

**BOARD OF DIRECTORS MEETING
28TH JANUARY 2016**

**INVOLVEMENT, EXPERIENCE AND VOLUNTEERING
PATIENT VOICES 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 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 and Experience Report which looks at quality ratings, key themes and actions taken for each Directorate. 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 October – December 2015 is **94%**. 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 need similar care or treatment).

This month's Patient Voice Report focuses on **Forensic Services** with an in-depth look at **Wathwood Hospital** and an **update on Offender Health Services** (featured in October'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 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:

- Discharge
- Access to personal and shared recreational equipment
- Loss of personal property
- Activities
- Access to the internet

It also updates on the issues presented in the previous paper focussing on Forensic Services from October 2015, which related to Offender Health Services. These were:

- Waiting times
- Availability of services
- Follow up
- Medication

3. TRUSTWIDE HEADLINES

3.1 TRUSTWIDE HEADLINES

Data collected from the Service User Feedback survey:

	Oct – Dec 2015	July – Sept 2015
Service Quality Score	94%	94%
Friends and Family Test (FFT)	96%	95%
SUCE survey returns	6252	6451
Patient Opinion stories	318	378

3.2 PATIENT OPINION HEADLINES

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

OCT – DEC 2015	TRUSTWIDE	LOCAL SERVICES	FORENSIC SERVICES	HEALTH PARTNERSHIPS
Number of postings	318	37	27	248
Number of postings without a response	0	0	0	0
Number of postings rated as moderately critical or above	7	5	2	0
Number of postings with change planned/Completed	10	1	5	4

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

- A patient on Thornton Ward at Arnold Lodge shared positive feedback about the recent MIND sale which had taken place in November. Jennie Palmer-Vines, Therapy Services Manager posted a response on 5th December 2016 to say *“In response*

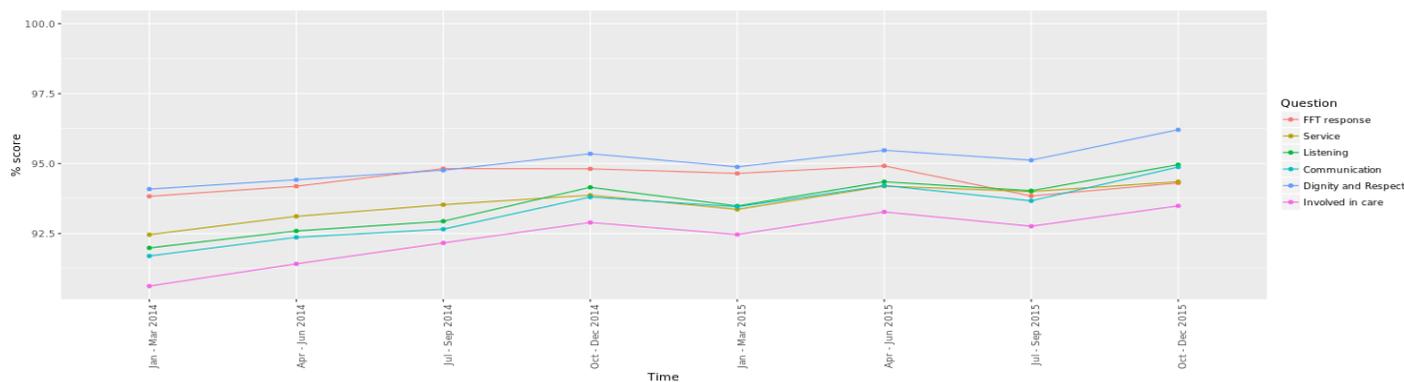
to patient requests and due to their popularity, we will be hosting a MIND sale three times a year and the next date will be announced shortly.”

