

**BOARD OF DIRECTORS MEETING
26TH NOVEMBER 2015**

**Nursing, Quality & Patient Experience Directorate
PATIENT VOICE REPORT
Local Services Division:
Specialist Services**

1. INTRODUCTION

This is the monthly Patient Voice Report produced for the Board of Directors. The main purpose of this report is to:

- Inform the Board of our headline indicators around Patient Experience.
- To focus on the feedback received from service users and carers about a specific service each month and the plans we have to address the main issues people raised.
- To update the Board on the action taken to address the main issues raised about the service the Patient Voice Report focused on three months previously.

The report is part of our approach to Service User and Carer Experience which is based on our involvement approach and strategy. 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. In addition, the Berwick Report set out four key targets including listening to patients and transparency.

Our feedback website (<http://feedback.nottinghamshirehealthcare.nhs.uk/>) enables the public to leave and view feedback for teams and directorates. People are also able see the changes we have made in response to feedback. The website also enables staff to view feedback for their team/s see good practice, resources and training around patient feedback.

As part of our approach the Board 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 patient

stories and comments relating to the key issues raised by service users, patients and carers.

2. REPORT SUMMARY

The key highlights of this month's report are:

- The Trust's Service Quality Rating for August to October 2015 is 94%. 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 need similar care or treatment).

This month's Patient Voice Report focuses on Local Services with an in-depth look at Specialist Services, specifically our Adult and Child and Adolescent Mental Health Services (CAMHS) eating disorders provision.

It looks at some of the main issues, comments and stories relating to the Trust's Eating Disorders Services as well as work that is being undertaken to improve the service user experience. The main issues identified to tackle from feedback about Eating Disorders services were:

- More regular appointments/reduce the gaps between appointments or offer support in between
- Quicker access into the specialist eating disorder team from seeing the GP
- Difficulty with access at the Mandala Centre
- Increased education and information about the service within schools

It also updates on the issues discussed at the August Board Meeting about Adult Mental Health Services:

- Lack of activities on wards
- A need to improve patient's experience of community services (in relation to the closure of Broomhill House)
- Increased involvement of carers
- Crowding/time at ward rounds

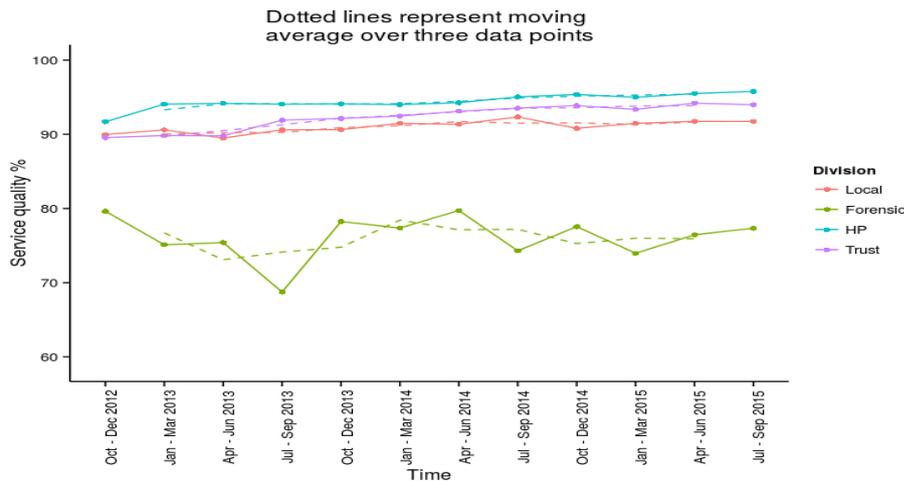
3. TRUST WIDE HEADLINES

3.1 TRUST SURVEY FEEDBACK

This report summarises data from August to October 2015, with a comparison with the previous 3 months, from May to July 2015. We received 6388 responses during the above date range, 1032 of which were from carers. Below are the headlines for the Trust taken from our feedback website:-

	Trust	Local	Forensic	Health Partnerships
	August to October 2015 (comparing to previous rolling quarter, May to July 2015)			
Service Quality Rating (%)	94 (94)	92 (92)	79 (75)	96 (95)
Friends and Family Test Score (%)	95 (96)	93 (95)	56 (68)	98 (98)
Survey returns	6388 (7243)	1409 (1720)	364 (217)	4615 (5306)

