

**BOARD OF DIRECTORS
30th NOVEMBER 2017**

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

FORENSIC SERVICES – OFFENDER HEALTH

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 August to October is **93%**. Our Friends and Family Test Score is **93%** (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 – Offender Health Services**, with headline information provided for the Trust as a whole, and for each division. The report also provides an update on Low Secure and Community Forensic Services (featured in August's report).

The report highlights all prominent and/or recurring feedback in the last year from the full range of feedback mechanisms used by Forensic Services – Offender Health, 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:

- Access to Services - Waiting Times
- Care/Treatment -Approach to Care
- Time staff spend with service users
- Medication

It also updates on the issues presented in the Patient Voices report submitted to Board three months previously, featuring **Low Secure and Community Forensic Services, in August 2017**. These were:

- Lack of access to off ward activities and frequent cancellation of planned sessions
- Low staffing levels affecting patients care and treatment
- Staff attitude and restrictive practices

3. SERVICE IN FOCUS: FORENSIC SERVICES – OFFENDER HEALTH SERVICES

The Offender Health Directorate comprised ten separate sites across three regions, covering Category B to open Category D prisons, this reduced to six separate sites from 1st September 2017. Those regions are:

- Yorkshire – HMP Doncaster, HMP Hatfield and The Lakes, HMP Lindholme, HMP/YOI Moorland (all contracts in this region cease to be run by Nottinghamshire Healthcare NHS foundation Trust beyond 31st August 2017)
- Nottinghamshire – HMP Lowdham Grange, HMP Nottingham, HMP Ranby.
- Lincolnshire & Leicestershire – HMP Lincoln, Immigration Removal Centre at Moreton Hall, HMP North Sea Camp

All sites are prison establishments (both public and private sector) with the exception of one Immigration Removal Centre at Moreton Hall. Most sites deliver a Physical Health service, Integrated Mental Health services and a Substance Misuse service.

The Directorate has an Involvement and Experience Lead, Phil Griffiths, who supports the teams in ensuring they gather feedback and respond to it appropriately.

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICES REPORT WITH A FOCUS ON OFFENDER HEALTH SERVICES (NOVEMBER 2016)

The two of the issues highlighted in the previous Patient Voices report which focussed on Offender Health Services in November 2016 have continued to be raised as issues by patients in the intervening time. These issues, waiting times and medications, are represented in table 4.0 with associated actions as reported in November 2016 and with current updates.

3.2 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey:

Offender Health is surveyed within two quarters each year – these were between 1st January and 31st March 2017 and between 1st July and 30th September 2107. However, a significant number of forms were received in October 2017 so we have included them in this report. Also, as we ceased delivering service to the Yorkshire prisons in August 2017 we have separated them from the results for the other prisons and showed there results for 2017.

	[1 st July 2017 – 31 st Oct 2017]	[1st Jan 2017 – 31 st Mar 2017]	Yorkshire Prisons Comparison [1st Jan 2017 – 31 st Aug 2017]
Service Quality Score	78%	82%	84%
Friends and Family Test (FFT)	72%	80%	80%
'Service made a positive difference' score	76%	81%	82%
SUCE survey returns	397	174	142
Care Opinion postings	1	2	0

3.3 DIRECTORATE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (November 2016 – October 2017)	Emerging issues for the current quarter (August 2017 – October 2017)
ISSUES (based on 1050 responses to the 'What could we do better' question)		
Waiting time (Category: Access to Services) Comments mostly relate to HMP Ranby, and HMP Nottingham. All comments refer to long waiting times, and availability of appointments. <ul style="list-style-type: none"> 'Seen more often and shorter waiting times' (HMP Lincoln - Primary Care). 	16%	There were no emerging issues.
General (Category: Care/Treatment) Most comments are about HMP Nottingham. Comments are very mixed in nature, but several relate how people are treated and not receiving the help wanted. <ul style="list-style-type: none"> 'I feel like though the person I saw knows what they are doing but they seem kind of limited in making helpful decisions. They did listen pretty well and understood the problem but solutions was kind of postponed'. (HMP Morton Hall - Primary Care). 	9%	
Appointments (Category: Care/Treatment) Comments mostly relate to HMP Nottingham, and mostly refer to the timing of appointments, and availability of appointments.	9%	

