

BOARD OF DIRECTORS: 28th NOVEMBER 2019
PATIENT VOICE REPORT: FORENSIC SERVICES
LOW SECURE AND COMMUNITY FORENSIC SERVICES
AND OFFENDER HEALTHCARE

1. PURPOSE

The main purposes of this monthly 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 rolling 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.

This report collates and themes feedback provided by service users, carers and families via a range of mechanisms, and demonstrates that our services act upon this feedback to improve the quality of care they provide.

2. EXECUTIVE SUMMARY

The Trust's Service Quality Rating for August - October is **94%**. Our Friends and Family Test Score is **92%**.

This month's Patient Voice Report focuses on two directorates within the **Forensic Services division**:

- **Low Secure and Community Forensic Services** (sections 3-5)
- **Offender Healthcare** (sections 6-8)

Headline information is provided for the Trust as a whole, and for each division.

The report summarises feedback from the last year from the full range of feedback mechanisms used by each directorate and highlights the main issues identified alongside the action taken/proposed to address these issues.

The main issues identified for **Low Secure and Community Forensic Services** are:

- Moving people on (comments relating to shorter stays, needing more therapy and wanting leave)
- Waiting times for Nott's Mentalisation Based Therapy (MBT) Service

The main issues identified for **Offender Healthcare** are:

- Access to appointments (predominantly primary care services, multiple sites)
- Approach to care - categorised as not feeling listened to and understood (across specialties and multiple sites)
- Staffing levels (predominantly mental health and substance misuse services, multiple sites)

The report also updates on the issues presented in the Patient Voices report submitted to Board in July featuring on **Local Partnerships – Adult Mental Health Services**, which were:

- Waiting lists in community services
- Crisis Care
- Involvement of families/carers
- Availability of Services
- Time staff spend with service users
- Involvement in care/care planning

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

Low Secure Services – The Wells Road Centre

The Wells Road Centre (WRC) is a Low Secure Hospital delivering treatment and care for up to 83 men, and women suffering from significant symptoms of Mental Illness, and men with an Intellectual and Developmental Disability (IDD). The in-patient services are delivered across five wards.

Community Forensic Services (CFS) is composed of five distinct services:

- The Community Forensic Mental Health Service
- Nottinghamshire MBT Service (previously named The Personality Disorder and Development Network)
- The Liaison and Diversion
- The Community Forensic Intellectual and Developmental Disability Service
- The Assertive Transitions Team

3.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICE REPORT WITH A FOCUS ON FORENSIC SERVICES – LOW SECURE AND COMMUNITY FORENSIC SERVICES (JUNE 2018).

ISSUE	DETAIL	UPDATE – NOVEMBER 2019
<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>Continuing issue – see table 4.0</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>Cancelled leaves continue to be an area of concern for patients at the WRC, we are actively monitoring these via DMT with monthly reports.</p> <p>These reports are also shared with the patients in community meetings and displayed in the ward areas. This enables us to maintain an open and transparent conversation around access to leave ensuring there is equity across the hospital.</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>The Social Work Team within the Wells Road Centre are actively reaching out to families and significant others at the point of admission and throughout a patient's stay with us.</p> <p>The Social Worker will be a point of contact with family members and will arrange family meetings with members of the MDT and will provide information in regard to patient confidentiality, what this means and how it can fluctuate but that we can maintain contact and offer support to families without sharing confidential information when we do not have clear consent to do so.</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 Nicotine Replacement Therapy (NRT) products when on unescorted leave.</p>	<p>This remains a standard topic at the patients' forum, following guidance from NHSE commissioners who have stated they do not support the use of e-cigarettes or vaping as alternative to NRT. WRC organised a review and a group met and discussed this and based on current evidence it has concluded that WRC will not be introducing e-cigarettes, patients can use them should they wish on unescorted leave and storage will be provided outside the secure area of the hospital.</p> <p>NRT and support for those that wish to stop smoking will continue with increased information and availability across the physical health team and consultants. This information was shared in the September patient forum and a paper is due to be shared and presented at each ward community meeting.</p>

Staff Attitude SOURCE: Complaints	Patient feedback shows that sometimes staff are too busy to talk or can appear dismissive at times.	This is an ongoing area of development and we will continue to review and speak with the patients as to how this is progressing. This will be discussed at patients' forum and community meetings to ensure that we continue to acknowledge and manage staffing to ensure they have time to be responsive and sensitive to the needs of the patients.
---	---	---

3.2 DIRECTORATE HEADLINES AND MAIN ISSUES AND COMPLIMENTS

Data collected from the Service User Feedback survey:

	Most recent surveying period (Jul - Sep 2019)	Previous surveying period (Jan - Mar 2019)
Service Quality Score	78%	79%
Friends and Family Test (FFT)	53%	76%
SUCE survey returns	52	34
'Service made a positive difference' score	78%	76%

3.3 CARE OPINION

In the last year 31 stories have been published on Care Opinion commenting on Low Secure and Community Forensic Services:

	Nov 18 – Oct 19
Number of postings	31 Wells Road Centre – 9 Community Forensic Services - 24
Number of postings without a response	0
Number of postings <u>not</u> responded to within two working days	29
Number of postings rated as moderately critical or above	1
Number of postings which lead to a change in service	1

In the last year, one story was rated moderately critical:

- **Borderline Personality Disorder** - www.careopinion.org.uk/668265

A service user posted about their experience of struggling with both mental health issues and alcohol issues and feeling dismissed by mental health services, particularly the Mandala Centre and Manor Road. They were supported by Change-Grow-Live (CGL) and their GP to seek a diagnosis of Borderline Personality Disorder but was told they had to address their alcohol issues and referred to a service no longer running. The person attempted to take their own life, was sectioned and reassessed by the Mandala Centre and received a diagnosis of Borderline Personality Disorder.

Response: The posting received a response from Manor Road service leader, Change-Grow-Live and the Service Manager for Community Forensic Services – who explained ‘*The comments you have made highlight the need for more joined up services... We will share the learning from your experience in the liaison we have with others... We do apologise for signposting you to a service no longer being delivered and hope that from the work identified above this will not happen in the future.*’

The above story was marked as leading to a change.

3.4 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (November 2018 - October 2019)

In the reporting period, Forensic Services – Low Secure and Community Forensic Services received 87 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	Moderately Critical	Mildly critical	Mildly complimentary	Fairly complimentary	Highly complimentary
1	10	28	11	18	1

Where a service receives a high number of highly critical feedback, we analyse the feedback for any emerging themes or any services receiving disproportionately high volumes of highly critical feedback. As only one highly critical story was received, no further analysis is needed.

3.5 COMPLAINTS

Between November 2018 and October 2019, Low Secure and Community Forensic Services has been the subject of **12** complaints compared, fewer than the 19 in the previous 12 month period. The number by service area is shown below:

Service/area	Total Nov 2018 – Oct 2019	Total Nov 2017 – Oct 2018
Forensic Low Secure	11	15
Forensic Community	1	4
MBT Service	0	0

The themes most often arising in complaints are outlined below:

Theme	Total Nov 2018 – Oct 2019	Total Nov 17 – Oct 2018
Concerns about care	9	10
Staff attitude (nursing & medical)	1	5
Confidentiality breach	1	0

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

- Complaint about psychiatrist and medication being removed without gradual reduction.
- Unhappy with the level of treatment received.
- Patient complained that his escorted leave sessions had been cancelled.
- Delays in getting treatment
- Patient felt he is not progressing.
- Patient stated that her care plan was not being adhered to.

Outcomes:

Outcome	Total Nov 2018 – Oct 2019
Complaint Not Upheld	3
Complaint Upheld/Upheld in Part	3
Complaint Resolved	6
Complaint Withdrawn	0

Learning/Actions:

Since the previous report there have been no learning actions taken specifically as a result of a complaint, although some responses acknowledged issues arising from staffing pressures and some complaints led to individual clinical changes.

Local Requests/Concerns

In addition to the complaints, 14 further issues were addressed through PALS from November 2018- October 2019.

The number by service is shown below:

Service	Total Nov 2018 – Oct 2019	Total Nov 2017 – Oct 2018
Forensic Low Secure	14	13
Forensic Community & Criminal Justice Liaison	0	1
MBT Service	0	0

The themes are outlined below:

Theme	Total Nov 2018 – Oct 2019	Total Nov 2017 – Oct 2018
Attitude of staff (nursing & medical)	3	8
Concerns about care	3	4
Policy/procedure	2	0
Length of time to be seen/service availability	2	0
Access to appointments	1	1
Information/communication issue	1	0
Cleanliness	1	0
Complains handling	1	0

Some examples of the queries/concerns received are given below:

- False information in medical notes.
- Subject access request.
- Concerns over cancelled leave.
- Error with discharge documentation.
- Delays with discharge.
- Unhappy with the frequency of ward rounds.
- Queries about medical record.

3.6 LOCAL MECHANISMS FOR FEEDBACK

NATIONAL QUALITY NETWORK LOW SECURE PEER REVIEW (MAY 2019)

The Wells Road Centre has completed the self and peer reviews of the Royal College of Psychiatrists Quality Network for Forensic Mental Health Services' annual review cycle and has fully met 95% of the standards. The self-review involved the team rating their practices against the Standards for Forensic Mental Health Services: Low and Medium Secure Care. This included gaining feedback from staff, patients, and their family and friends. The peer-review team then visited the service which included a tour and site checks, interviews with senior managers and clinicians, frontline staff, and patients. Following the visit they provided feedback to the service on their achievements, areas for improvement and suggested service developments. Some of the areas of best practice that were highlighted included:

- Patients' religious needs are well catered for
- Women have access to an impressive sensory room
- Patients have access to a range of work opportunities at Spinney Meadow
- Patients and carers are involved in patients' care planning
- The environment and facilities available at the service are commendable
- The team is highly supportive of patients
- Staff feel supported and spoke highly of the management team. Peer-support was observable. Staff reported the service feels non-hierarchical which respects the views of everyone.

