

**TRUST BOARD**  
**25 June 2015**

**Nursing, Quality & Patient Experience Directorate**  
**INVOLVEMENT AND EXPERIENCE REPORT**

## **1. INTRODUCTION**

This is the quarterly Service User and Carer Experience report produced for the consideration of the Board.

The **PURPOSE OF THIS REPORT** is to:

1. Inform the Board of the national, local and internal context within which our involvement and experience work fits.
2. Identify the headline results, key themes and trends from patient experience feedback across the Trust and the three divisions.
3. Highlight the action directorates are taking in response to patient experience feedback.
4. Highlight the impact Involvement is having on our culture, our services and in peoples' lives.
5. Outline the strategic direction of our involvement and experience work.

### **THE TRUST'S APPROACH TO INVOLVEMENT AND EXPERIENCE**

Nottinghamshire Healthcare puts service user and carer involvement and experience at the heart of its services. We have adopted a pioneering approach that makes involvement and experience a key part of the culture of the organisation and are proud of our achievements in this area and the national recognition we have received for this.

Our approach is based on working in partnership with service users, carers and members to change services, change organisational culture and change the individual lives of those who are involved. We ensure that service user and carer needs, views, aspirations, recovery and well-being are at the heart of what we do in the Trust.

Our unique approach includes two unique involvement centres, volunteering and befriending services and strong membership engagement.

One of our three involvement aims is to change services by listening and responding to service user and carer views and aspirations.

We have an Involvement Strategy and produce an annual Involvement Business

Plan, against which monitor our progress and report to the Board, the Quality and Risk Committee and various Divisional and Directorate Governance and Compliance Groups.

Our work to involve and be influenced by the views of service users, carers, families and volunteers fits with the Trust's POSITIVE values, the patient experience priorities set out of the NHS Outcomes Framework 2015/16 and the NHS Five year Forward Plan.

We have carried out the Service User Experience Feedback survey since June 2009, since its launch we have received 89 470 responses to the survey.

We have worked closely with the national online feedback organisation Patient Opinion to ensure that we listen and respond to patient stories. We have had 2312 postings since November 2009.

The Trust also actively promotes the use of its Patient Advice and Liaison Service (PALS) and Complaints as ways of obtaining feedback and resolving issues raised.

The Trust also involves services users and carers in a range of forums, meetings and events to listen to their views on particular services. These include Patient and Carer Forums in Forensic Services, meetings to discuss the Divisions' future plans and service users and carers participating in the Trust's Executive Leadership Council (ELC).

## **2. CONTEXT AND STRATEGIC DIRECTION**

### **2.1 NATIONALLY**

#### FRIENDS AND FAMILY TEST (FFT)

We began rolling this out according to the national guidance in January 2015, although we have been asking the question for over two years. The January's Community and Mental Health FFT data is now published on the NHS England website and can be found here: <http://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/>

#### COMMITMENT TO CARERS

Neil Churchill, Director for Patient Experience at NHS England, has said during National Carers Week (8-14 June) that supporting carers is at the heart of our [Five Year Forward View](#) for the NHS. He cited the [Carers Health Team run by Sussex Community NHS Trust](#) which works directly with carers and will develop individual strategies for each carer with an aim to reduce the strain of coping with their caring role.

### **2.2 INTERNALLY**

#### INVOLVEMENT, EXPERIENCE AND VOLUNTEERING - FUTURE PLANS

We are continuing to review our involvement, experience and volunteering across the organisation. We held a Board Development Session on 14<sup>th</sup> May and will continue to discuss the plans with staff, volunteers and members. We are looking at bringing a revised strategy to the Board in September 2015.

#### CARERS' STRATEGY /TRIANGLE OF CARE

We are looking at amending our Carers Strategy to incorporate the Triangle of Care implementation. With Carers Leads from all three Divisions we attended a Regional Triangle of Care Meeting to learn from other organisation in the Midlands who are implementing it.

**To launch our strategy we are running a Trust Carers Conference on 7<sup>th</sup> July**, at Goosedale Conference Centre, Papplewick. The event aims to improve how we involve, support and communicate with carers as well as celebrating achievements and best practice.

We are also undertaking the **annual Carers Survey in June 2015**. The survey has been sent to all teams in the Trust and is also available online here: <https://www.surveymonkey.com/s/carers-survey-2015> .

#### 'YOUR FEEDBACK MATTERS' WEBSITE

During the three months (March to May 2015), the website has seen 2684 unique visitors, and a total of 16 670 page views. Since its launch in April of last year, the website has seen 12 216 unique visitors and a total of 72 989 page views.

We are continually reviewing and improving the website and have uploaded more changes to the website so that people can see how services have responded to their feedback.

#### INVOLVEMENT IN SERVICE CHANGES WITHIN THE LOCAL SERVICES DIVISION

We are working with Local Services on two proposed engagement exercises around community and rehabilitation services in Adult Mental Health.

