

**BOARD OF DIRECTORS
28TH JUNE 2018**

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

**FORENSIC SERVICES – LOW SECURE SERVICES AND COMMUNITY
FORENSIC SERVICES**

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 March – May 2018 is **95%**. Our Friends and Family Test Score is **95%** (this is the percentage of people who would be extremely likely or likely to recommend our services if their friends or family needed similar care or treatment).

This month's Patient Voice Report focuses on **Forensic Services – Low Secure Services And Community Forensic Services**, with headline information provided for the Trust as a whole, and for each division. The report also provides an update on **Local Partnerships – Children and Young People's Services** (featured in March's report).

The report highlights all prominent and/or recurring feedback in the last year from the full range of feedback mechanisms used by **Low Secure Services And Community Forensic Services**, 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:

- Waiting times (PDD Network)
- Leave cancellations (Seacole Ward, WRC)
- Information to and relationship with carers, particularly relating confidentiality
- Issues surrounding the use of Electronic style cigarette products
- Staff Attitude

It also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring on **Children and Young People's Services**, in March 2018. These were:

- Children's Centres – requests for more groups/activities
- Healthy Family Teams – requests for more visits or clinics
- Healthy Family Teams – communication about appointments
- School Aged Immunisation Team (SAIS) – better explanations about immunisations

3. SERVICE IN FOCUS: FORENSIC SERVICES – LOW SECURE AND COMMUNITY FORENSIC SERVICES

Low Secure Services – The Wells Road Centre And Prospect House

The Wells Road Centre (WRC) is a Low Secure Unit. Prospect House is a non-secure Pre-Discharge house offering rehabilitation in the community approximately 500 yards away from the main site.

Together the units deliver treatment and care for up to 91 men, and women suffering from significant symptoms of Mental Illness, and men with an Intellectual and Developmental Disability (IDD). All of these patients demonstrate challenging or harmful risk behaviour in the context of their serious mental disorder. They require the provision of appropriate security underpinned by the principles of rehabilitation and risk management.

The in-patient services are delivered across five wards and within the Pre Discharge unit (Prospect House).

Community Forensic Services (CFS) are composed of three distinct services:

- **The Community Forensic Mental Health Service** provides care, treatment and management to mentally disordered individuals in the community, who present a significant risk of harm to others.
- **The Personality Disorder and Development Network** is an intensive assessment and group based therapy service for people with suspected or diagnosed Antisocial Personality Disorder (ASPD) or Borderline Personality Disorder (BPD) to access for extended periods of time.
- **The Criminal Justice Liaison and Diversion service** deliver and co-ordinate a responsive liaison and diversion service, working in partnership with police, Youth Offending Teams, probation, courts, education, social care, housing, mental health (adults and children) and Learning Disability services, being based in Police custody suites and Courts.

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICES REPORT WITH A FOCUS ON FORENSIC SERVICES – LOW SECURE SERVICES AND COMMUNITY FORENSIC SERVICES (AUGUST 2017)

Below we update on the main issues identified (and the actions proposed in response) in the previous report which focussed on Low Secure and Community Forensic Services, which was presented at the Board of Directors in August 2017.

ISSUE	DETAIL	ACTION TAKEN/PROPOSED – AUGUST 2017	UPDATE – JUNE 2018
<p>WAITING TIMES</p> <p>(Nottingham Personality Disorder Network)</p> <p>SOURCE: SUCE Verbal feedback (collated and reported at clinical meetings)</p>		<p>This issue remains forefront for Community Forensic Services, and is therefore updated in table 4.0.</p>	
<p>STAFFING LEVELS, SPECIFICALLY THE IMPACT ON ACTIVITIES AND STAFF AVAILABILITY</p> <p>(The Wells Road Centre)</p> <p>SOURCE: Community meetings, Patients Forum, Trust feedback survey</p>	<p>Through periods of heightened clinical challenge staff managing crisis situations are less available to engage in activities.</p>	<p>This continues to be a feature of patient feedback. Efforts to ensure ward staffing compliments are correct (such as recent increase in compliment for Seacole ward, Trust recruitment drive and Keith Hurst assessment tool process) will help to ensure we recruit to the correct levels for the challenge posed by our patient group. Staff Nurse vacancies have been a challenge through much of the year however a number of staff nurses which were recruited earlier in the year are expected to qualify and arrive through September – October which will improve access to leave.</p>	<p>The increase in the Seacole staffing compliment has significantly reduced the negative impact of cancelled activities across the hospital during periods of high clinical acuity. Plans to develop Seacole ward are expected to further enhance staffing efficiency.</p> <p>Recruitment continues and feedback is given in the Patient and Staff Partnership forums. The Directorate are currently upgrading half of our Health Care Assistants from Band 2 to Band 3 roles, we are actively recruiting HCA's and have 12 staff nurses due to qualify in September who have accepted Preceptorship placements with us.</p> <p>The delivery of our activities program is monitored at the Directorate Management Team meeting (DMT) on a monthly basis. Of the 1121 scheduled treatment, and/or social, recreational and vocational sessions over the last six months, nine of these sessions have had to be cancelled due to staffing issues (including three in the snow).</p>

3.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey and Care Opinion. Low Secure and Community Forensic Services conduct the survey on a six monthly cycle, therefore below we compare the most recent surveying period, with the previous surveying period.

