

**BOARD OF DIRECTORS  
25<sup>th</sup> JANUARY 2018**

**INVOLVEMENT, EXPERIENCE AND VOLUNTEERING  
PATIENT VOICE REPORT**

**LOCAL PARTNERSHIPS – 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 year about the specific service featured and any plans to address the main issues raised.
- To update the Board of Directors on the action taken to address the main issues raised about the service featured in the Patient Voice report three months previously.

The report is part of our approach to Service User and Carer Experience which is a key part of the Involvement, Experience and Volunteering strategy (2015 – 2018). One of our three involvement aims is to change services by listening and responding to service user and carer views and aspirations.

Our approach is also based on the Trust's values and aligned to Department of Health priorities. As an NHS funded service we are required to carry out the Friends and Family Test. We must also meet the CQC Standard that requires us to seek and act on feedback so we can continually evaluate services and drive improvement.

As part of the Trust's development of its approach and the Francis Report we are continually looking at how we can improve both how we listen and respond to the patient voice. Our [feedback website](#) enables the public to leave and view feedback and also able see the changes we have made in response to feedback. The website also enables staff to view feedback about their team.

As part of our approach the Board of Directors receives an annual Involvement, Experience and Volunteering Report which looks at key achievements in the Involvement, Experience and Volunteering strategy and outlines our strategic direction and next steps. This Patient Voice Report is a monthly report and focuses on key patient stories and comments raised by service users, patients and carers.

## 2. EXECUTIVE SUMMARY

The Trust's Service Quality Rating for September to December is **94%**. Our Friends and Family Test Score is **94%** (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 Partnerships – Mental Health Services for Older People**, with headline information provided for the Trust as a whole, and for each division. The report also provides an update on **Local Partnerships (Mental Health) – Specialist Services Directorate** (featured in October's report).

The report highlights all prominent and/or recurring feedback in the last year 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:

- Approach to Care - mainly about the Lawrence Unit, B1 and Kingsley Wards and focus is on communication
- Availability of services – mainly about Memory Assessment Service
- Waiting Times – mainly about Memory Assessment Service
- Noise on Cherry Ward

It also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring on **Local Partnerships (Mental Health) – Specialist Services Directorate**, in October 2017. These were:

- CAMHS - Young People don't want to have to tell their story several times
- CAMHS – problems with the transition from CAMHS to adult services
- Perinatal services – support for the transition to home
- IAPT – waiting times in Leicestershire and Rutland and Nottinghamshire
- SMS – Activities at The Woodlands
- Gender Services – Waiting Times

### **3. SERVICE IN FOCUS: LOCAL PARTNERSHIPS - MENTAL HEALTH SERVICES FOR OLDER PEOPLE**

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) which has been developed specifically to meet the needs of individuals below the age of 65 years with a suspected/confirmed diagnosis of dementia.
- Five inpatient wards, including Cherry and Silver Birch Wards at Highbury Hospital, Kingsley and Amber wards at Millbrook Hospital and B1 at Bassetlaw Hospital.
- 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 a care home by providing specialist assessment and support.
- Intensive Recovery Intervention Services (IRIS) across the county provide specialist assessment, active therapy, treatment, and the opportunity for recovery, for older people with a mental health problem or those of any age with a dementia. .
- 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 specialist 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 of people living with dementia.
- Rapid Response Liaison Psychiatry (RRLP) Service operates across Sherwood Forest Hospitals (SFH) 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.
- City South 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.
- 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.

### **3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICES REPORT WITH A FOCUS ON LOCAL PARTNERSHIPS - MENTAL HEALTH SERVICES FOR OLDER PEOPLE (JANUARY 2017)**

