. The aim remains that each ward will have one Carers Champion by October 2017.</p> <p>Regarding access to information for carers, we have implemented a carers' contact care plan for service users to identify with their nursing team and review on a monthly basis what information they are happy to have shared regarding their care and with whom.</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, April - June 2017, and the previous rolling quarter (January - March 2017) in brackets for comparison:

| | TRUSTWIDE | FORENSIC SERVICES | LOCAL PARTNERSHIPS - MENTAL HEALTH | LOCAL PARTNERSHIPS - GENERAL HEALTH |
|--|-------------|-------------------|------------------------------------|-------------------------------------|
| SERVICE QUALITY SCORE | 95% (94%) | 83% (80%) | 94% (93%) | 96% (96%) |
| FRIENDS AND FAMILY TEST (FFT) | 96% (95%) | 80% (73%) | 94% (93%) | 98% (98%) |
| SUCE SURVEY RETURNS | 4796 (6133) | 124 (524) | 1506 (1348) | 3166 (4260) |
| PATIENT OPINION STORIES | 298 (340) | 30 (41) | 46 (20) | 222 (279) |
| 'SERVICE MADE A POSITIVE DIFFERENCE' SCORE | 93% (91%) | 80% (78%) | 89% (88%) | 95% (94%) |

7.2 CARE OPINION HEADLINES

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

| JUNE 2017 | TRUSTWIDE | FORENSIC SERVICES | LOCAL PARTNERSHIPS – MENTAL HEALTH | LOCAL PARTNERSHIPS – GENERAL |
|--|-----------|-------------------|------------------------------------|------------------------------|
| Number of postings | 42 | 3 | 13 | 26 |
| Number of postings without a response | 0 | 0 | 0 | 0 |
| Number of postings rated as moderately critical or above | 2 | 0 | 2 | 0 |
| Number of postings with changes made | 0 | 0 | 0 | 0 |

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

- **'Promised a CPN, which has not come'** - www.careopinion.org.uk/opinions/377648
'My story is one of complaint and despair, but also praise and a thank you to certain staff... It seems budget constraints are put before ones health'
The Service Manager for Community and Residential Services (South) responded to apologise and to offer further contact to discuss support. No further contact has been made.

- **'Disgusted by wait and service at Highbury Hospital'** - www.careopinion.org.uk/opinions/376228
A story was submitted which raised issues relating to cancellations, referrals and a poor service due to changing doctors – *'made me feel even more ill than I did before attending here, messing me around in this way is seriously driving me insane'*.
The Service Manager for City Community Services responded offering to raise the issues with their team to ensure communication is improved. The author made no further contact.

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 2016 – June 2017) | Emerging issues (April - June 2017) |
|--|---|--|
| TRUSTWIDE (based on 8837 responses to the 'What could we do better' question) | | |
| Availability of services (Category: Access to Services) | 13% | Approach to Care (Category: Care/Treatment) 5% in rolling year, 9% in rolling quarter |
| Approach to care (Category: Care/ Treatment) | 5% | |
| Waiting time (Category: Access to Services) | 5% | |
| FORENSIC SERVICES (based on 726 responses to the 'What could we do better' question) | | |
| Staffing levels (Category: Staff/Staff attitude) | 12% | Approach to Care (Category: Care/Treatment) 8% in rolling year, 13% in rolling quarter |
| Waiting time (Category: Access to Services) | 8% | |
| Approach to Care (Category: Care/Treatment) | 8% | |
| LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 2026 responses to the 'What could we do better' question) | | |
| Availability of services (Category: Access to Services) | 14% | Approach to Care (Category: Care/Treatment) 11% in rolling year, 17% in rolling quarter |
| Approach to Care (Category: Care/Treatment) | 11% | |
| Waiting time (Category: Access to Services) | 6% | |
| LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 6080 responses to the 'What could we do better' question) | | |
| Availability of services (Category: Access to Services) | 16% | Access to Services (Category: Availability of Services) 16% in rolling year, 23% in rolling quarter |
| General (Category: Communication) | 8% | |
| Appointments (Category: Access to Services) | 8% | |

