

**BOARD OF DIRECTORS MEETING  
28<sup>TH</sup> MAY 2015**

**Nursing, Quality & Patient Experience Directorate  
PATIENT VOICE REPORT  
Local Services Division:  
Mental Health Services for Older People**

## **1. INTRODUCTION**

This is the monthly Patient Voice report produced for the Board.

This report:

- Outlines our approach to listening to the Patient Voice through these monthly reports.
- Illustrates some of the key themes raised in Local Services Division with a focus on Mental Health Service for Older People.

## **2. REPORT SUMMARY**

The key highlights of this month's report are:

- The Trust's Service Quality Rating for February to April 2015 is 92%. Our Friends and Family Test Score is 96% (this is the percentage of people who would be extremely likely or likely to recommend our services if their friends or family need similar care or treatment).

This month's Patient Voice Report is focusing on the Local Services Division with an in-depth look at Mental Health Service for Older People. It looks at some of the main issues, comments and stories relating to the service as well as work that is being undertaken to improve the service user experience. It also updates on the issues discussed at the February Board Meeting about Improving Access to Psychological Therapies.

## **3. BACKGROUND**

Our approach to Service User and Carer Experience is based on our involvement approach. 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 part of the Trust's development of its approach and the Francis Report we are continually looking at how we can improve both how we listen and respond to the patient voice. In addition, the Berwick Report set out four key targets including listening to patients and transparency.

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

As part of our approach the Board receives a quarterly Involvement and Experience Report which looks at quality ratings, key themes and actions taken for each Directorate. This Patient Voice Report is a monthly report and focuses on patient stories and comments relating to the key issues raised by service users, patients and carers.

**4. APPROACH**

The general approach for the monthly report is outlined below.

We will **highlight any big issues that people are raising in each Division and illustrate these with stories and comments that relate to these issues.** We will focus on one Division per month and select a range of issues over the year. We will also look at individual directorates over the course of the year.

We will **highlight any issues that have arisen from any Division in the last month so the Board has early warning of new or concerning issues.**

We will **use a range of methods to present stories and comments.** These may include stories via Patient Opinion, video stories, people telling their stories and comments from surveys / meetings.

The intention is that we use patient stories, comments and other feedback to give the Board **insight and understanding into the issues service users and carers are raising.** We would expect services to resolve specific issues and where possible to let the Board know how they are responding to issues illustrated. Each month **we will review how the Division has responded to the issues raised** when we focused on it three months previously.

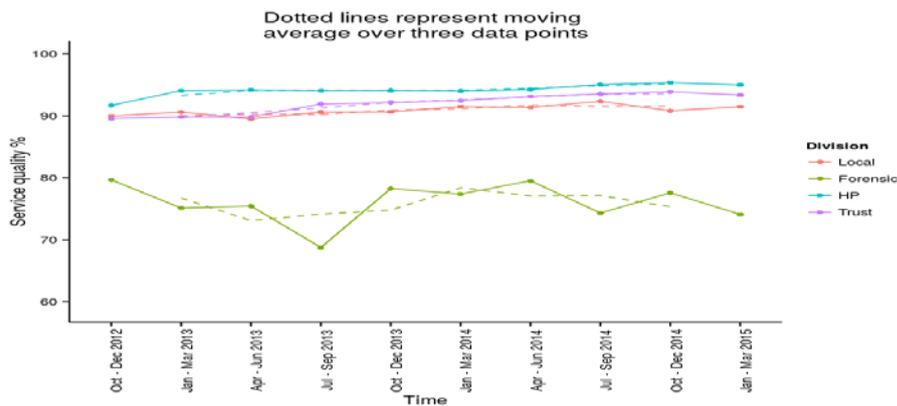
**5. TRUST WIDE HEADLINES**

**5.1 TRUST SURVEY FEEDBACK**

This report summarises data from February to April 2015, with a comparison with the previous 3 months, from November 2014 to January 2015. We received 5063 responses during the above date range, 748 of which were from carers. Below are the headlines for the Trust taken from our feedback website:

	<b>Trust</b>	<b>Local</b>	<b>Forensic</b>	<b>Health Partnerships</b>
	February to April 2015 (comparing to previous rolling quarter, November 2014 to January 2015)			
Service Quality Rating	94% (94%)	92% (90%)	74% (76%)	96% (96%)
Friends and Family Test Score	96% (97%)	94% (94%)	66% (69%)	98% (99%)
Survey returns	7671 (6400)	1695 (1324)	324 (268)	5652 (4808)

## 5.2 SERVICE QUALITY RATING



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

The Trust overall score is accurate to within  $\pm 0.3$  points.