Below we update on the main issues identified (and the actions proposed in response) in the previous report which focussed on Mental Health Services For Older People, which was presented at the Board of Directors in January 2017:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE – January 2018
<p><b>Availability of Services</b></p> <p>(Source: Trustwide SUCE survey)</p>	<p>A large number of comments received in feedback identify that individuals would like to be in receipt of services for a longer period of time. This is particularly so in Day Services and Intensive Recovery Intervention Services (IRIS).</p>	<ul style="list-style-type: none"> <li>• Teams inform individuals that the service is time limited from the outset. They also provide information on other Community Services and support locally.</li> <li>• IRIS Teams refer and provide an appropriate handover to social care for ongoing support where this has been assessed as a need.</li> </ul>	<ul style="list-style-type: none"> <li>• IRIS and MHIR (Mental Health Intensive Recovery) continue to be 12 week services and patients and carers continue to be informed of this at commencement of input. The service will occasionally retain patients longer than agreed until social services care packages can be put in place. Patients can always self-refer back into service if needed.</li> <li>• Service Managers are meeting with colleagues in the Primary Care Delivery Groups/Primary Care Homes to ascertain how links might be made between services. Care Delivery Groups include Age UK workers enabling links into the third sector to support patients care.</li> </ul>
<p><b>Information and support at the point of a diagnosis of Dementia</b></p> <p>(Source: Healthwatch Nottingham and Nottinghamshire Report)</p>	<p>The conclusion of the report recommended:</p> <ul style="list-style-type: none"> <li>• Improving waiting times from the point of referral to diagnosis with a particular focus on reducing the inequality between City and County residents.</li> <li>• Those diagnosed with dementia and/or their carers at Memory Assessment Services (MAS) to be given both written and verbal information.</li> </ul>	<ul style="list-style-type: none"> <li>• MAS review report has been completed focusing on capacity to meet the demand. This has been presented to commissioners.</li> <li>• As well as providing information verbally, all the MAS clinics provide written information. As of November, they also now offer Recap (digital health information). All clinicians are registered and are providing information on the service either via post with the initial appointment letter or at time of care planning in the assessment appointment. The site has two MAS bundles one for time of assessment and one for time of diagnosis.</li> <li>• At the inception of MAS, a service was</li> </ul>	<ul style="list-style-type: none"> <li>• The Memory Assessment Services (MAS) continue to implement Recap and refer to the Alzheimer’s Society as appropriate or wanted by patients and carers.</li> <li>• The Friends and Family Test from Jan – Dec 17 is 99% based on 115 responses. The best things about the service are the quality of care/treatment; helpful, caring and friendly staff; communication and being listened to.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure all individuals attending services that deliver dementia diagnoses are contacted by telephone following their visit.</li> <li>• Increase the number of support group and the capacity of support groups either statutory or voluntary.</li> </ul>	<p>commissioned from the Alzheimers Society for a worker to sit in every clinic and offer support following diagnosis. This includes offering to contact individuals at a later date.</p> <ul style="list-style-type: none"> <li>• The MAS team are also able to refer individuals as appropriate to Day Services for <i>Cognitive Stimulation Therapy Treatment</i>, or for the <i>Living Well with Dementia</i> course.</li> </ul>	<ul style="list-style-type: none"> <li>• Lawrence Day Services are presently in the process of being decommissioned by the CCG's as a result there will be no post diagnostic pathway for patients receiving a diagnosis of Dementia in the north of the County (Mid Notts and Bassetlaw).</li> </ul>
<p><b>Communication with carers</b></p> <p>(Source: Complaints)</p>	<p>Where issues have been identified via a complaint, action plans have been raised and completed to improve the quality of care within services.</p>	<ul style="list-style-type: none"> <li>• The Trust is now undertaking the Triangle of Care. All Inpatient wards in MHSOP have a Carers Strategy Implementation Plan in place and this ensures that Carers needs are considered and appropriate information provided.</li> <li>• Similarly, all Community Teams are currently now completing the Carers Implementation Plans.</li> </ul> <p>Teams and wards are aware of information resources that can be provided to carers.</p>	<ul style="list-style-type: none"> <li>• The directorate commenced a nine month pilot with Age UK called the 'Worry Catcher', from April 2017 on both wards at Highbury. The Worry Catcher works with patients and carers in a confidential way to look at how people are coping with their hospital stay and report complaints or concerns, however low level, to staff so that they can be dealt with as quickly as possible.</li> <li>• The Worry Catcher has produced two quarterly reports to date which demonstrate the positive effects of having issues/concerns resolved for both patients and carers.</li> <li>• Formal complaints have reduced on the two wards since April 2017. From April 2017-mid Nov 2017 a total of 3 complaints. (2 of which were around the start of worry catcher service commencing). Complaints from April 2016 – March 2017 a total of 14. Whilst this is likely to be due a combination of factors to improve</li> </ul>

			<p>care on the wards, this demonstrates a positive impact on the care received in the ward environments.</p> <ul style="list-style-type: none"> <li>The Worry Catcher Service will be extended to all MHSOP inpatient wards.</li> </ul>
<p><b>Waiting times</b></p> <p>(Source: Trustwide SUCE survey, Healthwatch report)</p>	<p>The Healthwatch Report identifies waiting times for dementia diagnosis.</p> <p>Comments within the SUCE report also identify waiting times within dementia diagnosis services.</p>	<ul style="list-style-type: none"> <li>As identified above, a MAS review report has been completed focusing on capacity to meet the demand. This has been presented to commissioners.</li> <li>The Working Age Dementia (WAD) Service has recently transformed its service due to previously long waiting lists. A Diagnostic WAD Service is in place, and a Post-Diagnostic Service is now running. This has reduced waiting times from 32 weeks to 6 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>Wait times for MAS across Bassetlaw, Mid-Notts and Greater Notts vary dependent upon how services have been commissioned by individual CCGs. The greatest pressure is in Rushcliffe and Nottingham North &amp; East. The Senior Management Team are meeting with lead commissioners from Greater Notts to explore how MAS can be commissioned to meet need.</li> <li>The waiting times for the WAD Service continue to be monitored on a regular basis.</li> </ul>

### 3.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey and Care Opinion:

	[Current rolling quarter 1 <sup>st</sup> Oct 2017 – 31 <sup>st</sup> Dec 2017]	[Previous rolling quarter 1st July 2017 – 31st Sep 2017]
Service Quality Score	94	95
Friends and Family Test (FFT)	98	99
SUCE survey returns	198	156
'Service made a positive difference' score	86	92
Care Opinion postings	4	15

### 3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (Jan – Dec 2017)	Emerging issues current (Oct-Dec)
<b>ISSUES</b> (based on 390 responses to the 'What could we do better' question)		
<b>Approach to Care</b> (Category: Care/ Treatment) Comments range across services, with several about B1 and Kingsley wards . The comments are wide ranging in context, with a minor focus on information. <ul style="list-style-type: none"> <li>Probably give more help and information when you first go in because you can feel frightened and lonely and lost.' (Kingsley Ward)</li> </ul>	13%	There are no emerging issues.
<b>Availability of Services</b> (Category: Access to services) Comments focus directly on Day Services South. They are mostly about the length of visits and number of occasions that visits occur. <ul style="list-style-type: none"> <li>Extend the programme to continue.' (Day Services South)</li> </ul>	12%	
<b>General</b> (Category: Care/ Treatment) Comments cover a variety of services, with none standing out. Subject of comments are very mixed, but mostly relate to being helped with problems more. <ul style="list-style-type: none"> <li>Perhaps have more time to examine how to deal with problems that arise &amp; solving them.' (Lawrence Unit).</li> </ul>	8%	
<b>Waiting time</b> (Category: Access to services) No one service stands out as having the most comments. They mostly relate to time between first contact and first appointment. <ul style="list-style-type: none"> <li>Had to wait a long time for appointment.' (Gedling &amp; Hucknall IRIS).</li> </ul>	6%	
<b>Staff/Staffing Levels</b> (Category: Staff/Staff Attitude) Most comments relate to Kingsley Ward. They all relate to the number of staff available, limiting number of contacts. <ul style="list-style-type: none"> <li>Have more staff so they can provide more home visits to give ongoing support, rather than being limited to a set number for visits.' (WAD Post Diagnostic Service).</li> </ul>	4%	
<b>COMPLIMENTS</b> (based on 557 responses to 'What did we do well' question)		
<b>Quality of Care/Service</b> (Category: Service Quality/Outcomes)	20%	There are no emerging compliments.
<b>Helpful/Caring/Friendly</b> (Category: Staff/Staff Attitude)	15%	
<b>General</b> (Category: Care/ Treatment)	11%	

