

BOARD OF DIRECTORS
22nd February 2018

INVOLVEMENT, EXPERIENCE AND VOLUNTEERING
PATIENT VOICE REPORT

FORENSIC SERVICES - WATHWOOD 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 November to January 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 – Wathwood Hospital**, with headline information provided for the Trust as a whole, and for each division. The report also provides an update on **Forensic Services – Offender Health** (featured in November's report).

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

- Activities
- Respect

It also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring on **Forensic Services – Offender Health**, in November 2017. These were:

- Access to Services - Waiting Times
- Care/Treatment -Approach to Care
- Time staff spend with service users
- Medication

3. SERVICE IN FOCUS: FORENSIC SERVICES – WATHWOOD HOSPITAL

Wathwood Hospital provides medium secure inpatient services to male adult patients with mental disorder, offering assessment, treatment and rehabilitation. Wathwood Hospital aims to reduce the distress associated with mental health problems and promote recovery.

The hospital has a strong vocational approach, with a hospital shop, an on-site restaurant, café, farm shop and horticultural area which provide patients with meaningful opportunities to build skills and confidence in preparation for moving on from the hospital.

Additionally, the Recovery College is well established and continues to co-produce and co-deliver a wide range of courses with both current patients and patients who have been discharged from Wathwood.

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICES REPORT WITH A FOCUS ON FORENSIC SERVICES - WATHWOOD HOSPITAL (FEBRUARY 2017)

Below we update on the main issues identified (and the actions proposed in response) in the previous report which focussed on Wathwood Hospital, which was presented at the Board of Directors in February 2017. Two of the issues highlighted in the previous Patient Voices report which focussed on Wathwood Hospital in February 2017 have continued to be raised as issues by patients in the intervening time. These issues, activities and respect, are represented in table 4.0 with associated actions as reported in February 2017 and with current updates.

ISSUE	DETAIL	ACTION TAKEN/PROPOSED – FEBRUARY 2017	UPDATE – FEBRUARY 2018
Smoking Source: SUCE survey	Patients want to be allowed to smoke.	This is frequently raised by patients in the forum. Smoking is not allowed on the hospital grounds or during escorted community leave. Patients are offered Nicotine Replacement Therapy and supported by staff along with regular reviews in multidisciplinary team meetings.	Patients are reminded re: Trust policy about smoking when they raise this issue in the forum/community meetings. Staff continue to offer patients support which includes nicotine replacement therapy, drug therapy and talking therapies.
GP and dental services Source: Patient forum	Patients want to be seen more quickly.	All patients have been consulted by Advocacy and asked about the GP and dental services. Analysis of feedback identified three individual issues which have been addressed and resolved. More generally, service improvements that are being actioned are increased service provision from the dentist to ensure it meets patient needs. Also, primary health staff have implemented a triage system to assist with workload priorities and management, and ensure patients with the most severe concerns are seen first.	The dental service offers a very proactive service to all patients ensuring healthy dental practice and when needed emergency treatment is undertaken by our dentist who has also increased has now been increased to meet service need. Times for all visiting professional are advertised and patients are seen quickly. The patient's forums allows instant feedback to senior managers so actions can be taken and feedback given. Looking through the last 10 sets of patient's forum minutes there has been no PHC issues raised.

3.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey and Care Opinion. Wathwood is surveyed within two quarters each year – these were between 1st October 2017 and 31st December 2017 and between 1st April and 30th June 2107.

	[1 st Oct 2017 – 31 st Dec 2017]	[1st April 2017 – 30 th June 2017]
Service Quality Score	84%	81%
Friends and Family Test (FFT)	71%	73%
SUCE survey returns	35	42
'Service made a positive difference' score	81%	82%
Care Opinion postings	1	3