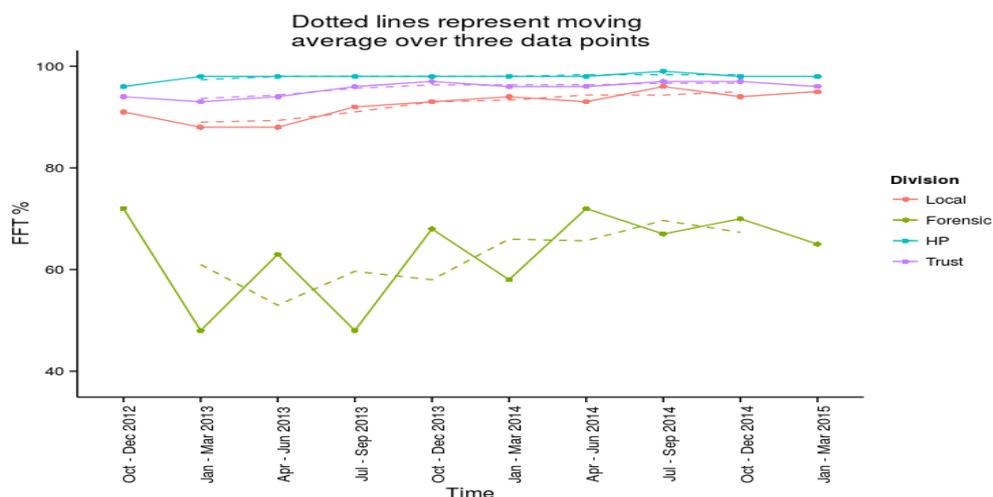
The Local score is accurate to within  $\pm 0.9$  points.

The Forensic score is accurate to within  $\pm 2.5$  points.

The Health Partnerships score is accurate to within  $\pm 0.3$  points.

This means that we can be confident that the ratings for the Trust, Local and Health Partnerships are reasonably accurate. For Forensic Services, there is more uncertainty in the scores. This is because we have had a lower number of responses from this Division and we survey different directorates each quarter. In the quarter (January to March 2015) we surveyed Rampton and Offender Health, and these directorates have, as previously, scored lower than when we surveyed Arnold Lodge and Wathwood in the previous quarter.

## 5.3 FRIENDS AND FAMILY TEST SCORE



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

The Trust overall score is accurate to within  $\pm 0.6$  points.  
 The Local score is accurate to within  $\pm 2.1$  points.  
 The Forensic score is accurate to within  $\pm 4.9$  points.  
 The Health Partnerships score is accurate to within  $\pm 0.6$  points.

This means that we can be confident that the ratings for the Trust and Health Partnerships are reasonably accurate. For Local Services and Forensic Services there is uncertainty in the scores.

The Friends and Family Test Score for Forensic Services remain lower across the year. This may be due to the question being not as applicable in Forensic Services and people in these services being less likely to put that they are 'extremely likely' to recommend these services. The score also varies each quarter due to the reasons given for the Service Quality Rating above.

#### 5.4 PATIENT OPINION

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

	<b>February to April 2015 Trust-wide</b>  (comparing with the previous 3 months - November 2014 to January 2015)	<b>February to April 2015 Local</b>  (comparing with the previous 3 months - November 2014 to January 2015)	<b>February to April 2015 Forensic</b>  (comparing with the previous 3 months - November 2014 to January 2015)	<b>February to April 2015 Health Partnerships</b>  (comparing with the previous 3 months - November 2014 to January 2015)
Number of postings published	284 (310)	43 (55)	20 (26)	203 (210)
% that are rated (by Patient Opinion) as moderately critical or above	0% 1 posting (2%)	0% 0 postings (2%)	0% 0 postings (0%)	0% 1 posting (0%)
% that are rated (by Patient Opinion) as entirely complimentary	88% 249 postings (87%)	81% 35 postings (71%)	90% 18 postings (77%)	89% 180 postings (96%)
% that are have been responded to within 2 working days	73% 208 postings (80%)	68% 29 postings (53%)	70% 14 postings (69%)	79% 160 postings (83%)

