

**BOARD OF DIRECTORS MEETING
27TH AUGUST 2015**

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

1. INTRODUCTION

This is the monthly Patient Voice report produced for the Board of Directors. The main purposes of this report are to:

- Inform the Board of our headline indicators around Patient Experience.
- To focus on the feedback received from service users and carers about a specific service each month and the plans we have to address the main issues people raised.
- To update the Board on the action taken to address the main issues raised about the service the Patient Voice Report focused on three months previously.

The report is part of our approach to Service User and Carer Experience which is based on our involvement approach and strategy. One of our three involvement aims is to change services by listening and responding to service user and carer views and aspirations.

Our approach is also based on the Trust's values and aligned to Department of Health priorities. As an NHS funded service we are required to carry out the Friends and Family Test. We must also meet the CQC Standard that requires us to seek and act on feedback so we can continually evaluate services and drive improvement.

As part of the Trust's development of its approach and the Francis Report we are continually looking at how we can improve both how we listen and respond to the patient voice. 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. People are also able 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.

1.1 REPORT SUMMARY

The key highlights of this month's report are:

- The Trust's Service Quality Rating for May to July 2015 is 94%. 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 focuses on the Local Services Division with an in-depth look at Adult Mental Health Services and an update on Mental Health Services for Older People.

It looks at some of the main issues, comments and stories relating to Adult Mental Health Services as well as work that is being undertaken to improve the service user experience. The main issues identified to tackle from feedback about Adult Mental Health Services were:

- Lack of activities on wards.
- A need to improve patients' experiences of community services.
- Increased involvement of carers.
- Crowding/time at ward rounds.

It also updates on the issues discussed at the May Board Meeting about Mental Health Services for Older People:

- Improving the identification and care of older people with Personality Disorder
- Availability of services and waiting times
- Staffing Levels
- Transport
- Communication

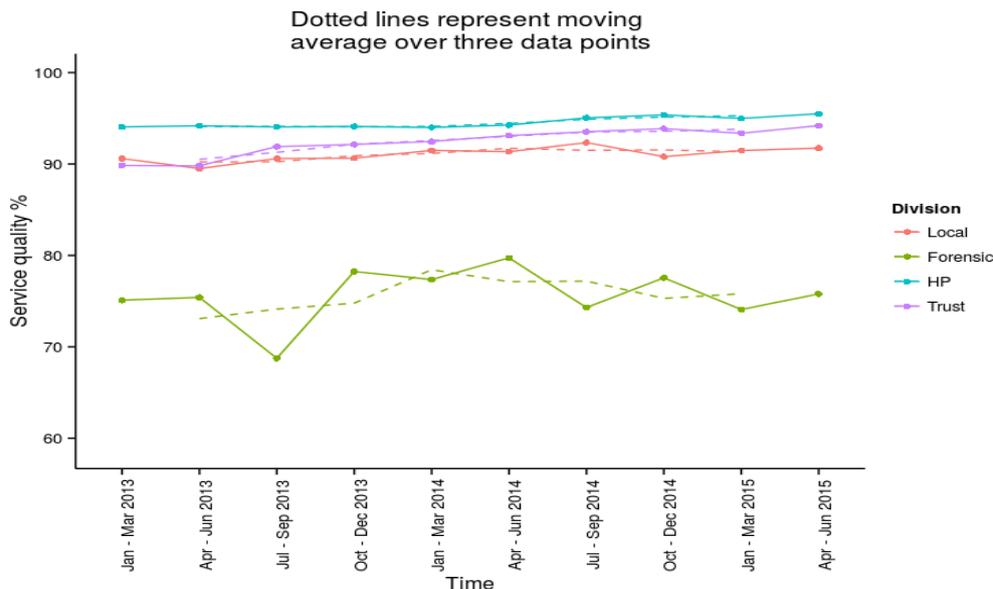
2. TRUST WIDE HEADLINES

2.1 TRUST SURVEY FEEDBACK

This report summarises data from May to July 2015, with a comparison with the previous three months. We received **7246** responses during the above date range, **1022** of which were from carers. Below are the headlines for the Trust taken from our feedback website:-