<ul style="list-style-type: none"> • <i>'More notice of appointments and there purpose'. (HMP Lincoln - Mental Health).</i> 		
<p>Approach to Care (Category: Care/Treatment) The highest number of comments relate to HMP Nottingham and HMP Lowdham Grange. Comments are wide-ranging but many focus on communicating information, being believed and offering alternative services.</p> <ul style="list-style-type: none"> • <i>'Be more transparent with information such as waiting times etc'. (HMP Lowdham Grange - Primary Care).</i> 	9%	
<p>Medication (Category: Care/Treatment) Comments refer to a wide range of services. Comments reflect a general dissatisfaction with the availability of medication and attitudes towards offering it to service users.</p> <ul style="list-style-type: none"> • <i>'Get meds on time. Reorder when ran out, stop trying to take meds, over-riding doctor. Do things right and don't wait till meds run out before ordering'. (HMP Ranby - Substance Misuse).</i> 	7%	
COMPLIMENTS (based on 1792 responses to 'What did we do well' question)		
Being listened to (Category: Communication)	16%	No emerging compliments.
Service Quality/Outcomes (Category: Quality of Care/Service)	15%	
General (Category: Care/Treatment)	10%	

3.4 CARE OPINION

In the last year there were three stories have been published on Care Opinion commenting on Offender Health:

	November 2016-October 2017	November 2015-December 2016
Number of postings	3	4
Number of postings without a response	0	0
Number of postings responded to within two working days	1	1
Number of postings rated as moderately critical or above	1	1
Number of postings which lead to a change in service	0	0

There was one story in the last year that was rated moderately critical or above:

"Treatment for my leg" <https://www.careopinion.org.uk/opinions/388990>

Patient unhappy with the treatment received upon transfer from HMP Walton to HMP Lindholme. The patient felt that the wait of one month to see a doctor resulted in an infection that continued for the rest of the sentence. The patient expressed feeling depressed and when viewing the medical files reported finding 'lies' within the notes about the treatment provided.

Offender Health responded and stated the comments would be passed onto the team.

In the last year, no stories led to changes.

3.5 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (November 2016 – October 2017)

In the last year, Offender Health received 804 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
10	349	132	282	307	12

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, below is a summary of feedback received via the survey which is deemed highly critical.

The ten highly critical comments are all from different services. Five of these comments were highly critical of the approach to care the patient had received and of these three had issues around medication.

3.6 COMPLAINTS

Between November 2016 and October 2017, services within the Offender Health Directorate have been the subject of 128 complaints compared with 217 complaints in the previous 12 month period. The number by service is shown below:

Service	Total Oct 2016- Nov 2017	Total Oct 2015 – Nov 2016
Offender Health Yorks	62	117
Offender Health Notts	51	74
Offender Health Lincs	15	26

In addition, these services have logged and addressed a further 1,654 requests and concerns from patients, compared with 2,595 in the previous 12 month period.

The content of these complaints and concerns reflected, in particular, patients' dissatisfaction with

1. the adequacy of medical treatment, including prescribing decisions (this issue featured in 34% of communications, compared with 50% during the previous 12 month period);
2. appointment arrangements and delays (20%, compared with 28% during the previous 12 month period);
3. medicines management, such as late arrival of medication and problems with repeat prescriptions (13%, compared with 5% during the previous 12 month period; however, this category was only recorded from April 2016 so the proportion is higher this year).

Outcomes:

The following table shows the outcome of complaints closed during the period November 2016 – October 2017

Outcome	No	%
Upheld in full or in part	49	37%
Resolved	27	20%
Clarified	2	1.5%
Not Upheld	53	40%
Withdrawn	2	1.5%

Learning/Actions:

The following are some examples of actions taken during the period November 2016 – October 2017

