

**BOARD OF DIRECTORS
25TH FEBRUARY 2016**

**INVOLVEMENT, EXPERIENCE AND VOLUNTEERING
PATIENT VOICES REPORT
LOCAL SERVICES: MENTAL HEALTH SERVICES FOR
OLDER PEOPLE**

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 November 2015 – January 2016 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 **Local Services** with an in-depth look at **Mental Health Services for Older People** and an **update on Specialist Services** (featured in November's report). The report highlights all prominent and/or recurring feedback in the last six months from the full range of feedback mechanisms used by mental health services for older people, 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:

- Parking/Transport
- Access to services
- Personality disorder in older people
- Communication

It also updates on the issues presented in the previous paper focussing on Local Services from November 2015, which related to Specialist Services – Eating Disorder Services. These were:

- Reducing the time between appointments
- Shorten waiting times to see the specialist team from GP referral
- Difficulty accessing the Mandala Centre
- Increased information and education about eating disorders and services within schools

3. TRUSTWIDE HEADLINES

3.1 TRUSTWIDE HEADLINES

Data collected from the Service User Feedback survey:

	November 2015 – January 2016	August – October 2015
Service Quality Score	95%	94%
Friends and Family Test (FFT)	96%	95%
SUCE survey returns	5706	6429
Patient Opinion stories	241	410

3.2 PATIENT OPINION HEADLINES

Data collected from Patient Opinion website (patientopinion.org.uk):

November 2015 – January 2016	TRUSTWIDE	LOCAL SERVICES	FORENSIC SERVICES	HEALTH PARTNERSHIPS
Number of postings	241	29	33	170
Number of postings without a response	1	1 (This posting is complimentary)	0	0
Number of postings rated as moderately critical or above	5	3	2	0
Number of postings with change planned/completed	8	0	7	1

In the last month, the below changes or planned changes were reported on Patient Opinion:

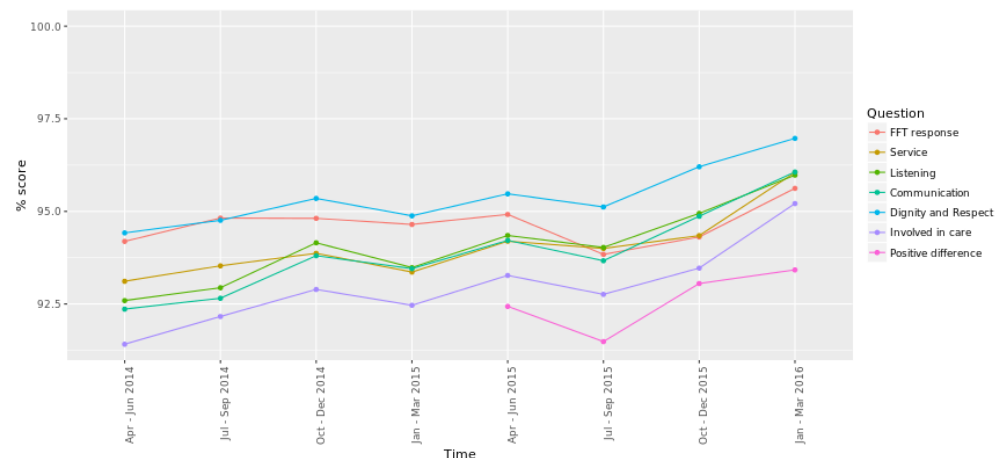
- Two postings commented on the standard of the food provided at The Wells Road Centre. In response, the catering team replied to say that a menu review was underway, and that the catering team welcomed any suggestions from patients. They also responded to say that for those patients who eat on the wards, meals will be plated immediately before returning to the ward to ensure they are warm and fresh (in response to a comment relating to this).
(www.patientopinion.org.uk/opinions/271626, and www.patientopinion.org.uk/opinions/271625)

3.3 TRUSTWIDE MAIN ISSUES AND ‘BEST THING’

Data collected from the Service User Feedback survey:

	Current rolling year (February 2015– January 2016)	Emerging issues (November 2015 - January 2016)
ISSUES (based on 9293 responses to the ‘improve one thing’ question)		
Availability of services (Category: Access to Services)	9%	Communication (General - 11%) Top Issue
Appointments (Category: Care/ Treatment)	7%	
Waiting time (Category: Access to services)	6%	
COMPLIMENTS (based on 15361 responses to ‘best thing’ question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	21%	
General (Service Quality/Outcomes)	10%	
General (Care/Treatment)	8%	

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



3.5 VOLUNTARY COMMUNITY MENTAL HEALTH SURVEY RESULTS

The survey was a voluntary re-run of the National Community Mental Health Survey and was carried out by the Picker Institute. It is based on a sample of service users who were seen between June and August 2015. There were 2000 questionnaires sent out, 582 were returned - a response rate of 30%.