	Most recent surveying period (Jan-May 2018)	Previous surveying period (July-Dec 2017)
Service Quality Score	80%	77%
Friends and Family Test (FFT)	71%	67%
SUCE survey returns	71	77
'Service made a positive difference' score	80%	75%
Care Opinion postings	1	4

3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current year (June 2017 – May 2018)	Most recent surveying period (Jan - May 2018)
ISSUES (based on 86 responses to the 'What could we do better' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	10%	Activities (Care/Treatment) – 7% (in comparison to 3% in year)
General (Category: Care/Treatment)	10%	
Approach to care (Category: Care/Treatment)	9%	
COMPLIMENTS (based on 94 responses to 'What did we do well' question)		
Being listened to (Category: Communication)	15%	No emerging compliments
General (Category: Care/Treatment)	13%	
Quality of Care/Service (Category: Service Quality/Outcomes)	9%	

3.4 CARE OPINION

In the last year five stories have been published on Care Opinion commenting about Low Secure and Community Forensic Services:

	June 2017 – May 2018	June 2016 – May 2017
Number of postings	5	7
Number of postings without a response	0	0
Number of postings <u>not</u> responded to within two working days	5	3
Number of postings rated as moderately critical or above	0	1
Number of postings which lead to a change in service	0	3

No stories in the last year were rated moderately critical or above.

No stories in the last year lead to a service change.

3.5 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (June 2017 – May 2018)

In the last year, Low Secure and Community Forensic Services received 149 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
1	24	36	36	55	2

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 or fairly critical.

Seacole Ward received 10 of the 25 highly/fairly critical comments (double that of Thurland Ward, which received the second highest number of critical comments).

Seacole is a standalone service for female patients, which currently includes a small group of patients who present with a significant risk of self-harm and suicide. Where clinical acuity is high within this group, the attention of the staff team is drawn to providing safety and support to these patients, drawing the focus away from those patients who are more settled. This created some significant frustration amongst the latter group.

Also, at the time of the survey there were issues with substance misuse on Thurland ward which was very hard to detect using the usual tests and detection methods. As a result of this, all leave was suspended to ensure that searches were carried out to prevent further incidents from occurring.

This led to some dissatisfaction on the ward and may have accounted for some of the difficulties with staff/patient relationships highlighted in the comments.

The increase in the Seacole ward staff compliment has meant that the difficulties have been much more manageable than the previous year. A meeting was held to discuss these issues in May with the patients. The patients highlighted that there needs to be some separation between those who needed intensive support and those who were more settled.

In recognition of this issue, it is planned to create a higher dependency area of the ward where patients can be managed in an environment which is more suited to reducing risks, allowing staff allocated to the main ward area to provide care focused on the rehabilitation of patients actively engaging in therapy.

3.6 COMPLAINTS

Between June 2017 and May 2018, Low Secure and Community Forensic Services has been the subject of **29** complaints compared with 25 in the previous 12 month period. Of the 29 complaints raised, 14 of these were addressed via local resolution. The number by service area is shown below:

Service/area	Total Jun 2017 – May 2018	Total Jun 2016 – May 2017
Forensic Low Secure	20	12
Forensic Community & Criminal Justice Liaison	3	6
Personality Disorder & Development Network	6	7

The themes most often arising in complaints are outlined below:

Theme	Total Jun 2017 – May 2018	Total Jun 2016 – May 2017
Concerns about care including nursing care, MDT care, medication/prescribing issues, adequacy of treatment, discharge arrangements, diagnosis	17	10
Staff attitude (nursing & medical)	6	5
Appointment arrangements	2	2
Policy/procedure issue	2	0

Accuracy of clinical records	1	1
Equality & Diversity	0	1
Confidentiality breach	0	2
Information/communication issues	0	4

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

A patient raised concerns about the facilitation of a therapy group.

A patient complained about inaccurate information in a medical report.

A patient raised concerns about the reasons for being put in seclusion.

A patient complained about the side-effects of his medication and the fact that his request to change medication was also refused.

A patient raised concerns about an unkind remark made by a member of his clinical team.

A complaint was made about access to fresh air.

A patient's relative complained about the long wait the patient had to experience in order to begin his treatment.