- Following a complaint from a patient about a delay in a follow-up hospital appointment, the clinical matron advised that a new senior management team was already looking at procedures for hospital appointments and working with prison governors to improve access to external services.
- A patient complained about the significant wait to be seen by the IAPT service. This was found to be due to annual leave. It was noted that there is a need for closer monitoring and management on the impact of annual leave on services and the possibility of cross covering to ensure waiting lists are not unduly affected.
- Following a complaint from a patient about problems with his medication and repeat prescriptions, an overhaul of the medicines management process was undertaken to address problems with medication ordering. This included a new repeat prescriptions re-ordering system. All technicians are also now required to review stock supplies within their area on a daily basis to identify prescriptions which need re-issuing. The service also increased stocks of incontinence pads and this is now monitored on a weekly basis to ensure a consistent supply.
- A patient was without a supply of stoma bags after arriving at the prison due to delays in the supplier delivering correct bags over a bank holiday. Nursing staff were informed that when a patient enters the prison with a stoma bag, a temporary supply of the appropriate bags should be obtained from Doncaster Royal Infirmary. This ensures that patients are not left without a supply should there be any delay from the supplier. Staff were also instructed to establish a care plan

with stoma patients within 48 hours of arrival which includes arrangements for the supply and disposal of the bags.

- Following a complaint from a patient about outpatient appointments, local hospitals were advised not to send appointment letters directly to patients at the prison or to their GPs.
- In relation to subject access requests (SAR's), an escalation process was put in place within the team so that any requests approaching the legal timescales could be appropriately dealt with. It was also confirmed that there is an embedded process for managing SARs at the prison.
- A complaint investigation concluded that the patient's "How can we help?" form had been overlooked and was not processed. The Head of Healthcare reminded staff about the correct process for managing concerns and complaints. Service Liaison also conducted a complaints handling compliance check visit.

3.7 LOCAL MECHANISMS FOR FEEDBACK

In addition to collecting feedback from the Trust Feedback Survey feedback is also collected via prison forums and HMIP Inspection reports.

HMIP INSPECTION REPORTS (November 2016 – October 2017)

Main issues relating to Offender Healthcare services as identified by HMIP inspection reports in the last year:

- Prisoners should receive dental assessments and continuing treatment within community equivalent waiting times
- Waiting lists for access to dental and optician appointments should be addressed to meet standard guidelines
- External hospital appointments should not be cancelled and custody escort arrangements should be adequate to meet the health care needs of the population effectively
- Prescribing regimes should be flexible, based on individual need and adhere to national guidance, and discipline staff should supervise medication administration effectively.
- Staffing shortages and skill mix gaps should be addressed to ensure clinical services are safe and meet prisoners' health needs
- There should be adequate escort arrangements for prisoners to attend hospital appointments, and the health care department and the prison should monitor external hospital appointments jointly and robustly
- Custodial staff should receive regular mental health awareness training.
- Prisoners with chronic and complex diseases should have formal, good quality care plans.

HEALTHCARE AS A FEATURE OF PRISON FORUMS

All sites have patient forums although each site can have varying titles depending on whether they are "stand-alone" Healthcare forums or included as part of a joint prison/IRC/Healthcare prisoner reps forum.

Across all sites, issues raised are very consistent in theme, though each site has present its own local resolution and/or response. Some of these themes are:

- Waiting times – to see a dentist/optician/nurse
- Collection for appointments (Officer escort)
- Medication not being ready, available or running out
- Delays in hospital outpatients appointments (often attributed to prison cancellations/lack of escorting officers)
- Access to NRT in the transition to prisons becoming smoke free (sites being at varying stages in this transition)

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>Access to Services - Waiting Times (main sites identified MHP Lincoln – Mental Health, HMP Nottingham – SMS and Primary Care, HMP Ranby SMS and Primary Care)</p>	<p>Access to services are commonly associated with patients not being escorted to Healthcare, which consequently results in a DNA (Did Not Attend) and an appointment being re-booked. This happens at such regularity; waiting times are often longer but not necessarily longer than would be expected within the community.</p>	<p>Reported in November 2016: High DNA rates are recorded on Risk Registers across most sites where this issue applies. Governors are aware of this situation, as are Commissioners.</p> <p>This issue also exists as an agenda item at local Health & Social Care Local Delivery Boards.</p> <p>DNA rates are communicated to Governors at regular intervals.</p> <p>The underlying reason for this problem is prison service benchmarking (which reduces prison officer numbers) and operational incidents within the prison that can curtail regimes and prevent patients from accessing Healthcare.</p> <p>Update (February 2017): Regular dialogue continues between Healthcare and Governors in relation to DNA percentages, and also at the Prison Health and Social Care Local Delivery Group.</p> <p>From 1st April 2017, this becomes a reporting metric which Governors are accountable for, and is expected to take the form of a national "League Table." The hope is that this will encourage more ownership from prison colleagues. The new Prison Service Offender Management model offers the pledge of additional prison officers across many establishments – 52 additional staff for HMP Nottingham alone.</p> <p>Update November 2017) Governors across all sites are routinely informed of DNA rates and the impact of such, as are commissioners via Prison Healthcare</p>