3.3 TRUSTWIDE MAIN ISSUES AND ‘BEST THING’

Data collected from the Service User Feedback survey:

	Current rolling year (Jan – Dec 2015)	Emerging issues (Oct – Dec 2015)
ISSUES (based on 9472 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 times (Category: Access to services)	6%	
COMPLIMENTS (based on 15516 responses to ‘best thing’ question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	21%	
General (Service Quality/Outcomes)	9%	
General (Care/Treatment)	8%	

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



4. LOCAL SERVICES HEADLINES

4.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

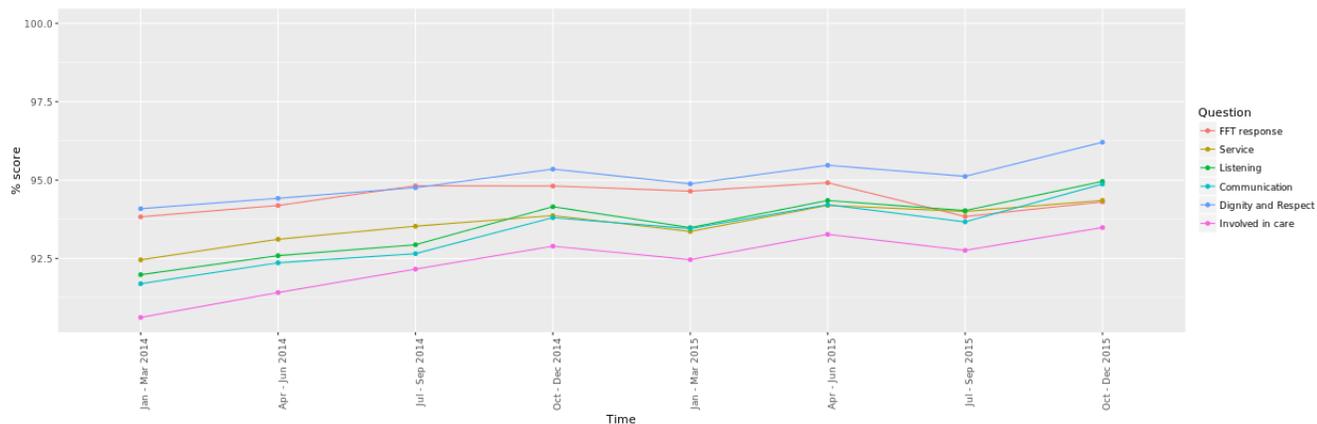
	Oct – Dec 2015	July – Sept 2015
Service Quality Score	92%	92%
Friends and Family Test (FFT)	94%	95%
SUCE survey returns	1488	1483
Patient Opinion stories	37	35

4.2 DIVISIONAL MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (Jan – Dec 2015)	Emerging issues (Oct – Dec 2015)
ISSUES (based on 1495 responses to the 'improve one thing' question)		
Availability of services (Category: Access to services)	17%	Approach to care (Care/Treatment, 8%)
Waiting times (Category: Access to services)	6%	
Staff/staff attitude (Category: Communication)	5%	
COMPLIMENTS (based on 2852 responses to 'best thing' question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	17%	
Quality of care/service (Category: Service Quality/Outcomes)	14%	
Improvements in mental health (Category: Service Quality/Outcomes)	7%	

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



4.4 PATIENT OPINION (OCT – DEC 2015)

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

Thorneywood Adolescent Unit (www.patientopinion.org.uk/opinions/266973)

“I don't think Thorneywood is a nice place, some staff were extremely rude to me at times, especially when I got transferred to a more secure unit. The restraints they use were painful and not nice. Also some rooms are shared and this caused upset for me and many other patients.”

- Three responses have been published from the integrated service manager, encouraging the young person to contact the named unit manager with contact details. As yet, the patient has not made contact (it is unclear whether they are currently in a secure unit with restricted access to the internet).
- A further response from the new adolescent unit manager will be shared imminently as a final attempt to encourage contact.

Why am I not being heard? (www.patientopinion.org.uk/opinions/264289)

“I have had some contacts with the crisis team that are not supportive and were very dismissive. The worker continuously advises me I am not in crisis, and that I don't have mental health needs. I am desperately reaching out for help as I am no longer coping, and they are not listening to me or letting me speak... I am so upset and distressed... Why am I not being taken seriously?”