Some of the areas where the criteria was only partly met related to a lack of food choice and variety, access to staff training opportunities, a need for more dedicated space for family and friend visits and improvements around communication to patients. The peer review team gave recommendations on these issues and the team at The Wells Road Centre is working to address them. We await confirmation of where we ranked.

PATIENT FORUM (WRC)

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

- Enhanced Air management/cooling on Seacole ward and patient review and support of the planned Seacole redevelopment (April 18 Forum).
- Use of e-cigarettes, patients raised this due to access across some acute hospitals – September 19 confirmed that we would support access on unescorted leave but enhance and improve our NRT support going forward.
- The development of a patient radio broadcast August 2019 – the group have been supported to develop a podcast in line with the WRC magazine production is underway.
- The development on interactive patient board to be available in the coffee bar.
- Consideration of using card payment at the coffee bar and consideration of a parcel drop box to improve efficiencies when patients order goods over the internet. (August 2019)

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. This was recently held at the Wells Road Centre with good attendance.

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 PROPOSED/TAKEN
<p>Moving people along – comments relating to shorter stays, needing more therapy and wanting leave.</p> <p>(Source: Trustwide survey)</p>	<p><i>Hospitalise people who need help, not take up facilities. I know quite a lot of associates in my circle of friends who have been overlooked. (Seacole Ward)</i></p> <p><i>Make the stay shorter. (Thurland Ward)</i></p> <p><i>To do thing through the day with staff or with OT as we have nothing to do through the day and most of us sleep to pass the day. (Trent Ward)</i></p> <p><i>Quicker at getting leave. (Prospect House)</i></p> <p><i>Expedite the process of care, treatment & decisions making for example - more frequent ward rounds. (Seacole Ward)</i></p>	<p>As the service is part of the provider collaborative, it helped develop the successful bid for the development of the ATS (Assertive Transitions Service). This team will be hosted by the directorate and will be made up of NHS staff, Rethink, IMRoc and Framework supporting patients leading up to and through their discharge, remaining involved with the patients for up to three months post discharge. This team is currently in the recruitment phase and will work some patients at the WRC where we hope it will improve discharge pathways for our patients.</p> <p>We are actively reviewing our operational instructions across all the wards redefining the aims of the service and considering the interventions and activities required to help maintain the health and wellbeing of our patients we will include patients in this process and enhance and improve access where we can.</p>
<p>Waiting times for Nott's MBT Service (previously PD Network)</p> <p>(Source: Trustwide survey)</p>	<p><i>Should definitely cut waiting lists. (Notts PD and Development Network)</i></p> <p><i>Shorter waiting times for therapy. (Notts PD and Development Network)</i></p>	<p>Notts MBT Service has significantly reduced its waiting times from referral to assessment and assessment to treatment. It continues to work alongside Adult Mental Health colleagues in the development of the PD Pathway, with all referrals now being assessed via this gateway and the development of the wider offer this is having a positive impact on waiting times.</p> <p>Notts MBT also offers as a minimum all service users waiting to start a group a three-monthly appointment, this is a minimum standard and is agreed with the individual to ensure the contact is reflective of the need.</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 Forensic Services – Low Secure and Community Forensic Services:

A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY AND CARE OPINION:

- The nurse was always there when my husband and I needed it, the doctors have been amazing can't thank them enough. Respect was shown all the time. Always listened to the both of us. Always explained what was needed of us and what the needed to do. We was always allowed an input into my husband care. Always talked about medication with us. Was always there. I did tell my friend about the great service. (Community Forensic IDD)
- Helped service user with SALT to understand positive relationships. Very respectful and polite, showing a lot of compassion and understanding of the wishes of service user. Listened to the goals of service users and tried to support those goals to be able to achieve them. Used easy words and SALT therapist input and social stories. Support plans made with service user involvement. Supported around medication with consultant input and random drug test. Service user felt that she was progressing. (Community Forensic IDD)
- Supported well, kept in touch. Explained things. Made everything clear. Michelle listened to me. I did not feel like a criminal. Told me where to go for help. (Criminal Justice Liaison - County)
- Didn't judge, listened, tries to put at ease as much as possible; always there to support if needed, especially in custody (alien environment, my brain had switched off and she (Claire) was brilliant. (Criminal Justice Liaison - County)
- I had a heart attack and died but I live due to the timely actions of the staff here and am in perfect health so far. (Lister Ward)
- Good communication, excellent at delivering group therapy with helping us to open up to talking more about our difficulties & emotions. (Notts PD and Development Network)
- You do everything you need to do. (Trent Ward)
- Staff do try and talk to us if we need support staff are there. (Trent Ward)
- Listen. Look after us. Try best to make us safe (Thurland Ward)

6. SERVICE IN FOCUS: FORENSIC SERVICES – OFFENDER HEALTH

The Offender Health Directorate comprises eight sites across three counties. Those counties are:

- Nottinghamshire – HMP Lowdham Grange, HMP Nottingham, HMP Ranby.
- Lincolnshire – HMP Lincoln, Morton Hall Immigration Removal Centre, HMP North Sea Camp
- Leicestershire – HMP Leicester, HMP Gartree

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

The Directorate also provides Offender Personality Disorder services in HMP Whatton and HMP North Sea Camp, a Veterans specific contract across Nottinghamshire and Leicestershire, and the Therapeutic Community Plus contracts in HMP Gartree and HMP Dovegate. We also hold contracts for two national pathfinder projects; HMP Ranby, a Reconnect pathfinder, connecting vulnerable released prisoners with health services in the community, and a further Veterans pathfinder, a project with Walking with the Wounded and Care after Combat. These are separately commissioned to the main healthcare contracts.

The Directorate has an Involvement and Experience Lead, Stephen Kennedy, who leads the team of involvement champions from across each of the sites and supports the teams in ensuring they gather feedback and respond to it appropriately.

6.1 MAIN ISSUES IDENTIFIED IN THE PREVIOUS PATIENT VOICE REPORT WITH A FOCUS ON FORENSIC SERVICES – OFFENDER HEALTH (DECEMBER 2018).

ISSUES	DETAIL	UPDATE – NOVEMBER 2019
Patients perceptions of waiting times	In some disciplines, waiting times in most prisons are equivalent if not better than those for patients living outside of prison – particularly in the case of most podiatry and physiotherapy services in the Directorate. The majority of waiting times across all services are within the NHS England commissioned targets for the Directorate to achieve. Patients continue to perceive that waiting times are too long and therefore their experience does not feel acceptable to them.	Continuing issue – see table 4.0
Approach to care, compounded by staffing levels (Lowdham Grange)	Feedback suggests that there is a specific issue with the approach to care at Lowdham Grange, and that this issue is compounded by staffing issues.	Continuing issue (though widening from just HMP Lowdham Grange) – see table 4.0
Medication (Continuing issue featured in 2016 and 2017 Offender Health Board reports)	Detail from 2017: 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.	Medication comments continue to be received and this is unlikely to change. We do however continue to work to improve the situation or expectation of the patients. Our new Lead GP is working across the Directorate with our GP colleagues to ensure robust processes are in place for the management of those utilising pain medications (specifically tradable medicines such as tramadol, pregabalin and gabapentin). MDT functions specific to pain medicines is proving invaluable. We will continue to monitor.

6.2 DIRECTORATE HEADLINES AND MAIN ISSUES AND COMPLIMENTS

Data collected from the Service User Feedback survey:

	Most recent surveying period (Jul - Sep 2019)	Previous surveying period (Jan - Mar 2019)
Service Quality Score	82%	83%
Friends and Family Test (FFT)	78%	80%
SUCE survey returns	410	380
'Service made a positive difference' score	80%	82%

6.3 CARE OPINION

In the last year 16 stories have been published on Care Opinion commenting on Offender Health Services:

	Nov 18 – Oct 19
Number of postings	16
Number of postings without a response	0
Number of postings <u>not</u> responded to within two working days	0
Number of postings rated as moderately critical or above	0
Number of postings which lead to a change in service	0

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

In the last year, no stories lead to a service change.

6.4 SUMMARY OF FEEDBACK CRITICALITY VIA FEEDBACK SURVEY (November 2018 - October 2019)

In the reporting period, Forensic Services – Low Secure and Community Forensic Services received 803 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	Moderately Critical	Mildly critical	Mildly complimentary	Fairly complimentary	Highly complimentary
8	157	190	104	187	1

Where a service receives a high number of highly critical feedback, we analyse the feedback for any emerging themes or any services receiving disproportionately high volumes of highly critical feedback.

The directorate received eight highly critical postings, five from HMP Nottingham (three relating to the mental health service, two relating to the primary care service), as below:

- By no names - some staff have got to be professional & not abuse their power of authority/care. (HMP Nottingham - Primary Care)

- However, the Mental Health team is NONE existence I've been waiting since 27 Aug 18 to be seen by Dr XXX I've cut my throat, 17 stitches, my finger in half 9 stitches plus numerous self-harm. I've had 3 cancelled Mental Health appointments 1. Staff shortage (dates) off sick new shrink never showed up on (date) they're both funny to some of nurses just don't care XXX XXX mainly. Positive difference - good apart from the mental Health which is very poor! I may well be dead by the time you read this. (HMP Nottingham - Primary Care)
- Not have to go to healthcare. We get abuse. (HMP Nottingham - Mental Health)
- Have quicker interventions when any prisoner is really struggling on wing/segregation where prison staff treat us (prisoners) with no respect & cause prisoners distress, leading to self-harm & suicidal thoughts. (HMP Nottingham - Mental Health)
- I'm going of XXXX disgusting attempt at being a mental health worker, so get more staff like Antoni0. XXXX absolutely nothing but cause me harm (HMP Nottingham - Mental Health)

6.5 COMPLAINTS

Between November 2018 and October 2019, services within the Offender Health Directorate have been the subject of 134 complaints compared with 52 complaints in the previous 12-month period. The number by service is shown below:

Service	Total Nov 2018- Oct 2019	Total Nov 2017 – Oct 2018
Offender Health Notts	76	39
Offender Health Lincs & Leicester	58	13

Of the 134 complaints received, 56 required a full investigation and 78 were addressed via local resolution.