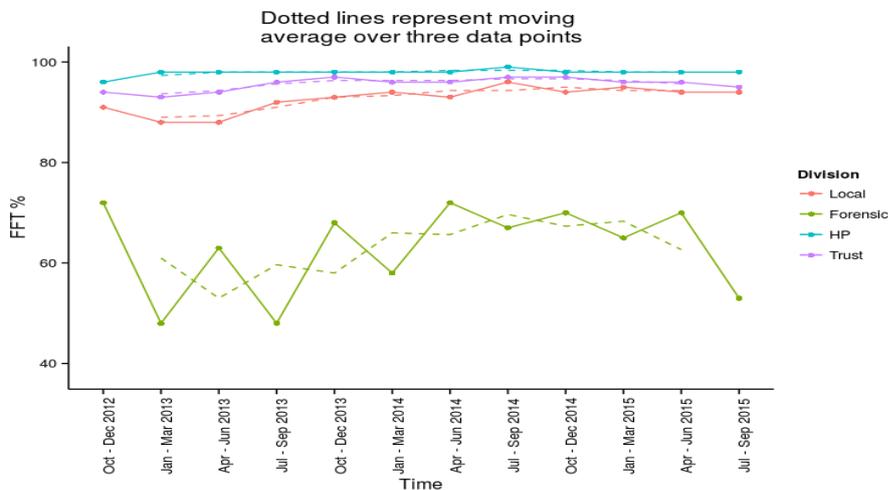
3.2 SERVICE QUALITY RATING



At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

- The Trust overall score is accurate to within ± 0.33 points.
- The Local score is accurate to within ± 0.94 points.
- The Forensic score is accurate to within ± 2.56 points.
- The Health Partnerships score is accurate to within ± 0.27 points.

3.3 FRIENDS AND FAMILY TEST SCORE



At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

- The Trust overall score is accurate to within ± 0.65 points.
- The Local score is accurate to within ± 1.4 points.
- The Forensic score is accurate to within ± 5.81 points.
- The Health Partnerships score is accurate to within ± 0.34 points.

3.4 PATIENT OPINION

Below are some of the key headlines from Patient Opinion over the last three months.

	August - October 2015 Trustwide (comparing with the previous 3 months – May to July 2015)	August - October 2015 Local (comparing with the previous 3 months - May to July 2015)	August - October 2015 Forensic (comparing with the previous 3 months - May to July 2015)	August - October 2015 Health Partnerships (comparing with the previous 3 months - May to July 2015)
Number of postings published	406 (377)	40 (37)	15 (23)	346 (254)
% that are rated (by Patient Opinion) as moderately critical or above	1% (1%)	13% (3%)	7% (4%)	<1% (1 story) (0%)
% that are rated (by Patient Opinion) as entirely complimentary	90% (92%)	50% (59%)	67% (94%)	96% (93%)
% that are have been responded to within 2 working days	75% (73%)	68% (60%)	73% (93%)	77% (73%)

3.5 CHANGES MADE AS A RESULT OF PATIENT OPINION IN THE LAST MONTH

Below are a number of changes that have been posted on Patient Opinion in the last month.

- On Seacole Ward (Wells Road Centre) suggestions were raised by the patients to improve the menu, requesting more choice of vegetables, less chips, healthier choices and a lighter meal option at lunch time. They requested that the chefs visit the ward.

Change made: Catering team to attend ward community meetings which take place every 2 weeks on Seacole Ward and to visit the ward to discuss catering related topics

- A parent attending the 'Saving a Baby's life' course at Broxtowe children's centre suggested that the course be compulsory within the first couple of months of a baby's life and said how useful the course had been.

Change made: The team have negotiated with the Royal Life Saving Society for them to come back every term to Stapleford and Chilwell Children's Centre and they are going to include those with younger babies.