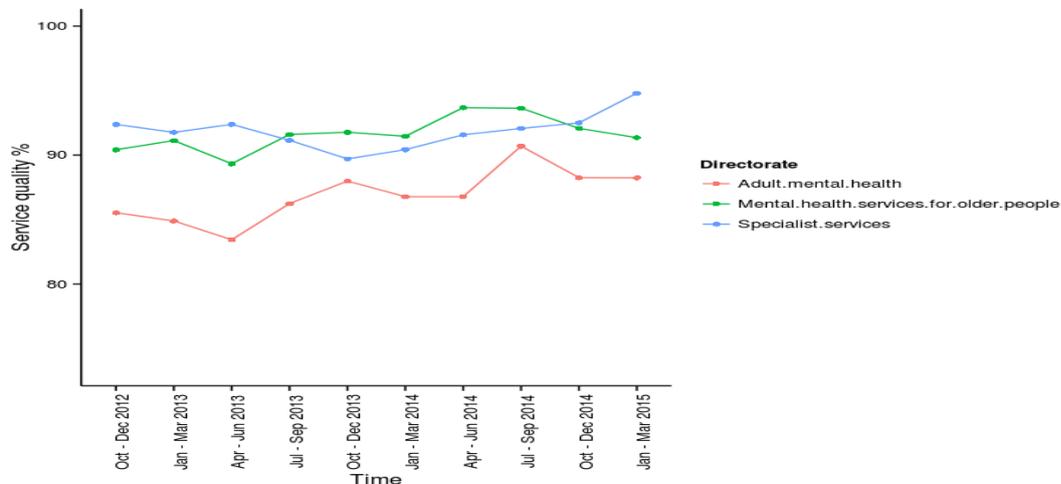
### 6. LOCAL SERVICES DIVISION

This month the focus is on the Local Services Division. We are taking an in-depth look at the views and experiences of patients and carers about Mental Health Service for Older People.

The graphs below compare the Directorates in the Local Services Division. The main issues raised for Mental Health Services for Older People from December 2014 - February 2015 and the previous year are also presented.

## 6.1 SERVICE QUALITY RATING

### LOCAL SERVICES DIVISION



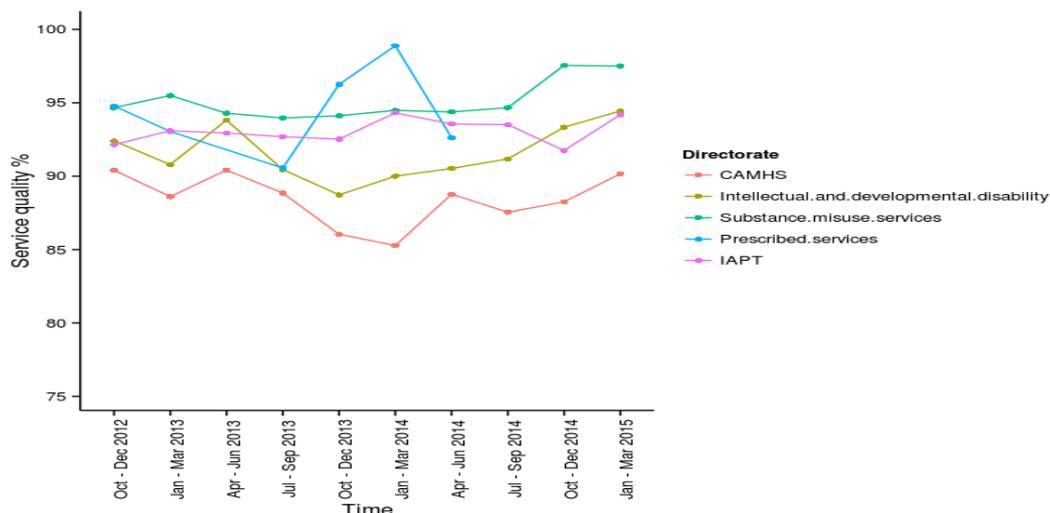
At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

The most recent Adult Mental Health overall score is accurate to within  $\pm 5.8$  points  
 The most recent Mental Health Services for Older People overall score is accurate to within  $\pm 2.2$  points

The most recent Specialist Services Directorate overall score is accurate to within  $\pm 3.1$  points

The results above indicate that there is uncertainty in the scores for all the Directorates.

### SPECIALIST SERVICES DIRECTORATE



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

The most recent CAMHS (Child and Adolescent Mental Health Services) overall score is accurate to within  $\pm 3.4$

The most recent Intellectual and Developmental Disability overall score is accurate to

within  $\pm 3.9$

The most recent Substance Misuse Services overall score is accurate to within  $\pm 1.2$