	Trust	Local	Forensic	Health Partnerships
	May to July 2015 (comparing to previous rolling quarter, February to April 2015)			
Service Quality Rating	94% (94%)	92% (92%)	75% (74%)	95% (95%)
Friends and Family Test Score	96% (96%)	95% (95%)	67% (66%)	98% (98%)
Survey returns	7244 (7712)	1720 (1736)	218 (324)	5306 (5652)

2.2 SERVICE QUALITY RATING

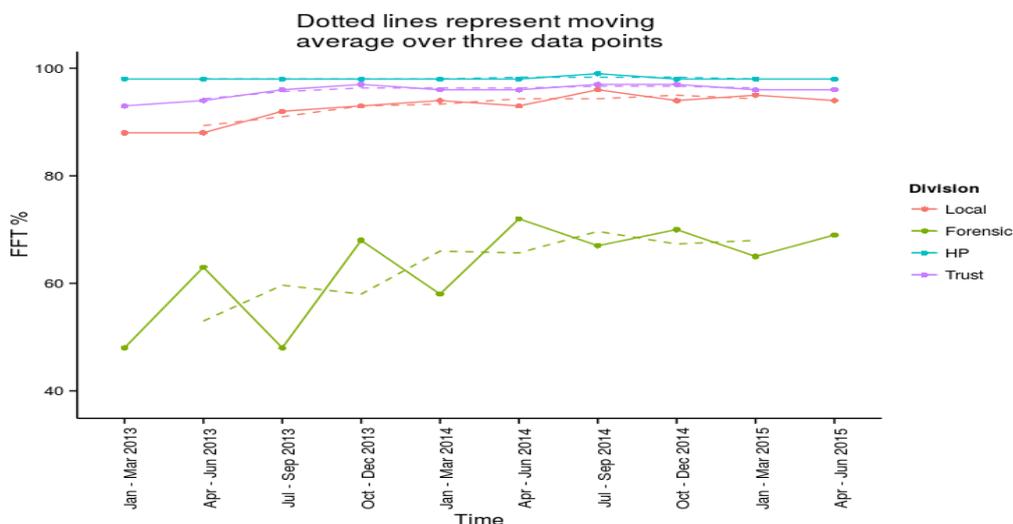


At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

- The Trust overall score is accurate to within ± 0.28 points.
- The Local score is accurate to within ± 0.78 points.
- The Forensic score is accurate to within ± 3.15 points.
- The Health Partnerships score is accurate to within ± 0.27 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 (April to June 2015) we surveyed Offender Health, Arnold Lodge and Wathwood and these directorates have, as previously, scored higher than when we surveyed Offender Health, Rampton and Low Secure / Community Forensic Services.

2.3 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 ± 0.55 points.

- The Local score is accurate to within ± 1.15 points.
- The Forensic score is accurate to within ± 6.45 points.
- The Health Partnerships score is accurate to within ± 0.52 points.

This means that we can be confident that the ratings for the Trust and Health Partnerships and Local Services are reasonably accurate. For 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.

2.4 PATIENT OPINION

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

	May to July 2015 Trust-wide (comparing with the previous 3 months – February to April 2015)	May to July 2015 Local (comparing with the previous 3 months- February to April 2015)	May to July 2015 Forensic (comparing with the previous 3 months- February to April 2015)	May to July 2015 Health Partnerships (comparing with the previous 3 months- February to April 2015)
Number of postings published	325 (326)	42 (46)	27 (20)	254 (203)
% that are rated (by Patient Opinion) as moderately critical or above	1% (3) (1%)	7% (3) (7%)	100% (0) (100%)	0% (0) (0%)
% that are rated (by Patient Opinion) as entirely complimentary	87% (282) (88%)	62% (26) (74%)	100% (27) (60%)	93% (236) (89%)
% that are have been responded to within 2 working days	73% (226) (69%)	60% (25) (63%)	93% (25) (50%)	73% (185) (79%)

2.5 CHANGES MADE AS A RESULT OF PATIENT OPINION IN THE LAST MONTH

- A posting complimented the newly refurbished Foxton Ward at Arnold Lodge, but commented that the observation windows let in lots of light. The Therapy Services Manager responded to say *"I will ask the Ward Manager, to discuss it with you to see if there are any solutions to the problem"* and one week later updated the posting to say that the ward manager was arranging for window blinds to be fitted.