We are also supporting the consultation around the relocation of Child and Adolescent Mental Health Services and the Mother and baby Unit.

#### SOCIAL MEDIA

The Involvement Team have been active with their Twitter account and a blog. Since late February we have posted 343 tweets that have created over 34 000 impressions. We have tweeted about what is going on at the Involvement Centres, volunteering, involvement and consultation opportunities, the Carers Survey, our Patient Voice Reports and exchanged tweets with Patient Opinion Australia.

Follow us at <https://twitter.com/InvolveT1>

and read the blog at <https://involvementvolunteeringexperience.wordpress.com> .

We have posted over 40 blogs since March.

### **3. INSIGHT / ANALYSIS**

The headline indicators from the Trust Feedback Survey and Patient Opinion appear in this month's Patient Voice Report for the Board. Further detail can be found at: <http://feedback.nottinghamshirehealthcare.nhs.uk/>

In analysing patient experience data from the Trust's feedback website for March to May 2015, and comparing with the preceding twelve months (March 2014 – February 2015), we are able to identify key positive and negative themes for the Trust as a whole, and for each division.

### 3.1 TRUST-WIDE

#### Positives

We received 3856 responses to the 'Best thing about the Service' question between March and May 2015. The most frequently raised issues are listed below.

Category	% of overall total March and May 2015 (previous 12 months)	Most prevalent compliments March and May 2015	Most prevalent compliments over previous 12 months
Staff/Staff attitude	38.3% (38%)	1. Helpful/Caring/Friendly (22.6%)	1. Helpful/Caring/Friendly (18%) 3=. General (6%) 5.= Other (5%)
Care/Treatment	19.0% (20%)	4.=Other (5.0%) 2. General (5.4%)	2. General (8%) 5.= Other (5%)
Service Quality/ Outcomes	22.7% (20%)	3. Advice/support (5.3%)	3=. Advice/Support (6%) 5=. General (5%)
Communication	13.9% (13%)	4.= Being listened to (5.0%)	5.= Being listened to (5%)

#### Negatives

We received 2235 responses to the 'Improve one thing' question between March and May 2015. The most frequently raised issues are listed below.

Category	% of overall total March and May 2015 (previous 12 months)	Most prevalent issues March and May 2015	Most prevalent issues over previous 12 months
Access to Services	26.0% (21%)	1. Availability of Services (12.7%) 3. Waiting time (6.0%)	1=. Waiting time (9%) 2.= Other (8%) 5.= Availability of Services (5%)
Communication	18% (21%)	5. Availability of information (4.5%)	1=. Other (9%)
Care/Treatment	22.1% (23%)	2. Appointments (7.6%) Other (5%) 4. Activities (5.5%)	4. Appointments (6%) 5.= Other (5%)

## 3.2 DIVISIONAL BREAKDOWN

### LOCAL SERVICES

#### Positives

We received 718 responses to the Best thing question between March and May 2015. The most frequently raised issues are listed below.

Category	% of overall total between March and May 2015 (previous 12 months)	Most prevalent compliments between March and May 2015	Most prevalent compliments over previous 12 months
Staff/staff attitude	33.7% (32.7%)	1. Helpful/Caring/ Friendly (20.5%) 4. General (7.3%) Supportive (6%)	1. Helpful/Caring/Friendly (15.1%) 5. General (6.1%)
Service Quality/Outcomes	32.7% (34.5%)	2. Quality of care/service (15.9%) 5. Improvements in Mental Health (5.9%)	2. Improvements in Mental Health (8.4%) 4. Quality of Care/Service (6.2%) 3. General (7.9%)
Communication	14.1% (8.9%)	3. Being listened to (8.4%)	

#### Negatives

We received 379 responses to the 'Improve one thing' question between March and May 2015. The most frequently raised issues are listed below.

Category	% of overall total March and May 2015 (previous 12 months)	Most prevalent issues March and May 2015	Most prevalent issues over previous 12 months
Access to Services	37.9% (34.2%)	1. Availability of services (20.7%) 2. Waiting time (7.4%)	1. Availability of services (15.3%) 2. Waiting time (9.7%) 5. Other (4.4%)
Care/Treatment	18.0% (19.3%)	3. Medication (4.3%) 4. Appointments (3.9%)	3. Activities (5.2%) Approach to care (5%)
Communication	17% (16.8%)	5. General (3.5%)	4. Staff/Service user (5.0%)

### FORENSIC SERVICES

#### Positives

We received 63 responses to the best thing question between December 2014 and February 2015. The most frequently raised issues are listed below.

