

**BOARD OF DIRECTORS  
26<sup>TH</sup> MAY 2016**

**INVOLVEMENT, EXPERIENCE AND VOLUNTEERING  
PATIENT VOICES REPORT  
LOCAL SERVICES: ADULT MENTAL HEALTH SERVICES**

## 1. PURPOSE

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

- Inform the Board of Directors of our headline patient experience indicators for the Trust as a whole, for each division and for a specific service.
- To summarise the full breadth of feedback received from service users, carers and staff over the previous six months about the specific service featured and any plans to address the main issues raised.
- To update the Board of Directors on the action taken to address the main issues raised about the service featured in the Patient Voice report three months previously.

The report is part of our approach to Service User and Carer Experience which is a key part of the Involvement, Experience and Volunteering strategy (2015–2018). One of our three involvement aims is to change services by listening and responding to service user and carer views and aspirations.

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

As part of the Trust's development of its approach and the Francis Report we are continually looking at how we can improve both how we listen and respond to the patient voice. Our [feedback website](#) enables the public to leave and view feedback and also able see the changes we have made in response to feedback. The website also enables staff to view feedback about their team.

As part of our approach the Board of Directors receives a quarterly Involvement, Experience and Volunteering Report which looks at key achievements in the Involvement, Experience and Volunteering strategy and outlines our strategic direction and next steps. This Patient Voice Report is a monthly report and focuses on key patient stories and comments raised by service users, patients and carers.

## 2. EXECUTIVE SUMMARY

The Trust's Service Quality Rating for February 2016 – April 2016 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 needed similar care or treatment).

This month's Patient Voice Report focuses on **Local Services** with an in-depth look at **Adult Mental Health Services** and an **update on Mental Health Services for Older People** (featured in February's report). The report highlights all prominent and/or recurring feedback in the last six months from the full range of feedback mechanisms used by mental health services for older people, including those targeted at carers and families. The report then summarises the main issues identified and action taken or proposed to address these issues.

The main issues identified are:

- Activities
- Waiting times
- Staffing levels
- Crisis Services
- Communication with carers and families

It also updates on the issues presented in the previous paper focussing on Local Services from February 2016, which related to **Mental Health Services for Older People**. These were:

- Parking and Transport
- Access to Services
- Personality Disorder in Older People
- Communication

### 3. TRUSTWIDE HEADLINES

#### 3.1 TRUSTWIDE HEADLINES

Data collected from the Service User Feedback survey:

	February – April 2016	November 2015 – January 2016
Service Quality Score	94%	95%
Friends and Family Test (FFT)	96%	96%
SUCE survey returns	7611	5717
Patient Opinion stories	243	241

#### 3.2 PATIENT OPINION HEADLINES

Data collected from Patient Opinion website (patientopinion.org.uk):

February – April 2016	TRUSTWIDE	LOCAL SERVICES	FORENSIC SERVICES	HEALTH PARTNERSHIPS
Number of postings	243	55	13	175
Number of postings without a response	0	0	0	0
Number of postings rated as moderately critical or above	6	6	0	0
	<p><i>Of the six critical postings assigned to Local Services:</i></p> <ul style="list-style-type: none"> <li><i>two relate to out of area placements (Adult and Child and Adolescent Mental Health Services)</i></li> <li><i>one relates to a patient feeling overlooked at The Woodlands due to having a quiet nature</i></li> <li><i>one relates to feeling let down by the County Crisis Team</i></li> </ul>			

	<ul style="list-style-type: none"> <li>• one relates to having been declined a Community Psychiatric Nurse</li> <li>• one relates to crisis support and treatment at Queen's Medical Centre Emergency Department for self-harm.</li> </ul> <p>All postings have received appropriate responses.</p>			
Number of postings with change planned/completed	2	1	0	1

In the last month, the below changes or planned changes were reported on Patient Opinion:

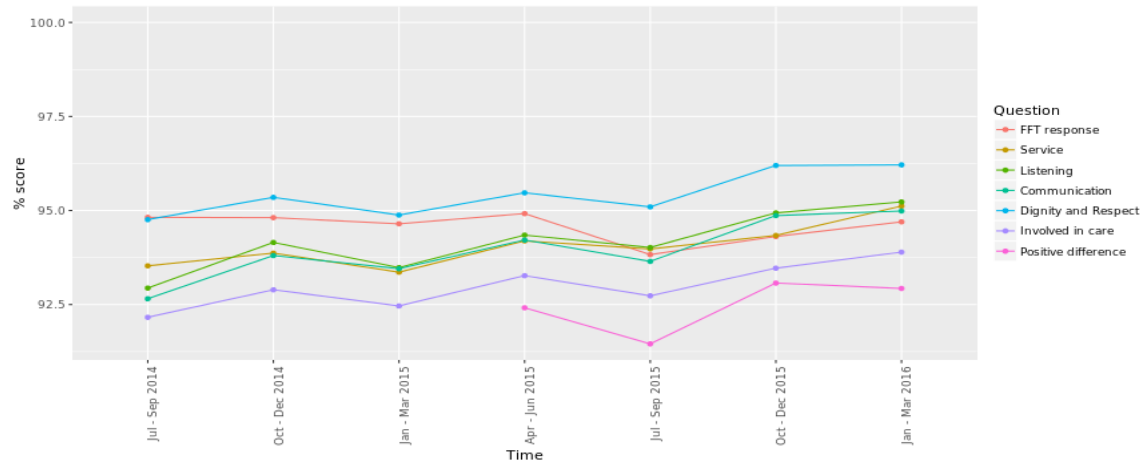
- A posting was shared commenting on the helpfulness of the Dementia Carers' Support Group held at the Rosewood Involvement Centre. The posting received responses from the various people, offering support and promotion for the group, and culminated in a response from Andrea Ward, General Manager for Mental Health Services for Older People, who explained that arrangements had been made *"for the older people's community team in Newark and Sherwood to attend the group on a regular basis and support them with advice and information about services. We've also been displaying the posters advertising the group on Ward B1 at Bassetlaw hospital and in the community team's waiting area."*  
[www.patientopinion.org.uk/opinions/286564](http://www.patientopinion.org.uk/opinions/286564)
- A posting was shared relating to the Continence Service in Nottingham West. The husband of a lady attempting to contact the continence service for products commented that she had been unable to make any contact despite numerous attempts, and that he was disappointed that a service previously run through the GP now failed to operate effectively. A response was uploaded by Claire Towne, General Manager for Nottingham West, who said *"We are currently working with IT regarding the telephone system we have in place which will allow the caller to leave a voice mail message and also to install a call waiting system. We are aware that this may be causing unnecessary stress to our patients and for this we apologise"*.  
[www.patientopinion.org.uk/opinions/286541](http://www.patientopinion.org.uk/opinions/286541)

### 3.3 TRUSTWIDE MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (May 2015 - April 2016)	Emerging issues (February – April 2016)
<b>ISSUES</b> (based on 9291 responses to the 'improve one thing' question)		
Availability of services (Category: Access to Services)	9%	Waiting time (Category: Access to Services) 6%
General (Category: Communication)	7%	
Appointments (Category: Care/Treatment)	7%	
<b>COMPLIMENTS</b> (based on 15471 responses to 'best thing' question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	21%	No emerging compliments
General (Service Quality/Outcomes)	13%	
General (Category: Care/Treatment)	9%	