### 3.4 CARE OPINION

In the last year there were fourteen stories have been published on Care Opinion commenting on Mental Health Services For Older People:

	December 2016- November 2017	December 2015-November 2016
Number of postings	14	13
Number of postings without a response	0	0
Number of postings responded to within two working days	10	12
Number of postings rated as moderately critical or above	0	0
Number of postings which lead to a change in service	0	0

There were no stories in the last year that were rated moderately critical or above:

In the last year, no stories led to changes.

### 3.5 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (January – December 2017)

In the last year, Mental Health Services For Older People received 757 completed surveys, with many providing free text comments. These comments are coded for criticality, ranging from +3 (highly critical) to -3 (highly complimentary).

Highly Critical	Fairly Critical	Mildly critical	Mildly complimentary	Fairly complimentary	Highly complimentary
0	37	335	235	337	10

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

### 3.6 COMPLAINTS

Between January 2017 and December 2017, services within MHSOP have been the subject of 19 complaints compared with 27 complaints in the previous 12 month period. The number by service (where the service has received more than one complaint) is shown below:

Service	Total Jan 2017- Dec 2017	Total Jan 2016- Dec 2016
Silver Birch Ward	6	8
Kingsley Ward	4	5
Amber Ward	2	4
Cherry Ward	2	7
CMHT City South and North	2	0

The themes most often arising in complaints are outlined below:

Theme	Total Jan 2017- Dec 2017	Total Jan 2016- Dec 2016
Safe, Adequate and Co-Ordinated Care	31	33
Information to/Communication with Service Users/Carers	10	17

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

**CASE 16547**

Complainant unhappy with care provided to their mother on Kingsley Ward and by a certain consultant psychiatrist. Complainant asked five questions around scans, blood tests, follow up appointments, a section 62 and their mother’s care resulting in them being treated in A & E.

**CASE 17274**

Complainant unhappy with the care provided to their uncle from the IRIS Team. The complainant raised seven questions regarding respite, Record keeping, communication with carers and service users and forward planning with the patients care.

**CASE 17419**

Patient unhappy with care provided to their father on Silver Birch Ward. The complainant raised eight questions about their father’s falls on Silver Birch and the staff attitude of a member of staff.

**Outcomes:**

The following table shows the outcome of complaints closed during the period Jan 2017- Dec 2017:

Outcome	Total Jan 2017- Dec 2017
Complaint Upheld In Part	11
Complaint Not Upheld	32
Complaint Upheld	0
Complaint Not Pursued	8
Ongoing	1

**Learning/Actions:**

A range of learning points arose from the complaints that were upheld or partially upheld and some of these are outlined below:

**CASE 16547**

As a result of the investigation it was found that there was unsatisfactory supervision, review and monitoring of physical care plans and no recognition of the risk of hyponatremia. Improvements were required and an Audit was planned to take place to monitor the existing practice.

It was also found that there was unsatisfactory record keeping of discussions held with families. An Audit of the MDT/Ward Round records was planned to take place.

**CASE 17274**

As a result of the investigation it was found that clearer communication was needed with the relatives and carers of IRIS patients and the plan moving forward is for Care Co-Ordinators to contact relatives/carers following the initial assessment and when there have been any changes to the care and treatment of patients.

It was reiterated that the IRIS ‘at home file’ is to be collected when an IRIS patient is admitted to alternative accommodation. It will be kept at the IRIS Team office until the patient returns home.

**CASE 17419**

As a result of the investigation it was found that the patient did not have a Falls Care Plan and that their care plans were not update in line with changes in the patient’s behaviour and condition. The Ward Manager/Clinical Lead will discuss this with the individual named nurses during supervision and during Team Meetings and Band 5 Forums.

## Informal Complaints

Between January 2017 and December 2017, MHSOP has been the subject of 34 informal complaints compared with 23 Informal complaints in the previous 12 month period. The number by service (where the service has received more than one informal complaint) is shown below:

Service	Total Jan 2017- Dec 2017	Total Jan 2016- Dec 2016
Cherry Ward	9	1
Amber Ward	4	4
Kingsley Ward	4	0
Rapid Response Liaison Psychiatry SFH	2	2
B1 Ward	2	4
Working Age Dementia	2	1
Day service Hazelwood House	2	0

The themes of the informal complaints are outlined below:

Theme	Total Dec 2016- Nov 2017	Total Jan 2016- Dec 2016
Safe, Adequate and Co-Ordinated Care	18	12
Information to/Communication with Service Users/Carers	3	4
Appointment Arrangements	1	4
Patient Property/Expenses	0	3
Request for Advice/Information	1	3
Privacy and Dignity	1	0
Assault and Physical Aggression/Threat Incident	1	0
Attitude of Staff	3	0
Length of time to be seen/Service Availability	4	0
Cleanliness/Physical Environment	3	0

### 3.7 LOCAL MECHANISMS FOR FEEDBACK

Mental Health Services for Older People collect feedback from a number of sources. All Teams and wards use the Service User and Carer Experience (SUCE) questionnaires. The SUCE questionnaire may be provided in varying formats, for example, by the Trust written questionnaire or via an iPad.