<b>Category</b>	<b>% of overall total March and May 2015 (previous 12 months)</b>	<b>Most prevalent issues March and May 2015</b>	<b>Most prevalent issues over previous 12 months</b>
Service Quality/Outcomes	47.1% (21.8)	1. Quality of care/service (18.6%) 2. Advice/support (14.3%) 4. Improvements in Mental Health (7.1%)	3. Quality of care/service (6.2%)
Staff /Staff attitude	21.4% (32.1%)	3. General (11.4%) 5. Helpful/caring/friendly (7.1%)	1.Helpful/caring/friendly (11.5%) 4. Respect (4.9%) 5. General (4.4%)
Communication	8.6% (14.2%)		2. Being listened to (10.4%)

### Negatives

We received 62 responses to the 'Improve one thing' March and May 2015. The most frequently raised issues are listed below.

<b>Category</b>	<b>% of overall total March and May 2015 (previous 12 months)</b>	<b>Most prevalent issues March and May 2015</b>	<b>Most prevalent issues over previous 12 months</b>
Access to services	25.5% (23.8%)	1. Availability of services (10.6%) 2. Waiting time (8.5%)	1.Waiting time (17.0%) 5.Availability of services (4%)
Service Quality/outcomes	12.8% (5.6%)	3. Advice/support (8.5%)	
Care/Treatment	19.2% (29.1%)	4. Approach to care (6.4%)	2.Medication (7.5%) 3. Approach to care (5.6%) 4. Appointments (5.3%) 5. Activities (4.5%)
Communication	8.5% (9.8%)		
Staff/Staff attitude	8.5% (16.6%)		

## HEALTH PARTNERSHIPS

### Positives

We received 3074 responses to the Best thing question between March and May 2015. The most frequently raised issues are listed below.

Category	% of overall total March and May 2015 (previous 12 months)	Most prevalent compliments March and May 2015	Most prevalent compliments over previous 12 months
Staff/staff attitude	39.6% (39.5%)	1. Helpful/Caring/Friendly (23.4%)	1. Helpful/Caring/Friendly (18.9%) 4. Other (6.5%)
Care/Treatment	20.4% (22.5%)	2. General (6.5%) 3. Other (8%)	2. General (8.5%) 3. Other (8.3%)
Service Quality/Outcomes	20.1% (18.1%)	4. Advice/Support (5.6%)	5. Advice/Support (6.2%)
Communication	14.0% (14.0%)	5. Staff/service user (5.1%)	

### Negatives

We received 1813 responses to the 'Improve one thing' question between March and May 2015. The most frequently raised issues are listed below.

Category	% of overall total March and May 2015 (previous 12 months)	Most prevalent issues March and May 2015	Most prevalent issues over previous 12 months
Communication	19.9% (25.4%)	5. Other (5.4%)	1. Other (14.7%)
Access to Services	22.6% (23.3%)	1. Availability of services (10.4%) 4. Waiting times (5.4%)	2. Other (10.7%)
Care/Treatment	23.5% (19.4%)	2. Appointments (9.1%) 3. Activities (6.4%)	3. Other (8.0%) 4. Appointments (6.6%)
Environment/Facilities	14.0% (10.9%)		5. Other (6.3%)

### 3.3 DIRECTORATE BREAKDOWN

At Directorate level, Service Leads have been asked to collate feedback from the feedback survey and any other mechanisms they use to identify three key issues that they will focus on improving over the next quarter.

In this section we detail the three key areas for each Directorate, the action they commit to undertaking and the desired outcome of the work. These three key

areas of work form a part of the overall action each Directorate is expected to take as a result of the feedback they receive each quarter.

## **LOCAL SERVICES**

### **ADULT MENTAL HEALTH (AMH)**

ISSUE	AGREED ACTION	TIMESCALE
Increase carer involvement and support	<ul style="list-style-type: none"> <li>Reprinted Carers Guide booklet to be distributed to carers</li> <li>Staff to attend the Carers Conference on 7<sup>th</sup> July</li> </ul>	July 2015
No Force First	<ul style="list-style-type: none"> <li>To be agreed once Project Lead in post.</li> </ul>	May 15
Improving Ward Rounds	<ul style="list-style-type: none"> <li>The Ideal Ward Round project with the Involvement Centre is carrying out surveys with inpatients, discharged patients, carers and staff to find out about people's good and poor experiences of ward rounds</li> <li>Focus Groups to develop this work are planned for October.</li> </ul>	Oct 15
<p>Update on activity stated for previous quarter:</p> <ul style="list-style-type: none"> <li>Increase carer involvement and support: <ul style="list-style-type: none"> <li><i>'Guide for Carers, Families and Friends' for people caring for someone in our mental health services has been updated by the Involvement Team and distributed to teams.</i></li> <li><i>Medication for mental illness leaflet produced for carers</i></li> </ul> </li> <li>Improve communications: <ul style="list-style-type: none"> <li>No update received</li> </ul> </li> <li>No Force First: <ul style="list-style-type: none"> <li><i>Successful bid to National Institute for Health and Care Excellence (NICE) for No Force First Project Lead. The post is being advertised.</i></li> </ul> </li> </ul>		