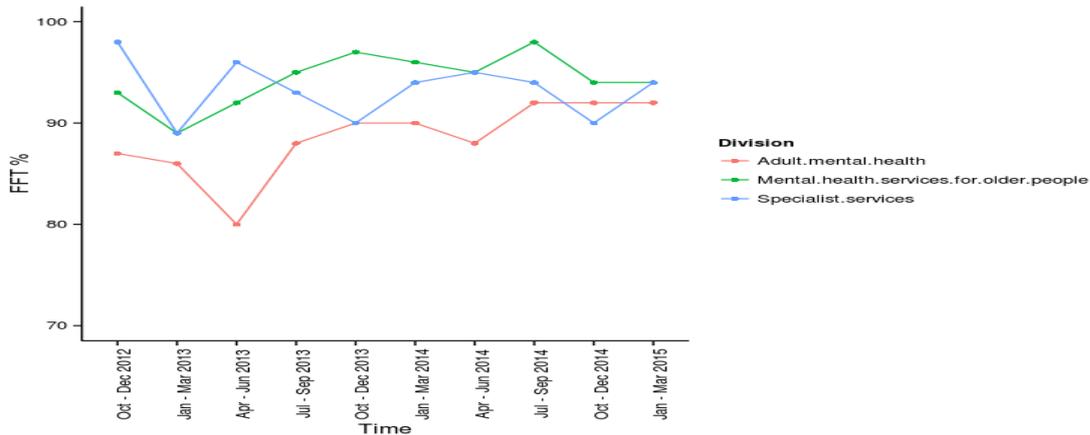
The most recent Prescribed services overall score is accurate to within  $\pm 3.3$

The most recent IAPT ((Improving Access To Psychological Therapies) overall score is accurate to within  $\pm 1.6$

The results above indicate that there is uncertainty in all the scores except IAPT for all the workstreams.

## 6.2 FRIENDS AND FAMILY TEST

### LOCAL SERVICES DIVISION



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

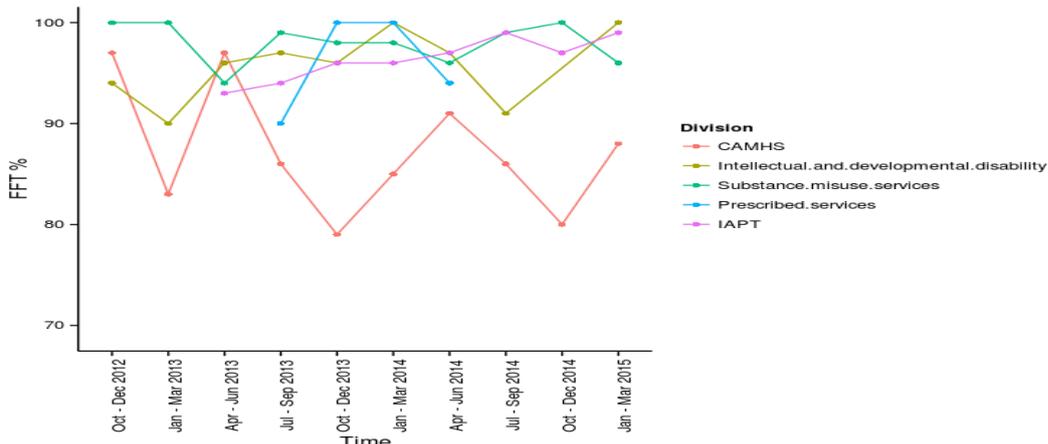
The most recent Adult Mental Health overall score is accurate to within  $\pm 10.7$  points

The most recent Mental Health Services for older people overall score is accurate to within  $\pm 4.3$  points

The most recent Specialist Services overall score is accurate to within  $\pm 5.7$  points

The results above indicate that there is uncertainty in the scores for all the Directorates.

### SPECIALIST SERVICES DIRECTORATE



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

- The most recent CAMHS (Child and Adolescent Mental Health Services) overall score is accurate to within  $\pm 8.8$
- The most recent Intellectual and Developmental Disability overall score is accurate  $\pm 0$
- The most recent Substance Misuse Services overall score is accurate to  $\pm 3$
- The most recent Prescribed Services overall score is accurate to within  $\pm 10.2$
- The most recent IAPT (Improving Access to Psychological Therapies) overall score is accurate to within  $\pm 1.2$

The results above indicate that there is uncertainty in all the scores except IAPT for all the workstreams.

**6.3 UPDATE FROM IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES**

In the Patient Voice Report in February 2015 we focused on Improving Access to Psychological Therapies and they key issues raised from survey feedback. Below are some developments since that meeting:

ISSUE	AGREED ACTION	TIMESCALE
Waiting Times	<p>Nottingham City/County: Service has recruited 6.0 whole time equivalent Cognitive Behavioural Therapists (CBT) therapists to work on waiting list initiative and focus on longest waits within City/County/. These staff are due to start at beginning of June.</p>	
	<p>We are also piloting in Ashfield/Mansfield a Pre Therapy group which again starts the therapy pathway and hopefully will reduce drop out from the service.</p>	June 2015
	<p>All patients are being offered Silver Cloud ( online therapeutic and psycho-education programs) if clinically appropriate. We now have had 1040 patients given access to Silver Cloud and so far 625 have completed.</p>	June 2015
	<p>Leicestershire &amp; Rutland: Currently waiting times within Leicestershire &amp; Rutland, at certain surgeries, for both assessment and High Intensity treatment, are excessive due to staff vacancies that arose in the autumn of last year, and difficulty with recruitment, particularly of Psychological Wellbeing Practitioners (PWPs). Since that time we have recruited 7 Low Intensity workers, 3 CBT High Intensity workers and 5 Counsellors. This recruitment process will only be completed on the 1<sup>st</sup> June 2015. This has created long waiting times, however, now we are at full establishment there will be a slow reduction in waiting times. Additionally, cost savings in other parts of the service have enabled us to start recruiting 5 further Low Intensity workers. Once they are established this will allow the service to reduce waiting times and improve access rates.</p>	June 2015

<p>Communication</p>	<p>Nottingham City/County:</p> <p>Telephone screening assessments were introduced for staff safety after a number of incidents from patients who had self-referred to the service and we had no past history information. Majority of the referrals to the service are now via self-referral and the initial contact is always by phone unless the patient requests a face to face appointment. This is mainly required for patients with disabilities, patients requiring an interpreter or hearing difficulties.</p> <p>The benefits of telephone assessment are:</p> <ul style="list-style-type: none"> <li>• Convenient for people who work/have child care issues</li> <li>• More cost effective</li> <li>• Efficient use of staff time</li> <li>• Limited clinical space in community so this reduced the need and allows the space we do use for treatment appointments</li> </ul> <p>We have recently reviewed our self-referral leaflet to explain the initial assessment process so this is expected.</p> <p>The service has introduced a new online self-referral portal (with QR code for ease of access) and a new patient portal so they can access the session outcome measure on line and complete them before each treatment session.</p> <p>All or patient letters have been review with input from 8 service users from the Involvement Centre to make them “softer” and more patient friendly</p> <p>Where patients cannot or do not want to access online information such as Silver Cloud then we do send self-help material via the post.</p> <p>Leicestershire &amp; Rutland:</p> <p>We have developed a whole range of leaflets including those about the Mental health Facilitator Service, Self-referral, CBT, Anxiety, Mindfulness, Counselling, IPT (Interpersonal Psychotherapy), PWP Treatment</p> <p>We have also introduced an e-portal for self-referral.</p> <p>We have had new IT and telephone services installed which we hope will be fully functioning by the end of May.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Ongoing</p>
<p>Service Quality/ Outcomes</p>	<p>Nottingham City/County: The service is currently commissioned to provide:</p> <ul style="list-style-type: none"> <li>• Step 2 CBT (Mild)</li> <li>• CBT</li> <li>• IPT for depression</li> <li>• Counselling for depression</li> </ul> <p>To enhance the service we also provide:</p> <ul style="list-style-type: none"> <li>• EMDR (Eye Movement Desensitisation and reprocessing)</li> <li>• Mindfulness groups</li> <li>• Mindfulness for Cancer patients (at Maggie’s)</li> </ul> <p>The service works to NICE (National Institute for Health and Care Excellence) guidance and so if a patient is presenting</p>	



Services are provided on a community, day and inpatient basis.

- **Inpatient** – 90 beds are based across Millbrook Mental Health Unit, Bassetlaw General Hospital and Highbury Hospital.
- **Community** –Community Mental Health Teams (CMHT) provide community based assessment and treatment for people of any age living with dementia and those people over the age of 65 years who are experiencing functional mental health problems. Community services also comprise of Working Age Dementia (WAD), Intensive Recovery Intervention Service (IRIS), Memory Assessment Services (MAS) and Dementia Outreach Services (DOT) into care homes.
- **Day Services** – There are two Day Service units/hubs. The South Day Services Unit has bases at St Francis Hospital, Stapleford Care Centre and Lings Bar Hospital. Lawrence Day Services are the hub for Bassetlaw, Ashfield, Mansfield, Newark and Sherwood areas. The teams at Orchard and Oakland’s Day Services are managed and supported by the Lawrence Day unit at Millbrook. Cognitive Stimulation Therapy (CST) is also provided for patients with Working Age Dementia.

In addition, MHSOP also host Rapid Response Liaison Psychiatry teams at QMC and King’s Mill Hospital on behalf of the Local Services Division.