- A person accessing support from Chilwell Children's Centre posted to express their disappointment in an arranged taxi failing to collect them and, therefore, leading to them missing their course. The Children's Centre Coordinator responded by saying *"As a result of your posting we have now changed the way in which we deliver our taxi services county wide"* with a statement from the Trust's transport policy.
- A professional working in a secondary school posted to say they had experienced real difficulties using the Child and Adolescent Mental Health Services (CAMHS) single point of access which had resulted in delays to an important referral. Deputy Manager for Community CAMHS responded to say that that they had spoken *"to relevant staff to highlight the importance and severity of this experience"*.
- A service user at HMP Nottingham posted to say that they felt a service user led forum was needed to ensure people were listened to and staff had a direct opportunity to discuss issues. The Clinical Matron responded to say that *"The change originally planned to reintroduce the Substance Misuse patient forms has happened. The first forum took place in July and was a very positive experience for both patients and staff"*.
- A family member posted to raise the issue of patient-accessible Wi-Fi at Highbury Hospital. A member of the Involvement Team responded to say that *"One of the wards at Highbury Hospital, Redwood 2, is now providing Wi-Fi access for patients. If the trial on Redwood 2 is successful, the intention would be to replicate this on other wards at Highbury."*

2.6 NHS HEALTH AND CARE INNOVATION EXPO 2015

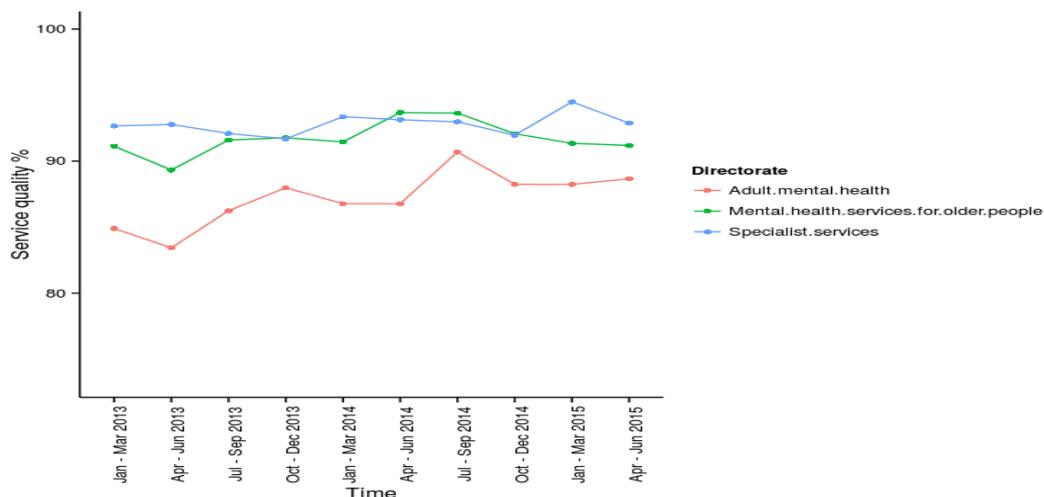
We have been selected to present at the NHS Health and Care Innovation Expo 2015 on 2nd September as one of their pop-up university sessions. We will be running a workshop about our work with patients, carers, and staff to use new technologies to capture feedback, change services and create an open and responsive culture.

3. 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 of Adult Mental Health Services and updating on the issues discussed at the May Board Meeting about Mental Health Services for Older People.