Of the 35 questions asked:

- The Trust scored significantly better on one question in comparison to the average across all Picker scores, and our previous results in 2014:
 - *“Treatments: did not receive treatments or therapies that did not involve medicines”*
- The Trust scored significantly worse on one question in comparison to our previous results in 2014:
 - *“Change in people you see: person changed within the last 12 months”*
- In 33 questions, the Trust scores were not significantly different to the Picker averages, or those we achieved in 2014.

All comments received via the community mental health survey will be entered and coded on the Your Feedback Matters website, alongside comments received via the Feedback Survey and Patient Opinion. This will ensure that services are aware of this

feedback and use it to inform service development/delivery and they will be expected to report on any changes made as a result via their quarterly involvement and experience reports.

4. HEALTH PARTNERSHIPS HEADLINES

4.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

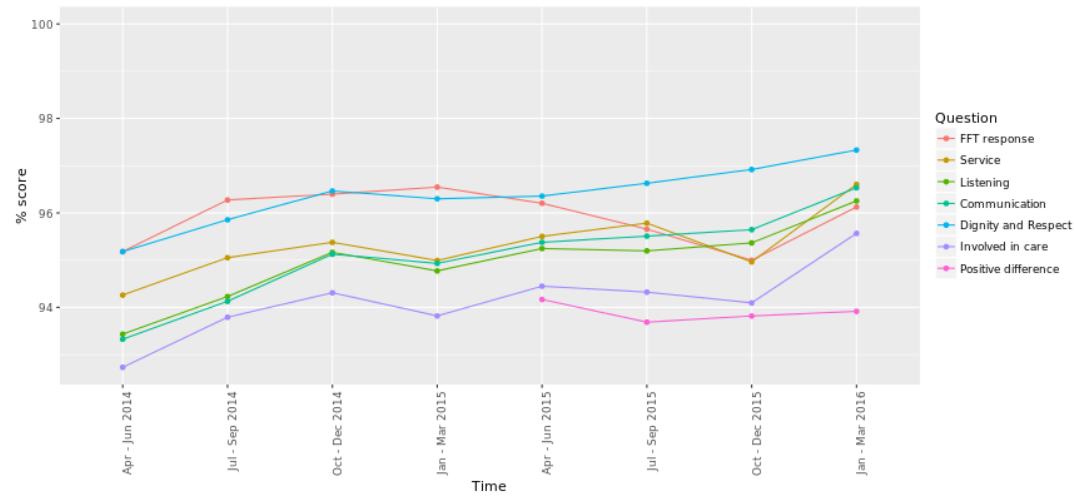
	November 2015 – January 2016	August – October 2015
Service Quality Score	95%	96%
Friends and Family Test (FFT)	98%	98%
SUCE survey returns	4191	4615
Patient Opinion stories	170	350

4.2 DIVISIONAL MAIN ISSUES AND ‘BEST THING’

Data collected from the Service User Feedback survey:

	Current rolling year (February 2015– January 2016)	Emerging issues (November 2015 - January 2016)
ISSUES (based on 7081 responses to the ‘improve one thing’ question)		
Appointments (Category: Care/Treatment)	8%	None
Availability of services (Category: Access to services)	8%	
General (Category: Communication)	7%	
COMPLIMENTS (based on 11786 responses to ‘best thing’ question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	23%	
General (Category: Service Quality/Outcomes)	12%	
General (Category: Care/Treatment)	10%	

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



4.4 PATIENT OPINION (November 2015 - January 2016)

Patient Opinion postings published in the last month deemed moderately critical or above:

- No postings deemed moderately critical or above published in the last month

5. FORENSIC SERVICES HEADLINES

5.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

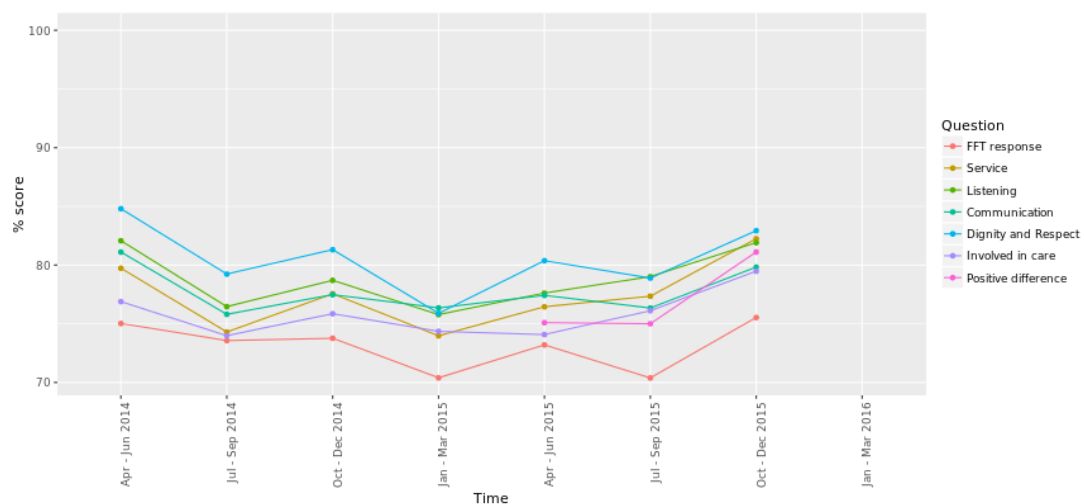
	November 2015 – January 2016	August – October 2015
Service Quality Score	81%	79%
Friends and Family Test (FFT)	49%	56%
SUCE survey returns	101	364
Patient Opinion stories	33	15

5.2 DIVISIONAL MAIN ISSUES AND ‘BEST THING’

Data collected from the Service User Feedback survey:

	Current rolling year (February 2015– January 2016)	Emerging issues (November 2015 - January 2016)
ISSUES (based on 696 responses to the ‘improve one thing’ question)		
Waiting times (Category: Access to services)	9%	Approach to care (Care/Treatment, 10%)
Activities (Category: Care/treatment)	8%	
Staffing levels (Category: Staff/staff attitude)	8%	Being listened to (Communication, 10%)
COMPLIMENTS (based on 683 responses to ‘best thing’ question)		
Quality of care/service (Category: Service Quality/Outcomes)	12%	Approach to care (Care/Treatment, 13%)
Helpful/Caring/Friendly (Category: Staff/staff attitude)	11%	
Being listened to (Category: Communication)	10%	

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



5.4 PATIENT OPINION (November 2015 - January 2016)

Patient Opinion postings published in the last month deemed moderately critical or above:

- No postings deemed moderately critical or above published in the last month

6. DIVISION IN FOCUS: LOCAL SERVICES HEADLINES

This month the focus is on the Local Services. We are taking an in-depth look at the views and experiences of patients accessing mental health services for older people, and the views and experiences of their carers' and families. We also include an update on the issues presented at the November Board of Director's regarding Eating Disorder Services (within the Specialist Services Directorate).

6.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

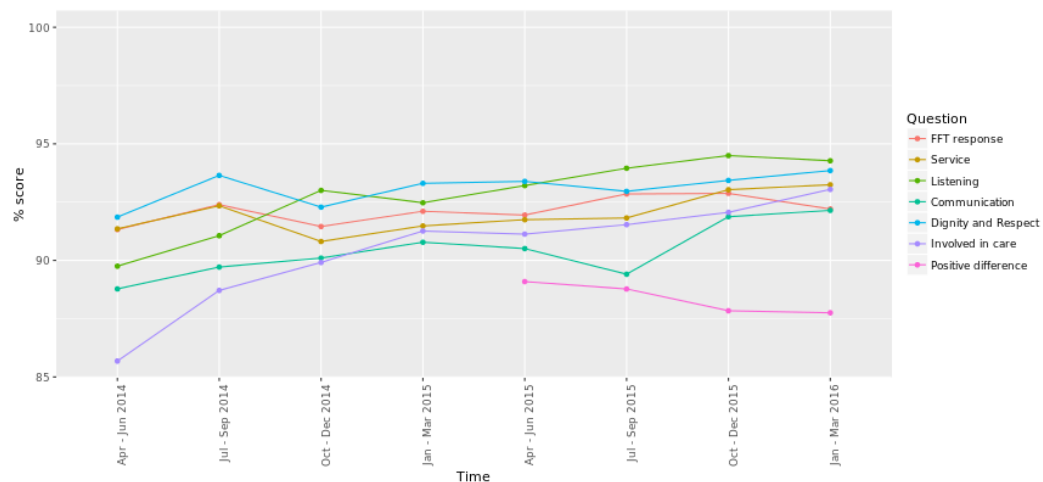
	November 2015 – January 2016	August – October 2015
Service Quality Score	94%	92%
Friends and Family Test (FFT)	95%	93%
SUCE survey returns	1414	1450
Patient Opinion stories	29	38