### 7.1 HEADLINES

	February to April 2015	Previous feedback period, November 2014 to January 2015
Service Quality Rating	90%	92%
Friends and Family Test Score	94%	93%
Number of Responses	247	173

### 7.2 MAIN ISSUES RAISED

There are a range of feedback mechanisms that are used in Mental Health Services for Older People to capture feedback, including:

- The use of Feedback forms which is used by all Wards and Teams. Hard copies of the Feedback form are used as well as accessing the form via iPADS.
- Volunteers have been tried in some areas to help collect feedback on the Feedback Forms. Whilst other services, for example Mental Health Liaison Service, have contacted individuals by telephone following contact, to ask the Feedback questions.
- Patient Opinion. Patients, Carers, Families and Friends are encouraged to provide feedback either through the website independently, or with the assistance of staff who clearly identify that they are posting on behalf of an individual. Patient Opinion leaflets are also available to enable written or telephone responses.

- Ward areas also regularly have Carers and/or Patient Council meetings and events for patients and carers where feedback is actively encouraged.
- The 'You said, We Did' Posters are used across the directorate to demonstrate changes made to feedback.
- Day Hospital Services have also used bespoke questionnaires to evaluate new treatment groups.
- PLACE (Patient-Led Assessments of the Care Environment) audits are undertaken on the Inpatient Wards.
- Cards and letters sent to Wards/Teams.

### 7.2.1 Feedback Survey

Below we outline the main issues raised from over the last three months and the Trust survey comments and Patient Opinion stories.

The main themes from the **"Improve one thing"** comments from the survey. We received 109 responses to this question in the last 3 months and 407 in the 12 months previous to that (February 2014 to January 2015).

Category	% of overall total February to April 2015	Main issues last 3 months February to April 2015	Main issues for the previous 12 months February 2014 to January 2015
Access to Services	31%	1. Availability of Services 22.4%	1. Availability of Services 16.9% 4.= Waiting Times 4.7% 4.= Other 4.7%
Care/Treatment	13.4%	2. Activities 9.0% 4.= Appointments 4.5%	2. Activities 6.4%
Service Quality/outcomes	10.4%	3. General 6.0%	
Communication	10.5%	4.= Staff/service user 4.5%	3.= Staff/service user 5.5%
Environment/facilities	10.5%	4.= Parking/transport 4.5%	4.= Parking/transport 4.7%
Food	10.5%	4.= Quality/quantity 4.5%	

### 7.2.2 Patient Opinion

Mental Health Services for Older People have encouraged patients and carers to give feedback and comment on our services via Patient Opinion. Between the 1<sup>st</sup> November 2014 and the 24<sup>th</sup> April 2015, 30 postings were made. Four of the postings were from patients, 3 were from carers/friends and 23 were postings by staff on behalf of patients/carers/relatives.

The feedback from the Patient Opinion postings has been very positive. General themes identified by patients, carers and friends are that of feeling listened to, receiving good care and support, and being more confident and motivated. Only two postings identified areas for improvement and these were around transport issues and a carer who reported he had ‘no opportunity to discuss his wife’s condition’.

**7.2.3 Other Feedback (including from Complaints, the Patient Advice and Liaison Service, Patient and Carer Forums and other sources)**

Services receive many thank you cards and letters providing positive feedback about the services. However, feedback from other sources has identified a need to improve the care of older people with Personality Disorder and Asperger’s Syndrome.

**7.2.4 Key issues to address**

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

<b>Issue Raised</b>	<b>Response (Action taken or planned)</b>
<p>Improve the identification and care of older people with Personality Disorder.</p>	<ul style="list-style-type: none"> <li>• Training for staff members has been identified.</li> <li>• A one year NICE(National Institute for Health and Care Excellence) funded project has been agreed to take this work forward starting in April 2015. It will be managed by Dr David Connelly and led by Javid Khaliq</li> </ul>
<p>Availability of Services and Waiting times</p>	<ul style="list-style-type: none"> <li>• A large number of comments received about access to services are from individuals who wish to remain within our services. For example, people attending Cognitive Stimulation Therapy (CST), which is a time limited therapy; and those within IRIS (Intensive Recovery Intervention Service) who do not wish to be transferred to other care providers once treatment is complete.</li> <li>• The Directorate is currently investigating the possibility of a proposal to redesign services provided by CMHTs (Community Mental Health Teams) and Day Hospitals. These services would work together within a Mental Health Treatment Centre model consisting of an assessment pathway, resulting in clear formulation and access to targeted, evidence based treatments.</li> <li>• A seven day service is now operational in all south IRIS/MHIR Teams. Not all have 7 – 10pm registered clinician cover yet due to recruitment, but all have at least 9-5pm covered with clinicians 7 days a week. Costings to mirror this have previously been submitted to the North of the County. Discussions have commenced regarding links with AMH crisis services for MHSOP patients.</li> <li>• Individual Teams are also identifying ways of</li> </ul>