The graphs below compare the Directorates in the Local Services Division. The main issues rose for Adult Mental Health Services from May to July 2015 and the previous year are also presented.

3.1 SERVICE QUALITY RATING

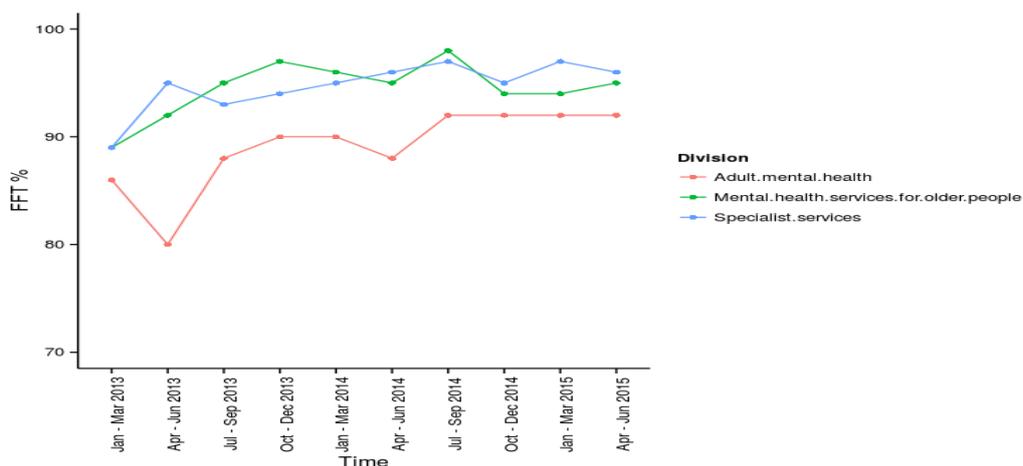


At the 95% confidence level, using a normal approximation from a bootstrapped distribution:

- The most recent Adult Mental Health Services overall score is accurate to ± 2.3 points
- The most recent Mental Health Services for Older People overall score is accurate to within ± 1.66 points
- The most recent Specialist Services overall score is accurate to within ± 0.96 points

This means that we can be confident that the ratings for Mental Health Services for Older People and Specialist Services are reasonably accurate. For Adult Mental Health Services there is more uncertainty in the scores.

3.2 FRIENDS AND FAMILY TEST



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 ± 4.34 points
- The most recent mental health services for older people overall score is accurate to within ± 3.37 points

- The most recent specialist services overall score is accurate to within ± 2.46 points

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

3.3 UPDATE FROM MENTAL HEALTH SERVICES FOR OLDER PEOPLE

In the Patient Voice Report in May 2015 we focused on Mental Health Services for Older People and they key issues raised from survey feedback. Below are some developments since that meeting:

ISSUE	AGREED ACTION	TIMESCALE
Improve the identification and care of older people with Personality Disorder.	<ul style="list-style-type: none"> • A one year NICE (National Institute for Health and Care Excellence) funded project has been agreed to take this work forward which started in April 2015. It will be managed by David Connelly and led by Javid Khaliq. • A steering group comprising of appropriate clinicians and carers has met for a first meeting and a second meeting is planned for August. • Training for staff has been identified as one of the project's priorities. • A literature review has been undertaken to identify best and evidence based practice in this area. 	To be completed by 31.3.16
Availability of Services and Waiting times	<ul style="list-style-type: none"> • 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. The proposal is to go the Senior Management Group for approval. A consultation process will then take place. • A seven day service is now operational in all south IRIS (Intensive Recovery Intervention Service)/MHIR (Mental Health Intensive Recovery Service) Teams. Recruitment is ongoing for registered clinicians to cover 7-10pm, but all have at least 9-5pm covered with clinicians seven days per week. Costings to mirror this this have previously been submitted to the North of the County. There has been no further news on this. The IRIS Teams in the North of the County continue to have clinicians 9-5pm Monday to Friday and on call until 5pm at weekends. Community Support Workers continue to provide a service until 10pm and at weekends. MHSOP is waiting for confirmation of when AMH (Adult Mental Health) Crisis Teams will accept referrals of older adults. • The Compass Worker in the Gedling and Hucknall Team has increased their working hours, enabling more support to carers and a reduction in the waiting list for this service. The Newark and Sherwood 	<p>Approx. 2017</p> <p>Ongoing</p> <p>Ongoing</p> <p>Complete</p>