3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (Feb 2017–Jan 2018)	Emerging issues current (Oct-Dec 2017)
ISSUES (based on 36 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/ Treatment) Comments range across services, with several about The Lodges. The comments are varied with a few about communication. <ul style="list-style-type: none"> Relay information to manage patients. I feel the doctors don't do their jobs to their best abilities and leave patients to suffer. I don't always receive information first hand. (Assessment Ward) 	20%	There are no emerging issues.
General (Category: Care/ Treatment) Comments range across services and are about a variety of issues. <ul style="list-style-type: none"> I did see someone once about issues but she only did what she had to and no more could have been better. (Wathwood - Lodges) 	16%	
Staff/Staff Attitude (Category: Staffing Levels) Comments range across services, with none standing out. Comments focus on having more staff and more activities. <ul style="list-style-type: none"> More staff on wards for activities and leave. (Wathwood - Lodges) 	14%	
COMPLIMENTS (based on 41 responses to 'What did we do well' question)		
Being Listened to (Category: Communication)	16%	There are no emerging compliments.
Quality of Care/Service (Category: Service Quality/Outcomes)	16%	
General (Category: Care/ Treatment)	10%	

3.4 CARE OPINION

In the last year 22 stories have been published on Care Opinion commenting about Wathwood Hospital:

	February 2017 – January 2018	February 2016 – January 2017
Number of postings	22	4
Number of postings without a response	0	0
Number of postings responded to within two working days	6	1
Number of postings rated as moderately critical or above	1	0
Number of postings which lead to a change in service	0 (1 change planned)	0

There was one story in the last year that was rated moderately critical or above:

"Mixed bag at best" <https://www.careopinion.org.uk/opinions/460511>

Summary : Patient feedback about the therapy they received was very useful but went on to say that some staff show a disregard for personal space or respect, The feedback said staff spend lots of time sitting, talking about each other and patients and complaining when asked to do any work. Nurses were mainly patronising. Only a small number showed compassion. Wards regularly understaffed. Patients won't approach staff because of a lack of connection. Management takes days to respond to incidents.

In the last year, no stories led to changes.

3.5 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (February 2017 – January 2018)

In the last year, Wathwood Hospital received 77 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
0	9	29	13	30	0

As means of identifying whether there are a) services receiving particularly high volumes of highly critical feedback, or b) recurring themes within the most critical feedback received by the directorate, we analyse the feedback received via the survey which is deemed highly critical. However, there were no highly critical comments received during the last year.

3.6 COMPLAINTS

Between January 2017 and December 2017, Wathwood Hospital Medium Secure Services has been the subject of **13** complaints compared with 6 in the previous 12 month period. The number by ward/service area (where the service has received more than one complaint is shown below:

Service/area	Total Jan 2017 – Dec 2017	Total Jan 2016 – Dec 2016
Assessment Ward	6	2
Continuing Care Ward	3	2
Rehabilitation Ward	2	2

The themes most often arising in complaints are outlined below:

Theme	Total Jan 2017 – Dec 2017	Total Jan 2016 – Dec 2016
Safe, Adequate, Co-ordinated Care	7	1
Attitude of staff (nursing)	3	1
Policy/Procedure	1	2

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

CASE 15050

A patient complained that staff are using IRI forms as a way to control and suppress patients, for example, by reporting petting infringements or by threatening to complete an IR1 form. The patient also complained that staff members breached procedure by bringing a restricted item into the hospital.

CASE 16228

A patient reported that the staff who were escorting him while he was 'nil by mouth' in hospital taunted him with food and discussions about food.

CASE 15947

The mother of a patient stated that the delay and inadequate management of her son's finances caused her stress and anxiety.

CASE 16994

An ex-patient raised concern about the decision making process leading up to his transfer back to prison.

CASE 16349

A patient stated that whilst in the community his medication was stable and that since being within the Hospital he has had an increase in medication which is making him drowsy. He would like the dose to go back to what it was in the community.

Outcomes:

Outcome	Total Jan 2017 – Dec 2017
Complaint Upheld in Part	1
Complaint Not Upheld	9
Complaint Resolved	2
Complaint Withdrawn	1

Learning/Actions:

CASE 16228

The complaint highlighted that escorting staff always need to take into account patients' special circumstances when they are in hospital and are required to be 'nil by mouth'. All ward managers have been informed of this information to communicate to their staff teams in preparation for escorting duties at general hospitals.

CASE 15050

As a result of the investigation, all staff have been reminded of the importance of explaining IR1s to patients and that they are not a control measure.

In addition to the complaints, 4 further issues were addressed through PALS;

- one was contact from a family member wanting to speak to someone about her son's finances;
- a ward manager asked PALS for advice about a patient who had made a number of complaints due to his delusions;
- a patient raised concerns about the way a member of staff spoke to another patient;
- a patient queried his medication.