- A response was published (on the same day) by the Acting Service Manager, encouraging the person to contact her directly to ensure she receives appropriate support.
- Subsequently, a meeting took place between Jo Horsley (Service Manager) and the patient. The issues raised were discussed in detail, and actions were agreed – which include the patient supporting the delivery of mental health training for emergency department staff (which whom the majority of her negative interactions occurred). The patient has gone on to share positive feedback about the new CRHT. The patient and service manager concluded that Patient Opinion had provided an opportunity for quick and mutually satisfying resolution.

5. HEALTH PARTNERSHIPS HEADLINES

5.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

	Oct – Dec 2015	July – Sept 2015
Service Quality Score	94%	96%
Friends and Family Test (FFT)	98%	98%
SUCE survey returns	4646	4617
Patient Opinion stories	248	313

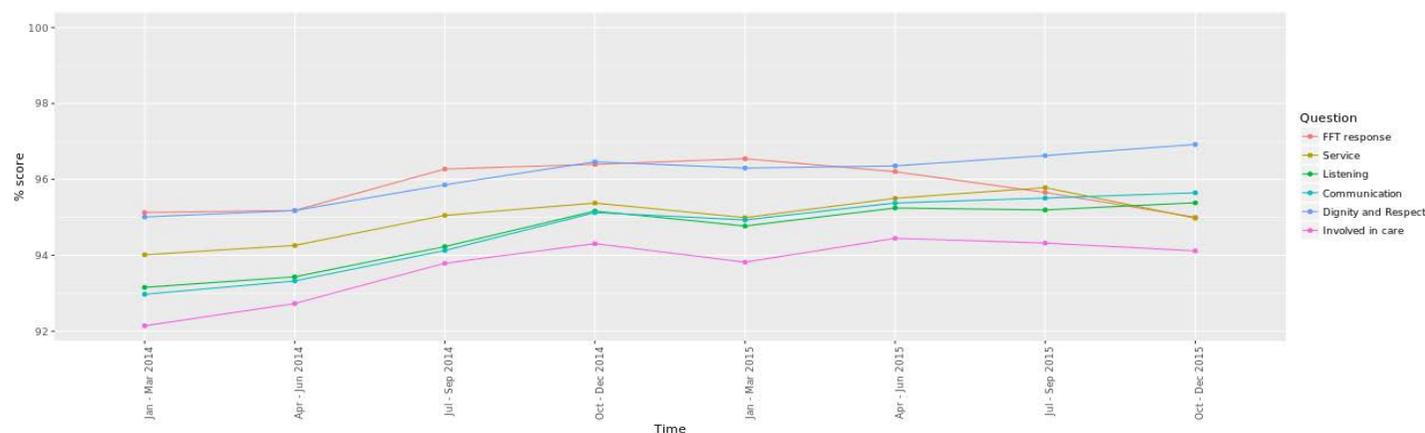
5.2 DIVISIONAL MAIN ISSUES AND ‘BEST THING’

Data collected from the Service User Feedback survey:

	Current rolling year (Jan – Dec 2015)	Emerging issues (Oct – Dec 2015)
ISSUES (based on 7263 responses to the ‘improve one thing’ question)		
Appointments (Category: Care/Treatment)	8%	No new emerging issues
Availability of services (Category: Access to services)	7%	

General (Category: Communication)	7%	
COMPLIMENTS (based on 11963 responses to 'best thing' question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	23%	
General (Category: Service Quality/Outcomes)	11%	
General (Category: Care/Treatment)	10%	

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



5.4 PATIENT OPINION (OCT – DEC 2015)

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

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

6. DIVISION IN FOCUS: FORENSIC SERVICES HEADLINES

This month the focus is on the Forensic Services. We are taking an in-depth look at the views and experiences of patients at Wathwood Hospital, and the views and experiences of their carers and families. We also include an update on the issues presented at the October Board of Director's regarding Offender Health Services.