	<p>working to reduce any waiting times. For example, Rushcliffe CMHT and IRIS meet daily to identify which Team is the most suitable to assess an individual patient. They also noted that the Memory Assessment and Diagnostic clinics were having missed appointments. To improve this, they now telephone service users the day before to remind them.</p>
Staffing Levels	<ul style="list-style-type: none"> <li>Following the redeployment of staff from the closure of Daybrook Ward, all ward managers are now being asked to ensure their wards are fully established filling the few remaining vacancies. New shift patterns are now being utilised. All wards have increased psychology, activity coordinators and AHP staff.</li> </ul>
Transport	<ul style="list-style-type: none"> <li>The South Day Unit Services have recently changed their way of working. They now have sessional activities which take place in the morning, so all transport is arriving to collect patients before 1.30pm. Staff will continue to monitor any issues.</li> </ul>
Communication	<ul style="list-style-type: none"> <li>Cherry Ward now has a new Consultant who has extra sessions on the ward to take into account the increasing workload. She is now on the Ward Monday – Thursday and is aware of the process to put up times for her appointments with patients for her ward reviews on the board in the day room.</li> <li>The Ward Manager on Cherry Ward will also raise with staff in supervision that patients have commented they would like more 1:1 time with staff and more discussion regarding leave and discharge. This will also be highlighted with the medics.</li> <li>Lawrence Day Services offer a Carers Event at the end of the CST (Cognitive Stimulation Therapy) group to discuss sign-posting to other services in the area. However, if carers are unable to attend, individual appointments are offered.</li> <li>Broxtowe CMHT provide a Team leaflet with contact details at the first appointment. Staff will regularly check that a person has the contact details and if necessary encourage the person to record this in a place that has meaning for them.</li> </ul>

### 7.2.5 Comments/stories about the main issues raised

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

#### Communication

*'More regular discussions with key worker (improved communication)' (Cherry Ward)*

*'Adequate explanations as to what happens after CST' (Lawrence Unit)*

### **Availability of Service**

*'Telephone number – ease of contact' (Broxtowe CMHT)*

*'Continuity of care indefinitely. Not to hand over to a different care agency'.  
(Mansfield and Ashfield IRIS)*

*'The group carried on longer' (Working Age Dementia Day Services)*

*'More days and more hours here' (Parkside Day Hospital).*

*'To be longer. You get into things then get settled in, it finishes. I would like it to be longer. I have liked it.'* (Lawrence Unit)

*'Longer term service' (Gedling IRIS)*

*'I would like this to be longer duration' (Parkside Day Hospital)*

### **Staffing Levels**

*'More staff' (Cherry Ward)*

*'More staff on wards where needed' (Bassetlaw CMHT)*

### **Parking/Transport**

*'Transport not on time having to wait a long time' (Broxtowe Day Unit)*

## **7.3 MAIN COMPLIMENTS RECEIVED**

The main themes from the **'BEST THING'** comments from the survey are shown below. We received 166 responses to this question in the last 3 months and 870 in the 12 months previous to that.

<b>Category</b>	<b>% of overall total February to April 2015</b>	<b>Main 'Best thing' comments last 3 months February to April 2015</b>	<b>Main 'Best thing' comments for the previous 12 months February to April 2015</b>
Staff/Staff Attitude	32.2%	1, Helpful/caring/friendly 23.9% 4. General 5.7%	1, Helpful/caring/friendly 21.6% 3. General 7.1%
Care/treatment	20.0%	3. Social Environment 9.6%	2. Social Environment 10.8%
Service Quality/outcomes	29.6%	2. Quality of care/service 17.0% 5. General 5.2%	4.= Quality of care/service 17.0% 4.= General 6.7%

### **7.3.1 Comments/stories about the best things about the service**

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

*“If I could outline and describe in a clear way the attributes of staff on Kingsley Ward I would find the following words, gentle, supportive, understanding, friendly, caring, intelligent, well trained, energetic, enthusiastic, kind, professional and committed to therapeutic care. If I had to summarise the Ward procedure, I would comment that it is relaxed, alert, disciplined and creatively flexible.” (Exert from letter to Kingsley Ward)*

*‘Very good listeners’ (Cherry Ward)*

*‘Listening to me. Not judging me.’ (Rapid Response Liaison Psychiatry Team)*

*‘Helpful without being overpowering. Talk to you without hesitation which is an important thing’ (Broxtowe CMHT)*

*‘She wasn’t in a rush – often health professionals seem to be in a hurry and not really listening’ (Gedling and Hucknall CMHT)*