### **MENTAL HEALTH SERVICES FOR OLDER PEOPLE (MHSOP)**

ISSUE	AGREED ACTION	TIMESCALE
Out of hours service	<ul style="list-style-type: none"> <li></li> </ul>	
Staffing Levels on wards	<ul style="list-style-type: none"> <li>All ward managers are now being asked to ensure their wards are fully established filling the few remaining vacancies. New shift patterns now being utilised.</li> <li>All wards have increased psychology, activity coordinators and AHP staff.</li> </ul>	
More activities are requested spread throughout the week on Cherry Ward	<ul style="list-style-type: none"> <li>Ward Manager to speak with nursing staff, AHP and Activity Coordinators to look at how to provide a more even spread of activity throughout the week.</li> <li>Discuss in Patient Meetings</li> </ul>	
<p>Update on activity stated for previous quarter:</p>		

- Out of hours service:
  - 7 day service is now operational in all south IRIS / MHIR teams. Not all have 7-10 clinician cover yet due to recruitment but all have at least 9-5 covered with clinicians 7 days a week.
- More knowledge about Alzheimer's – how it starts and how it progresses: No update received.

## SPECIALIST SERVICES DIRECTORATE (SSD)

ISSUE	AGREED ACTION	TIMESCALE
Access to services: availability of services	<ul style="list-style-type: none"> <li>• The Children and Young People's Strategy 'One Door, Many Pathways' is a five year strategy and is transforming the services, ensuring services are more accessible. We are currently consulting on proposals to create a new hub for Child and Adolescent Services and Perinatal Services</li> </ul>	Consultation ends in September 2015
Access to Services: Other: Improve information about how to access services and what to expect.	<ul style="list-style-type: none"> <li>• Lead to ensure the Trust directory will stay up to date on the website. All teams to be made responsible for ensuring information relating to their services are up to date, relevant and provides basic essential information on how to access help etc.</li> </ul>	November 2015
Access to services: length of waiting times	<ul style="list-style-type: none"> <li>• On a two-weekly basis, all teams are sent a list of long waiters to check whether they are genuine, or whether they are data errors. We also have to report over 26 week waiters on an exception report every month.</li> <li>• We plan to investigate any opportunities to improve the rate of did not attend appointments and to consider if some patients could fill these appointments at short notice.</li> </ul>	Review every two weeks  March 2016
<p>Update on activity stated for previous quarter:</p> <ul style="list-style-type: none"> <li>• <i>Access to services - availability of services:</i> An ongoing issue (see above)           <ul style="list-style-type: none"> <li>◦ A Commissioner's model has been agreed and work has taken place to produce working models. Patient and carer voice has been heard through engagement work.</li> </ul> </li> <li>• <i>Access to Services - Other: Improve information about how to access services and what to expect.</i> <ul style="list-style-type: none"> <li>◦ Lead identified to ensure that the service directory on the Trust is up to date.</li> </ul> </li> <li>• <i>Access to services - length of waiting times</i> <ul style="list-style-type: none"> <li>◦ Actions have taken place over the last three years ensuring substantial reductions in the length of waiting time. Data evidence supports this.</li> <li>◦ Patients in IAPT have requested longer appointment times, the service operates on an Evidence Based Practice model so this would not be appropriate.</li> </ul> </li> </ul>		

## **FORENSIC SERVICES**

### **ARNOLD LODGE**

ISSUE	AGREED ACTION	TIMESCALE
Patients would like to be provided with information before they are admitted stating what items they are allowed to bring to Arnold Lodge as well as general information about the Unit.	A scoping exercise is currently being undertaken to assess what information is already routinely provided to patients both prior to and after admission. Following this, a comprehensive patient information pack will be developed in consultation with patients.	September 2015
Patients reported that they do not understand the assessment process at the hospital	To develop an information leaflet for each carestream explaining the assessment process to patients.	June 2015
Patients requested that the television in the family visiting room is connected to an aerial so that children can watch TV programmes.	A range of age appropriate DVD's are being sourced for purchase.	June 2015
<p>Update on activity stated for the previous quarter:</p> <ul style="list-style-type: none"> <li>• Patients would like to be provided with information before they are admitted stating what items they are allowed to bring to Arnold Lodge as well as general information about the Unit: <i>(See above)</i></li> <li>• Patients reported that they do not understand the assessment process at the hospital <i>(see above)</i>: <ul style="list-style-type: none"> <li>○ <i>Leads have been identified from each care stream to review the information provided to patients. This information will include how their needs are assessed and reviewed within the CPA process. Currently this process is under review to ensure that we are in line with the Quality Network Standards.</i></li> </ul> </li> <li>• Patients have requested a wider variety of age appropriate toys to be made available in the family visiting area. They also requested that the television is connected to an aerial so that children can watch television programmes <i>(see above)</i>: <ul style="list-style-type: none"> <li>○ <i>Toys and games have now been reorganised into age specific categories and stored appropriately.</i></li> <li>○ <i>Broken toys and games have been removed and replaced and additional ones provided.</i></li> <li>○ <i>Patients informed that the television is not connected to an aerial as the purpose of the room is to facilitate positive interactions between children and patients. The television is able to play DVD's through the Wii console and age appropriate DVD's are being sourced.</i></li> </ul> </li> </ul>		