6.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

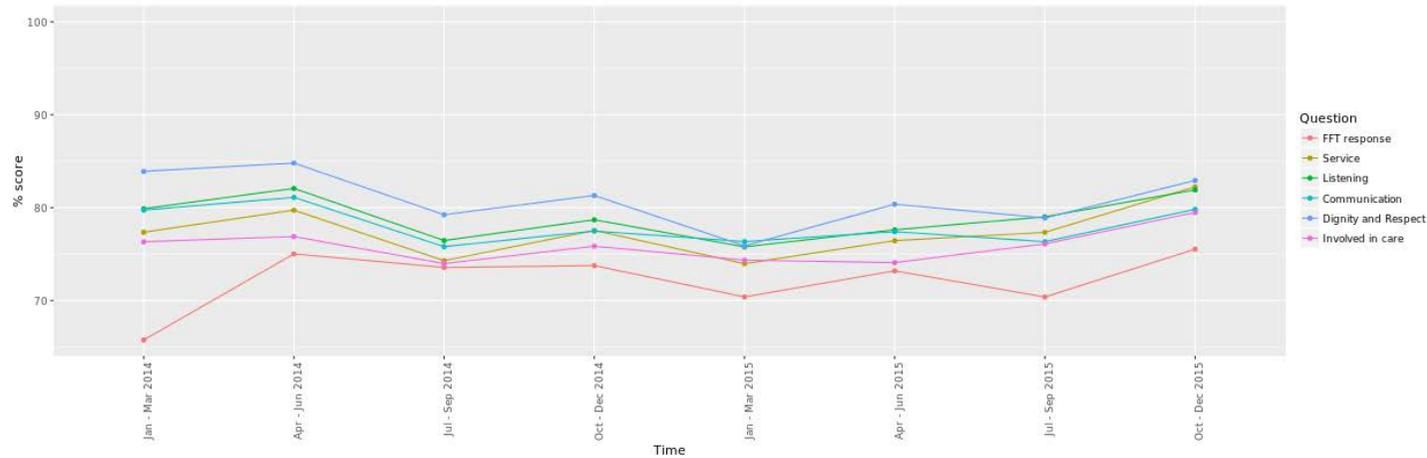
	Oct – Dec 2015	July – Sept 2015
Service Quality Score	82%	78%
Friends and Family Test (FFT)	56%	53%
SUCE survey returns	118	351
Patient Opinion stories	27	23

6.2 DIVISIONAL MAIN ISSUES AND ‘BEST THING’

Data collected from the Service User Feedback survey:

	Current rolling year (Jan – Dec 2015)	Emerging issues (Oct – Dec 2015)
ISSUES (based on 713 responses to the ‘improve one thing’ question)		
Waiting times (Category: Access to services) *All comments relating to waiting times come from the Offender Health services, and request shorter waiting times to see a doctor	9%	Approach to care (Care/Treatment, 9%)
Activities (Category: Care/treatment) *A majority of the comments relating to activities request more leisure and sports activities. Comments span all facilities.	8%	
Staffing levels (Category: Staff/staff attitude) *A majority of comments relating to staffing levels reference escorted leave specifically	8%	
COMPLIMENTS (based on 700 responses to ‘best thing’ question)		
Quality of care/service (Category: Service Quality/Outcomes)	12%	Approach to care (Care/Treatment, 12%)
Helpful/Caring/Friendly (Category: Staff/staff attitude)	12%	
Being listened to (Category: Communication)	10%	

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



6.4 PATIENT OPINION (OCT – DEC 2015)

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

- **Mental health services at the Wells Road Centre, Nottingham (www.patientopinion.org.uk/opinions/265719)**

“As a carer... I have sadly found that many of the staff members have not treated the patient with respect or indeed affirmed their autonomy... I have personally witnessed staff reading books rather than assisting patients and in some cases winding patients up by being, in my opinion, unnecessarily obtrusive. There also seems to be a distinct lack of communication between the medical team, families and patients... It is making me wonder if this is a place to get better or a place to fester.”