6.2 DIVISIONAL MAIN ISSUES AND ‘BEST THING’

Data collected from the Service User Feedback survey:

	Current rolling year (February 2015– January 2016)	Emerging issues (November 2015 - January 2016)
ISSUES (based on 1515 responses to the ‘improve one thing’ question)		
Availability of services (Category: Access to services) *A mix of responses here, many of which relate to needing more sessions	16%	Approach to care (Care/Treatment, 8%)
Waiting times (Category: Access to services) *The majority of these comments came from IAPT and Step 4 Therapies (AMH)	6%	
Staff/Service user (Category: Communication) *These comments included a mix of complaints about the quantity, quality, and clarity of communication	6%	
COMPLIMENTS (based on 2891 responses to ‘best thing’ question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	18%	
Quality of care/service (Category: Service Quality/Outcomes)	15%	
Improvements in mental health (Category: Service Quality/Outcomes)	8%	

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



6.4 PATIENT OPINION (November 2015 - January 2016)

Patient Opinion postings published in the last month deemed moderately critical or above:

“Poor Care at A&E department at QMC after self-harm” (posted 3rd January 2016)

<https://www.patientopinion.org.uk/opinions/269235>

“I suffer from Complex Post Traumatic Stress Disorder and subsequently have mental health problems.... When I am in this state I disassociate and today I found myself in the bathroom with scissors in my hand and had stabbed myself in the chest. I knew I needed medical attention and stitches so I reluctantly went to A&E ...The doctor recognised me. He briefly looked at my wound... He bought a kit over and coldly stitched my wound and then said he would get DPM (Department of Psychological Medicine) to see me... At 4.30 he left me curled under my coat, cold and upset and never spoke to me again ...I was wheeled into the other side of A&E and placed in the middle of the department on a trolley. ...At 9am I finally saw a man from DPM. He told me to go home and to call my MHT tomorrow. I told him how frightened I was about hurting myself and that I was in pain. I asked for one tablet for tonight so I had something to calm me down but he told me I had to ring 111 and he couldn't help me....I left the department at 9.30, really upset.

...No one cared that I was upset, cold, in pain and alone and I got the impression that they think if they treat me like that I won't do it again but unfortunately mental health doesn't work like that and I don't have a lot of control. I am waiting for in patient trauma therapy and am happy to engage in any way it can in order to get better. The New Year is the anniversary of a major traumatic event and is a hard time for me. I have had very little sleep, too many flashbacks and nightmares and feel very suicidal and low. Last night's care has just made me feel worse and the worrying thing is that I'm not sure I will ever go back but what do I do when I need urgent care ... I have never complained before and am so appreciative of the support I receive. This time, however I want an explanation as to why I was treated so badly and in such an uncaring manner."

- A response was published by Jo Horsley, Adult Mental Health Service Manager, apologising and requesting that the patient contact her directly and offering to meet if that was their preference.
- A meeting was arranged, at which the patient shared their full experience. It was established that the doctor referred to in the posting was an emergency department doctor, and Jo has planned to meet with emergency department managers to discuss this case. As part of the Vanguard project looking at urgent care services, the Trust is shortly to provide mental health awareness training for emergency department staff – this patient has been invited to co-deliver this training as she is a qualified teacher and has delivered training previously. In relation to the other issues with the DPM (Department of Psychological Medicine) member of staff, the patient was satisfied that this had been addressed informally within management structures.