### **OFFENDER HEALTH (OH)**

ISSUE	AGREED ACTION	TIMESCALE
Inconsistencies across OH sites with regards to	<ul style="list-style-type: none"> <li>• Complaints themes to be discussed in the Learning The Lessons meeting in</li> </ul>	Nov 2015

the process of complaints / concerns raised by patients	Sept 2015	
Care and Treatment – compared to community	<ul style="list-style-type: none"> <li>Obtain community comparator information from Commissioners around services provided to consider equity issues with community services</li> </ul>	July 2015
Development of Service User perspectives in the Involvement Strategy	<ul style="list-style-type: none"> <li>Use of 15 Steps Challenge across prison sites to influence changes from a Service User perspective</li> </ul>	July 2015
<p>Update on activity stated for previous quarter:</p> <ul style="list-style-type: none"> <li>Inconsistencies across OH sites with regards to the process of complaints / concerns raised by patients (see above): <ul style="list-style-type: none"> <li><i>Trust Compliance Review planned in May –June 2015.</i></li> </ul> </li> <li>Care and Treatment – compared to community (see above) : <ul style="list-style-type: none"> <li><i>Information not received from Commissioners – to look at Quality and Outcomes Framework (QOF) indicators for this and compare across sites</i></li> </ul> </li> <li>Development of Service User perspectives in the Involvement Strategy (see above): Ongoing</li> </ul>		

## WATHWOOD

ISSUE	AGREED ACTION	TIMESCALE
Apple Mac computers have been requested for patients to use on wards to be able to use art and music production packages.	<ul style="list-style-type: none"> <li>The internet capability of the computers has been disabled and awaiting additional equipment and policy to be ratified.</li> </ul>	Sept 2015
To introduce a Befriender service	<ul style="list-style-type: none"> <li>Advertising for volunteer befrienders. Policy needs to be written.</li> </ul>	Sept 2015
A new Interview Involvement team is needed as current patients with training are moving on from Wathwood	<ul style="list-style-type: none"> <li>We are currently informing patients of the opportunity and have liaised with Rosewood about providing some training in July.</li> </ul>	July 2015
<p>Update on activity stated for previous quarter:</p> <ul style="list-style-type: none"> <li>Apple Mac computers have been requested for patients to use on wards to be able to use art and music production packages(see above): <i>This was agreed and the computers have been purchased.</i></li> <li>To introduce a Befriender service (see above): Ongoing</li> <li>Patient's requested an "open mike" group for music/poetry performance: <i>No update received</i></li> </ul>		

## RAMPTON

ISSUE	AGREED ACTION	TIMESCALE
Expansion of the Recovery College	<p>To include courses on:</p> <ul style="list-style-type: none"> <li>First Aid Training</li> <li>Ward Observer Equipment Training</li> <li>Mental Health Awareness</li> <li>Trauma and Self Injury Awareness</li> <li>Support groups for Disordered Eating</li> </ul>	Sept 2015
More vocational opportunities for patients	<ul style="list-style-type: none"> <li>Women's Service plan to expand opportunities for patients to work in</li> </ul>	Sept 2015

	DRC café <ul style="list-style-type: none"> <li>Flyer to be produced advertising opportunities for male patients</li> </ul>	
More opportunity for outside activity including inter-ward sporting events	Southwell and Ashby teams are to look at organising an inter ward football tournament to include both staff and patients	Sept 2015
Update on activity stated for previous quarter: <ul style="list-style-type: none"> <li>Address patient concerns regarding reduced activities and staffing levels: <i>No update received</i></li> <li>Improving patient experience of positive and proactive care: <i>No update received</i></li> <li>Increase opportunity to showcase recovery work: <i>No update received</i></li> </ul>		

## LOW SECURE AND COMMUNITY FORENSIC SERVICES

ISSUE	AGREED ACTION	TIMESCALE
Difficult to communicate with reception staff through reception windows and intercom.	<ul style="list-style-type: none"> <li>To review modifications to current reception to improve communication</li> </ul>	Jan 2016
Improve Child Visiting Facilities February	<ul style="list-style-type: none"> <li>Better baby change facilities, access to child friendly activity and décor/ furnishings</li> </ul>	Aug 2015
Update on activity stated for previous quarter: <ul style="list-style-type: none"> <li>Actions from the last Safe Space Event were completed in December 2014 – to involve patients in identifying new issues to discuss/tackle: <i>No update received</i></li> <li>Involve patients in the Mobile phone procedure currently being piloted:             <ul style="list-style-type: none"> <li><i>Following a patient survey completed through the Patient Opinion site, the use of mobile phones by patients in the Wells Road centre has changed, allowing patients to access them up until 10pm in the evening and also to use them in the central area access sessions.</i></li> </ul> </li> </ul>		