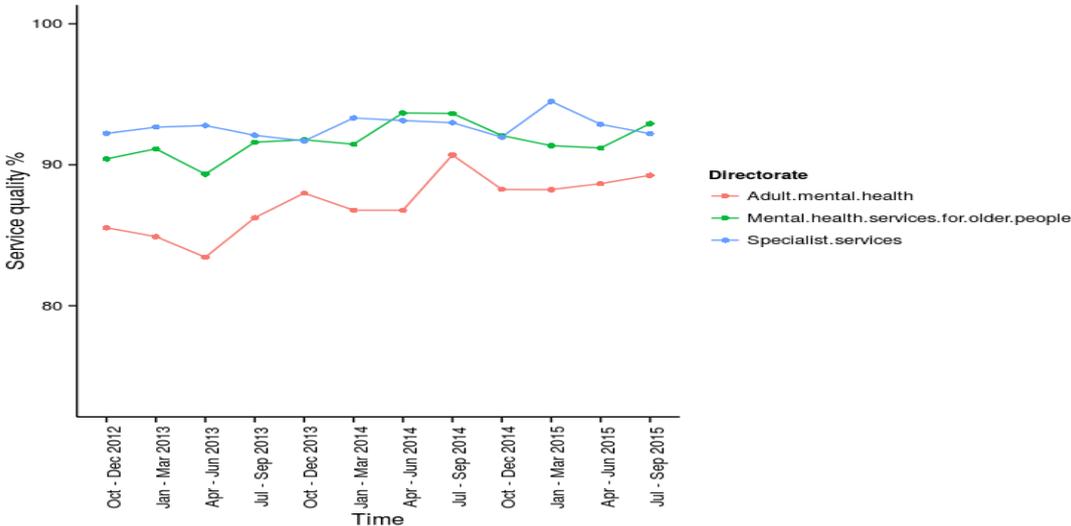
4. LOCAL SERVICES DIVISION

This month the focus is on the Local Services Division. We are taking an in-depth look at the views and experiences of patients within the Specialist Service Directorate, specifically the Adult Eating Disorders Service.

The graphs below compare the Directorates in the Local Services Division. The main issues raised for Eating Disorders Services from November 2014 to October 2015 and the previous year are also presented.

4.1 SERVICE QUALITY RATING

LOCAL SERVICES DIVISION

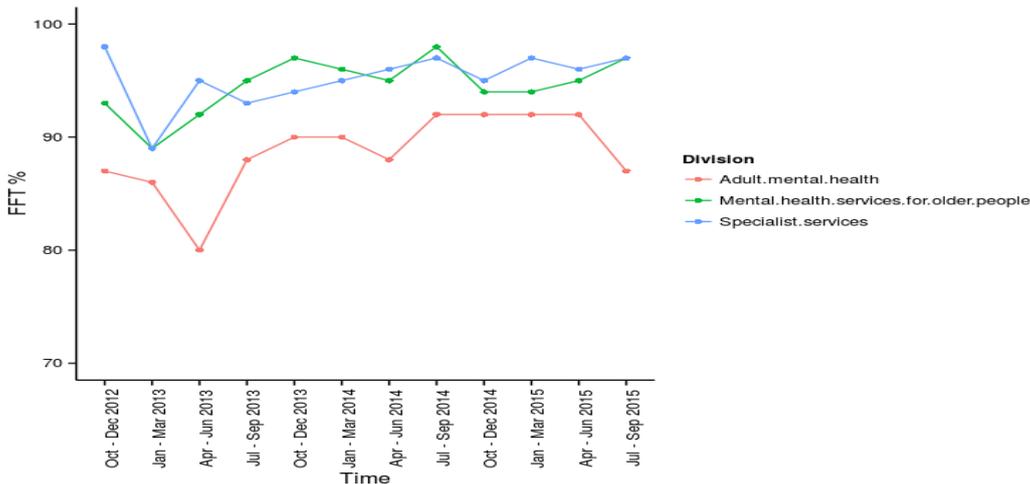


At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

- The most recent Adult Mental Health overall score is accurate to within ± 2.81 points
- The most recent Mental Health Services for Older People overall score is accurate to within ± 1.69 points
- The most recent Specialist Services overall score is accurate to within ± 1.15 points

4.2 FRIENDS AND FAMILY TEST

LOCAL SERVICES DIVISION



At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

- The most recent Adult Mental Health overall score is accurate to within ± 4.94 points
- The most recent Mental Health Services for Older People overall score is accurate to within ± 2.19
- The most recent Specialist Services overall score is accurate to within ± 2.54 points

4.3 UPDATE FROM ADULT MENTAL HEALTH SERVICES

In the Patient Voice Report in August 2015 we focused on Adult Mental Health Services and the key issues raised from survey feedback, below are some developments since that meeting:

ISSUE	AGREED ACTION	TIMESCALE
Lack of activities on wards	Occupational Therapists at Millbrook and Bassetlaw are now in post. Activities at Highbury are displayed on the notice board and updated weekly by occupational therapy and Highbury live. Planned activities include Christmas events at Millbrook Bassetlaw and Highbury. The allotment at Highbury now has fencing shed and greenhouse and groups running on site. Allotment under discussion at Millbrook. Occupational Therapists at Millbrook are now developing programmes on wards.	Ongoing
A need to improve patient's experience of community services (in relation to the closure of Broomhill House)	Unit now closed after engagement process and discussion at Trust Board. Crisis Resolution and Home Treatment (CRHT) teams now developing in city and county.	Developments will be reviewed within the Cost Improvement Programme (CIP) annual review
Increased involvement of carers	Carer link workers employed in most areas, staff carer leads in most areas. Teams to shortly begin implementing the Trust Carers' Strategy and the Triangle of Care (in ward areas). Carer's feedback encouraged via Patient Opinion, carers survey and carers groups.	Ongoing
Crowding/time at ward rounds	Implementation of the Ideal Ward Round work, initiated by the Involvement Centre group, to improve how ward rounds are conducted.	March 2016

	<p>Phase One due to complete in January, at which point the data from the staff/carer/service user questionnaires will have been collated, and will be presented to the full group (including clinicians), and three focus groups hosted by Learning and Development. A model will then be devised.</p> <p>Phase Two (beginning in March 16) will pilot a ward round model in a couple of services, and hopefully reviewed through a funded research project.</p>	
--	---	--

5. SPECIALIST SERVICES – EATING DISORDER SERVICES

Adult Eating Disorder Service

We provide outpatient treatment to people over 18 years old experiencing anorexia nervosa, bulimia nervosa and eating disorders not otherwise specified (ENOS).

We provide individual and group therapeutic sessions, and which incorporate mainstream therapy approaches such as Cognitive Behavioural Therapy, current approaches that fit with the social climate such as Mindfulness and more specialist approaches such as Dance Movement Psychotherapy.

CAMHS (Child and Adolescent Mental Health Services) Eating Disorder Service

We assess and provide treatment for children and young people (0-18 years old) with a significant eating disorder.

We help young people to achieve a full recovery from their eating disorder. This includes its effect on their lives and on their families and carers.

We help with:

- physical recovery
- behavioural recovery
- thinking recovery
- emotional recovery
- family recovery
- relationship recovery
- social recovery

Our main base is at Thorneywood in Nottingham but we also provide clinics in Mansfield, Newark and Langold.

In January 2014, a permanent team was created to treat young people with eating disorders. Prior to 2014, young people with eating disorders were seen by clinicians from the general community CAMHS provision, latterly operating a “virtual team” model which meant that clinicians with a special interest could share their learning and practices to an extent, but without being able to offer dedicated eating disorder provision.

The adult and CAMHS eating disorder provision has grown significantly from its inception, and both teams want to highlight and recognise the work of Lynne Addicott in driving the service forward.

Lynne was a Community Psychiatric Nurse, instrumental in setting up the Nottingham Eating Disorders Service 14 years ago. Sadly, Lynne passed away two years ago but her influence and legacy lives on and she is fondly remembered by the team.

5.1 HEADLINES

		November 2014 - October 2015	Previous year (November 2013 – October 2014)
Service Quality Rating	Adult	94%	98%
	CAMHS	Insufficient responses	Insufficient responses
Friends and Family Test Score	Adult	94%	100%
	CAMHS	Insufficient responses	Insufficient responses
Number of Responses	Adult	20	19
	CAMHS	6	7

5.2 MAIN ISSUES RAISED

There are a range of feedback mechanisms that are used in eating disorders services:

- Feedback interviews (CAMHS)
- Involvement Event (CAMHS)
- Therapy evaluations
- Group evaluations
- SUCE survey
- Thank you cards
- Comments postcards

5.2.1 Feedback Survey

Below we outline the main issues raised over the last year about adult eating disorder services only and the Trust survey comments.

The main themes from the "**Improve one thing**" comments from the survey are shown below. We received 16 responses to this question in the last year (November 2014 - October 2015).

Category	% of overall total November 2014 – October 2015	Main issues November 2014 – October 2015	Main issues November 2013 – October 2014
Access to Services	82%	1. Waiting time (24%)	1. Availability of Services (12%)
		2. Availability of Services (18%)	5. Waiting time (6%)

Category	% of overall total November 2014 – October 2015	Main issues November 2014 – October 2015	Main issues November 2013 – October 2014
		3. Location (18%)	
		4. General (12%)	
		5. Follow up (12%)	
Care/Treatment			2. Appointments (12%)
Communication			3. Staff/Service User (9%)
Staff/Staff Attitude			4. Staffing levels (9%)

5.2.2 Other Feedback (including from Compliments/Queries/Complaints forms and Patient Forums)

NEAT individual family sessions

As part of the NEAT (Nottinghamshire Eating distress Alliance Team) individual family sessions, which are based on the group which existed previously to give information, advice and support to those involved with the patient such as parents, siblings or partners, various issues have been discussed. The service has invested significantly in the Triangle of Care approach to recognise value and involve carers and families.