A patient stated that he felt neglected and not listened to.

Outcomes:

Outcome	Total Jun 2017 – May 2018
Complaint Not Upheld	12
Complaint Upheld/Upheld in Part	7
Complaint Resolved	6
Complaint Withdrawn	1
Complaint Ongoing	3

Learning/Actions:

Following a complaint about mattresses being on the floor in seclusion rooms, seclusion beds were ordered and have been placed in all seclusion rooms.

Several clinical actions were also agreed with patients regarding their individual care plans and investigation findings were shared with the respective professionals.

Local Requests/Concerns

In addition to the complaints received, the service has the opportunity to log concerns raised by patients about immediate care issues. There were 9 local requests/concerns logged during the year.

The number by service is shown below:

Service	Total Jun 2017 – May 2018	Total Jun 2016 – May 2017
Forensic Low Secure	9	12
Forensic Community & Criminal Justice Liaison	0	0
Personality Disorder & Development Network	0	0

The themes are outlined below:

Theme	Total Jun 2017 – May 2018	Total Jun 2016 – May 2017
Attitude of staff (nursing & medical)	4	5
Concerns about care including physical healthcare, therapy, nursing, medication/prescribing	2	4
Access to appointments	2	2
Information/communication issue	0	1
Damaged property	1	0

3.7 LOCAL MECHANISMS FOR FEEDBACK

NATIONAL QUALITY NETWORK LOW SECURE PEER REVIEW (MAY 2018)

This year the Peer Review team received feedback on the service via over a 100 Patient, Staff and Carer/family surveys submitted to them prior to their assessment. On the day they conducted separate face to face meetings with patients and their families (as well as staff).

In their initial feedback, the Peer review Team stated that they were 'blown away' by the positive relationship between staff and patients; that staff appeared compassionate and caring when referring to and working with patients and that patients demonstrated respect, trust and real concern for the staffs welfare in return.

The team also fed back that we had positive relationships with all those carers who responded, but in some cases families did experience frustration with their loved ones care, and improved communications or more regular briefings were hoped for by some.

The Wells Road Centre continues to be ranked as the third best provider of Low Secure Services in the UK, with a score of 96% (2% off the top spot); fully achieving 171 of the 179 standards.

PATIENT FORUM (WRC)

Issues raised and actions taken via the Patient Forum over the last year include:

- The extended work place scheme in the coffee bar has now commenced and is doing well. Patients are able to continue with their placement if they demonstrate that they are competent in their work (October 17 Forum).
- Patients would like to get involved in charity fundraising. The hospital already has links with the charity shops on Mapperley top, Arnold and Sherwood which will be promoted (February 18 Forum).
- Enhanced Air management/cooling on Seacole ward and patient review and support of the planned Seacole redevelopment (April 18 Forum).
- Peer Review feedback and discussions, patients desire to recycle more of the disposable items on their wards, and development of a patient food tasting session and menu development morning on the 13th of June, 2018. (June 18 Forum).

QUARTERLY CARERS' FORUM (WRC)

Over the past year, the key topics below have been discussed including preparing patients to return to work, getting involved in the Peer Review and the six good communication standards.

VOLUNTEER SUPPORT AT WESTMINSTER HOUSE (CFS)

Volunteers have been attending Westminster House bi-monthly to stimulate discussion and feedback on service provision with patients attending the service base. Volunteers first attended on the 10th August 2017, using the SUCE forms to capture feedback and capturing feedback through informal discussions. Feedback is low from these events and we are looking at different days of attendance to allow a broader group of patients to access this.

COMMUNITY INVOLVEMENT & RECOVERY GROUP (CFS AND CJL&D)

This group is supported by the involvement volunteers from Duncan Macmillan house. The group encourages users of the Community Forensic and CJL&D service to share experiences, give feedback on the service they receive, involvement in service development and the wider Trust. A more recent visit to Westminster house recently received a lot of feedback in regard to the doors to the reception been locked, posters that are more a list of not what to do. The service is unable to change all of the areas of concern, but is looking at what can be done in regards to this feedback.

DIVISIONAL INVOLVEMENT AND EXPERIENCE SUB GROUP

Patients have attended this group, which has met at multiple sites across the Division, and have enjoyed sharing ideas and meeting other patients from our sister hospitals.