3.7 LOCAL MECHANISMS FOR FEEDBACK

WATHWOOD CARERS FORUM

This is a quarterly meeting to which all carers are invited. In December we held our Christmas event where a party was held for all, presents were given in the form of local grown plants. This was a very well supported event and this has been commented on by a link tutor from Nottingham who attended the event and said in all her years as a nurse this was one of the most moving.

PATIENT FORUM

This is a fortnightly meeting open to all patients across the hospital. Service users chair this meeting and nursing, occupational therapy and advocacy staff consistently attend the meetings. Other services' attendance (hotel service, sports, finance, horticulture, education) is planned in regularly through the year. Volunteers from Rosewood and the Yorkshire and Humber Network Involvement Leads also attend and support the forum.

Over the last few months, few issues have been raised within the forum. The main issues have been:

- Access to prepared fruit platters.
- The hospital assigns the forum a budget so the patients discussed themed evenings and what to spend the remaining budget on.
- Protected meal times due to ward rounds running over sometimes we are looking at changing meal times.
- Requests for new technology, for example PS4 and other items, wide screen TVs.
- Frustration with not being allowed to smoke.

QUALITY NETWORK PEER REVIEW

In January 2018, Wathwood Hospital was subject to a very positive peer review. The official report is expected in the near future.

The peer review team provided initial feedback that suggested there was a sense of strong positive relationships between staff patients and carers. They were complimentary about the resources and opportunities available to patients as part of their recovery.

They also acknowledged the fresh food that was offered to patients and the hospitals obesity strategy. Although some patients had commented that that they would like larger portions the peer review respected that the hospital was working closely with the patients giving access to pictorial menus which had nutrition values in the menus.

CARE OPINION

This continues to be used by patients and Rosewood Involvement Centre are working with the hospital to generate more postings.

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>Activities</p> <p>Source: SUCE survey, Care Opinion</p>	<p>Patients have asked for more activities to be provided.</p> <p><i>"... I would like to see more activities here as it is boring sometimes ..."</i></p>	<p>Each ward/individual continues to have a full and busy Occupational Therapy/nursing programme informed by patient feedback and requests.</p> <p>We have the events planner for two themed nights per month.</p> <p>Wathwood continues to meet the standard relating to the provision of 25 hours of meaningful/therapeutic activity.</p> <p>Excellent sports facilities available in the evenings and on a Sunday complimenting the already extensive activities across the unit.</p> <p>We have increased access to the central activities on a weekend and access to the central activity outdoor area during summer months.</p>
<p>Respect</p> <p>Source: SUCE survey, Care Opinion</p>	<p>Some patients have raised issues around how they are treated by staff.</p> <p><i>"...Sometimes you get the odd sarcastic member of staff..."</i></p>	<p>More patients state that staff attitude is a positive attribute at Wathwood than those who have identified it as an area of improvement. However following the survey feedback an action plan was devised and includes the issue of staff attitude.</p> <p>This has been reviewed within Wathwood's management team and actions agreed are:</p> <ul style="list-style-type: none"> • New staff to complete induction pack and achieve objectives particularly linked to confidentiality and patient interactions. • All staff to receive monthly supervision for support and guidance, addressing any issues regarding patient relationships. • Ward Managers and Nurse in Charge staff to monitor performance of individual staff on a shift basis and address any concerns regarding interactions with patients. <p>Patients to be allocated a nurse per shift so they are given time to be listened to.</p>

5. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey in response to the question 'What did we do well?' about Wathwood Hospital:

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

Support and keep me safe. Staff have time. Staff mainly nurses. Because I am now physically and mentally better. (Continuing Care Ward)

Help very well with managing and understanding my illness and ensuring there is always someone to talk to. (Rehabilitation Ward)

Having lovely ward staff. Made to feel welcome. Very supportive. Give plenty of information. Listened to in ward rounds. (Assessment Ward)

Peaceful time to get ready for the future. Foods good. Talk about daily issues not the past. Staff are active and don't sit down all day. Good manners. I am involved planning my future. (Wathwood - Lodges)

Listen to me. Treated well. Everything's alright. Tell me what's happening with my care. Treat me nicely. Ward rounds regularly. Get regular meals, exercise and leaves. (Wathwood - Lodges)