One of the issues that re-occurs is the transition for young people between CAMHS services, which include a large group and family component, to adult services which operate a model which relies more on individual therapeutic sessions.

Involvement Event

In November 2014, an Involvement Event was arranged for parents/carers and young people in contact with the CAMHS team.

Below is a sample of responses to questions asked of children, young people and parents/carers at the event:-

What do you like about our service?

Answers from young people:

- *“Our issues are taken seriously.”*
- *“They help us go back to school at our own pace.”*
- *“They notice recovery takes a long time and support us through the process”*
- *“Do a good job in educating the family to understand the illness.”*

Answers from parents/carers:

- *“Confidence building, allow parents and patients to believe they can do it.”*
- *“Good communication and cooperation with hospitals and other services.”*
- *“Considerable amount of trust felt towards staff, which enables relationships to build.”*

What areas could we develop upon?

Answers from young people:

- *“More balance of emphasis put on recovery types.”*
- *“More feedback during treatment- clear plan.”*
- *“Support for friends.”*
- *“Educating GPs and increasing their knowledge of eating disorders.”*
- *“More support on hospital wards.”*

Answers from parents/carers:

- *“Additional individual parents sessions, helping parents to develop key coping strategies.”*
- *“Skills group for parents, focusing more on situations and responses. Concentrating on teaching and sharing skills and sharing what has worked, rather than just verbal support”*
- *“An ‘in-between’- something to happen between being at home, having outpatient therapy and then admitted into inpatient hospitalisation.”*

Are there times when we could have done something different?

Answers from young people:

- *“Not just being about physical health, especially assessments and reviews.”*
- *“Treatment earlier, while I was in hospital I didn’t have anyone to talk to.”*
- *“More emphasis on the fact there is always the option of contacting for help; the meetings aren’t the only place to discuss.”*

Answers from parents/carers:

- *Being careful/mindful about communication between services*
- *Clarity about clinical decision making when multiple services involved*
- *Being clear and providing more of a structure to help understanding of treatment options at different stages of illness and the processes involved.*

What are your future hopes from our service?

Answers from young people:

- *“That anyone struggling feels comfortable to come, so increasing awareness around schools about how the service is available.”*
- *“Not to quickly rush to discharge people once at a healthy weight.”*

Answers from parents/carers:

- *“Early intervention to continue and improve.”*
- *“Day-to-day help e.g. meal help, for times out of appointments in home environments.”*
- *“Different groups to be made available for patients e.g. body image group.”*

5.2.3 Key issues to address

From the variety of sources of feedback the main issues that have been identified for improvement are outlined below together with any action taken or planned to respond.

Issue Raised	Response (Action taken or planned)
More regular appointments/reduce the gaps between appointments or offer support in between	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.
Quicker access into the specialist eating disorder team from seeing the GP	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.
Difficulty with access at the Mandala Centre	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.
Increased education and information about the service within schools	The CAMHS 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.

Additionally, the Adult Eating Disorder Service have responded to a range of requests in the last year, including:

- 1) A patient recently requested a Dexa scan for osteoporosis, related to their eating disorder. We do not do these scans as routine but we arranged for this to happen.
- 2) Eating disorder patients need to go to Specialist Units when in-patient treatment is required. We do not have any in Nottingham, Leicester are our primary providers. However, we always endeavour to work with patients and their families to refer to a Unit in as close proximity as possible to support family visits and home leave and, therefore, reduce isolation.
- 3) Our patient population often has a significant percentage of professionals, students and working people. Therefore, we have tried to be flexible with the timing of therapy. We have started to provide early and later clinics to reduce disruption to people's working day.

- 4) We work very closely with our CAMHS colleagues and start the transitions of young people to adult services early, supporting patients and their families with the changes that this brings.