The directorate also promote the use of Care Opinion for individuals to comment on the service they have received. An Information leaflet is available on the different ways that feedback can be sent to Care Opinion, this is not only via posting online, but feedback can be written on the leaflet and posted by mail or a telephone contact number is available. Staff also enable individuals to post online via iPads.

Other ways of gaining feedback are through Patient Ward meetings where this is appropriate and 'You Said, We did' posters are used to reflect responses. Comments from thank you cards and letters to all Teams and wards are recorded. The Worry Catcher Service also gains feedback which is recorded in the Service Report.

Relevant reports from other organisations e.g. Healthwatch are considered.

#### 4. MAIN ISSUES FOR THE SERVICE AND ACTION TAKEN OR PLANNED

In the table below, we highlight the most prominent issues (selected from the range of feedback presented) raised by service users and their carers' and families over the last 12 months, and the actions taken or proposed to address these issues:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED
<p>Approach to Care – mainly about B1 and Kingsley Wards and focus is on communication</p> <p>(Source: Feedback Survey)</p>	<p>A number of comments on Kingsley and B1 wards relate to:</p> <ul style="list-style-type: none"> <li>• More information when going into the ward due to fear and stigma.</li> <li>• Communication: being listened to and involved in care.</li> <li>• Activities provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Trainee Psychologists are working on a project to put together a short film to provide information and show the ward to patients prior to admission to help reduce the fear and anxiety for patients, families and carers.</li> <li>• Rebecca Bracken has been leading on the implementation of the VIPS project on the MHSOP Inpatient Wards. The project aims to review the staff's understanding of the term 'person-centred care'; complete an assessment of strengths and weaknesses with regards to person-centred care on the ward; build on pre-existing good practice and further embed a culture of person-centred care; fully implement the VIPS model of person-centred care on all organic wards.</li> <li>• Development of Worry Catcher service across all wards.</li> <li>• A Community Matron is being trialled for six months on Silver Birch and Cherry Wards to ascertain the benefits of physical healthcare nursing input and advice for patient care on older people's mental health wards. Education is also provided by the matron for mental health nursing staff re physical healthcare issues.</li> </ul>

<p>Availability of services – mainly about Memory Assessment Service</p> <p>(Source: Feedback Survey)</p>	<p>“We are very disappointed to read that the Lawrence day services are closing, it has had a very beneficial effect of my husband, it is sad other people will not get the opportunity like he has” Quote from SUCE questionnaire.</p>	<ul style="list-style-type: none"> <li>• Lawrence Day Services are presently in the process of being decommissioned by the CCG’s as a result there will be no post diagnostic pathway for patients receiving a diagnosis of Dementia in the north of the County.</li> </ul>
<p>Waiting Times – mainly about Memory Assessment Service (MAS)</p> <p>(Source: Feedback Survey)</p>	<p>Comments on from the SUCE survey identify waiting times at Gedling &amp; Hucknall and Rushcliffe MAS.</p>	<ul style="list-style-type: none"> <li>• Wait times for MAS across Bassetlaw, Mid-Notts and Greater Notts vary dependent upon how services have been commissioned by individual CCGs. The greatest pressure is in Rushcliffe and Nottingham North &amp; East. The Senior Management Team are meeting with lead commissioners from Greater Notts to explore how MAS can be commissioned to meet need.</li> </ul>
<p>Noise on Cherry Wards</p> <p>(Source: Worry Catcher Report September 2017)</p>	<p>The Worry Catcher Report for September 2017 noted that a recurring theme on Cherry Ward was that “a number of patients stated that it was very noisy on the ward, especially at night. The noise usually comes from other patients, however one stated that the staff could also be noisy at night: “sometimes the staff talk too loudly at night”.</p>	<ul style="list-style-type: none"> <li>• Earplugs are available on the ward.</li> </ul>

## 5. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey in response to the question 'What did we do well?' about Mental Health Services for Older People:

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

Communication was excellent. Options were explained well. (County Outreach Dementia)

The care is outstanding it is a pleasure to see such caring and dedicated staff, nothing is too much trouble. The support to my brothers was excellent thank you. We as a family appreciate this. Knowing that my brother is well looked after. Once again thank you to everyone. (Cherry Ward)

Dean made us feel very relaxed, my mother-in-law was there to get the results of her memory test, Dean was really helpful and explained everything to us so that it was easy to understand. (City Memory Assessment service)

Your team went beyond your duties. Stayed on longer than you should have done. Nothing was a problem. Kind, courteous, made family members comfortable asking for anything. (City MHIR team)

Supportive and caring. Providing information to help me form a good support system to be a good carer and also look after me and the family too. Thank you !! (Compass Worker Service)

We forgot to go for first day. They phoned us and waited for us to arrive. XXXX was ill on one session they did tests on XXXX to help us then again the next week. Thank you. Carry on the good work. (Lawrence Unit)

Jackie got my confidence back to go outside, to talk to people, help myself more. Since meeting Jackie I am not at the bottom of the pile in confidence I get higher every day. Brilliant lady. (Bassetlaw CMHT (MHSOP)

Jacqui persuaded me to try the group, I am so glad I did. The hub and support group has given me "me back"! It has helped me to make friends and develop positive relationships with others. I really care about those involved in the group. Kate and Sharon have always made me feel valued and helped me build my self-worth. I love peer support. (WAD Post Diagnostic Service)

Listened and acted on my concerned problems regarding my mum. My mum was helped immediately at any time required. I was kept informed about her and reassured throughout her care. I found all nurses very friendly and genuine. (Mansfield & Ashfield IRIS)