	<p>CMHT will have a second Compass worker joining the Team in the near future.</p> <ul style="list-style-type: none"> • Comments continue to be raised on the Service User and Carer Experience reports that individuals would like to remain in MHSOP services. However, treatments e.g. Cognitive Stimulation Therapy are time limited. Patients and Carers continue to be invited to Carers days or to be met on a 1:1 basis and signposted to other appropriate services. 	21.9.15
Staffing Levels	<ul style="list-style-type: none"> • Recruitment to fully establish all wards is still ongoing with all vacancies out to advert. All wards now have a minimum of 0.8wte (whole time equivalent) activity coordinators and environment coordinators. 	Staff should be in place by the end of Nov 2015
Transport	<ul style="list-style-type: none"> • Transport issues continue at St Francis Day Hospital. Arriva have recently approached the Day Services Manager to advise that they are having difficulties meeting demand during the day and would like to see what can be done jointly to reduce the problems. Contract and Performance Department are aware and will take up as a contracting issue. 	St Francis will monitor and review situation in December 2015
Communication	<ul style="list-style-type: none"> • Amber Ward continues to have an open door policy at visiting times for patients, carers and families to speak with the Ward Manager and nursing staff. Amber Ward has also had new notice boards, staff picture board and welcome pack. • The City MHIR (Mental Health Intensive Recovery) Team are a relatively new Team and have been making links with relevant Teams and organisations to better understand Team roles and ensure better awareness of other services available to their patients. • B1 Ward is developing a Carers' welcome and support pack. • Silver Birch Ward has been organising Carers' meetings which have received minimal attendance. Carers have, therefore, been engaged for their thoughts about the service when visiting. 	Complete

4. ADULT MENTAL HEALTH SERVICE

Nottinghamshire Healthcare is the major provider of adult mental health services for the populations served by Nottingham City and Nottinghamshire County.

The service serves a population of approximately 1,000,000 people. We work closely with colleagues in the Adult Social Care and Health Team of Nottinghamshire County Council and Nottingham City Council.

The directorate provides a broad range of services for adults of working age, including:

- Acute inpatient facilities.
- Inpatient rehabilitation.
- Specialist functions within a number of the inpatient facilities, including: Psychiatric Intensive Care Unit (PICU), Section 136 Assessment Unit, Electro Convulsive Therapy (ECT) Suite, Physical Healthcare Clinic, Medication clinics, Group and Occupational Therapy Work, Mental Health Liaison, Complimentary Therapies, Peer Support, Wellbeing and Social Inclusion, Perinatal (motherhood and mental health) Services, Carers Support Services and Family Intervention.
- Community Services include a range of community teams across AMH county including: Crisis Resolution Home Treatment (CRHT), Early Intervention in Psychosis (EIP), Assertive Outreach (AO), Community Mental Health Teams (CMHTs), Community Assessment and Treatment, Recovery Teams, Specialist Deaf Services.

These teams offer full multi-disciplinary health and social care assessments and interventions delivering holistic evidence based care within a recovery philosophy.

4.1 HEADLINES

	May to July 2015	Previous feedback period, February to April 2015
Service Quality Rating	89% (301 responses)	90% (326 responses)
Friends and Family Test Score	92% (267 responses)	93% (306 responses)
Number of Survey Responses	325	365

4.2 MAIN ISSUES RAISED

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

- Service User and Carer Experience (SUCE) surveys
- Patient Opinion
- Community meetings
- Highbury Live! Patients Council at Highbury Hospital
- Involvement volunteers visit wards to gather verbal feedback
- Carers groups
- Catering and medication feedback groups
- Patient Feedback Challenge work at various sites

4.2.1 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 139 responses to this question in the last three months and 699 in the 12 months previous to that (May 2014 to April 2015).