## HEALTH PARTNERSHIPS

### BASSETLAW

ISSUE	AGREED ACTION	TIMESCALE
No PO postings for community services over the past 12 months	<ul style="list-style-type: none"> <li>To revisit services re use and set up of PO</li> <li>To identify priority teams and offer targeted support</li> </ul>	October 2015
Update on activity stated for previous quarter: <ul style="list-style-type: none"> <li><i>Mothers requesting bottle feeding information: Information leaflets are now available for all mothers wishing to bottle feed their child.</i></li> <li><i>Service user feedback stated the need for clearer information on where to find Podiatry Clinics at Retford Hospital: The appointment letter now includes directions to the clinic.</i></li> <li><i>To increase Knowledge of patient experience to all staff members: DVD now being utilised at team meetings.</i></li> </ul>		

### MANSFIELD AND ASHFIELD, NEWARK & SHERWOOD - Mid Notts

ISSUE	AGREED ACTION	TIMESCALE
Increasing the engagement of parents in	<ul style="list-style-type: none"> <li>To have colourful and eye catching displays “your feedback matters” and a</li> </ul>	July 2015

health visitor clinics	post box to anonymously return SUCE survey forms.	
Need to embed Patient Opinion (PO) across Integrated Teams.	<ul style="list-style-type: none"> <li>Integrated Team Leaders to plan roll out of PO across the area, working with Sue Dyke to plan in training and agree processes for best uptake of PO.</li> <li>Work has been on hold as Sue Dyke is on sabbatical; Shelly Worsley is now covering PO, and is working to set up sustainable model for PO across Ashfield integrated teams.</li> </ul>	October 2015
Service Users would like more involvement: Age appropriate feedback forms	<ul style="list-style-type: none"> <li>Survey form has been adapted to capture the experience of children and young people. Trialling across Locality and inform development and implementation.</li> </ul>	July 2015
<p>Update on activity stated for previous quarter:</p> <ul style="list-style-type: none"> <li><i>Specialist Continence Service 'perhaps it should be advertised more': The team/ task and finish group are working on improved path ways for constipation and catheter care. Patient information leaflets are being produced and a review of how the service can be advertised better locally is taking place.</i></li> <li><i>Service users would like to be involved in recruiting: Interviews planned for Community Matron post and service users identified to take part in the interview process.</i></li> <li><i>To look at the use of FLO to support rehabilitation and motivation for service users: This remains ongoing with documented evidence of FLO being considered in patient records</i></li> </ul>		

## NOTTINGHAM NORTH AND EAST

ISSUE	AGREED ACTION	TIMESCALE
We have an increasing number of referrals for falls	<ul style="list-style-type: none"> <li>To pilot falls clinics based in GP Surgeries, providing information, assessment and exercise aimed at reducing the number of falls. Programme planned, for rollout and review.</li> <li>UPDATE: Falls is being identified as a priority pathway for development on Recap, offering digital information and support for patients, carers and support staff including care homes. Identifying content, set up planned for August 2015.</li> </ul>	October 2015
Change in Involvement Lead and General Manager due to service changes	<ul style="list-style-type: none"> <li>To identify Involvement Lead and support into role</li> <li>To work with the GM to embed a culture of involvement, experience and engagement across services in NNE.</li> </ul>	September 2015
<p>Update on activity stated for previous report:</p> <ul style="list-style-type: none"> <li>As above</li> </ul>		

## NOTTINGHAM WEST

ISSUE	AGREED ACTION	TIMESCALE
Use of volunteers has not increased feedback response	<ul style="list-style-type: none"> <li>To provide specific training and support for volunteer Feedback Champions, also to link with student</li> </ul>	September 2015

	nurses as Feedback Champions, promoting feedback as part of their day to day practice.	
Peer support/volunteer feedback champion	<ul style="list-style-type: none"> <li>Working with volunteer in Ashfield area to share good practice and training/model for volunteers capturing feedback in clinic areas.</li> </ul>	October 2015
<p>Update on activity stated for previous quarter:</p> <ul style="list-style-type: none"> <li><i>Comments regarding the Community Team at Eastwood and the availability of dressings for wound care treatment in patients own homes.: The Issue with the ordering process has been resolved and staff have been reminded to ensure they are well equipped and prepared for each visit., with no further feedback via SUCE</i></li> <li><i>Lack of choice in feedback methods with patients without access to it: I pads are now available in clinics for patients who wish to leave feedback.</i></li> <li><i>Use of volunteers has not increased feedback response: ongoing with an identified need to establish links with the Recovery College</i></li> </ul>		