### 3.4 TRUSTWIDE TREND IN SERVICE QUALITY, FRIENDS AND FAMILY TEST AND KEY QUESTION SCORES



## 4. HEALTH PARTNERSHIPS HEADLINES

### 4.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

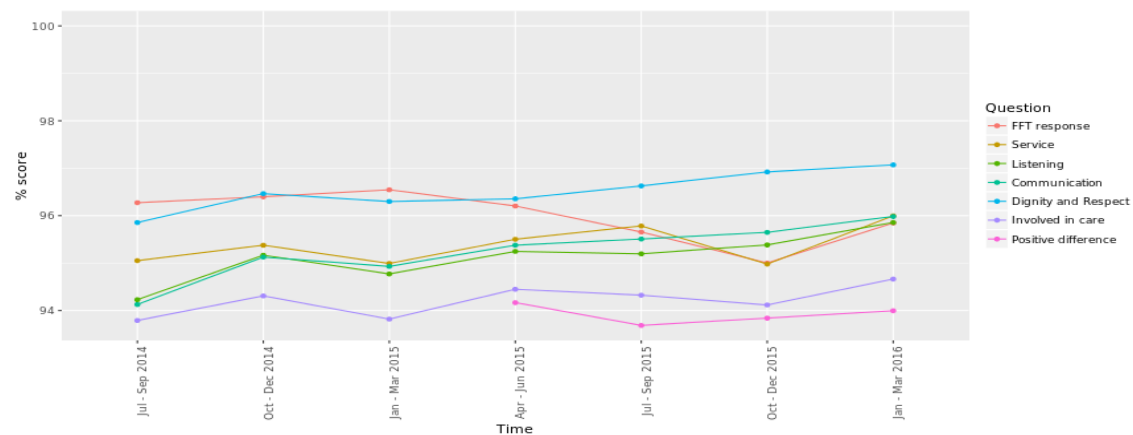
	February – April 2016	November 2015 – January 2016
Service Quality Score	96%	95%
Friends and Family Test (FFT)	98%	98%
SUCE survey returns	5018	4224
Patient Opinion stories	175	170

### 4.2 DIVISIONAL MAIN ISSUES AND ‘BEST THING’

Data collected from the Service User Feedback survey:

	Current rolling year (May 2015 - April 2016)	Emerging issues (February – April 2016)
<b>ISSUES</b> (based on 6932 responses to the ‘improve one thing’ question)		
General (Category: Communication)	11%	No emerging issues
Availability of services (Category: Access to services)	10%	
Appointments (Category: Care/Treatment)	9%	
<b>COMPLIMENTS</b> (based on 11661 responses to ‘best thing’ question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	23%	No emerging compliments
General (Category: Service Quality/Outcomes)	16%	
General (Category: Communication)	12%	

### 4.3 DIVISIONAL TREND IN SERVICE QUALITY, FRIENDS AND FAMILY TEST AND KEY QUESTION SCORES



### 4.4 PATIENT OPINION

Patient Opinion postings published in the last month deemed moderately critical or above:

- No postings deemed moderately critical or above published in the last month

## 5. FORENSIC SERVICES HEADLINES

### 5.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

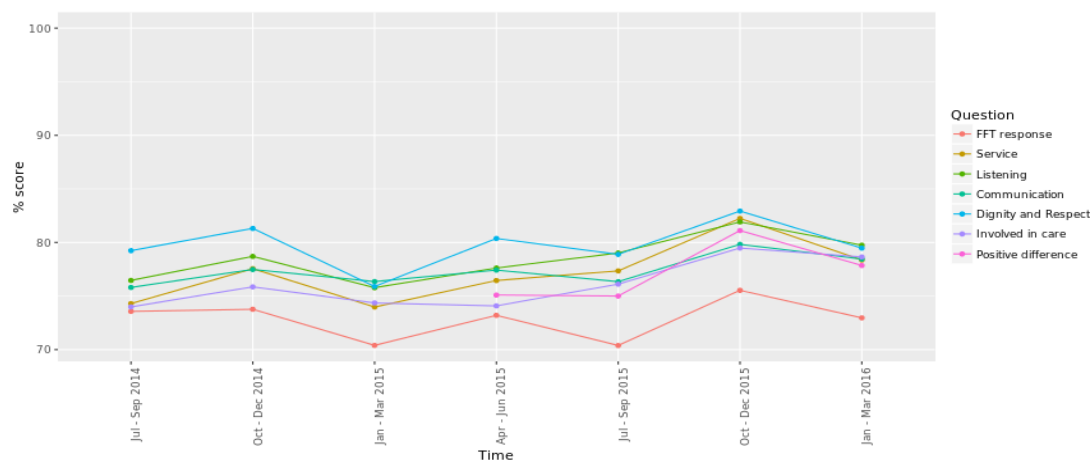
	February – April 2016	November 2015 – January 2016
Service Quality Score	78%	81%
Friends and Family Test (FFT)	71%	49%
SUCE survey returns	267	101
Patient Opinion stories	13	33