		Partnership Board (PHPB) and CRM (Contract Review Meetings) meetings. Health staff continue to work with prison colleagues to derive the best outcomes given the day-to-day operational challenges that arise.
Care/Treatment - Approach to Care (main sites identified Lowdham Grange – Primary Care, Nottingham – Mental Health)	Selected comments noted through the SUCE reports seem to imply that staff “don’t listen” or “don’t believe what is being said” by patients.	SUCE results and comments shared with staff for their reflection and consideration, via email (in terms of the complete report) and at team handovers/meetings to acknowledge the patients perspective. With a greater sense of understanding of how actions may be perceived, staff are able to reflect as to how we can improve our approach and communications when engaging with patients.
Time staff spend with service users – Lowdham Grange Mental Health	This issue is around the frequency of contacts and duration. Patients express the view that they wait too long for follow up appointments and that when they are seen, it isn’t for long enough.	Staffing recruitment underway to fill vacancies in order for these issues to be addressed.
Medication	Comments highlight dissatisfaction with prescribing practices, where patients want an increase in their medication or wish to be prescribed different types of medication which are unavailable to them.	<p>Reported in November 2016: Medications are prescribed on a clinical basis and in accordance with the BNF (British National Formulary, which advises on prescribing).</p> <p>This issue often arises where medications are used by a minority as a commodity/currency by patients and not for their own therapeutic consumption.</p> <p>The majority of patients are compliant, and comfortable with the medication they are prescribed.</p> <p>Update (February 2017): Complaints continue to be monitored at each establishment and through the bi-monthly Offender Health Clinical Governance Committee. This data is interrogated, leading to discussion and actions where the committee deem it appropriate.</p> <p>Update (November 2017): Finding a solution continues to be a challenge beyond prescribers prescribing as a clinical decision. We recognise that the patient</p>

		<p>population is renowned for its dependency on medication whether prescribed or from obtained from other illicit sources.</p> <p>Drug seeking behaviour is often a contributory factor in criminal activity/behaviours that led to imprisonment, and this behaviour continues into custody. Whilst we take every step to deliver the appropriate care we are mindful that this issue across all sites is unlikely to be resolved. Whilst this is an issue for all OH services it is an issue shared with other organisations across the prison estate.</p> <p>With this issue unlikely to ever be resolved as a patient concern, prescribing practices are monitored throughout OH using data sources such as weekly Ulysses reports, monthly Well Pharmacy data reports and then discussed at local and OH Drugs & Therapeutics meetings in relation to themes/trends.</p>
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5. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey that illustrate about the **main compliments** shared about Offender Healthcare Services:

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

Helped me stop smoking. Provided me with patches and lozenges to quit. Quick and easy. Friendly and welcoming. Easy to understand. Very respectful. Was able to ask questions. Quit smoking and feel great. (HMP Nottingham - Mental Health)

Provided me with support, compassion, understanding. Gave me telephone numbers and coping skills to work on on the outside. Made me feel human again! I felt that everything I said was listened to, remembered and used to help me progress. You speak to me in a calm way and I felt a positive vibe. You recognised my weaknesses instantly and pointed out to me the ways in which I can control my worries. You treated me like a human, and not a convict. Providing me with support groups and asking me questions which I could respond to without feeling embarrassed or ashamed. Picked me up when I was feeling low. Pointing in the right direction to gain the right mental tools to deal with stress. (HMP Nottingham - Mental Health)