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>Waiting times (PDD Network)</p> <p>SOURCE: Trustwide survey, verbal feedback (collated and reported at clinical meetings)</p>	<p>Initially, feedback indicated an issue with long delays while waiting for assessment.</p> <p>More recently, feedback has indicated an issue with delays between assessment and commencing therapy sessions.</p>	<p>Waiting times from referral to assessment have been significantly reduced, average wait - 10 weeks, due to re-organisation of resource within the current team.</p> <p>Waiting times from assessment to group therapy remain high, due to resource, high rate of demand, and reducing investment from CCG's in 2018.</p> <p>The service has introduced quarterly reviews for those waiting longer than 16 weeks between assessment and treatment and between differing treatment groups. These have proven valuable, with positive feedback from service users in regard to helping them use safety strategies, and prepare for therapy, but also in terms of being held in mind and not forgotten about.</p> <p>The service also now has a phone contact point and service users are ringing in to check on their progress in relation to waiting times, although this has alleviated the frequency of formal complaints, local concerns are still raised in regards to the wait.</p> <p>The PDDN external review was completed in December 2016. The external review steering group started to meet in May 2017 to address the recommendations, with waiting times a feature of the agenda.</p> <p>The steering group is aligned with the Systems Transformation plan with the overall aim of providing a clearly defined Trust Personality Disorder Strategy within a reduced financial envelope. The strategy focuses on those with the highest need across secondary mental healthcare, and as such has led to a change in entry requirements for the PDD Net.</p> <p>Thresholds into services are being strictly re-defined - a recent review against the new threshold has reduced the amount of service users accessing the PDDN service by 20%.</p> <p>There will be a single referral route into secondary mental healthcare via the LMHT single point of access (this will reduce the referrals directly into the PDDN by 30%, though it will have implications elsewhere).</p> <p>A detailed assessment of need will take place within LMHT at the beginning of a service user's acceptance, and once completed this will be presented at a central, weekly Personality Disorder meeting (for those assessed as cluster 8) facilitated jointly by the PDDN and AMH colleagues.</p>

		<p>This meeting will eventually formulate and plan the relevant pathway of treatment, care and therapy for each service user and their specific need.</p> <p>Clearly defined case management and Structured Clinical Management Interventions will be introduced throughout LMHT, therefore increasing the offer of evidenced based therapy and interventions to this service user group.</p>
<p>Leave cancellations (Seacole Ward, WRC)</p> <p>SOURCE: Trustwide survey, Patient Forum</p>	<p>Due to certain ward environments and high dependency levels</p>	<p>Escorted leave cancellations continues to be a theme from patient feedback, however the numbers of cancellations are relatively low which suggests that leave is of great importance to patients and any cancellations heighten levels of frustration.</p> <p>March, for example, 43 leaves were booked that month, and five were unfortunately cancelled (all because of staffing issues). Of these, three were successfully rearranged.</p> <p>Following patient feedback, the Directorate Management Team (DMT) monitors the provision of escorted leave on each ward on a monthly basis.</p> <p>Over the last six months, 807 escorted leaves have been scheduled, and 103 (13%) of them have had to be cancelled.</p> <p>Of these cancellations, 40 (5% of the total), were due to short staffing, and 27 of these cancelled leaves were subsequently rearranged, bringing the rate down to 2.5% of the total.</p> <p>Leave suspension/mental state and patients refusing leave, account for the majority of other cancellations.</p>
<p>Information to and relationship with carers, particularly relating confidentiality</p> <p>SOURCE: Carers forums, contact with carers</p>	<p>Several carers at the carer's forum in April 2018 indicated that staff were not always engaging them on discussions around their relatives wishes around confidentiality.</p>	<p>Carers contact plans are used within the service to prompt staff to discuss confidentiality using the guidance provided within the Trust procedure on the sharing of information. It is clear that staff tend to understand the personal/personal sensitive levels but are perhaps over cautious when discussing general information.</p> <p>We have started to provide friends and family sessions on the block training provided to all staff, where confidentiality will be discussed to raise staff awareness.</p> <p>Confidentiality can also create dissatisfaction particularly where there are temporary difficult issues which the patient does not wish to disclose to a family member.</p> <p>This can create friction when the staff are unable to give reasons for any tightening of restrictions related to such issues, and the patient has told the family member that they 'don't know why', for example they do not have leave off the ward.</p> <p>This kind of issue accounts for some of the feedback we receive, which on the surface will appear to indicate a deficit on the part of the service.</p>