The themes most often arising in complaints are outlined below:

Theme	Total Nov 2018 – Oct 2019	Total Nov 2017 – Oct 2018
Safe, Adequate, Coordinated Care	93	27
Medicines Management	15	10
Attitude Of Staff	10	1
Appointment Arrangements	7	8
Confidentiality	4	0
Quality/Accuracy of Clinical	2	0
Length Of Time To Be Seen/Service Availability	1	5

Access To Records	1	1
Assault/ Physical Aggression /Threat Incident	1	0

Some examples of the types complaints received are given below:

- Insufficient dental treatment.
- Lengthy wait for dental treatment.
- Unhappy with care provided.
- Patient complained that he was refused medication.
- Unhappy with medication being stopped.
- Concerns over the adequacy of mental health support.
- Errors made with medication.
- Disputes decision to stop medication.

Outcomes:

Outcome	Total Nov 2018 – October 2019
Complaint Not Upheld	59
Complaint Upheld/Upheld in Part	30
Complaint Resolved	34
Complaint Withdrawn/not pursued	7

Learning/Actions:

Examples of actions taken following complaints;

Attitude of staff- A patient complained about the unsympathetic attitude of a member of staff towards his injury. As a result, the head of healthcare reminded all staff of their professional responsibility to raise concerns regarding colleagues' behaviours with their line manager if they fall below professional standards; failure to do so brings their own professional standards into question (Offender Health- Nottinghamshire).

Medication management- A patient complained about running out of his medication, despite making requests for a repeat prescription. As a result, the investigator found the pharmacy team had not been aware how urgent the matter was and following on from this the senior pharmacy technician sent an email out to staff to address the identified shortcomings (Offender Health- Nottinghamshire).

Medication- Following receipt of a complaint about a patient not receiving his prescribed medication, the investigator found that an error had occurred. The Head of Healthcare has since reviewed the process for the issuing and documenting of in-possession medication with the pharmacy team to ensure that this type of error does not occur again (Lincolnshire & Leicester)

Overlooked Prescription- Following a complaint about a hospital discharge prescription being overlooked, the investigation found that there had been some confusion because of poor record-keeping. To avoid future problems, the Head of Healthcare put in place a process for when patients return from hospital out-of-hours and the management of related documentation and medication (Lincolnshire & Leicester).

Changes to prescribing- As a result of several complaints from prisoners about withdrawal of pregabalin and gabapentin prescriptions, a leaflet was produced by the service to explain the changes to prescribing because of new national guidelines (Lincolnshire & Leicester)

Delays in dental treatment- Following a complaint about delays in receiving urgent dental treatment, it was acknowledged that the patient had waited more than four months to see the dentist. The response explained that expected waiting time was six weeks for a routine appointment and forty-eight hours for an urgent appointment. It was accepted that these guidelines were breached both for routine and urgent care and apologies were given. The Area Manager stated that she had met with the dental service to discuss measures to address the waiting list (Offender Health-Nottinghamshire)

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 667 local requests/concerns logged during the year.

The number by service is shown below:

Service	Total Nov 2018 – Oct 2019	Total Nov 17 – Oct 2018
Offender Health Notts	501	903
Offender Health Lincs	166	279

The themes are outlined below:

Theme	Total Nov 18 – Oct 2019	Total Nov 17 – Oct 2018
Safe, Adequate, Coordinated Care	395	562
Appointment Arrangements	108	182
Medicines Management	72	188
Length Of Time To Be Seen/Service Availability	29	121

Policy/Procedure	21	28
Attitude Of Staff	11	33
Complaints Handling	10	23
Access To Records	5	13
Privacy/Dignity	4	2
Confidentiality	3	5
Patient Property/Expenses	3	3
Cleanliness/Physical Environment/Amenities	1	14
Assault/Phys Aggression/Threat Incident	1	4
Quality/Accuracy Of Clinical Records	1	2
Equality & Diversity	1	1
Info To/Communication With SU/Carers	1	1
Public/ Neighbourhood Relations	1	0

6.6 LOCAL MECHANISMS FOR FEEDBACK

The services receive most of their feedback informally, or through the Trustwide survey or Care Opinion postings. Involvement champions hold focus groups to gain views and feedback into specific service developments, general service provision and to discuss innovations from staff or patients.

Involvement champions also take the lead in prisons relating to ensuring actions are taken following complaints / concerns, from SUCE feedback, and from establishment forums. These actions are fed back to the Involvement lead and each of the site forums. Some clusters have embraced this more thoroughly than others, but all sites are being encouraged to replicate this requirement.