You treated me like a human being...not just a prisoner. You made me feel like you really cared. You made me feel like I had a say in my care plan. You was there when I needed you. I always felt respected. I did actually have a say. I feel like I am finally getting somewhere. (HMP Nottingham - Substance Misuse)

The service I had is brilliant. (HMP Morton Hall - Primary Care)

Mental Health made me feel like I mattered. I felt listened to, genuine caring. It felt like you took the time as and when you could. Dave is a very nice respectful guy. The Mental Health team was great. (HMP Lowdham Grange - Mental Health)

Getting me out to hospital very quick to get my treatments etc. I truly believe it is a good service. Everyone at healthcare listen to me well & understands my needs etc. All gave me respect at all times. All the time I was informed what was going on with my health etc. The service I've received is outstanding. (HMP North Sea Camp - Primary Care)

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 August 2017 report, featuring Low Secure and Community Forensic Services:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE – AUGUST 2017
<p>WAITING TIMES</p> <p>(Nottingham Personality Disorder Network)</p> <p>SOURCE: SUCE 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 remain high, due to resource and demand, multiple local concerns and formal complaints are received in relation to this. The external review is now complete and has been widely shared within the Trust and with Commissioners.</p> <p>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 are aligned with the Transformation plans with the overall aim of developing a robust personality disorder strategy within the whole of secondary care. Consideration is being given to one referral route into secondary care services (this will reduce the referrals straight into the PDDN by 30%, though have implications elsewhere)</p> <p>The strategy would include detailed assessment of need at the beginning of a service user's acceptance into services and clear pathways of treatment, care and therapy for their needs, with all services delivering relevant care packages. PDDN involvement in this process will offer the services consultation and support and also determine at an early stage those who will receive therapy from the PDDN, without the service user having to be referred or reassessed. With this strategy in place, it is hoped the waiting times for the PDDN will reduce, though this will not be realised in the shorter term.</p>	<p>Waiting times continue to remain high, with continued local concerns, complaints and concerns logged from HM Coroner in regard to this.</p> <p>An initial draft overall strategy has been developed with some elements still under debate.</p> <p>Due to formal notice from the Transformation group that PDDN are to have their budget reduced by 20%, a detailed review of the workforce and key aspects of service delivery in relation to the continued development of an overall secondary mental health care strategy is currently in process. This will result in Organisational change.</p> <p>The principle, aims of the strategy remain the same. The location and variety of specialist treatment options and threshold of acceptance will become more challenging to provide.</p> <p>There is no short term resolution to this issue.</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>Though 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>Escorted leave and activities are monitored through a report provided to DMT on a monthly basis. The Quarter 1 report showed that (530/585) 91% of planned escorted leaves went ahead. Of the 9% of cancellations, (17/55) 31% were due to short staffing.</p> <p>Other reasons for cancellations were that leave was suspended, the patient refused to go on the day or due to mental state issues.</p> <p>Recruitment wise we are in a better position with nursing staff as predicted though this will continue to present challenges due to the national picture.</p>

7. TRUSTWIDE AND DIVISIONAL HEADLINES

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

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

	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS - MENTAL HEALTH	LOCAL PARTNERSHIPS - GENERAL HEALTH
SERVICE QUALITY SCORE	93% (95%)	77% (86%)	95% (95%)	96% (96%)
FRIENDS AND FAMILY TEST (FFT)	93% (97%)	71% (76%)	93% (95%)	98% (98%)
'SERVICE MADE A POSITIVE DIFFERENCE' SCORE	91% (93%)	77% (79%)	90% (90%)	94% (94%)
SUCE SURVEY RETURNS	5238 (4917)	573 (110)	1789 (1585)	2876 (3222)
CARE STORIES OPINION	217 (224)	50 (76)	20 (47)	145 (100)

7.2 CARE OPINION HEADLINES

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

OCTOBER 2017	TRUSTWIDE	FORENSIC SERVICES	LOCAL PARTNERSHIPS – MENTAL HEALTH	LOCAL PARTNERSHIPS – GENERAL
Number of postings	67	10	8	49
Number of postings without a response	0	0	0	0
Number of postings rated as moderately critical or above	6	2	4	0
Number of postings with changes made	0	0	0	0

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

1 Rampton Hospital <https://www.careopinion.org.uk/opinions/401452>

Patient feedback (Rampton) and alleged mistreatment resulting in an ankle injury. Staffing levels are mentioned to keep the hospital safe. Service is not defined. Interim General Manager - Adele Bryan asked all modern matrons to searched all reported assaults with ankle injuries in a two year period. Nothing was reported. A detailed and sensitive reply was posted offering a meeting to discuss concerns. The patient has recently come forward to discuss the feedback.