<p>Issues surrounding the use of Electronic style cigarette products</p> <p>SOURCE: Patients' Forum</p>	<p>Patients would like to be able to use Electronic style cigarette products as an alternative to smoking, and are traditional NRT products when on unescorted leave.</p>	<p>Despite excellent achievements whilst using other forms of Nicotine Replacement Therapy whilst in-patients at the WRC; the majority of our patients return to smoking as soon as they access unescorted leave.</p> <p>They and we recognise the success rate for those in the community who use Electronic Cigarettes and "Vape" products.</p> <p>The use of a disposable "E Burn" product is being piloted in Local Partnerships and is currently approved for use in some prisons.</p> <p>As such, we have sought support from within the Division and through the Trust Medicines Optimisation Group Meeting to add these to our range of interventions to help patients stop smoking.</p> <p>There remain however, concerns about the security of the product in relation to illicit substances, and this needs further discussion.</p> <p>The Patients remain fully sighted on this and the last progress update was shared at the Patient Forum on the 7th June 2018.</p>
<p>Staff Attitude</p> <p>SOURCE: Complaints</p>	<p>Patient feedback shows that sometimes staff are too busy to talk or can appear dismissive at times.</p>	<p>We have recently introduced 'getting to know me sheets' across the hospital which the patients have been involved in developing. These are largely aimed at new staff and bank workers and include information which the patients want to get across (such as hobbies or experiences).</p> <p>Seacole have introduced a 'resource nurse' who will ensure that they are available in the main ward area to address basic needs and requests quickly. This person will not complete observations during their allotted hour or get involved in managing incidents.</p> <p>This feedback is also being discussed in patient and staff meetings to raise awareness.</p> <p>Patients are being encouraged to raise concerns about individual staff members with ward management as soon as possible so that any staff support required can be identified and addressed as soon as possible. Patient reps who lead within our Patient Forum have agreed to take this forward within the community meetings and amongst their peers.</p> <p>The Directorate continues to support the role of seven Band 3 staff who make up the "Well Being and Spinney Meadows Teams". These team offer social, recreational, and vocational activities to all our patients and are an addition to the Occupational Therapy and Nursing staff assigned to each ward area. The team focus on providing a range of activities, with especial focus on those patients who are unable to leave the ward area, or who are not currently accessing significant programs in the community. Part of this role includes back filling ward compliments, especially at those busy times, to create free time to key workers enabling them to complete one to one sessions, patient's leaves, and to facilitate treatment groups.</p>

5. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey in response to the question 'What did we do well?' about Low Secure and Community Forensic Services:

A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY:

- *"Very looked after and cared for. Always spent time listening to my needs and helping me. Made sure I always understood why and what is happening. Always respected me and was caring. Made good aims for my future and encourage me. Feeling so much better than a few months ago."* (Trent Ward)
- *"Listening, care & concern. Genuine concern for me to get better."* (Seacole Ward)
- *"Support us patients as best you can. I got help in prison but I feel like I have been given better help in hospital. You all understand, you are professionals. You have to cater for everyone, otherwise there would be no point us being here. I've never been respected before and I feel like I have been respected now. You never keep us in the dark. Always inform us when there is something to know. You aren't doing this to help you're doing this to help us by making sure we have a good diet and fitness that we need."* (Lister Ward)
- *"Giving me lots of valued advice"* (Community Forensic Services)

A SAMPLE OF COMPLIMENTS FROM CARE OPINION:

- *"I have been a patient on Lister Ward and would like to express my appreciation to all staff, management at Wells Road and fellow patients on Lister Ward. Since being admitted for treatment I have had great support and the activities provided by the Well Being Team are great. It is really nice to see there are lots of activities including at weekends. I have been helped greatly by all the staff on Lister Ward and it is good that all staff at The Wells Road have worked as a team in helping me get better. The staff and management deserve a medal and I would like to say a big thank you to all of them."*
www.careopinion.org.uk/opinions/450280
- *"Not had need for the Criminal Justice Liaison and Diversion Service before; I was apprehensive, on a personal note perfectly suited to me, did job fantastically. Felt fully respected, service faultless. Couldn't ask for better. LT herself was brilliant, communication and organisation brilliant."*
www.careopinion.org.uk/opinions/461170
- *"My son is a different person following help and support from the Criminal Justice Liaison and Diversion Team and Mansfield Community Speech and Language therapist and the mental health teams.
Because of the Criminal Justice Teams intervention my son was given access to the Mansfield mental health team who were able to get to the root of his behavioural problems that led to criminality and drug abuse. They were able to refer him for speech and language therapy also which has also helped enormously and through coordination have got my son into an assisted flat where they can all keep an eye on him and continue to give him access to the therapies he needs, and has needed for a long time.
My son is calmer and less frustrated and angry, his behaviour has changed so that he speaks more to the rest of the family, bringing us all closer. Without this we would have been driven further apart, I thought it would end in tragedy. We now have a better understanding of why he has behaved the way he has.
Catherine in the Criminal Justice team and Gemma the speech therapist have been brilliant."*
www.careopinion.org.uk/opinions/478750

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

- Comment received in a card relating to the PDDN: *"I think I managed never to fall out with you. Thanks in particular for the phone calls when I was struggling, it helped a lot, you talk sense"*
- Email received from probation on behalf of a service user relating to the Criminal Justice Liaison and Diversion team: *"xx has just popped into the court office for support before her court hearing and she was grateful of the service Billy has provided saying he has been brilliant and she is sad to have to transition to the next service, although she knows she needs to. She seemed genuinely grateful and couldn't speak any more highly of Billy"*