## 5.2 DIVISIONAL MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (May 2015 - April 2016)	Emerging issues (February – April 2016)
<b>ISSUES</b> (based on 639 responses to the 'improve one thing' question)		
Staffing levels (Category: Staff/staff attitude)	9%	General (Category: Care/Treatment) 6%
Activities (Category: Care/treatment)	8%	
Being listened to (Category: Communication)	6%	
<b>COMPLIMENTS</b> (based on 648 responses to 'best thing' question)		
Quality of care/service (Category: Service Quality/Outcomes)	14%	No emerging compliments
Being listened to (Category: Communication)	11%	
Helpful/Caring/Friendly (Category: Staff/staff attitude)	10%	

## 5.3 DIVISIONAL TREND IN SERVICE QUALITY, FRIENDS AND FAMILY TEST AND KEY QUESTION SCORES





## 5.4 PATIENT OPINION

Patient Opinion postings published in the last month deemed moderately critical or above:

- No postings deemed moderately critical or above published in the last month

## 6. DIVISION IN FOCUS: LOCAL SERVICES HEADLINES

This month the focus is on the Local Services. We are taking an in-depth look at the views and experiences of patients accessing Adult Mental Health services, and the views and experiences of their carers' and families. We also include an update on the issues presented at the February Board of Director's regarding Mental Health Services for Older People.

### 6.1 DIVISIONAL HEADLINES

Data collected from the Service User Feedback survey:

	February – April 2016	November 2015 – January 2016
Service Quality Score	94%	93%
Friends and Family Test (FFT)	94%	95%
SUCE survey returns	2326	1392
Patient Opinion stories	55	29

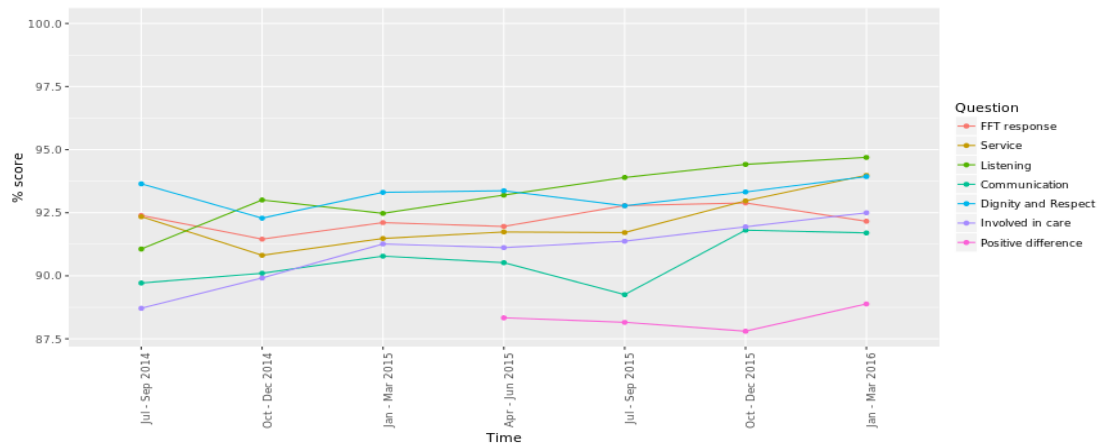
### 6.2 DIVISIONAL MAIN ISSUES AND 'BEST THING'

Data collected from the Service User Feedback survey:

	Current rolling year (May 2015 - April 2016)	Emerging issues (February – April 2016)
<b>ISSUES</b> (based on 1719 responses to the 'improve one thing' question)		
Availability of services (Category: Access to services) *A mix of responses here, many of which relate to	11%	No emerging issues

needing more sessions		
Waiting times (Category: Access to services) *The majority of these comments came from IAPT and Step 4 Therapies (Adult Mental Health)	8%	
Staff/Service user (Category: Communication) *These comments included a mix of complaints about the quantity, quality, and clarity of communication	7%	
<b>COMPLIMENTS</b> (based on 3161 responses to 'best thing' question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	15%	Being listened to (Category: Communication) 6%
Quality of care/service (Category: Service Quality/Outcomes)	14%	
Improvements in mental health (Category: Service Quality/Outcomes)	7%	