## RUSHCLIFFE

ISSUE	AGREED ACTION	TIMESCALE
Lack of coordinated approach to engagement with service users and wider population.	<ul style="list-style-type: none"> <li>Develop a communications plan that covers a wide range of activities that we are undertaking in the locality to engage, communicate and involve service users and the wider population.</li> </ul>	June 2015
Requirement to increase feedback across all teams	<ul style="list-style-type: none"> <li>Pilot for Telephone SUCE survey is in development. Basic protocol drafted. Awaiting response from Support services regarding implementation at local Health Centre.</li> </ul>	December 2015
Need to reduce Waiting list for Pulmonary Rehabilitation	<ul style="list-style-type: none"> <li>Lead physiotherapist is exploring alternatives to current provision and increasing number of courses available</li> </ul>	June 2015
<p>Update on activity stated for previous quarter:</p> <ul style="list-style-type: none"> <li><i>Develop a communications plan that covers a wide range of activities that we are undertaking in the locality to engage, communicate and involve service users and the wider population: First Draft Completed and awaiting feedback from the Head of Service</i></li> <li><i>Pilot for Telephone SUCE survey is in development. Basic protocol drafted. Awaiting response from Support services regarding implementation at local Health Centre: Staff based at the health centre now make SUCE telephone calls to patients when discharged from the service.</i></li> <li><i>Lead physiotherapist is exploring alternatives to current provision and increasing number of courses available: Alternative models of provision are being further developed with non-recurrent funding for 2016.</i></li> </ul>		

## SPECIALIST SERVICES

ISSUE	AGREED ACTION	TIMESCALE
Newly referred families having access to service information for day care and short breaks.	<ul style="list-style-type: none"> <li>To develop a welcome pack to the short breaks unit and day care leaflet: Work has commenced and is on track for completion</li> </ul>	July 2015
Minimal direct contact with parents of children attending special schools makes it difficult to	<ul style="list-style-type: none"> <li>Special School Nursing service developing a process of telephone survey, scheduled at different schools throughout the year. It is envisaged</li> </ul>	July 2015

capture feedback on their experience.	this could eventually be undertaken by volunteers. Awaiting confirmation of process.	
Gaining meaningful feedback from children and young people who have very limited communication abilities.	<ul style="list-style-type: none"> <li>Working with Jenny Newman to look at different forums e.g. focus groups for children/young people with more complex needs, also capturing feedback from families. Exploring options and link with CAT team, further development on hold until after the trial of telephone survey with parents and families.</li> </ul>	September 2015
<p><i>Update on activity stated for previous quarter:</i></p> <ul style="list-style-type: none"> <li>To develop a welcome pack to the short breaks unit and day care leaflet: Work has commenced and is on track for completion: Funding has been secured to print 2000 copies; an online version of the 'finding your way' booklet is already available.</li> </ul>		

## NCFP SURE START (Nottinghamshire Child and Family Partnership)

ISSUE	AGREED ACTION	TIMESCALE
Parents at the parent forum meeting in Gedling Children's Centre were concerned that Job Centre Plus is no longer offering services from the Children's Centre.	<ul style="list-style-type: none"> <li>To try and re-establish this provision parents have contacted their local MP Vernon Coaker who is now working with them on this issue. <i>They have now met with Job Centre Plus who are looking at their resources for service provision.</i></li> </ul>	July 2015
Parents and partner organisation involved in the Gedling Local Advisory Group (LAG) want to strengthen the role of governance within the LAG and link it more concretely with the Parent Forum.	<ul style="list-style-type: none"> <li>LAG challenged by Elected Member - to organise a dedicated 'task and finish' group comprised of parents and partners of to undertake a comprehensive review of the LAG Terms of Reference to ensure they are fit for purpose.</li> </ul>	July 2015
For more parent and peer involvement in training	<ul style="list-style-type: none"> <li>A parent with experience of the Incredible years programme and the volunteering programme is being identified to support the Family Support Team to deliver the next course in Bassetlaw Children's Centres. This should ensure the Incredible Years programme will have a 'personalised' recommendation from a parent who has completed the course and found it to be useful in their own parenting.</li> </ul>	July 2015
<p><i>Update on activity stated for previous report:</i></p> <ul style="list-style-type: none"> <li>As above</li> </ul>		

## 4. ASSURANCE

There is a range of activity to provide assurance around involvement and service user / carer experience. We report bi-monthly to the Trust Quality and Risk Committee. In addition, we report to the Finance and Performance Committee on response rates to the (Service User and Carer Experience) SUCE survey and action taken to improve them on a regular basis.

The Trust Involvement and Experience Group focuses on a Division bi-monthly to look at areas for improvement in involvement and capturing and responding to feedback.