### 5.2 A SAMPLE OF COMPLIMENTS FROM CARE OPINION:

#### MHSOP - IRIS

My problems of anxiety and stress symptoms plus lack of confidence began when I moved from the town I had lived in all my life. I was homesick and very unhappy in my new surroundings. I moved a considerable distance to be near family after my partner passed away. I felt so ill all the time with everything going round and round in my mind making it so I couldn't relax or focus on one thing at a time. In fact making it very difficult to function at all. When I was referred to the Iris team it was the best thing that could have happened. I was getting a daily regular visit from one of their team. They were very friendly, understanding and patient people whom you got to know well and felt comfortable with over the time. It gave me the opportunity to unburden myself of all the thoughts that were in my mind, this gave me a chance to move on from those thoughts on a daily basis and I found it a relief. I was given goals to

achieve which gave me a purpose and was shown various techniques by the physiotherapist in how to deal with anxiety symptoms.

Also comments from individuals made me realise that there wasn't only me suffering in this way, this information was reassuring. When you are feeling very low you tend to think there's only you having such horrible symptoms. I have found the support from this team invaluable. Giving me a more positive outlook. I've still a long way to go but I've now got the right tools to help me.

### **The social side of the sessions were very good**

The past nine weeks at Lawrence day services have been very instructive. I have learned a lot on how to cope with my various mood by using different strategies. Also the social side of the sessions were very good. Really enjoyed the experience, I wouldn't change anything as the course worked for me.

### **Mansfield and Ashfield Memory Assessment Service**

After a year of attending the Memory Assessment Service with my mother she has now been discharged. We have always been treated with the upmost respect, consulted and informed about all decisions about her care and treatment and given plenty of information to allow us to make informed decisions about medication choices. I cannot think of a single thing you could do better. Eileen was very good at communicating and accommodating at changes of appointments and times to fit in with the family. We are very happy with the care my Mother has received and would not hesitate to recommend this service to anyone else who might need help of this kind.

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

Hi Jayne. Thank you so much for attending yesterday, it was really kind of you to come along. Thank you also for all your kind help and support over the years, you really are a truly lovely, caring lady. Take care.  
City DOT

Taken from a letter to the City DOT Team:

Your immediate empathy and understanding was such a comfort and I was so pleased and relieved to learn subsequently that you were to be Mum's designated nurse within the team..... I hope you know how much Mum loved you. She always found a smile for you even in the midst of the horrors that so often accompanied her dementia. You brought out the best in her and as I am sure you will recall, on lots of occasions her humour and unexpected phrases and comments had us both laughing, sometimes crying at the same time. When on good form, she always seemed to have a surprise up her sleeve! So many memories - she was a very special and much loved person, and so are you Debbie. It would be quite wrong of me to focus all my attention on just you because other members of your team have also been involved in supporting Mum's best interests. To name just a few, and in no particular order - Helen, Michele, Katie and Dawn have all been on hand when needed – please do convey my sincere thanks to them. You are a wonderful team and the unit is very blessed to have each one of you within it.

Thank you Card – Kingsley Ward:

To Dr Kapla and all of the staff, Thank you from the bottom of our hearts. We have got our mum back. Your kindness and compassion will always be remembered. You all do an amazing job.

## 6. UPDATE ON MAIN ISSUES PRESENTED IN THE PATIENT VOICES REPORT THREE MONTHS PREVIOUSLY

Below we update on any developments in relation to the main issues presented in the October 2017 report, featuring **Local Partnerships (Mental Health) – Specialist Services Directorate**

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE - January 2018
<p><b>CAMHS - Young People don't want to have to tell their story several times</b></p>	<p>Young people have reported through a number of engagement methods that they don't like to repeat their 'story'. Young people can find it traumatic reliving their experiences, they also report feeling that staff haven't listened and haven't taken the time to read their notes.</p>	<p>A 'passport' is being developed that will enable Young people to hold their information and share it with new professionals. The Future in Mind strategy and CAMHS feedback data will continue to monitor and address this feedback.</p>	<p>The RIO (patient records system) core assessment and RIO-upload both ensure that clinicians have more clinical information to hand for all CAMHS patients reducing the need for 'retelling'.</p> <p>The establishment of CAMHS liaison nurses at Kingsmill Hospital is also reducing the number of times young people are having to 'tell their story' within the acute hospital as they are being assessed in ED wherever possible. This cuts out the need for paediatric admission and the further admission assessments that go with this. We are looking to role this service out within QMC and recruitment processes are underway for this,</p> <p>The passport has been developed and is at pilot stage. To be discussed at CAMHS Business meeting to progress across CAMHS.</p>
<p><b>CAMHS – problems with the transition from CAMHS to adult services</b></p>	<p>Young People have continued to report through engagement work that the experience of leaving CAMHS has been difficult.</p>	<p>A CQUIN (Commissioning for Quality and Innovation) has been developed: Transitions out of Children and Young People's Mental Health Services (CYPMHS) There are three components of this CQUIN: 1. a case note audit in order to assess the extent of Joint-Agency Transition Planning; and 2. a survey of young people's transition experiences ahead of the point of transition (Pre-Transition /</p>	<p>1) The case note audit in order to assess the extent of Joint-Agency Transition Planning has been completed and all children are identified as they turn 17yrs and 6mths. This information gets sent to the case care co-ordinator and CAMHS Transition Champions who then act accordingly.</p>