6.5 UPDATE ON PREVIOUS BOARD PAPER WITH LOCAL SERVICES FOCUS

Specialist Services Directorate – Eating Disorder Services (featured in Board of Directors paper, November 2015)

Below we update on any developments in relation to the main issues presented in November's report:

Issue Raised	Response (Action taken or planned)	
<p>More regular appointments/reduce the gaps between appointments or offer support in between</p>	<p>We have started to offer more flexibility in our appointments times, some early and later appointments to support patients that work or are at University. Once in treatment, patients are offered regular therapy. Sometimes there can be a wait for therapy and we are currently undertaking significant organisational change to address this, for instance: planning a gateway group for patients so help can be accessed quicker.</p>	<p>In relation to these two issues, adult services have commenced psycho-education groups, four sessions that will run continuously. We are currently in the second week. We do not have a waiting list as a result of this action.</p>
<p>Quicker access into the specialist eating disorder team from seeing the GP</p>	<p>We screen and triage all referrals before our weekly Referral meeting. Any urgent/acute cases, we act immediately. In order to make a decision quickly at the referral meeting we endeavour to source any extra information we need before the meeting. As mentioned above we are also planning a gateway group to get patients help quicker and begin the therapy journey.</p>	
<p>Difficulty with access at the Mandala Centre</p>	<p>Fortunately the Mandala Centre is quite central to Nottingham and there's lots of public transport around. Parking is limited and we have had issues with people parking in disabled bays without blue badges. We have addressed this by ordering new signage and getting the bays repainted. Senior Managers have also supported us by communicating to all building staff regarding this issue and have also offered to investigate if appropriate. We do not have lifts at Mandala but if patients have issues with getting upstairs, we are usually able to book a room on the ground floor.</p>	
<p>Increased education and information about the service within schools</p>	<p>The CAMHS (Child and Adolescent Mental Health Services) Eating Disorders team provide support and consultation into schools as part of bespoke packages of care we provide for Young People within our service. Training is provided by the Emotional Health and Well Being teams who give all mental health training into universal services.</p>	

7. SERVICE IN FOCUS: MENTAL HEALTH SERVICES FOR OLDER PEOPLE HEADLINES

Mental Health Services for Older People (MHSOP) provides services for people across Nottingham City, Nottinghamshire and Bassetlaw. Services are provided for people of any age with dementia and over age 65 with functional mental health issues. The range of services includes:

- Working Age Dementia Service (WAD), providing assessment, diagnosis, treatment and support to adults (under the age of 65) with a diagnosis of Dementia or undergoing the assessment process.
- Five inpatient wards which provide assessment and treatment for individuals with dementia or for individuals with functional mental health conditions.
- Dementia Outreach Services (City and County) which aim to ensure improved quality of care for people of any age with a diagnosis of dementia in care homes by providing specialist assessment and support.
- Intensive Recovery Intervention Service (IRIS) across the county provide specialist assessment, active therapy, treatment, and the opportunity for recovery, for older people with a mental health problem. They enable people to have the choice to live as independently as possible at a time of crisis and the service is delivered in people's own homes.
- City Mental Health Intensive Recovery Service (MHIR) provides short term intensive support to enable people to remain at home who would otherwise be at risk of being admitted to hospital or other care settings.
- Community Mental Health Teams (CMHT) work with service users who have mental health difficulties and need Specialist Mental Health Support.
- Memory Assessment Services (MAS) offer early diagnosis for people experiencing memory problems and dementia over the age of 65.
- Compass Workers are peer support workers who are based in Community Mental Health Teams across the County to provide advice and support to carers.

- Rapid Response Liaison Psychiatry Service which operates across Sherwood Forest Hospitals, Bassetlaw District General Hospital and the Nottingham University Hospital Sites and provides rapid assessment of patients within these acute hospitals who are referred due to concerns regarding their mental health. A liaison service is also provided to clinicians in these hospitals who require advice on the management of patients with possible mental health problems.
- Day Services provide treatment based groups for people with dementia including ‘Living Well with Dementia’ and ‘Cognitive Stimulation Therapy’, as well as offering a range of individual and group therapies for individuals diagnosed with a mental health condition.
- Mid Nottinghamshire PRISM in Mansfield & Ashfield and Newark & Sherwood, a link workers pathway which provides mental health support, advice and training to the staff who work in the Integrated Neighbourhood Teams to ensure that patients have a seamless pathway.
- Ward B47 at QMC and Ward 52 at Kings Mill Hospital take patients with a primary physical health issue but who may also have a mental health need. Mental Health Nurses are in place to meet the needs of those patients with complex mental health needs.