2 Lack of treatment. <https://www.careopinion.org.uk/opinions/403785>

A highly critical story from a patient's wife about the mental health care at Millbrook Hospital. The patient's wife reported her husband feeling suicidal for six months. He has been treated for over a decade without success 'It feels like we have to wait for my husband to actually take his own life before they will look at anything'.

Response from Tim Constable. The author was invited to contact services with contact numbers provided. To date this person has not come forward.

3 Lack of follow up crisis care <https://www.careopinion.org.uk/opinions/402514>

Patient stated a consistent dismissal of her concerns and problems and felt completely unsupported by the Crisis Team. The patient reported feel increasingly more suicidal. Phone calls to PALS left her frustrated, being advised to attend A and E. Ruth Gadd posted a detailed and sensitive reply and offered to discuss concerns with the patient with contact details provided.

The patient contacted Ruth. During the conversation, Anthony from the crisis team was praised by the patient for the way he listened and responded. Ruth fed this back to Anthony. Ruth made contact with a team member to help develop/enhance the crisis care plan and also contacted community mental health team.

4) Hopelessness <https://www.careopinion.org.uk/opinions/401168>

Rushcliffe Mental Health Team and criticism about the long waiting time. The patient reports chasing the referral. The story goes on to say that the GP has asked for updates but with no response. The Crisis Team County South is also criticised. The patient feels abandoned and suicidal. Two replies have been posted on the site. Team Leader Jim Smith and Karen Osborne from County South Crisis Team.

5) Nottinghamshire County Crisis Team <https://www.careopinion.org.uk/opinions/401525>

Poor experience of the Crisis Team . 'Abrupt, patronising and couldn't be bothered'
The situation escalated and the patient was detained and sectioned. The patient felt basic compassion was lacking. Karen Osborne, County South Crisis Team Leader apologised for the poor experience and offered to speak directly to the patient to find out what went wrong.

6 Peaks PD –Pathway <https://www.careopinion.org.uk/opinions/400833>

Praise for Sarah D and John S but staff shortages are mentioned in the story along with fewer rehab activities. Patient reports feeling bored and mentions other patients getting into trouble and relapsing. Kerry Burton, Deputy Matron, Personality Disorder & Women's Services, gave a full reply to explain what is being done regarding clinical needs and information about the process of planning activities and resources.

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 (November 2016 – October 2017)	Emerging issues (August - October 2017)
TRUSTWIDE (based on 8354 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	14%	No emerging issues
Approach to care (Category: Care/ Treatment)	7%	
General (Category: Communication)	6%	
FORENSIC SERVICES (based on 809 responses to the 'What could we do better' question)		
Approach to Care (Category: Care/Treatment)	9%	No emerging issues
Staffing levels (Category: Staff/Staff Attitude)	9%	
Waiting time (Category: Access to Services)	9%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 1935 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	16%	No emerging issues
Approach to Care (Category: Care/Treatment)	12%	
Waiting time (Category: Access to Services)	7%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 5605 responses to the 'What could we do better' question)		
Availability of services (Category: Access to Services)	20%	Appointments (Category: Care/Treatment); 9% in last year, 17% in last quarter.
General (Category: Communication)	9%	
Appointments (Category: Care/Treatment)	9%	