- A response was published by Gregg Murray, the Junior Modern Matron, encouraging the carer to contact him directly to enable him to raise the concerns with the relevant clinical team.
- The Junior Modern Matron has since had contact with the carer, as a formal complaint is currently underway which relates to the same issues. The investigation has not yet been concluded.

6.5 UPDATE ON PREVIOUS BOARD PAPER WITH FORENSIC SERVICES FOCUS

Offender Health services (featured in Board of Directors paper, October 2015)

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

Issue Raised	Response (Action taken or planned)
Access to services – waiting times	<p>It is hoped that this area will be addressed by the use of the DNA (Did Not Attend) follow up process being rolled out across sites. The development of information about clinical services and displaying information about waiting times should help manage patient expectations.</p> <p>The Offender Health involvement strategy is currently being revised and will include a plan to ensure that waiting time information is fully visible across all Offender Health sites. This will formally launch in April 2016.</p>
Access to services – availability of services	<p>Plans to display subcontracted services and schedules of subcontracted services as well as all other services provided by healthcare should assist with this issue.</p> <p>Across Offender Health there is ongoing activity for tendering of sub-contracted services with a more formalised structure for internal contract management. With this work comes a clear plan to share, display and make available information relating to service delivery and opportunities for access.</p>
Access to services – follow up	<p>The pilot of telephone triage due to be implemented at HMP Lowdham Grange will evidence whether there is the need for similar models to be rolled out in other sites.</p> <p>The success of the Lowdham Grange pilot is still under review and will be properly evaluated with a view to roll out across the Directorate.</p>

Care / Treatment – medication	<p>Pain management nurses are in place across sites working with GP's and support the three clinical pathways to manage medication prescribing. Pharmacy Technicians have increased across sites and continue to do the majority of medication dispensing. The aim is that pharmacy technicians will support GP's with medication reviews and deliver review clinics.</p> <p>The Offender Health Directorate is currently underway with a large scale recruitment and retention strategy which includes recruitment of Pharmacy Technicians. A review of the Pharmacy Technician role will take place in line with a review of prescribing activity in general across the Offender Health Directorate.</p>
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7. SERVICE IN FOCUS: WATHWOOD HOSPITAL HEADLINES

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 an on-site restaurant, café and farm shop – staffed by volunteer patients.

7.1 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey:

	Jan - Dec 2015	Jan - Dec 2014
Service Quality Score	78%	84%
Friends and Family Test	47%	71%
SUCE returns	71	78
Patient Opinion stories	6	28

7.2 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (Jan – Dec 2015)	Emerging issues (Oct – Dec 2015)
ISSUES (based on 44 responses to the 'improve one thing' question)		
Discharge (Category: Access to Services)	14%	No new emerging issues
Approach to Care (Category: Care and Treatment)	11%	
Being listened to (Category: Communication)	8%	
Helpful/Caring/Friendly (Category: Staff/Staff attitude)	8%	
Activities (Category: Care and Treatment)	6%	
COMPLIMENTS (based on 36 responses to 'best thing' question)		
Quality of care/service (Category: Service Quality/Outcomes)	24%	
Being listened to (Category: Communication)	13%	
Helpful/Caring/Friendly (Category: Staff/Staff attitude)	13%	

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 at Wathwood Hospital 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:

- 'Get people out quicker.' (Rehabilitation Ward)
- 'Quicker access to leave.' (Lodges)

- *'Less rules, too restrictive.'* (Rehabilitation Ward)
- *'Shorten the length of time for treatment.'* (Lodges)
- *'Listen to what patients say. Have more time to deal with patients.'* (Lodges)
- *'Get you out quicker when risk has been eliminated.'* (Lodges)
- *'Sometimes other staff spend too much time in the office.'* (Rehabilitation Ward)

7.3.2 COMPLAINTS

Five complaints have been received about Wathwood Hospital in the last six months, four of which led to full investigations. The other received a local resolution.