7.1 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey:

	November 2015 – January 2016	August – October 2015
Service Quality Score	94%	93%
Friends and Family Test	94%	96%
SUCE returns	211	180
Patient Opinion stories	6	13

7.2 DIRECTORATE MAIN ISSUES AND ‘BEST THING’

Data collected from the Service User Feedback survey:

	Current rolling year (February 2015– January 2016)	Emerging issues (November 2015 - January 2016)
ISSUES (based on 427 responses to the ‘Improve one thing’ question)		
Availability of Services (Category: Access to Services) Many of these comments related to more or longer sessions	15%	No emerging issues
Activities (Category: Care/Treatment) A variety of suggestions for activities including exercise, games, and singing/ dancing	7%	
Other (Category: Access to Services) Including more centres and more varied provision	7%	
Staff/service user (Category: Communication) Complaints here included those about information/ guidelines, friendliness, and more face to face contact	5%	
Parking/transport (Category: Environment/Facilities) On the whole comments were about transport rather than parking and were made from a variety of sites	4%	
COMPLIMENTS (based on 643 responses to ‘Best thing’ question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	20%	No emerging issues
Quality of Care/Services (Category: Service Quality/Outcomes)	17%	
Social Environmental (Category: Care/Treatment)	8%	

7.3 COMMENTS AND STORIES WHICH ILLUSTRATE THE MAIN ISSUES RAISED

In the following section we present a summary of the feedback received through the major channels used across mental health services for older people over the last six months. This feedback serves to illustrate the main issues that have been raised by patients, their carers’ and families, and staff.

7.3.1 COMMENTS FROM THE SERVICE USER FEEDBACK SURVEY WHICH RELATE TO THE MAIN ISSUES RAISED:

Comments that illustrate what has been said about the **main issues** raised:

- *'Sometimes transport are late, and we are there for hours.'* (Bramwell Day Centre (Broxtowe day Unit))
- *'Transport never on time.'* (Lawrence Unit)
- *'The time scales could be shorter. Had to wait 2 months for MRI scan, then 3 weeks + for follow up appointment to receive results so from initial Doctors appointment.'* (Broxtowe CMHT (Sheila Gibson Unit))
- *'Improve waiting times to consultants. We waited too long for scans and hospital appointments.'* (Mansfield and Ashfield MHIC)
- *'Give more information to the patient or carers/relatives. It was 2 weeks before a nurse explained the symptoms and causes of illness.'* (Rapid Response Liaison Psychiatry Team)
- *'Updates on progress or otherwise as a routine rather than having to seek staff. Wasn't informed of a delay in discharge. Found out accidentally'* (Silver Birch)
- *'More information about changes in care when we come to visit as progress so been so slow and changes in medication has been slow so we don't seem to be making any progress in order to improve mum's behaviour enough to get her home'* (Silver Birch)
- *'That it could continue on a permanent weekly basis. I think patients/carers would be willing to pay a reasonable amount to the costs.'* (St Francis Day Hospital)
- *'Extend the therapy courses for dementia patients.'* (Lawrence Unit)
- *'It would be good if something like the cognitive stimulation therapy for Dementia could be provided for longer than 7 weeks - even if it was only once a week and we had to pay.'* (St Francis Day Hospital)

7.3.2 COMPLAINTS

Since April 2015, 20 complaints were received about Mental Health Services for Older People. Of the 17 which are now closed, seven were upheld in part, one was upheld in full, seven were not upheld, one has been resolved and one withdrawn.

The most frequently selected categories for complaints within MHSOP are listed below.

1. Staff Attitude - Nursing
2. Info To/Communication With Carers/Relatives
3. Nursing Care - Non In-Patient

Below is a sample of the learning points from the complaints upheld or upheld in part:

- A patient complained that they had spent a considerable amount of money on carers and care for his dogs after his diagnosis of dementia. The investigation found that although the patient was advised to continue with the care package as it was felt to be in their best interests, it was acknowledged that they had capacity and therefore had the right to make their own decision about whether to continue with the care package or to reduce the frequency of the carers. The investigator advised that the patient should have been made aware of this by healthcare professionals. This case (anonymously), and the importance of staff being aware of the principles of the Mental Capacity Act, was discussed at the Bassetlaw Community Mental Health Team for Older People's Team Meeting.
- A patient raised concerns that they were not allowed to drive following their dementia diagnosis. It is recorded that the patient expressed a desire to continue driving and as such, the investigator concluded that they should have been referred for a specialist driving assessment to establish whether they were able to continue driving. As a result of the complaint, it was agreed that awareness would be raised within Mental Health Services for Older People about the Trust's guidance for patients with confusion who wish to continue driving.
- It was concluded from one complaint that a patient had been diagnosed with Alzheimers prematurely, and possibly mis-diagnosed. The investigation recommended that in the team, a multi-disciplinary review of all new assessments and test results should be considered as a standard procedure as stated in the operational protocol of the service. The investigation also concluded that while there is a clear pathway for those with a diagnosis of dementia, and those who are diagnosed as not having dementia, there does not appear to be clear guidance on what happens when people have a cognitive impairment which may or may not develop into dementia. It was concluded that there should be clear guidance for the referrers about how, and by whom, these individuals are monitored.