7.4 TRUSTWIDE AND DIVISIONAL MAIN COMPLIMENTS

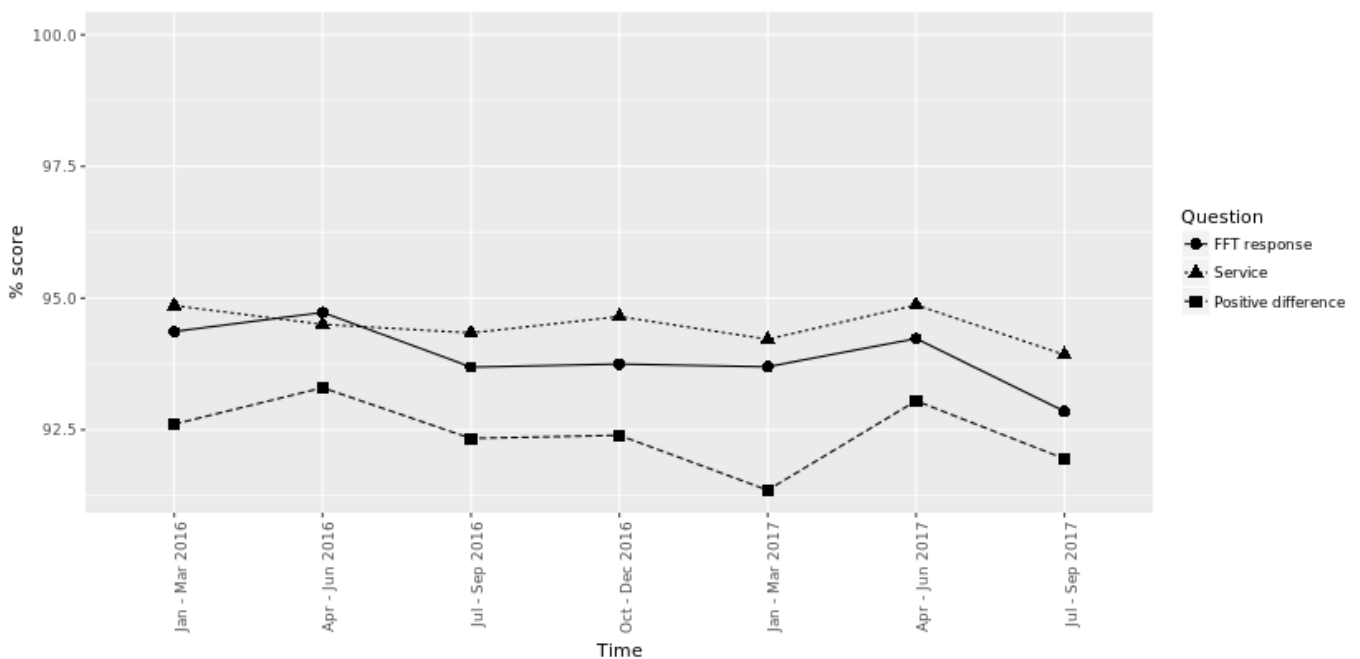
Data collected from the Service User and Carer Experience (SUCE) survey:

	Current rolling year (November 2016 – October 2017)	Emerging issues (August - October 2017)
TRUSTWIDE (based on 13161 responses to 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	17%	No emerging compliments
Helpful/friendly/caring (Category: Staff/Staff attitude)	14%	
General (category: Care/treatment)	10%	
FORENSIC SERVICES (based on 890 responses to 'What did we do well' question)		

Being listened to (Category: Communication)	15%	No emerging compliments
Quality of Care/Service (Category: Service Quality/Outcomes)	15%	
Helpful/friendly/caring (Category: Staff/Staff attitude)	8%	
LOCAL PARTNERSHIPS – MENTAL HEALTH (based on 3199 responses to 'What did we do well' question)		
Quality of Care/Service (Category: Service Quality/Outcomes)	18%	No emerging compliments
Helpful/friendly/caring (Category: Staff/Staff attitude)	14%	
General (Category: Care/Treatment)	8%	
LOCAL PARTNERSHIPS – GENERAL HEALTH (based on 9066 responses to 'What did we do well' question)		
General (Category: Service Quality/Outcomes)	25%	No emerging compliments
Helpful/friendly/caring (Category: Staff/Staff attitude)	14%	
General (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: <http://tinyurl.com/y8ajhuqp>

Local Partnerships - General Health: <http://tinyurl.com/ycr682lr>

Forensic Services: <http://tinyurl.com/y9pvghmf>

8. RECOMMENDATION

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

Paul Sanguinazzi
Head of Involvement and Experience

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