5.2 A SAMPLE OF COMPLIMENTS FROM CARE OPINION:

Wathwood has made me more open minded

I have been here for 11 months. Wathwood has made me more open minded and look at what has gone wrong in my life. I have been able to complete numerous courses, one to one courses with CBT instructors have been the most helpful. My doctor comes to see me when I need him, in my opinion there should be more hospitals like this. Staff encourage and support patients instead of offering PRN medication, this would be a last resort. Occasionally I can see favouritism from staff toward patients; I think sometimes there is one rule for one and one rule for another. I have met a lot of patients who are homophobic; there should be more focus on diversity in Wathwood.... The skills I have taken on in Wathwood I can carry on when I get out (Wathwood)

I am gaining back self-confidence

I have never been in prison before; when I was in prison I became very ill. I then came to Wathwood hospital. I have felt much much better and got rid of my symptoms and am gaining back self-confidence thanks to the understanding and support and kindness of the Staff at Wathwood.. Thank you all very much from rehab ward (Wathwood)

5.3 A SAMPLE OF COMPLIMENTS FROM RECEIVED VIA OTHER FEEDBACK E.G.THANK YOU CARDS:

Wathwood held its first christening at Wathwood which was arranged in the child visiting room and overseen by Father Des. The family was very appreciative and sent cards to Rick Fuller, General Manager, and Father Des thanking them for arranging the service.

Sadly following a patient long stay in general hospital he passed away, following this a memorial service was held and was attended by many patients and staff and the congregation of around 50 sang songs that the former patient had requested (Waterloo Sunset). Staff had met the family at the hospital and arranged for them to attend the service, the family were very appreciative of the hospital support and suggested they would like to keep in touch and they will be invited to the future carers' forums.

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 November 2017 report, featuring **Forensic Services – Offender Health**

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE - January 2018
<p>Access to Services - Waiting Times (main sites identified MHP Lincoln – Mental Health, HMP Nottingham – SMS and Primary Care, HMP Ranby SMS and Primary Care)</p>	<p>Access to services are commonly associated with patients not being escorted to Healthcare, which consequently results in a DNA (Did Not Attend) and an appointment being re-booked. This happens at such regularity; waiting times are often longer but not necessarily longer than would be expected within the community.</p>	<p>Reported in November 2016: High DNA rates are recorded on Risk Registers across most sites where this issue applies. Governors are aware of this situation, as are Commissioners.</p> <p>This issue also exists as an agenda item at local Health & Social Care Local Delivery Boards.</p> <p>DNA rates are communicated to Governors at regular intervals.</p> <p>The underlying reason for this problem is prison service benchmarking (which reduces prison officer numbers) and operational incidents within the prison that can curtail regimes and prevent patients from accessing Healthcare.</p> <p>Update (February 2017): Regular dialogue continues between Healthcare and Governors in relation to DNA percentages, and also at the Prison Health and Social Care Local Delivery Group.</p> <p>From 1st April 2017, this becomes a reporting metric which Governors are accountable for, and is expected to take the form of a national “League Table.” The hope is that this will encourage more ownership from prison colleagues. The new Prison Service Offender Management model offers the pledge of additional prison officers across many establishments – 52 additional staff for HMP Nottingham alone.</p>	<p>No significant changes, although CQC did note an improvement at HMP Nottingham since the last inspection in Feb 2016 where a 7% reduction in DNA's was positively received.</p>