In addition, the Involvement Team reports every other month to Local and Forensic Management and Governance Groups on plans and progress in each Division, we also to report quarterly to Health Partnerships Operational Steering Group.

## **5. IMPACT**

In this section, we will highlight key activities in the last quarter which demonstrate the impact that involvement and patient experience is having across the Trust.

### **5.1 CHANGING SERVICES**

#### Local Services

- In Mental Health Services for Older People patients on Amber ward voiced concerns about people passing close to bedroom windows at night. A pathway has now been laid away from the building to enable people to walk around the building away from the windows.
- As part of the Trust's One Door, Many Pathways five year Strategy the Mother and Baby Unit will be part of a new build which will incorporate CAMHS (Child and Adolescent Mental Health) Adolescent Unit and some CAMHS outpatient services. This will create a hub providing services to children and families. Before any changes, decisions or locations have been decided a programme of engagement and participation began with people who have experience of the services. To date over 50 young people and parents have been involved. We started with a very conversational approach with no subject off the table and those involved leading the agenda. All conversations were noted and grouped into topics so developments were in line with what we were hearing from those who use the service.
- Access to services was identified as an area of concern for the Gender Dysphoria service. There has been an increase in the medical staffing for the gender service.

#### Forensic Services

- At the Wells Road Centre ward areas have been given more flexibility in organising family and friends visits. This has stopped family and friends having to visit in the dark and also allows staff and patients to consider the best place within the centre for a visit.
- Patients in the Lodges at Wathwood have requested more access to the Internet. Unsupervised access internet access will be available in the Lodges for individuals who have been risk assessed.
- At HMP Nottingham a prisoner requested that times for collecting medication were put up on the prison wings. This has now happened.
- Further to patient requests at Arnold Lodge to have DVD players in their bedrooms, this has been agreed by the Directorate Management Team and the relevant procedure has been reviewed and patient guideline written and patients now have access to personal DVD players.

### Health Partnerships

- Working with Parkinson's and Breathe Easy exercise groups to raise awareness of the benefit of exercise on physical and emotional health and wellbeing in managing long-term conditions.
- Linking with Kissing it Better to explore options for offering young people's asthma reviews (by nursing staff) and massage/beauty therapy from students at local colleges.
- Podiatric Surgery have produced a film showing the operating theatre and surgical environment, also a film tracking the patient experience through various foot ops. This is used at pre-op assessment, offering reassurance and opportunity for shared decision-making. Bunion pathway is available on Recap and is now being trialled, providing digital information and support for patients and carers pre and post op. This would aim to improve recovery time and clinical outcomes.
- Paediatric Therapies have been working on a Family Support Project, speaking with families to understand and more effectively support the emotional health and wellbeing of parents and families of children and young people with a disability or additional needs. Changes have included focused training for staff, also supervision provided by a clinical psychologist. Working with staff and parents to capture their experience on film, offering peer support online and forums for group support, all of which have been influenced by service user/carer feedback.
- Involvement in business planning throughout tender for all community services across the South of the County and specialist children's services e.g. therapy. Includes speaking with children and young people to help shape the future of their services, also linking with families of children with a disability or additional need to share their experience and consult on plans for the new service delivery model.

### **5.2 CHANGING CULTURE**

- A Carers, Family and Friends Awareness training day has been arranged for 1st July 2015 specifically for Specialist Services Directorate staff.
- Carers and patients have been involved in the Peer Support Worker (PSW) task group meetings. Role profiles and training needs are being developed for a PSW and carer PSW in Intellectual and Developmental Disabilities.
- With the support of the Rosewood Involvement Centre Wathwood patients have interviewed for ward manager, team leader, staff nurse and care assistant posts in the last 3 months
- Rampton Carers and Patients have been involved in making a DVD for the Trust Board which shows their involvement in improving physical healthcare services to patients

- Further to visitor requests to view the new ward at Arnold Lodge which was opening in November, an Open Day was held for visitors to view the new facilities and learn about the treatment programmes on offer as well as asking any questions. Feedback was very positive and will be repeated in July prior to the opening of Foxton Ward.

### **5.3 CHANGING LIVES**

- In Adult Mental Health Services in Broxtowe service user and peer led groups rolled out across more isolated communities in response to meeting local needs and as a response to local feedback. This increases opportunities for service users to obtain voluntary work and develop work skills and social support networks.
- In Mental Health Services for Older People Lawrence Day Services have now developed a programme for older people with functional mental health problems, looking at anxiety and depression, and also involving recovery approach aspects.
- An ex-patient from Rampton presented recently presented at a national Commissioning for Quality and Innovation (CQUIN) conference about Recovery and their experiences of our care.
- Further to the launch of the Recovery College at Arnold Lodge in October they now have 48 students enrolled at the College from all care streams across the Unit. Feedback has so far been very positive.

## **6. 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**

**25<sup>th</sup> June 2015**