Within the same period (April 2015 – January 2016), 44 compliments and 12 contacts relating to MHSOP were logged with the PALS team. The majority of the contacts were requests for information or advice about services.

7.3.3 STAFF EXPERIENCE

Staff experience data is captured via the staff experience survey quarterly. Our intention is to increase the representation of staff views and experiences included in this report as the Trustwide staff experience work progresses, to give the most holistic picture of the quality of services.

For the purposes of this report, below we include the net promoter question relating to the staff team’s view of the quality of services within mental health services for older people. The below data was captured in June 2015, as a response to the question:

“We would like you to think about your recent experience of working in your service/team. How likely are you to recommend this service/team to friends and family if they needed care or treatment?”

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely
11	8	2	1	0

7.3.4 PATIENT OPINION

In the last year, 56 stories have been published on Patient Opinion commenting on Mental Health Services for Older People. Of these, 49 were entirely complimentary, and no postings were rated as anything above mildly critical.

The below quotes come from a posting which lead to a change in services:

Nottingham City Hospital Memory Clinic - www.patientopinion.org.uk/opinions/253947

“First test is how to find the clinic, the St Francis unit is a rabbit warren and signposting to day clinic could be improved! ... Receptionist seemed little interested in patient and did not check ID. Person who collected patient for tests and history did not check ID OR let us know their job role/title so we were left wondering were they a nurse or what.”

Dawn Harrison, City Memory Assessment Lead, responded to explain that she had forwarded the concerns “ to the day hospital manager about signage about the unit, to make it clearer for people”. She requested further information about the person who had collected the tests to ensure that this was corrected for future patients. She also explained that she had “*spoken to the manager of the reception about your concern. She will arrange further training for this individual to improve the service they offer*”.

7.3.5 INVOLVEMENT AND EXPERIENCE QUARTERLY REPORT

Every directorate submits a quarterly involvement and experience report which highlights the main issues raised in that period, and the action they are taking or proposing in response. Below are the issues not represented in section 7.3.4:

ISSUE	SOURCE	ACTION TAKEN
Issue raised about requiring more help at home with physical needs, such as carers lifting their loved ones. (Newark and Sherwood CMHT)	Feedback Survey comment	The team now has a physical health lead. All staff are trained in manual handling and this is updated regularly. The team also have an Occupational Therapist and access to the falls team for referrals if issues such as mobility, lifting etc. are evident.
70% of 70+ year olds and over 90% of 80+ years will have some level of hearing loss which is often not diagnosed for up to 10 years	'Action on Hearing Loss Nursing Toolkit' on progressive hearing loss	In January 2016, MHSOP provided funding to ensure that all community teams have access to equipment for progressive hearing loss.

8.0 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 patients and their carers' and families over the last six months, and the actions taken or proposed to address these issues.

ISSUE	SOURCE	DETAIL	ACTION TAKEN/PROPOSED
Parking/transport	Feedback Survey	<p>Many comments also relate to the ambulance service provided by Arriva, and it not being punctual or not arriving.</p> <p>Other comments relate to the lack of parking at (or nearby to) the St Francis Day Hospital, and for Lawrence Day services.</p>	<ul style="list-style-type: none"> • Many of the issues relate to the ambulance service, therefore the directorate are in communication with Arriva to resolve any issues.
Access to services	Feedback Survey Verbal feedback from families and carers	<p>The majority of comments relate to a desire to remain in day services longer as the service is highly valued, rather than an issue of access into the services at referral stage.</p> <p>This relates to the acknowledgement nationally that there is an issue with older people being isolated and lonely due to a lack of continuing social interaction and support services.</p>	<ul style="list-style-type: none"> • In the Rushcliffe CMHT, a reserve list is now held for cancellations so that they can offer appoints at short notice. • On initial visit by a Clinician, the IRIS Team discuss that they are a short term service and if on-going support is needed then there could possibly be a charge depending on financial circumstances.