Category	% of overall total May to July 2015	Main issues for last three months May to July 2015	Main issues for the previous 12 months May 2014 to April 2015
Access to Services	23.0	1. Availability of services (15.9%)	1. Availability of services (16.8%)
		5. Other (3.5%)	5. Other (4.5%)
Communication	21.4	2. Availability of information (7.1%)	
Care/ Treatment	18.6	3. Other (6.2%)	2. Activities (5%)
		4. Approach to Care (4.4%)	3. Approach to Care (4.8%)
Staff/Staff attitude			4. Staffing levels (4.6%)

4.2.2 PATIENT OPINION

Postings in the last three months have included comments relating to:

- The closure of Broomhill House (people have noted feeling worried about what will happen next, fearful that they will become isolated and complimenting the care provided at Broomhill).
- The FACT (Flexible Assertive Community Treatment) team in Newark. One person stated that they had found it very difficult to access support at home and, consequently, they were feeling socially isolated and very anxious.
- A difficult experience in Millbrook (the person commented on negative staff attitudes and issues with medication not administered).
- A difficult experience in Rowan 2 ward, Highbury (the person believed that the ward did not adequately monitor those who were feeling suicidal).

4.2.3 OTHER FEEDBACK (including from Complaints, the Patient Advice and Liaison Service, Patient and Carer Forums and other sources)

The themes noted in complaints and enquiries lodged with PALS during the last three to six months have been:

Complaints

1. Nursing Care - Non-Inpatient
2. Discharge from Hospital Arrangements
3. Nursing Care – Inpatient
4. Information and Communication with Carers and Relatives
5. Quality and Accuracy of Clinical Records

PALS

1. Property Loss/Missing
2. Request for Information and Advice about Other Issues
3. Medical Care, Adequacy of Treatment
4. Information and Communication with Relatives and Carers
5. Staff Attitude – Medical

4.2.4 KEY ISSUES TO ADDRESS

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

Issue raised	Response (action taken or planned)
Lack of activities on wards	Highbury Live! Project is initiating a 25 hour per week activities programme with Occupational Therapists recruited to ensure it is operationalised.
A need to improve patient's experience of community services (in relation to the closure of Broomhill House)	Current review of AMH rehab services and enhancement of the IRIS teams. Service User and Carer involvement in the engagement process.
Increased involvement of carers	Carer link workers employed in most areas, staff carer leads in most areas. Carer's feedback encouraged via Patient Opinion, carers survey and carers groups.
Crowding/time at ward rounds	Implementation of the Ideal Ward Round work, initiated by the Involvement Centre group, to improve how ward rounds are conducted.

4.2.5 COMMENTS/STORIES ABOUT THE MAIN ISSUES ROSE.

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

- Relating to the closure of Broomhill House - *“Without this the danger is that he will lock himself away. People who make these decisions perhaps don't understand the effect it will have not just on the patients at the clinic but their families also.”* Source: Patient Opinion.
- *“There are no activities that would inspire you to get up: no OT, no fitness facilities, no talking therapies, no library to stimulate your mind.”* (Highbury Hospital) Source: Patient Opinion.
- *“My partner is currently being treated on a Section 3 I feel that communication between staff and carers is frustrating which is leading to poor care for partner”* (B2, Bassetlaw) Source: Patient Opinion.
- *“I feel totally let down and uncared for by my nurse and the team. It's increased my social isolation, my anxiety and agitation, my low mood and suicidal thoughts as well as impacting on my family. My mum is struggling to provide care for me and the nurse assured her three weeks ago that she would put some urgent carers support in place. This has not happened and has not been mentioned since.”* (FACT- Flexible Assertive Community Treatment Team, Newark) Source: Patient Opinion.
- *“Too many people in ward round. How are you supposed to open up to 5/6 people, all staring at you. Needs to be reduced to consultant + staff nurse”* (B2) Source: SUCE survey.