- Comment received from a patient involved in the Spinney Meadow project: *“Before Spinney Meadow I often used PRN medication if I felt angry or upset, now I just come down here water the plants or pat the goats I feel distressed and calm again.”*
- Letter received from service user relating to the Criminal Justice Liaison and Diversion team: *“You really helped me to look on the positive side of things. The work you do helps people lives in many ways and I am very happy that I got the chance to meet with you despite what has happened this year! It is a big positive that I can take forward with me this year. Thanks for giving me the opportunity to discuss my issues and just having time for me Nicola, it means so much.”*

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 March 2018 report, featuring **Local Partnerships – Children and Young People’s Services**

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE - June 2018
<p>Children’s Centres – requests for more groups/activities</p> <p>Source: Feedback survey, Care Opinion</p>	<p>People have requested more groups or activities or to bring back groups or activities that have been stopped or reduced</p>	<ul style="list-style-type: none"> • Full timetables for districts produced and promoted on the SureStart Facebook page • Community displays updated on a regular basis. Copies of the ‘what’s on’ guide have been produced and shared with the Healthy Families Teams, so they can promote services on home visits • Facebook Polls appeared to be one of the most popular means of engagement. These were utilised to capture views and opinions which were implemented in to planning future groups • We ensure that we advertise in the centres for a week before it goes onto Facebook enabling regular service users who do not use Facebook to have a fair chance of booking onto activities • Co-delivery of courses improved links with the Children’s Centre and Family Service and strengthens service deliver by incorporating different expertise <p>Following feedback range of courses include:</p> <ul style="list-style-type: none"> • Confidence and self-esteem course delivered in partnership with ‘We Are Here’ as a follow on from Freedom Programme. • Mindfulness/Confidence building • Christmas Crafts course • Baby Yoga and XPLORE (Music & Movement session) • Workshop by Freed Beeches around body image, self-esteem and included strategies to developing confidence and resilience • Employability workshop organised and hosted by County Council • Save a Baby’s Life’ session ran in Newark as part of a ‘Ready Steady Wean’ • Parents with twins and triplets have been empowered to create a group for themselves 	<p>Following negotiations with commissioners a new service model has been agreed for the final 2 year extension of the contract which commences June 18.</p> <p>Group work and courses to be delivered by the children centre staff for those with an identified need from June 18 are:</p> <ul style="list-style-type: none"> • Forest Schools • Home Talk • SLT 1:1 • Little Talkers • Let’s Play • ELKLAN • Now I am 2 • Volunteering Courses • Opening Doors with Confidence • Opening Doors to Employment • BABES breastfeeding groups • Infant weaning • Cook and Eat • Baby Massage • Holiday buddies • Perinatal Footsteps programme • Parenting Programmes including. Incredible Years, 1,2,3 Magic, Sleep Tight, Solihull, EPEC <p>Universally accessible groups will be led by volunteers and supported by staff and will include stay and play for under 5s, Under 1’s groups, allotment provision, twins group,</p>

		However, please also note that due to a full service redesign by commissioners from June 2018 the service will be a referral only service with a limited menu of services for priority families.	little senses groups, dads groups etc.
<p>Healthy Family Teams – requests for more visits or clinics</p> <p>Source: SUCE survey, Care Opinion</p>	People have requested more home visits or clinics so they can have more face to face contact and support	<ul style="list-style-type: none"> • Full audit underway looking at appointment availability and all other ways service users might access the service to ensure capacity is appropriately distributed. • Ongoing reviews of Self-Weigh sessions has resulted in increased provision across several areas. Number of Self-Weigh sites increased to meet the needs of the community previously not captured. • Joint working with local children’s centres baby sessions has allowed for these to take place during term time in Brinsley and during the school holidays in Kimberley areas. 	<p>Audit of access to services has been completed at is currently being reviewed by management team. Outputs will be shared with line managers and changes required taken forward.</p> <p>Regular review of comments in relation to self-weigh shows continued reduction in concerns raised. This has also been reviewed as part of the above audit.</p>
<p>Healthy Family Teams – communication about appointments</p> <p>Source: Feedback survey</p>	Several people raised issues about communication about appointments	<ul style="list-style-type: none"> • Updated information leaflets for parents and young people developed to support understanding of the new model and how to contact the service • Attending school meetings to discuss the model, interventions and referral pathways into the teams. • Contact details circulated to the Primary and Secondary School Attendance Leads. • Attending the Behaviour Partnership Meeting to discuss the service offer and Tier 1 Behaviour Interventions to ensure clarity of the core offer. • Exploration of text reminders facility in SystemOne so automated reminders are sent to parents 	<p>Teams remain continually vigilant in approach to communicating appointments to service users.</p> <p>Text reminder option will shortly be available for clinicians to use to remind service users about bookable appointment sessions.</p>
<p>School Aged Immunisation Team (SAIS) – better explanations about immunisations</p> <p>Source: Feedback survey</p>	Several people asked for better explanations about purpose and side effects of immunisation	<ul style="list-style-type: none"> • The SAIS team works closely with parents, carers and school staff to understand individual young people’s needs taking every opportunity to publicise the service and provide information on the health benefits of the immunisations • Close relationships with local schools now established via link staff which has enabled school support workers present during sessions. • We will continue this approach to offer children continuity and bespoke support including home visits where required • To promote and inform service users we will continue to utilise media platforms including NCC Schools Portal, NHCFT website and RECAP(digital information prescribing service) information prescription as well as 	<p>SAIS team remain vigilant and committed to ensuring all service users are fully informed and aware of potential side effects of immunisations and maintain excellent working relationships with schools and parents.</p> <p>To support the delivery of immunisations within Special Schools the team has developed an information leaflet for young people with learning disabilities to enable them to understand the process.</p> <p>The team collected feedback from Schools involved in the Flu programme and this</p>