Patient was assaulted by another patient, and alleged that staff did not adequately protect him from harm.	Staff were found to have responded appropriately to the incident.
Patient claims that staff had been unable to retrieve personal property (to the value of £750) following transfer from HMP Wakefield	Staff advised to continue to support the patient to locate outstanding property.
Patient alleges that he was involved in an unnecessary restraint while being put into seclusion, and that staff used excessive force	The investigation concluded that the restraint and level of force used was necessary and appropriate.
Patient raised a number of previously answered complaints relating to patient-patient assault and loss of property.	The clinical team were found to be appropriately responding to patient's issues as they arise but patient remains unsatisfied.
Patient claims that their social worker lied to social services which resulted in the loss of visitation access to his daughter	Complaint is as yet unresolved.

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 at Wathwood. 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
8	4	0	0	1

7.3.4 LOCAL SOURCES OF FEEDBACK

PATIENTS’ FORUM

The Patients’ Forum meets fortnightly, and is chaired by patients. The forum is well attended, and is an integral part of how patients raise issues (with the support of the advocacy team) and how issues are subsequently addressed.

Over the last six months, there has been considerable discussion on the issues below, and each has been resolved in partnership with patients (and carers/ families when appropriate):

Patient themed events	Patients communicated that they wished to hold themed events throughout the year to recognise key calendar dates. It was decided that as well as the forum, there would also be a separate events planning meeting where important events during the year are identified and planned. This has resulted in an annual plan of events at the hospital.
Use of memory sticks	Patients requested access to their memory sticks after 8pm in the evening on the wards (it had been the local procedure to hand these back by 8pm due to the management of sharps/restricted items). This was taken to a Wathwood Management meeting by Carol Anderson (advocate). It was decided that access to memory sticks would be allowed after 8pm on an individual basis on authorisation in ward rounds.
Patient forum budget	Patients have raised many questions about the budget, and the forum now agrees how this is spent. Live music themed events have been agreed, as has the purchase of music production software for the MacBooks.

Access to sports TV	Patients have requested more access to sports channels to watch football matches etc. This issue is as yet unresolved, as it represents significant cost. However, there is an ongoing exploration of feasibility for installing a new system, for example BT Sports.
Sports equipment/food and menus	As there are regular discussions relating to sports equipment, we invite finance and sports staff to the forum to facilitate debate and decision making. This is also the case for inviting catering staff to respond to issues raised relating to the food and menus.
Breakfast Club	Every three months Assessment Ward host a Breakfast Club where they invite patients and staff from around the hospital to attend. Patients cook the breakfast with support from ward staff, promoting good therapeutic relationships.

ADVOCACY SERVICES (TOGETHER, FOR MENTAL WELLBEING)

Advocacy services play an integral role at Wathwood in supporting patients (and their carers and families) to raise issues and in facilitating the resolution of these issues, through dialogue with patients and staff. Below are the recurring or significant issues raised in the last six months from the perspective of the advocacy service:

- **Electronic/Vapour cigarettes:**
Patients have continually requested electronic cigarettes for use in the hospital. Advocacy regularly bring this issue to the attention of senior managers at the monthly risk meeting and support patients to raise it in the forum meeting every fortnight. Currently, these devices are not regulated and there would be problems with charging. Staff are keen to keep this issue on the patients forum agenda and happy to debate this issue further.
- **Access to memory Sticks:**
See table above.

- Non-alcoholic beer for Christmas:
Patients requested non-alcoholic beer during the Christmas period. This was raised via the Patients Forum. The request was agreed, and staff were quick to source a supplier.

THERAPY PROGRAMME EVALUATION

The therapy programme, led by the Occupational Therapy (OT) team, is key to the vocational and recovery focus at Wathwood hospital, which has received national recognition.