- *“We would like more activities on our structured day programme like cookery, more card making sessions, a few more board and Wii games like Mario games. We would also like more staff to facilitate leave. Sometimes leave is cancelled. Staff are taken up doing observations etc”* (Highbury Hospital)
Source: Patient Opinion.
- *“Less judgemental nurses who allow me to follow my own opinions. Fostering independence in patients rather than removing it. I have found some things difficult to explain.”* (EIP – Early Intervention in Psychosis, County South)
Source: SUCE survey.

4.3 MAIN COMPLIMENTS RECEIVED

The main themes from the ‘BEST THING’ comments from the survey are shown below. We received 190 responses to this question in the last three months and 904 in the 12 months previous to that.

Category	% of overall total May to July 2015	Main ‘Best thing’ comments last 3 months May to July 2015	Main ‘Best thing’ comments for the previous 12 months May 2014 to April 2015
Staff/Staff Attitude	33.7	1. Helpful/Caring/Friendly (15.4%)	1. Helpful/Caring/Friendly (14.8%)
		3. General (7.1%)	3. General (6.5%)
Service Quality/Outcomes	29.3	2. Quality of Care/Service (8.7%)	4. Improvements in mental health (5.3%)
		5. General (5.5%)	
Communication	13.9	4. Being listened to (5.5%)	5. Being listened to (5.1%)
Care/Treatment			2. Social Environment (6.6%)

4.3.1 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:

- *“I have had to use the County Crisis team on and off for quite a few years now. When I ring the crisis team they calm me down and help to ground me. They talk me through my coping strategies and make sure I am safe. If they weren’t there in the night I am not sure I would still be alive. They have saved my life so many times.”* (County Crisis team) Source: Patient Opinion.
- *“I had a breakdown through work, and was introduced to the Social Inclusion and Wellbeing Service. There were lots of offers of things to do, but without the pressure. J went with me at first. It was vital she was there... when I felt like running out. Then she would ask if I was ok and by that time, I was. They listened so well... and just understood me”* (Social Inclusion and Wellbeing Service) Source: Patient Opinion.
- *“Staff were kind and helpful and looked after me well and provided with everything I needed.”* (Section 136 Suite - County) Source: SUCE survey.

- *“I felt there was someone there who cared. They made me feel safe with them. They listened to me all the time when low. That made me feel someone was hearing me. Couldn't get through without people like this.”* (Crisis Resolution and Home Treatment Bassetlaw) Source: SUCE survey.

4.4 INVOLVEMENT & EXPERIENCE ACTIVITIES IN ADULT MENTAL HEALTH SERVICES

Below is some of the activity that is being carried out in Adult Mental Health Services to involve people and listen to their feedback:

- Carers groups being developed across in-patient services to improve communication and facilitate carer peer support.
- Carers leads now identified in all teams to support continued positive alliances with carers and families. These will be crucial in supporting the roll out of the Triangle of Care within services.
- Highbury & Millbrook Live! continue to engage service users, carers and families to inform developments and activities within inpatient communities.
- Involvement leads improving the interface with all services and supporting teams to maintain the involvement agenda within services.
- Increasing numbers of staff trained in Behavioural Family Therapy – supporting staff to feel more skilled and confident to engage families in the delivery of treatment.
- Ongoing plans to roll out service user led support groups across the Broxtowe & Hucknall sector, collaborating with social care to support groups to learn how access grants and self-manage going forward.
- Care Programme Approach (CPA) office continue with filming to develop a library of DVDs for service users, carers and family to communicate information regarding CPA/Mental Health Act/Mental Capacity Act with an anticipated go live date around October.

5. RECOMMENDATION

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

Paul Sanguinazzi
Head of Involvement and Experience

August 2015