		<p>Discharge Readiness); and</p> <p>3. a survey of young people's transition experiences after the point of transition (Post-Transition Experience).</p> <p>The Local Transformation Plan is addressing and monitoring this work.</p> <p>The project is live and work continues: early challenges are that AMH(Adult Mental Health) is not able to take cases earlier to support the transition work.</p> <p>The Future in Minds strategy is considering this.</p> <p>A MH2K project which is being delivered by Leaders Unlocked will consider the voice of over 500 voices between 14-25 years of age in Nottinghamshire by May 2018. Our trust is supporting this work.</p>	<p>2) The survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness) is now in place and is available both electronically and in hard copy. This is administered within CAMHS and has a central point of collation for audit purposes.</p> <p>3) The survey of young people's transition experiences after the point of transition (Post-Transition Experience) is also in place both electronically and through hard copy and recorded via our AMH Transition Champions. This, in turn permits for audit of the data along a joint Service experience.</p> <p>The project is live and there is a joint meeting scheduled for 12<sup>th</sup> January with CAMHS Champions, AMH Champions and Service Managers to review the process before implementation to ensure that the process is operationally robust and to allow for revisions if necessary.</p>
<p><b>Perinatal services – support for the transition to home</b></p>	<p>Women have expressed through engagement work that the transition home from hospital can be a challenging time for both the patient and the families.</p>	<p>Work took place in a collaborative way through the widening the impact project with to define a PSW (Peer Support Worker) role for the perinatal service to address this concern. Funding has now been achieved and 2 PSW positions 1 wte have been recruited to. The positions sit in the community and the focus of their work will be to support with this transition from the Ward to the patients home. A pathway between ward and community Perinatal is already in place and the recruited PSW's are partially through their induction.</p>	<p>Induction is now complete and the two PSW's have now both got caseloads of clients that they are working with. Initial verbal feedback is positive but we are considering options on how to obtain feedback that will help the service continue to develop this role in a helpful way.</p>
<p><b>IAPT – waiting times in Leicestershire and Rutland and Nottinghamshire</b></p>	<p>Feedback has indicated patients find the waits too long.</p>	<p>Actions taken and due to be taken to reduce waiting times in Leicestershire and Rutland:</p> <p>1 – The rolling Stress Control programme (SCRP) is now available in all areas allowing patients to enter the course at any point and if agreed with their therapist, for</p>	<p>1. Self-referral to the SCRCP has now been rolled out across all teams</p> <p>2. Teams continue to have target days for HI therapists to assist with assessments but backlogs still exist in one of the teams, however that team will be working on that</p>

		<p>just certain modules. This allows more choice and far quicker access. The North East team has pioneered allowing patients book straight onto stress control without the need to engage with a therapist first which speeds up access even further. This is being rolled out shortly to our other two teams.</p> <p>2 – Assessment week. Staff to suspend usual activity for one week and to pick up 24 telephone assessments each during this week and to signpost on to appropriate treatment such as Silver Cloud, Face to Face, Stress Control or High Intensity (HI) CBT/Counselling.</p> <p>3 – Ongoing recruitment for staff to fill the 10 current vacancies at PWP (Psychological Wellbeing Practitioner) level.</p>	<p>over the next 4 weeks</p> <p>3. In addition to assist in remaining the backlog and pushing the performance into the target range, 3 agency PQPs have been sourced, 1 already started and the other two starting w/c/16/1/18</p> <p>4. 11 trainee PWPs have been recruited to, 5 started 2/1/18, 1 to start 16/1/18 and the others are currently going through the HR appointment process.</p> <p>As anticipated in the trajectories agreed with the CCG, the position will worsen as we remove the patients in the backlog but once the backlog has been removed and the above actions are completely in place, the trajectory indicates that the performance will rise steeply.</p>
<b>SMS – Activities at The Woodlands</b>	Feedback highlights the need for more activities at the Woodlands	<p>A full 7 day week programme of education and activity is offered as part of the 5 plus 2 recovery model.</p> <p>A pool table, x-box games and games are available.</p> <p>They are unable to offer weights for fitness as they are potentially dangerous and fitness levels of clients are unknown. There is daily access to the professional gym which is supervised.</p> <p>The garden is opened up daily / twice daily and is integrated into the recovery programme.</p>	<p>Unfortunately due to the uncertain future of The Woodlands, numerous members of the staff team have secured new jobs and the staffing numbers have been affected dramatically. The Woodlands has been unable to replace/fill these vacancies and as a consequence we have had to run a streamlined recovery service, prioritising patient and staff safety over activities. The team is in the process of exploring new strategies to ensure that the patients are being provided more activity time, as this is viewed by the team as a valuable part of a patient's recovery and experience.</p>
<b>Gender Services – Waiting Times</b>	The waiting time is currently around 2 years from receipt of referral to first appointment. A lot of work has taken place to improve	<ol style="list-style-type: none"> <li>1. The clinic has reviewed the way it structures the clinician's day in order to make as many appointment slots available as possible.</li> <li>2. A waiting list initiative was undertaken where two weekend clinics were put on, this was very successful</li> </ol>	<ol style="list-style-type: none"> <li>1. This is under constant review</li> <li>2. There are currently no plans to offer weekend clinics</li> </ol>

	<p>waiting times; but the demand for the service continues to rise so we are not really making a significant impact on the wait times at the moment.</p>	<p>and we are considering offering this again.</p> <ol style="list-style-type: none"> <li>3. The clinic has employed 3 clinical nurse specialists, they only started this week so it will take time for them to make a difference to the waiting list.</li> <li>4. Admin systems and processes have been streamlined to make sure the clinic is running as efficiently as possible.</li> <li>5. An opt in system for patients has reduced the number of defaulted appointments and thereby reduced the number of wasted appointment slots.</li> <li>6. The clinic has contracted a third party to deliver a pilot for a telephone support service for people on the waiting list to see if this helps them to be more resilient during the long wait to be assessed.</li> </ol>	<ol style="list-style-type: none"> <li>3. The clinic pathway has just been reviewed and the nurses will be undertaking the first assessment appointments.</li> <li>4. The revised pathway reduces the number of appointments that each individual has before they start treatment, this should in turn have a positive impact on the waiting list.</li> <li>5. The clinic has now moved to larger premises, so a full admin review will be undertaken over the next 2/3 months. In the short term we have agreed to put in temporary additional admin support.</li> <li>6. The DNA rate has reduced from 16% to 8%.</li> <li>7. However patients are still failing to attend even after confirming that they wish to opt in.</li> <li>8. This is due to start in January, but has been delayed due to the provider having to recruit staff.</li> </ol>
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## 7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter, October to December 2017, and the previous rolling quarter (July - September 2017) in brackets for comparison:

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	95% (94%)	78% (79%)	95% (95%)	96% (96%)
FRIENDS AND FAMILY TEST (FFT)	95% (95%)	71% (73%)	94% (94%)	98% (98%)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	92% (92%)	76% (80%)	89% (91%)	94% (94%)
SUCE SURVEY RETURNS	4415 (4853)	185 (425)	1846 (1558)	2384 (2870)
CARE STORIES OPINION	232 (230)	54(73)	20(17)	151 (123)

### 7.2 CARE OPINION HEADLINES

Data collected from Care Opinion website ([www.careopinion.org.uk](http://www.careopinion.org.uk)):

DECEMBER 2017	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL
Number of postings	106	23	29	55
Number of postings without a response	0	0	0	1
Number of postings rated as moderately critical or above	5	2	3	0
Number of postings with changes made	0	0	0	0

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

#### 1 Asperger's Assessment

The struggle to get an Asperger's assessment and treatment. 11 points raised. Worries about complaining and asking for a better service. Tim Constable - Acting Operational Manager responded and offered an opportunity to write, e-mail or call to discuss the experience. To date the patient has not made an approach to the service but contacted The Involvement Team to comment that they did not know what to do as they were surprised at being asked to give up their anonymity. The person wanted a reply online as the issues have not been addressed in the reply. The Involvement Team reassured the person and said if that was what they wanted; they could go back onto Care Opinion and ask for as many points as possible raised in the feedback to be discussed online. The person was worried that nothing would be done and the feedback would not go anywhere if contact was not made. <https://www.careopinion.org.uk/opinions/449604>

## **2 My time at Millbrook: Millbrook Mental Health Unit**

Largely critical story detailing an inpatient experience. Staff criticised over their inability to prevent illicit drugs being brought onto the ward. An account of being verbally attacked by other patients and overly strict and aggressive staff mentioned who had no time to talk to patients needing a therapeutic environment. Some praise for members of staff included. A detailed response has been provided by Sally Redgate, Acute Services Manager, including changes made (see below for details).

Responses invited the person to meet or call or e-mail. To date this has not happened as the patient has not made an approach. Involvement Team asked for an update week commencing January 2<sup>nd</sup>. Patient has still not contacted the service. Jane Danforth contacted Sally Redgate - Acute Services Manager 10<sup>th</sup> Jan to update the website with the actions discussed in the reply.

<https://www.careopinion.org.uk/opinions/448018>

## **3 My experience of making a formal Complaint**

Critical account of making a complaint listing inaccuracies, human errors, time to resolve the issues, lack of support and therapy. Response provided by Deborah Hall asking the person to contact them.

<https://www.careopinion.org.uk/opinions/447623>

## **4 Staff not using my preferred name**

Staff did not to call the patient by my preferred name and greeted with rude responses staff when challenged.

Sally Redgate - Acute Services responded reassuring the patient that she had spoken to the wards about this supporting the patient to be called by a preferred name and an offer to speak with the patient.

<https://www.careopinion.org.uk/opinions/445100>

## **5 The emphasis on recovery in high secure hospitals**

Story from a carer of someone who is in Rampton Hospital who felt that the environment is not conducive to encouraging hope. Communication with carers, now that the Triangle of Care has been signed up to, needs to be expanded. 'Nottinghamshire Healthcare Trust should take up the baton of change and live up to its logo of positive' Lynne Corcoran, Head of Forensic Social Care responded along with another reply from the carer with a detailed online conversation.

<https://www.careopinion.org.uk/opinions/446064>

Carer Events take place at Rampton quarterly. At these events, carer feedback is discussed. Workshops take place to address the points raised.

*In the last month, one story indicated that a change had been made.*

## **My time at Millbrook: Millbrook Mental Health Unit**

For story details see above. A full response was provided to the service users which detailed some of the changes made. These include:

- Environment issues- We have recruited an Environmental care co-ordinator who works closely with the Modern matron & the ward manager to ensure all aspects of the ward environment is cared for.
- Staff presence and availability- We are currently recruiting registered staff nurses to Orchid ward and myself and the matron are attending recruitment days in the next two weeks, this will mean more staff present on the ward to be available to patients.
- Illicit substances-The service has implemented a new policy regarding this issue which gives staff more guidance and ability to act upon the presence of drugs, we are monitoring the effectiveness of this policy.