All OT led interventions which form part of the regular weekly programme are evaluated. This does not include the structured closed treatment groups, for example substance use.

Patients are asked to complete an evaluation and are asked the following:

- *Please identify what you enjoyed and how you benefited from the group (also they are asked to score these out of 10):*
- *Please identify what you didn't like and anything you found difficult:*
- *What changes if any would you like to make to the group?*

In the most recent cycle of evaluation, the main action points/changes were:

- There is a continued need and benefit to maintaining the existing programme
- It was agreed that the team would implement a new DIY group
- There is a need for a music tutor - this has been researched and the team are in the process of finding a music tutor
- Extra internet sessions have been made available for patients during the week on the continuing care ward
- The patient newsletter was re-established based on positive feedback
- Upcycling group, a new group to Wathwood, has commenced

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
Rehab patients complained that the ward was looking rather tired and in need of some new furniture	Community meetings, Rehabilitation ward	New carpets and dining floor has been fitted with patients having input into the choice. The ward has been painted and new furniture has now arrived
Patients stated they would like to have the choice of where their visits were held and would like the option to use the quiet rooms for visits rather than the ward communal areas	Quality Network Peer Review	Extensive consultation has occurred about this with patients during ward community meetings and the Patients' Forum. The advocacy service has also consulted with patients, and carers have been consulted at the Carers' Forum. Feedback from patients and carers has indicated that the use of the communal areas is acceptable for most visits but it is acknowledged that there are occasions when a private visit will be appropriate. The hospital now commit to ensuring that all patients are aware that the quiet rooms/alternative spaces are available for visits if they wish. They can request this via their ward manager/nursing staff.
Patients have requested to see Matron regularly	You said, we did poster	Matron/Advocate drop in sessions are starting in May and will happen every 4-6 weeks
Patients have requested more access to the internet	Community meetings and the Patients' Forum	<p>Feasibility study currently taking place for The Lodges to have an independent line put in- due to complete in March.</p> <p>The policy has been revised to allow patients at the Lodges access to the internet subject to Multi-Disciplinary Team approval.</p> <p>A booking, recording and monitoring system will need to be put in place to support the use of the internet in the Lodges which mirrors that in the main hospital.</p> <p>In the meantime patients can continue to access the internet via the patients' library.</p> <p>Skype and mobile phones made available to enable more communication with friends, carers and family</p>

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
DISCHARGE	SUCE survey	<ul style="list-style-type: none"> • <i>'Get people out quicker.'</i> Rehabilitation Ward (SUCE survey) • <i>'Quicker access to leave.'</i> Lodges (SUCE survey) • <i>Get you out quicker when risk has been eliminated.'</i> Lodges (SUCE survey) 	<p>Patients' progress, access to community leave and discharge is informed by thorough clinical risk assessment via ward rounds and planned CPA (Care Programme Approach) meetings.</p> <p>Further consultation with the patients regarding this issue is planned. This will be via the Patient Forum and the hospital Advocacy service.</p>
ACCESS TO PERSONAL AND SHARED RECREATIONAL EQUIPMENT	Patients' Forum	<ul style="list-style-type: none"> • Patients requested access to their memory sticks after 8pm (Community meetings, Patient's Forum) • Patients have requested more access to sports channels to watch football matches etc. (Patient's Forum) 	<p>There are now weekly and monthly magazine subscriptions in the library.</p> <p>Increased number of CDs allowed in patients' rooms on Continuing Care ward as requested.</p>