<p>Personality disorder (PD) in older patients can be missed, or poorly addressed</p>	<p>Complaint</p>	<p>A complaint raised the issue of personality disorder in older people, and the lack of recognition for the condition.</p>	<ul style="list-style-type: none"> • Dr David Connelly and Javid Khaliq began a project, with the active participation and support of the Involvement Centre, peer group workers and local representatives of the national “Emergence” Personality Disorder (PD) organisation. MHSOP with Adult Mental Health involvement has commenced a PD training initiative for its staff. The project has now also produced a critique of assessment of older people with PD that will enable looking at future assessment tools that would be valuable in diagnosis in older persons. • A workshop was held in November 2015 to review the project, and it’s ambitions. Those in attendance considered it agreed that it was important to keep elders in the community, through improved, well commissioned, interagency services that reduce the revolving door experiences of elders with personality disorder. This project finishes at the end of March.
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<p>Communication</p>	<p>Feedback Survey Complaints</p>	<p>People ask for more information at the beginning of treatment, when they are either admitted or begin a course of treatment in the community</p> <p>Families and carers ask for more information on progress</p> <p>Some comments received raise the issue of the information given being too technical, or being too much to understand at one time</p>	<ul style="list-style-type: none"> • The directorate are progressing their work on the Trust Carers' Strategy and Triangle of Care. • The digital health prescribing pilot (addressing the need for better, accessible information available to all online) will shortly begin, in two Memory Assessment Services initially. • An information leaflet stand has been ordered for easy access for patients/carers and staff to access relevant and required information (Newark and Sherwood CMHT) • Rushcliffe IRIS team continuing to gather information/build a portfolio of support groups/ social activities and will accompany service user on initial visit. • The Alzheimer's Society runs an information clinic which people are offered access to after their diagnosis.
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9. MAIN COMPLIMENTS

Below are some of the comments from the SUCE survey that illustrate about the **main compliments** shared about the service:

- *Care and hard work of staff (Parkside Day Hospital)*
- *That my mum felt happy, relaxed and enjoyed the group. Staff were very approachable and contacted myself (as daughter) where necessary (Working Age Dementia Day Services)*
- *Having a good rapport with those that visited me at home. Did not want equipment they advised me on at first, but I use it every day and know it makes my life easier. (Mansfield and Ashfield CMHT (MHSOP)*
- *The way you look after me and make me feel i.e. a lot more cheerful. I think about it all day. I cannot fault anyone, you all keep me going. (Broxtowe MHIC Team)*
- *The whole experience was very professional from start to finish. (City South CMHT)*
- *Nurses always prepared to listen, and encourage. A good relaxed atmosphere, thank you. (Bramwell Day Centre Broxtowe Day Unit)*

- *'I am writing to you in regards to Y and Z ... Their approach as professionals, in my view, is outstanding! I can honestly say that they uphold values and beliefs that are integral to the makings of excellent health professionals. They promote good practice and in my view are a credit to the profession. They continually strive to achieve the best outcomes for the individual, and above all it is evident that they take pride in what they do! ... My wife has suffered mental problems since 1969. For the first time ever she felt that someone really cared. She has never been as enthusiastic about NHS staff before. Every member of the IRIS team were really good, enough praise cannot be voiced at their efforts to treat her ... In short the IRIS team performed a miracle for which I am ever grateful and have been a pleasure and privilege to know and have dealing with. Mine and my mother's heartfelt thanks to each and every one of you for a job well done!' (Dementia Outreach Team)*

PATIENT OPINION

As in 7.3.4, the majority of the stories published on Patient Opinion in the last year have been entirely complimentary of the services provided. A sample of quotes from these postings is included below:

- "Saying 'excellent' just doesn't do you and the team justice. My mum died mid-Oct, but what I know (and the family) is that without your incredible help we would have not been able to get her home. Saying thank you doesn't seem enough."
www.patientopinion.org.uk/opinions/261399
- "Absolutely wonderful. I don't know what I would have done without the people who come to visit me and keep me company. I cannot do without these people. Without them I think I would just sit and cry all day."
www.patientopinion.org.uk/opinions/261400
- "A big thank you to everyone who has visited my mum, I wanted to say how nice all the staff were who visited her and that they were a huge help. Everyone who has spoken to the family members were also very helpful and I am really impressed with the service. My mum mentioned really liking Kelvin & Steve, but all of the CSW's were lovely."
www.patientopinion.org.uk/opinions/261401
- "I cannot tell you how much better we both feel now that A is getting some help and support. It would not have happened so quickly without you!"
www.patientopinion.org.uk/opinions/266536

10. RECOMMENDATION

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

Amy Gaskin-Williams
Involvement and Experience Manager

Paul Sanguinazzi
Head of Involvement and Experience

February 2016