5.2.4 Comments/stories about the main issues raised

Below are some of the comments/stories that illustrate what has been said about the main issues raised:-

Adult Services

- *“More funding to keep the eating disorders service going. My treatment was ended because my therapist was at the end of a contract and they could not extend it due to cuts. I'm lucky that I was at a safe place to end treatment but I'm sad for those who will struggle to get help if there aren't enough therapists.” (Adult)*
- *“More regular appointments as the gap in between can be long and difficult when you're struggling. More contact could mean faster recovery time.” (Adult)*
- *“More input from consultants (more follow ups, especially after leaving inpatient care back into this service.” (Adult)*
- *“I'd like a long term path for example over next 2 months over goal will be "x" rather than just next week's goal an overall goal with interim steps.” (Adult)*
- *“Less waiting time from speaking to a GP to accessing the service. I had to chase this up several times before I was eventually referred and able to see a specialist.” (Adult)*
- *“I was referred to Mandala Centre with an eating disorder but I had panic attacks about going because I didn't feel comfortable getting there (3 buses). I have been getting along very well seeing X at Queens Medical Centre and the thought of this being disrupted makes recovery significantly harder. Fed up with being moved around from Dr to Dr and therapist and I've finally found somewhere and someone I'm comfortable with.” (Adult)*

CAMHS Services

See above 5.2.2

5.3 MAIN COMPLIMENTS RECEIVED

The main themes from the **'Best thing'** comments from the survey about Adult Eating Disorder Services only are shown below. We received 15 responses to this question in the last year (November 2014 – October 2015).

Category	% of overall total November 2014 – October 2015	Main 'Best thing' comments November 2014 – October 2015	Main 'Best thing' comments November 2013 – October 2014
Staff/Staff attitude	60%	1. Helpful/Caring/Friendly (19%)	1. Helpful/Caring/Friendly (24%)

		2. General (16%)	2. General (10%)
		3. Supportive (13%)	3. Supportive (7%)
Communication			4. Being listened to (6%)
Service Quality/Outcomes	22%	4. Quality of Care/Service (8%)	5. Quality of Care/Service (6%)
		5. General (4%)	

5.3.1 Comments/stories about the best things about the Service

Below are some of the comments/stories that illustrate what has been said about the best things about the service:

- *“The psychiatrist allowed me to talk about things that were important to me. I felt like I had a voice and that I didn't lead a boring life and there is something special and unique about me. He also helped me to rediscover my love for art.” (CAMHS)*
- *“Sessions on my own were a safe place where I had someone to talk to without being judged.” (CAMHS)*
- *“Jacqueline taught me how to help myself. She doesn't patronise, she doesn't disregard your feelings. She should be making decisions high up in mental health services. She is everything wonderful about Mental Health Services.” (Adult)*
- *“X & X treat me with respect, as a human being who has difficulties, weaknesses, daily struggles but equally has strengths, opportunities and a future. They encourage, reassure & support.” (Adult)*
- *“My therapist was amazing. I have had private therapy in the past but the help I received through the NHS has been truly incredible. I started my course of 20 appointments in January at an incredibly low point in my life and now feel like a changed person.” (Adult)*
- *“My daughter felt able to talk openly about her problems without feeling judged. Staff were always available when she felt she needed support. It felt like a very personal service as staff got to know her and her individual needs, very quickly. We were so grateful for the help and support.” (CAMHS)*

The following compliments were received as thank you cards for the adult service:

- *‘Thank you so much for your support over the past few years. ... When I felt I was at rock bottom and had no idea where to go next, I told my GP I wanted to be referred to a clinic and only at that point did I get an out-patient referral to see you.*

From then on, things changed for the positive and I felt at last I had someone who understood and would listen, but wouldn't take any excuses. You challenged me without pushing me beyond my limits, and you helped me

achieve what had seemed impossible by breaking it down into small steps which I seemed perfectly do-able.

To this day, I still ask myself 'what would Jacqueline say' to make sure I am thinking about something in the right way. Your support has been continuous ever since. When I contacted you later for advice, you did everything you could to help. This time, you and Emma worked together and as a result have made a huge difference in a situation where again I was struggling to find the right solution. You both take a practical approach and really listen and understand.

I only have positive things to say about the service and the only thing I would change is being put in contact with you many years earlier.'

- *"Using movement therapy as part of my treatment plan has personally been very beneficial on my journey of recovery. I have connected with my body to release tensions and emotions which mentally have been clocked out but through using movement I've been able to start addressing more areas which in time I believe will have a huge benefit to my current and future mental state'*

6. RECOMMENDATION

The Trust Board is asked to note and comment on the report.

Paul Sanguinazzi
Head of Involvement and Experience

Amy Gaskin-Williams
Involvement and Experience Manager

Dean Howells
Executive Director - Nursing, Quality & Patient Experience

November 2015