		<p>Update November 2017) Governors across all sites are routinely informed of DNA rates and the impact of such, as are commissioners via Prison Healthcare Partnership Board (PHPB) and CRM (Contract Review Meetings) meetings. Health staff continue to work with prison colleagues to derive the best outcomes given the day-to-day operational challenges that arise.</p>	
<p>Care/Treatment - Approach to Care (main sites identified Lowdham Grange – Primary Care, Nottingham – Mental Health)</p>	<p>Selected comments noted through the SUCE reports seem to imply that staff “don’t listen” or “don’t believe what is being said” by patients.</p>	<p>SUCE results and comments shared with staff for their reflection and consideration, via email (in terms of the complete report) and at team handovers/meetings to acknowledge the patients perspective. With a greater sense of understanding of how actions may be perceived, staff are able to reflect as to how we can improve our approach and communications when engaging with patients.</p>	<p>The issue has not been recently cited as current concern. This would suggest that previous actions on the part of staff reflecting has improved our communications and overall approach.</p>
<p>Time staff spend with service users – Lowdham Grange Mental Health</p>	<p>This issue is around the frequency of contacts and duration. Patients express the view that they wait too long for follow up appointments and that when they are seen, it isn’t for long enough.</p>	<p>Staffing recruitment underway to fill vacancies in order for these issues to be addressed.</p>	<p>Recruitment remains as an ongoing issue, and the delays in Enhanced prison vetting clearance are proving to be the common theme across all OH sites. This is an issue that Prison Governors acknowledge and to which both the Trust and Commissioners are sighted on.</p>
<p>Medication</p>	<p>Comments highlight dissatisfaction with prescribing practices, where patients want an increase in their medication or wish to be prescribed different types of medication which are unavailable to them.</p>	<p>Reported in November 2016: Medications are prescribed on a clinical basis and in accordance with the BNF (British National Formulary, which advises on prescribing). This issue often arises where medications are used by a minority as a commodity/currency by patients and not for their own therapeutic consumption. The majority of patients are compliant, and comfortable with the medication they are prescribed.</p>	<p>No changes in the underlying theme of drug seeking behavior. This is further evidenced by the numbers of IR1’s being submitted in relation to the diversion of medications by patients.</p>

Update (February 2017):

Complaints continue to be monitored at each establishment and through the bi-monthly Offender Health Clinical Governance Committee. This data is interrogated, leading to discussion and actions where the committee deem it appropriate.

Update (November 2017):

Finding a solution continues to be a challenge beyond prescribers prescribing as a clinical decision. We recognise that the patient population is renowned for its dependency on medication whether prescribed or from obtained from other illicit sources.

Drug seeking behaviour is often a contributory factor in criminal activity/behaviours that led to imprisonment, and this behaviour continues into custody. Whilst we take every step to deliver the appropriate care we are mindful that this issue across all sites is unlikely to be resolved. Whilst this is an issue for all OH services it is an issue shared with other organisations across the prison estate.

With this issue unlikely to ever be resolved as a patient concern, prescribing practices are monitored throughout OH using data sources such as weekly Ulysses reports, monthly Well Pharmacy data reports and then discussed at local and OH Drugs & Therapeutics meetings in relation to themes/trends.

7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter, November 2017 to January 2018, and the previous rolling quarter (August - October 2017) in brackets for comparison:

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS -GENERAL HEALTH
SERVICE QUALITY SCORE	95% (93%)	81% (78%)	95% (94%)	96% (96%)
FRIENDS AND FAMILY TEST (FFT)	95% (93%)	73% (69%)	92% (90%)	98% (98%)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	92% (91%)	81% (78%)	89% (88%)	94% (94%)
SUCE SURVEY RETURNS	4414 (4996)	232 (510)	1806 (1520)	2376 (2966)
CARE STORIES OPINION	262 (217)	69 (51)	46 (20)	142 (145)

7.2 CARE OPINION HEADLINES

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

JANUARY 2017	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL
Number of postings	67	25	12	28
Number of postings without a response	4	1	1	2
Number of postings rated as moderately critical or above	3	1	2	0
Number of postings with changes made	0	0	0	0

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

My stay on B2" Bassetlaw Hospital

There is not enough done to understand the psychology of the patient. Communication broke down. Staff were rude, ignorant and disrespectful. The author blamed their nurse. The patient had heard that B2 were bad for communicating with patient's family and carers.

<https://www.careopinion.org.uk/opinions/464129>

Sally Redgate, Acute Services Manager, provided a detailed response. This included saying "Working with families is a key priority for us ... As a team we have had a push to increase the number of staff who have received additional training regarding working with families and we are continuing with this work with the ambition that all team members have the opportunity to expand their skills... we have developed a clinical morning meeting where a range of team members attend to address the current issues faced by those on the ward..."