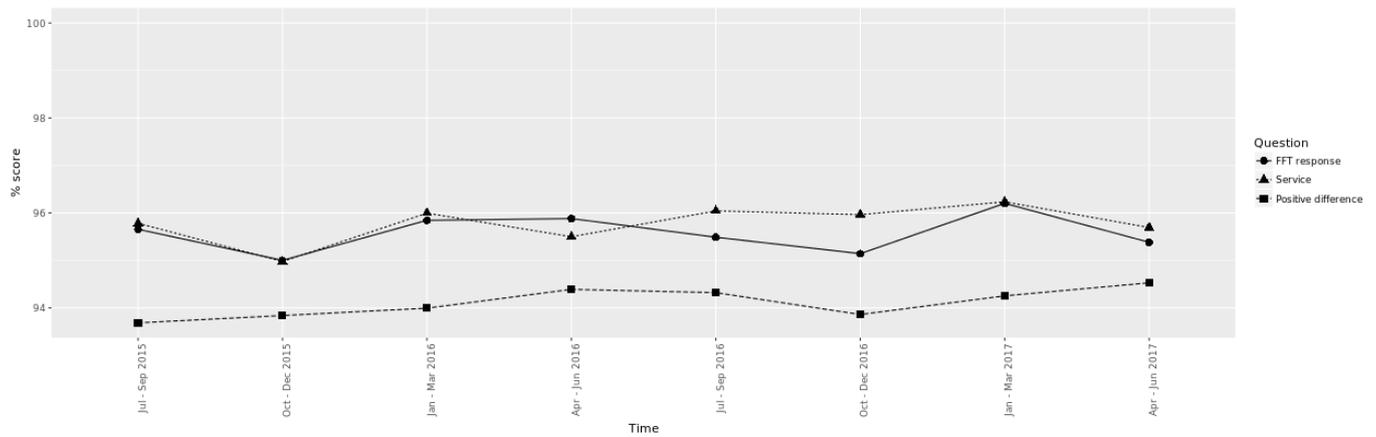
7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

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

| | Current rolling year (June 2016 – May 2017) | Emerging compliments (March - May 2017) |
|---|--|--|
| TRUSTWIDE (based on 14058 responses to 'What did we do well' question) | | |
| Helpful/friendly/caring (Category: Staff/Staff attitude) | 16% | No emerging compliments |
| General (Category: Service Quality/Outcomes) | 14% | |
| General (category: Care/Treatment) | 9% | |
| FORENSIC SERVICES (based on 802 responses to 'What did we do well' question) | | |
| Being listened to (Category: Communication) | 17% | Approach to Care (Category: Care/Treatment) 4% in rolling year, 8% in rolling quarter |
| Quality of Care/Service (Category: Service Quality/Outcomes) | 16% | |
| Helpful/friendly/caring (Category: Staff/Staff attitude) | 9% | |
| LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 3244 responses to 'What did we do well' question) | | |
| Quality of Care/Service (Category: Service Quality/Outcomes) | 20% | No emerging compliments |
| Helpful/friendly/caring (Category: Staff/Staff attitude) | 13% | |
| Approach to Care (Category: Care/Treatment) | 5% | |
| LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 10006 responses to 'What did we do well' question) | | |
| General (Category: Service Quality/Outcomes) | 21% | No emerging compliments |
| Helpful/friendly/caring (Category: Staff/Staff attitude) | 17% | |
| General (category: Care/treatment) | 11% | |

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:

- Forensic Services - bit.ly/2tmwC9G
- Local Partnerships - Mental Health - bit.ly/2tQvD1
- Local Partnerships - General Health - bit.ly/2tT3GYN

8. RECOMMENDATION

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

Amy Gaskin-Williams
Involvement and Experience Manager

Paul Sanguinazzi
Head of Involvement and Experience

July 2017