<https://www.careopinion.org.uk/opinions/448018>

### 7.3 TRUSTWIDE AND DIVISIONAL MAIN ISSUES

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

	Current rolling year (December 2016 – November 2017)	Emerging issues (September 2017 – November 2017)
<b>TRUSTWIDE</b> (based on responses to the 'What could we do better' question)		
<b>Availability of Services</b> (Category: Access to services)	15%	No emerging issues
<b>Approach to Care</b> (Category: Care/Treatment)	9%	
<b>General</b> (Category: Communication)	6%	
<b>FORENSIC SERVICES</b> (based on responses to the 'What could we do better' question)		
<b>Approach to Care</b> (Category: Care/Treatment)	11%	No emerging issues
<b>Staffing Levels</b> (Category: Staff/Staff Attitude)	11%	
<b>General</b> (Category: Communication)	3%	
<b>LOCAL PARTNERSHIPS – MENTAL HEALTH</b> (based on responses to the 'What could we do better' question)		
<b>Approach to Care</b> (Category: Care/Treatment)	17%	No emerging issues
<b>Availability of Services</b> (Category: Access to services)	16%	
<b>General</b> (Category: Care/Treatment)	6%	
<b>LOCAL PARTNERSHIPS – GENERAL HEALTH</b> (based on responses to the 'What could we do better' question)		
<b>Availability of Services</b> (Category: Access to services)	20%	No emerging issues
<b>Appointments</b> (Category: Care/ Treatment)	9%	
<b>General</b> (Category: Communication)	9%	

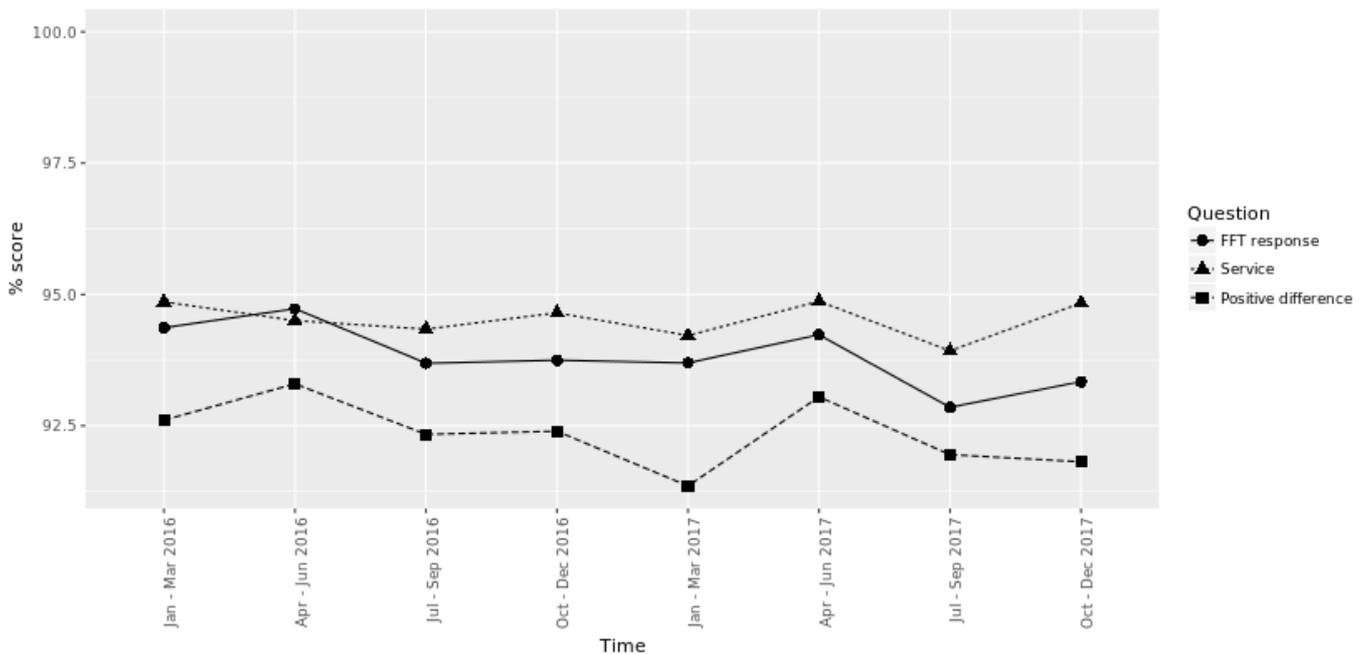
## 7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

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

	Current rolling year (November 2016 – October 2017)	Emerging compliments (September 2017 – November 2017)
<b>TRUSTWIDE</b> (based on 13161 responses to 'What did we do well' question)		
<b>General</b> (Category: Service Quality/Outcomes)	16%	No emerging compliments
<b>General</b> (Category: Care/ Treatment)	10%	
<b>Helpful/Caring/Friendly</b> (Category: Staff/Staff Attitude)	12%	
<b>FORENSIC SERVICES</b> (based on responses to the 'What did we do well' question)		
<b>Being listened to</b> (Communication)	15%	No emerging compliments
<b>Quality of Care/Service</b> (Category: Service Quality/Outcomes)	15%	
<b>General</b> (Category: Care/ Treatment)	8%	
<b>LOCAL PARTNERSHIPS – MENTAL HEALTH</b> (based on responses to the 'What did we do well' question)		
<b>Quality of Care/Service</b> (Category: Service Quality/Outcomes)	17%	No emerging compliments
<b>General</b> (Category: Care/ Treatment)	10%	
<b>Helpful/Caring/Friendly</b> (Category: Staff/Staff Attitude)	13%	
<b>LOCAL PARTNERSHIPS – GENERAL HEALTH</b> (based on responses to the 'What did we do well' question)		
<b>General</b> (Category: Service Quality/Outcomes)	24%	No emerging compliments
<b>Helpful/Caring/Friendly</b> (Category: Staff/Staff Attitude)	13%	
<b>General</b> (Category: Care/ Treatment)	11%	

## 7.5 TRUSTWIDE AND DIVISIONAL TREND IN SERVICE QUALITY, FRIENDS AND FAMILY TEST AND KEY QUESTION SCORES

The below graph shows the Trust wide trend in Service Quality Score, Friends and Family Test Score and scores on key questions asked in the Service User and Carer Experience survey.



For divisional trend graphs, please follow the links below:

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

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

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

## 8. RECOMMENDATION

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

Paul Sanguinazzi  
Head of Involvement and Experience

January 2018