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 (February 2017-January 2018)	Emerging issues (November 2017 – January 2018)
TRUSTWIDE (based on 7873 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to services)	15%	No emerging issues
Approach to Care (Category: Care/Treatment)	10%	
General (Category: Communication)	6%	
FORENSIC SERVICES (based on responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	11%	No emerging issues
Staffing Levels (Category: Staff/Staff Attitude)	11%	
Waiting Time (Category: Access to services)	8%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	18%	No emerging issues
Availability of Services (Category: Access to services)	15%	
Waiting Time (Category: Access to services)	8%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on responses to the 'What could we do better' question)		
Availability of Services (Category: Access to services)	20%	No emerging issues
Appointments (Category: Care/ Treatment)	10%	
General (Category: Communication)	9%	

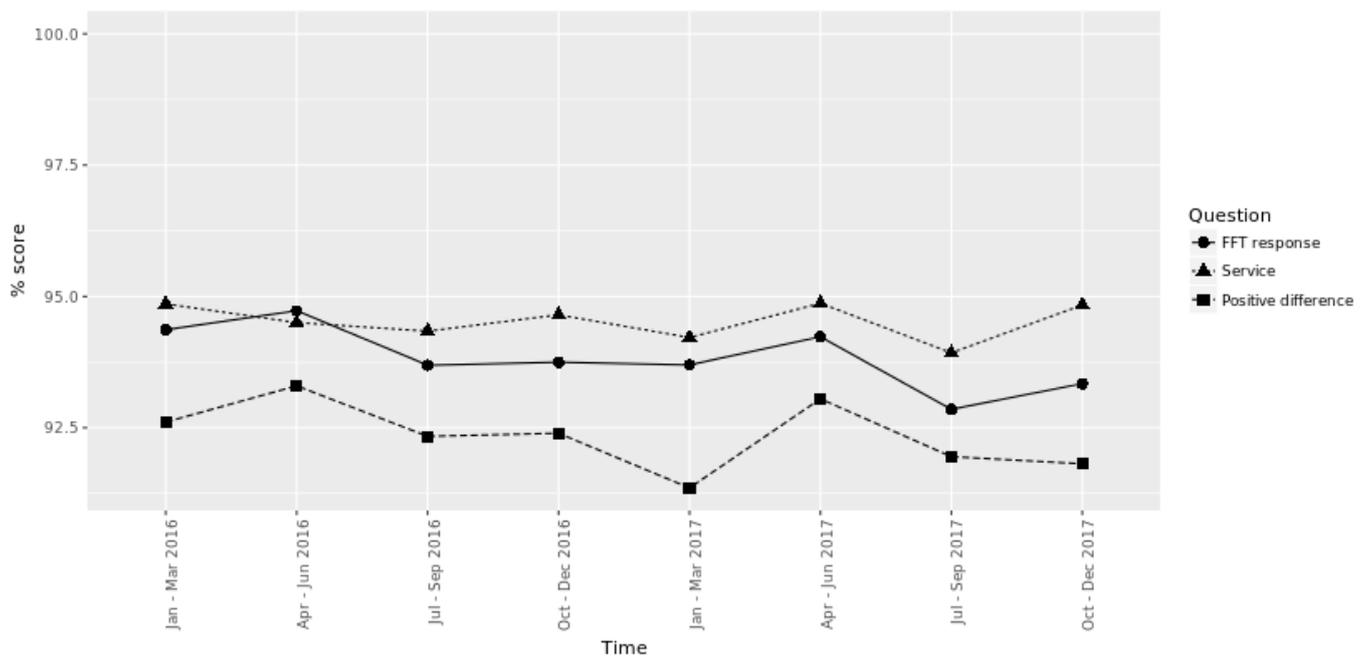
7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

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

	Current rolling year (February 2017-January 2018)	Emerging compliments (November 2017 – January 2018)
TRUSTWIDE (based on 12344 responses to 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	16%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	13%	
General (Category: Care/ Treatment)	10%	
FORENSIC SERVICES (based on responses to the 'What did we do well' question)		
Being listened to (Communication)	15%	No emerging compliments
Quality of Care/Service (Category: Service Quality/Outcomes)	13%	
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	8%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on responses to the 'What did we do well' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	16%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	12%	
General (Category: Care/ Treatment)	10%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	24%	No emerging compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	13%	
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:

Local Partnerships - Mental Health: <https://tinyurl.com/yaeuwpx>

Local Partnerships - General Health: <https://tinyurl.com/y8j95lho>

Forensic Services: <https://tinyurl.com/yd7xy7sf>

8. RECOMMENDATION

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

Paul Sanguinazzi
Head of Involvement and Experience

February 2018