*‘I was made welcome and helped with any problems’ (Lawrence Unit)*

*‘Very helpful and understanding. Thank you very much X and X’ (Rushcliffe CMHT)*

*‘The support from your wonderful staff and nothing was too much trouble. I really wouldn’t have known what to do without them. The team we had was so professional and only wish we had them all the time.’ (Mansfield and Ashfield IRIS)*

*‘Staff – Friendliness and support excellent.’ (Parkside day Hospital).*

*‘The personal care, understanding and compassion we received from X and Y was outstanding, helping significantly to reduce the anxiety of my father’s condition.’ (Newark and Sherwood MAS)*

*‘The hospital has been a great help. The girls have been a big help.’ (St Francis Day Hospital)*

*‘Excellent service – staff supportive.’ (B1)*

*‘The whole experience was very professional from start to finish.’ (City South CMHT)*

*‘Getting diagnosed properly’ (Mansfield and Ashfield CMHT)*

*‘If I needed support the staff were there for me.’ (Broxtowe IRIS)*

*‘That my mum felt happy, relaxed and enjoyed the group. Staff were very approachable and contacted myself (as daughter) where necessary.’ (Working Age Dementia Day Services).*

*‘All round care was very good.’ (Mental Health Liaison Team)*

*‘Attended the Memory Assessment Service with my wife. We were treated well, given the time to ask questions and felt listened to. I can’t think of anything to improve the service it was very good and the best thing was that my wife will now get diagnosed properly.’ ( Patient Opinion)*

*'The speech therapist, Margaret, helped us manage better when no-one else seemed to be able to help. She gave us support and encouragement.'* (Patient Opinion)

*'Feedback from service user: The care I received was far greater than expected. The team was superb at their job. Kind, caring, very supporting. I felt relaxed and looked forward to their daily visits. I can't thank you enough, so sorry to lose this service. Thank you. To treat other patients like I have been treated, then they will have no problem.'* (Patient Opinion)

*'Feedback received from a service user's relative: Please pass my sincere thanks to all of the team. Increased confidence following support from the Mansfield and Ashfield Intensive Recovery Intervention Service. I have taken my mum to Asda for the first time in ten months, my mum's confidence is loads, loads better. My mum is even wanting to show off about being able to walk further. I feel this is all down to the work you have been doing with my mum to increase her confidence, I can't thank you enough.'* (Patient Opinion)

## **8. INVOLVEMENT & EXPERIENCE ACTIVITIES IN MENTAL HEALTH SERVICES FOR OLDER PEOPLE**

Mental Health Services for Older People (MHSOP) Directorate has been ensuring that all of the Teams and Wards are actively seeking feedback and have a Team or Ward Involvement Lead/Champion.

The Directorate has also promoted the posting of feedback on Patient Opinion and has worked to increase the number of staff who can post on the site as well as those who can respond. Patients, carers, families and friends who are able to post independently are encouraged to do so, and we also have hard copies of Patient Opinion leaflets available to enable people to write their feedback and send it by mail if preferred. As many of the patients within our service have memory difficulties, which can make posting on the site difficult, staff are able to post comments on behalf of the individual with their agreement. All Teams and Wards have access to an iPad to enable this. The iPads also have access to the Feedback form. The inpatient Wards have been using the Feedback questionnaire both via an iPad and paper format.

The Mansfield and Ashfield IRIS Team have been particularly successful in achieving postings on Patient Opinion. The team have taken a positive approach to any feedback they receive and have used Patient Opinion to demonstrate this. Staff members have posted on behalf of patients and their carers or relatives and responses to these postings are continually within the 48 hour guideline.

There are a number of teams within MHSOP who are becoming progressively more active in identifying ways that they can seek and increase feedback, particularly in areas where due to the complexities of their patients and services provided this has been difficult. For example, within the Mental Health Liaison Team, a worker contacts patients by telephone where possible, to ask the questions on the Feedback form.

Feedback on the Wards is also gained through Carer or Patient Meetings and PLACE audits have recently been undertaken.

Mansfield and Ashfield Community Mental Health Team are increasing the amount of feedback they receive. They have identified specified hours within a Team member's role to focus on Patient Involvement and Experience. As well as requesting that staff members distribute Feedback forms when they discharge a patient, the Team also have a day a month where they ask all team members to give out a Feedback form.

Day Services within MHSOP continue to gain a high level of response rate to the Feedback questionnaires. These services actively encourage patients/service users to complete the Feedback form at the end of their period of treatment and completed forms can be left / posted within the Day Hospital on their final day.

## **9. RECOMMENDATION**

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

**Paul Sanguinazzi**  
**Head of Involvement**

**Dean Howells**  
**Executive Director - Nursing, Quality & Patient Experience**