		<p>more traditional means such as notice boards, posters and pull up's within the health premises.</p> <ul style="list-style-type: none"> • We proactively work with our partners in education to capture their experience / feedback by providing a brief questionnaire to each school after delivering the vaccination programme to assess satisfaction in how the service has performed and identify any areas for improvement. The feedback so far has been overwhelmingly positive. • Below is a selection of the positive comments: "The students were looked after and treated with respect. "All staff very friendly, approachable, patient and polite "Very supportive of children with SEN too. "The nurses are brilliant. It's good to have some of the same ones each time as they appreciate that we know the pupils and let us highlight the ones that need TLC and different handling. <p>A specific case study of how NHCFT have positively affected the experience of one individual is the recent support we offered a child with Down's syndrome in mainstream school regarding an outstanding vaccination. As the injections in school had been refused NHCFT arranged a home visit. The individual was frightened having previously had a bad experience having blood taken at hospital. Working alongside the family our team completed the 1st HPV injection. A few weeks later we facilitated a further home visit for the DTP and Men ACWY, when we arrived at the house the young lady was actually waiting for the injection, with her arm ready. Mum recalled how her daughter was pleased with the first home visit and how well she had felt very positive about herself.</p>	<p>informed the planning when arranging sessions for the 2017/18 programme. This will be repeated for 17/18 programme to inform planning for 18/19. A newsletter was created in partnership with our Communications department and sent to Schools in order to feedback to them on the 2016/17 flu programme which will be replicated for 17/18.</p> <p>Self-consent is offered to young people who have not returned a signed parental consent form. The team will continue to work with schools and parents to ensure that they are aware of the advantages and legality of offering young people this opportunity. The team have reviewed letters and consent forms for 2017/18 to make it clearer to parents that we will be offering the opportunity for their sons and daughters to self-consent.</p>
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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, March - May 2018, and the previous rolling quarter (Dec 2017 – February 2018) in brackets for comparison:

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS -GENERAL HEALTH
SERVICE QUALITY SCORE	95% (94%)	80% (81%)	95% (94%)	97% (95%)
FRIENDS AND FAMILY TEST (FFT)	95% (95%)	72% (73%)	93% (92%)	98% (97%)
SUCE SURVEY RETURNS	4976 (4493)	306 (307)	1421 (1320)	3249 (2877)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	92% (92%)	79% (81%)	89% (88%)	94% (94%)

7.2 CARE OPINION HEADLINES

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

May 2018	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL
Number of postings	61	6	9	46
Number of postings without a response	1	0	0	1
Number of postings rated as moderately critical or above	0	0	0	0
Number of postings with changes made	0	0	0	0

In the last month, no stories were rated as moderately critical or above.

In the last month, no stories indicated that a change had been made.

7.3 TRUSTWIDE AND DIVISIONAL MAIN ISSUES

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

	Current rolling year (June 2017 – May 2018)	Emerging issues for the current rolling quarter (March - May 2018)
TRUSTWIDE (based on 7510 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services)	12%	No Emerging Issues
Approach to Care (Category: Care/Treatment)	9%	
Waiting Time (Category: Access to Services)	7%	
FORENSIC SERVICES (based on 722 responses to the 'What could we do better' question)		
Staffing Levels (Category: Staff/Staff Attitude)	10%	No Emerging Issues
Approach to Care (Category: Care/Treatment)	9%	
General (Category: Care/Treatment)	9%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1939 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	16%	No Emerging Issues
Availability of Services (Category: Access to Services)	10%	
Waiting Time (Category: Access to Services)	9%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 4799 responses to the 'What could we do better' question)		
Availability of Services (Category: Access to Services)	18%	No Emerging Issues
Appointments (Category: Appointments)	11%	
General (Category: Communication)	6%	