NHS England also hold service user forums prior to the completion of clinical quality visits which happen annually and this is fed into the local teams, with actions reportable through the contract review meetings held quarterly.

7. 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 PROPOSED/TAKEN
<p>Access to appointments – predominantly primary care services, multiple sites</p> <p>(Source: Trustwide survey)</p>	<p>Comments raising issues with access to appointments and appointments being cancelled/moved:</p> <p><i>Speed up response on appointments, internal & external. (HMP Lowdham Grange - Primary Care)</i></p> <p><i>Mental Health support could be better. Appointments could be more regular. (HMP Gartree - Substance Misuse)</i></p> <p><i>Stick to appointments set. (HMP Nottingham - Substance Misuse)</i></p>	<p>Feedback is generally positive in relation to access to appointments, with the odd comment relating to speed of access. The involvement lead will continue to work with the champions to ensure expectations are better met by providing actual performance, against internal and community waiting times.</p> <p>External appointments we monitor but have limited ability to sway. Issues arising are discussed in Local delivery Boards and Contract Review Meetings.</p> <p>The comments raised about sticking to appointments / appointments being more regular will be discussed in the next champions group (19th November), for sites to take on board and ensure more structured appointment processes.</p>
<p>Approach to care, categorised as not feeling listened to and understood - across specialties and multiple sites</p> <p>(Source: Trustwide survey, staff attitude complaints)</p>	<p>Comments related to people feeling dismissed and misunderstood or not trusted:</p> <p><i>The only thing I tell could be improve on is the prison officers don't understand the importance of health care clinic's and ensuring we attend them as much as possible. (HMP Nottingham - Primary Care)</i></p> <p><i>Don't judge everyone the same. i.e. we're not all trying to con you and get drugs or time off! It was a case of "We'll wait and see if he is ill". (HMP Leicester - Primary Care)</i></p> <p><i>Some of the nurse at the meds hatch could be more understanding with people & their issues rather than being dismissive. (HMP Lowdham Grange - Substance Misuse)</i></p>	<p>From an officer perspective, this is something we are aware of and we do share DNA information with the prison in morning meetings and CRMs to try and influence action. Some areas are much more attuned than others in relation to access to healthcare.</p> <p>Relating to patients feeling dismissive or judged, we have discussed this and OH will include this in the next newsletter – specifically relating to staff understanding and reflecting on 'what is it like to be on the receiving end of me'. Heads of Healthcare and Matrons will be asked to consider this in team meetings and form ways of managing staff responses, especially thinking about some of our environmental factors. Medicines administration times for example are set within maximum time frames to adhere to prison regime, and it can look and feel like a tight structured process (which it should be to reduce administration incidents) with no time to discuss issues or concerns that patients may want to bring up at that time.</p>

<p>Staffing levels – predominantly mental health and substance misuse services, multiple sites</p> <p>(Source: Trustwide survey)</p>	<p>Comments from across most sites suggesting the services needed more staff:</p> <p><i>More people (HMP Lowdham Grange - Substance Misuse)</i></p> <p><i>More dual diagnosis workers. (HMP Nottingham - Mental Health)</i></p> <p><i>Have more staff the one's you have now are really stretched. (HMP Nottingham - Substance Misuse)</i></p>	<p>Offender Health has had some staffing hotspots over the year. With additional funding received a little earlier this year, we have been able to recruit to further posts. 10% of our vacancies were filled and on induction in the first week of November, with further staff coming in over the next two months. We have worked to improve our adverts for recruitment and recognising the difficulties we have with the process and the length of time taken from interview to commencement in post we have recruited an administrator to manage the Trac process, support interviews and keep in contact with all candidates to update them on progress.</p> <p>Retention is also a focus, with work underway to address environmental issues, improve staff areas, engage better with staff through forums (with action plans resulting from these) and newsletters (Inside Scoop), staff well-being events being delivered on site rather than listening and responding to staff feedback. This has recently included a significant process change for access to training which has had good outcomes so far.</p>
---	--	---

8. MAIN COMPLIMENTS

Below are some of the comments from the feedback survey in response to the question 'What did we do well?' about Forensic Services – Offender Health Services:

A SAMPLE OF COMPLIMENTS FROM THE SUCE SURVEY AND CARE OPINION:

- The staff always kind and helpful and nice to have a break from the wings helped me a lot. Just to listen and take note in people, your not just a number they treat you as people. (HMP Nottingham - Mental Health)
- The service is first rate, being able to knock on the door and seeing someone right away at a time of crisis is a great help, not having a receptionist is also a relief as some people might not be able to deal with explaining why they are there. When I was there I felt relaxed and comfortable. I cannot recommend the service enough. The staff are great friendly and easy to talk to. Its the best mental health service I have had access to. (HMP North Sea Camp - Mental Health)
- Took time to listen and deal with problem. You do your jobs well, happy with service. (HMP Lowdham Grange - Substance Misuse)
- Help me and understand my problems and gave me the right treatment. (HMP North Sea Camp - Mental Health)
- Everything from start to finish. From reception all the way through to doctors and outside hospital if needed. (HMP North Sea Camp - Primary Care)
- Everything, I am happy how things and way they are done. (HMP Lowdham Grange - Substance Misuse)
- Everything done well so please don't change anything, perfect for my therapy (HMP Lincoln - Mental Health)
- Excellent. Everything answered all my enquires and worries. (HMP North Sea Camp - Primary Care)
- I have had problems but I must say I was cared for by the MH team very well. You supported in whichever way you could & due to your help and support my day-to-day life is so much better (HMP Leicester - Mental Health)
- Showed understanding, listened, advised,108 help me to feel at ease to speak of how my mind is messed up and how to get my act together. Thank you! (HMP Gartree - Mental Health)
- I think you are going in the right direction with H/C Most of L/G health care are good. (HMP Lowdham Grange - Substance Misuse)

9. UPDATE ON MAIN ISSUES PRESENTED IN THE PATIENT VOICES REPORT (JULY 2019)

Below we update on any developments in relation to the main issues presented in the July 2019 report, featuring **Local Partnerships – Adult Mental Health Services**:

ISSUE	DETAIL	UPDATE – November 2019
<p>Waiting lists in community services</p> <p><i>(Source: Trustwide survey, National Community Mental Health Survey)</i></p>	<p>Patients are reporting (via the national community mental health survey) long waits to be seen by a professional – particularly psychiatrists</p>	<p>11 Non-Medical Prescribers (NMPs) are now in post across the Trust and are part of the first cohort of Trust clinicians who are going to undertake the Advanced Clinical Practitioners (ACP) training. This intensive 3-year programme will equip them with greater skills and knowledge, with particular regard to physical health.</p> <p>Review of outpatient caseloads remains an ongoing piece of work, with new initiatives to be deployed to support this process and improve the patient experience, with the introduction of the Peer Support Worker role specifically for outpatient caseloads.</p> <p>Dialogue remains active in this area with innovative approaches being considered for those waiting for assessment and treatment. Significant funding has been secured that will be dedicated to reducing assessment waiting times to improve the safety of services provided. Recruitment for 8 whole-time equivalent (wte) mental health practitioners, 2 wte Psychologist, Community Support Workers, Peer Support Workers and admin is underway to achieve this.</p> <p>Work continues with the support of the Involvement Team to consider what “Waiting Well” means and looks like for service users and their families.</p>
<p>Crisis Care</p> <p><i>(Source: Trustwide survey)</i></p>	<p>There have been complaints regarding crisis staff attitudes/support</p> <p>Concerns raised regarding supporting family of trust employees appropriately</p>	<p>Recruitment to band 7 posts has been successful to meet the Core Fidelity Standards. Early evaluation of these roles has already noted that this additional resource over a 24/7 period has contributed to the reduction in bed usage with AMH seeing sustained progress in not using out of area beds for acute care whilst also having available bed stock within Trust services.</p>
<p>Involvement of families/carers</p> <p><i>(Source: Carers’, Family and Friends survey and carers meetings)</i></p>	<p>Families and carers wish to be included in the care of their relative/ friend, and in meetings and via the carers’ survey, a lack of involvement has been raised.</p>	<p>The commitment remains to training all of our staff in BFT (Behavioural Family Therapy) interventions and providing them with the support to integrate this approach within their daily practice continues, heavily supported by the Family Intervention Team (FIT). Refresher training also being offered</p> <p>The Band 6 training has now been delivered to half of the Band 6 staff working within the Local Mental Health Team’s (LMHTs) and evaluation of the programme has shown good outcomes. The programme was co-produced with the Involvement Team and service user/carers stories are shared by our volunteers and used to frame the first session.</p>

		<p>Plans to deliver this training to CRHT staff, with adaptations for crisis work, are underway for an imminent roll out.</p> <p>All teams have been updating their Triangle of Care self -assessments.</p>
<p>Availability of Services</p> <p><i>(Source: Trustwide survey)</i></p>	<p>Patients have reported on a lack of activity social groups provided by community teams</p> <p>Patients regularly provide feedback that states that they would benefit from more interaction with services and particularly more support post-discharge and from crisis services.</p>	<p>Recruitment to Individual Placement Support (IPS) posts has taken place with enhancement to this service offer underway. This will lead to more people accessing employment and meaningful occupation that will help to support and maintain recovery.</p> <p>The Recovery College continue to see an increase in demand for courses and amendments to the courses available are under constant review in line with meeting the needs of the referring services. Opportunities to support specific services remains an active discussion</p>
<p>Time staff spend with service users</p> <p><i>(Source: Trustwide survey)</i></p>	<p>Patients comment on poor levels of 1-1 with nurses, particularly on Orchid Ward.</p>	<p>The 4 x Band 6 Psychologically Informed Practitioners (APIP) are in post and offering a range of psychologically interventions across wards at Millbrook and Highbury.</p> <p>Activity review recently completed - Della Money leading this. Increased staffing establishments agreed. Strategies to address recruitment and retention are being discussed. Rolling recruitment and assessment centres in situ to enable recruitment so that sufficient staff are available to provide meaningful activity.</p>
<p>Involvement in care/care planning</p> <p><i>(Source: National Community Mental Health survey)</i></p>	<p>Patients have consistently raised issue with feeling detached from or not involved in the planning of their care and in important decisions.</p>	

10. TRUSTWIDE AND DIVISIONAL HEADLINES

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

Statistics provided for the current rolling quarter (August - October 2019) and in brackets, previous rolling quarter (May - July 2019).