ACTIVITIES	SUCE survey, Patient's Forum	<ul style="list-style-type: none"> • Raised as fifth most prominent issue in the SUCE survey over the last year • Recurring issues relating to sports equipment (Patient's Forum) 	<p>Football is now offered by the Sports Team. Themed events now take place every month. A schedule of film nights is now planned on the calendar.</p> <p>New groups are now offered as part of the weekly programme, including a walking group, Breakfast Club, a horticulture group and a Motivating Monday exercise group. There is also now a weekly DJ workshop (as well as music production equipment) and a drama group.</p>
LOSS OF PERSONAL PROPERTY	Complaints	<ul style="list-style-type: none"> • Issue raised in two complaints during the last six months 	<p>In both complaint investigations, it was difficult to establish the extent of the missing property, or its location. No issues were upheld in relation to the safety of personal property while at Wathwood. No further action necessary.</p>
QUIET/PRIVATE ROOMS FOR VISITS	Quality Network Peer Review	<ul style="list-style-type: none"> • Patients stated they would like to have the choice of where their visits were held and would like the option to use the quiet rooms for visits rather than the ward communal areas. 	<p>All patients have been informed that quiet rooms/alternative spaces are available for visits if they wish. They can request this via their ward manager/nursing staff.</p>
ACCESS TO THE INTERNET (at The Lodges)	Therapy Programme Evaluation, Community meetings	<ul style="list-style-type: none"> • Extra internet sessions requested during the week on continuing care ward (Therapy Programme evaluation) • Patient's requested access to Skype to communicate with their families and friends (Community meetings) 	<p>An independent phone line is needed to enable the Lodges to connect to the internet. A feasibility study is currently underway to establish costs etc.</p> <p>Policy has been amended to enable patients who have been risk assessed in The Lodges unsupervised internet access. In the meantime patients can continue to access the internet via the patients' library.</p>

9. MAIN COMPLIMENTS

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

- *'Fair and understanding about my needs.'* (Rehabilitation Ward)
- *'The staff were very patient with me and gave me the most support when I needed it.'* (Assessment Ward)
- *'Got me better and saved my life once again. Thankyou x'* (Continuing Care Ward)
- *'Horticulture area and staff. Given autonomy, encouragement and no grief.'* (Lodges)
- *'I feel staff are respectful.'* (Assessment Ward)
- *'Listen to patients, provide good facilities gym, swimming sports etc, provides medication and therapies, provide opportunities to progress and take some control back to our lives.'* (Rehabilitation Ward)

9.1 PATIENT OPINION

All postings (six in total) that have been published about Wathwood Hospital in the last year (January – Dec 2015). Extracts from these postings are presented below:

- *"I have been here at Wathwood Hospital for a few good years now. I think the staff are doing a good job. I like it here at Wathwood."* (The Lodges, December 2015).
- *"When I was first admitted to Wathwood from prison I didn't really know what to expect... I was put at ease almost straight away. The staff were very nice, warm and very supportive and eager to answer any questions that I might have about my stay at Wathwood hospital. I've now been at Wathwood for over a year now and I'm making very good progress... I want to say a big thank you to my R. M. O and to all the staff at Wathwood for their support. Without them I wouldn't have got this far."* (Continuing Care, November 2015).
- *"I have been a patient in Wathwood for over two and a half years and I have been under the care of Dr Hayes. I have thoroughly enjoyed his approach and attention to detail about my care. He has not only understood me, he has understood me in ways I couldn't understand myself."* (November 2015).
- *"I was transferred from prison to Wathwood hospital approx. 6 months ago. When I arrived I was traumatised, tormented and paranoid and spent a lot of time in ICU. One day when I kicked off the ward manager sat me down and treated me like a human being, she talked to me and brought me round, and she made me feel better. There have been numerous other*

situations that ward staff dealt with in a similar manner. It became obvious to me that staff were not out to get me, they are here to help. I have now moved onto another ward and I feel calmer in myself and more settled than at any point in my life. This has only happened because staff are patient and caring.” (Assessment Ward, July 2015).

- *“...At first it was quite daunting to find myself in an unfamiliar environment but I was treated with sensitivity by staff, they listen to me and support me through difficult times. I am encouraged to have an active role in my care by speaking to my named nurse. I am always asked for my opinion around my care and treatment. I am grateful that under British law I was sent to an establishment like Wathwood hospital.” (Continuing Care, February 2015).*

10. RECOMMENDATION

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

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January 2016