7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

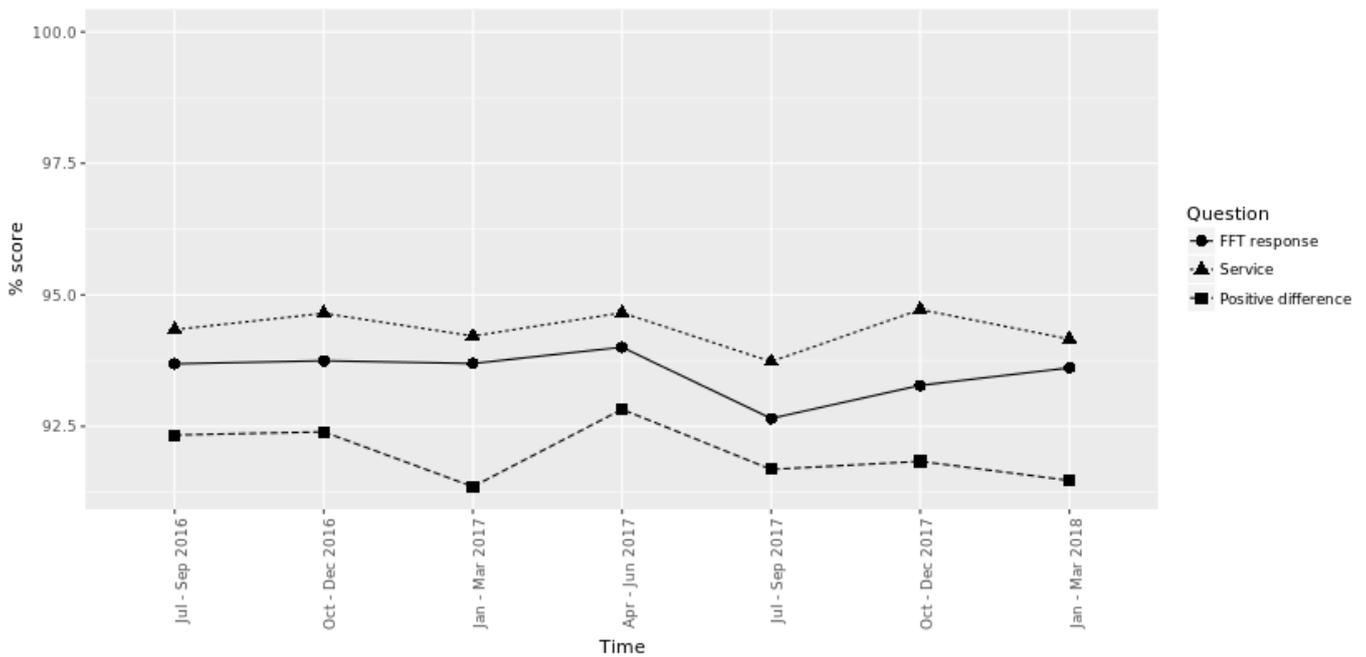
Data collected from the Service User and Carer Experience (SUCE) survey:

	Current rolling year (June 2017 – May 2018)	Emerging issues for the current rolling quarter (March - May 2018)
TRUSTWIDE (based on 12148 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	17%	No Emerging Compliments
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	15%	
General (Category: Care/Treatment)	9%	

FORENSIC SERVICES (based on 862 responses to the 'What did we do well' question)		
Being Listened to (Category: Communication)	16%	General (Category: Service Quality/Outcomes); 7% in the last year, 12% in the last quarter.
General (Category: Care/Treatment)	10%	
Quality of Care/Service (Category: Service Quality/Outcomes)	8%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 3306 responses to the 'What did we do well' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	12%	General (Category: Service Quality/Outcomes); 10% in the last year, 18% in last quarter.
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	11%	
General (Category: Service Quality/Outcomes)	10%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 7980 responses to the 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	21%	Quality of Care/Service (Category: Service Quality/Outcomes); 4% in the last year, 12% in the last quarter.
Helpful/Caring/Friendly (Category: Staff/Staff Attitude)	17%	
General (Category: Care/Treatment)	8%	

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://bit.ly/2ybljru>
- Local Partnerships - General Health: <https://bit.ly/2LP6nCH>
- Forensic Services: <https://bit.ly/2t8cme4>

8. RECOMMENDATION

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

Paul Sanguinazzi
Head of Involvement and Experience

Amy Gaskin-Williams
Involvement and Experience Manager

June 2018