	Service quality score	Friends and family test (FFT)	Survey returns	'Made a positive difference' score
Trustwide	94% (95%)	92% (94%)	3611 (4073)	91% (93%)
Forensic Services	91% (93%)	77% (79%)	520 (197)	79% (82%)
LP- Mental Health	95% (94%)	93% (91%)	1253 (1497)	91% (88%)
LP - General Health	97% (96%)	95% (95%)	1838 (2389)	94% (95%)

10.2 CARE OPINION HEADLINES (www.careopinion.org.uk):

OCTOBER 2019	TRUSTWIDE	FORENSIC SERVICES	LP – MENTAL HEALTH	LP – GENERAL HEALTH
Number of postings	65	18	11	36
Number of postings without a response	0	0	0	0
Number of postings rated as moderately critical or above	2	2	0	0
Number of postings with changes made	1	1	0	0

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

- Rampton Hospital - <https://www.careopinion.org.uk/708423>

A family member posted about their brother receiving very good care from Rampton over six years but having been bullied in a community meeting and having not received adequate support to keep him safe.

The Head of Clinical Operations and Head of Forensic Social Care responded to offer their apologies and to confirm that the patient is being supported by their clinical team and their social worker.

- Inadequate service at Rampton Hospital - <https://www.careopinion.org.uk/706083>
A patient posted to say they were angry that they had been prevented from accessing the gym at certain times and that it was important to them. They felt this was a poor example of personalised care.

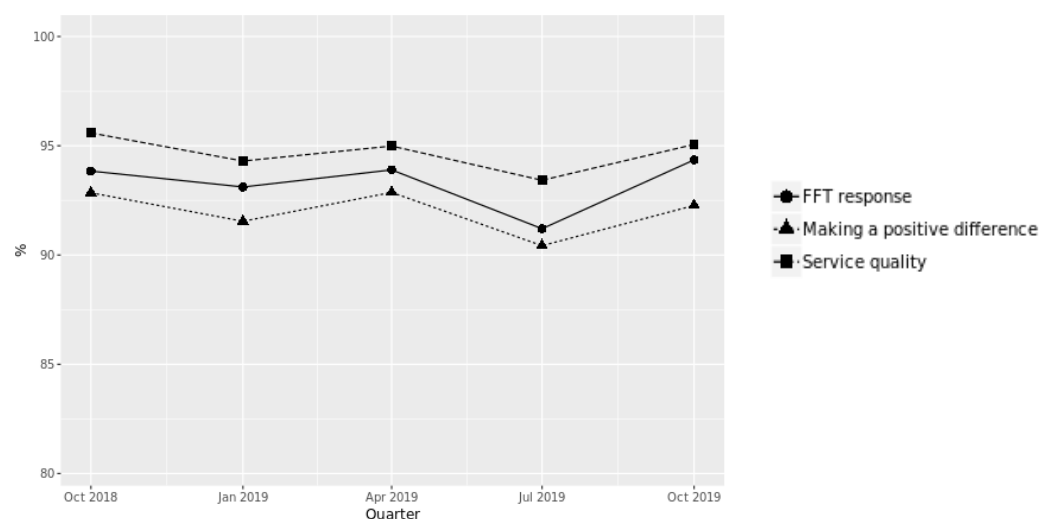
The Therapies and Education Manager at the hospital, and also the Executive Director and Modern Matron, responded to explain that the person's treatment pathway and therapies were being prioritised but that alternative gym sessions had been offered.

In the last month, one story resulted in a service change:

- **Visiting Rampton** - www.careopinion.org.uk/705728
A visitor posted about their experience of booking a patient visit at Rampton well in advance and arriving to find that the visit was not booked into the diary. The visit went ahead, but was cut 40 minutes short by the issues with booking.

The story received a response from the Executive Director, who apologised and asked that a further response be offered. The Head of Forensic Social Care offered a second response, also apologising and explaining that the service will improve the booking system so that it relies less on paperwork and has less scope for error.

10.3 TRUSTWIDE AND DIVISIONAL TREND IN KEY EXPERIENCE INDICATORS



11. RECOMMENDATION

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

Paul Sanguinazzi
Head of Involvement, Experience and Volunteering

Amy Gaskin-Williams
Deputy Head of Involvement, Experience and Volunteering

November 2019