### 6.3 DIVISIONAL TREND IN SERVICE QUALITY, FRIENDS AND FAMILY TEST AND KEY QUESTION SCORES



## 6.4 PATIENT OPINION

Patient Opinion postings published in the last month deemed moderately critical or above:

- A posting published in April shared a negative experience with the crisis service, where the author explained *“I felt in a deeper crisis than before the conversation and I felt that I had been pushed into disclosing information I wasn't ready to share with a professional I did not have a trusting relationship with.”*  
Ruth Gadd, Acting Service Manager for the City Crisis Team, responded to say *“I am so sorry that you had to experience this negative and unhelpful support from the crisis team, I can imagine that this was a shock, particularly when you have found the team supportive and helpful in the past. [I] will ensure this is discussed with the team involved.”*  
[www.patientopinion.org.uk/opinions/286208](http://www.patientopinion.org.uk/opinions/286208)
- A posting was published in April by the friend of a service user in Nottingham who was sectioned in Sheffield and was transferred to a ward in Bradford due to a lack of beds in Nottingham. The author felt it was unacceptable that his friend could not be returned to a treatment in Nottingham.  
Andrea Worrall, Acute Manager for City and South, responded to say *“We are trying to manage the demand for inpatient treatment but at times to ensure patients do receive a service to keep them safe we unfortunately have had to request support from other providers. Please can I ask you to contact me so I can support you and your friend personally in this situation and attempt to resolve some anxieties you have”*  
[www.patientopinion.org.uk/opinions/289724](http://www.patientopinion.org.uk/opinions/289724)

## 6.5 UPDATE ON PREVIOUS BOARD PAPER WITH LOCAL SERVICES FOCUS

### **Mental Health Services for Older People (featured in Board of Directors paper, February 2016)**

Below we update on any developments in relation to the main issues presented in February's report:

ISSUE	DETAIL	ACTION TAKEN/PROPOSED	UPDATE – MAY 2016
<b>Parking/transport</b>	Many comments also relate to the ambulance service provided by Arriva, and it not being punctual or not arriving. Other comments relate to the lack of parking at (or nearby to) the St Francis Day Hospital, and for Lawrence Day services.	Many of the issues relate to the ambulance service, therefore the directorate are in communication with Arriva to resolve any issues.	Issues arising relating to ambulance transport continue to be raised with Arriva.
<b>Access to services</b>	<p>The majority of comments relate to a desire to remain in day services longer as the service is highly valued, rather than an issue of access into the services at referral stage.</p> <p>This relates to the acknowledgement nationally that there is an issue with older people being isolated and lonely due to a lack of continuing social interaction and support services.</p>	<p>In the Rushcliffe Community Mental Health Team, a reserve list is now held for cancellations so that they can offer appoints at short notice.</p> <p>On initial visit by a Clinician, the Intensive Recovery and Intervention Service (IRIS) discuss that they are a short term service and if on-going support is needed then there could possibly be a charge depending on financial circumstances.</p>	Community Services continue to ensure that they refer and signpost individuals and carers to appropriate services prior to discharge from Trust services.
<b>Personality disorder (PD) in older patients can be missed, or poorly addressed</b>	A complaint raised the issue of personality disorder in older people, and the lack of recognition for the condition.	Dr David Connelly and Javid Khaliq began a project, with the active participation and support of the Involvement Centre, peer group workers and local representatives of the national “Emergence” Personality Disorder (PD) organisation. Mental Health Services with Older People with Adult Mental Health involvement has commenced a Personality Disorder training initiative for its staff. The project produced a critique of assessment of older people with Personality Disorder that will enable looking at future assessment tools that would be valuable in diagnosis in older persons.	The Project finished at the end of March 2016. Mental Health Services for Older People now provides training on Personality Disorder for staff to attend. A Practice Development Forum will also be put in place.

<p><b>Communication</b></p>	<p>People ask for more information at the beginning of treatment, when they are either admitted or begin a course of treatment in the community</p> <p>Families and carers ask for more information on progress</p> <p>Some comments received raise the issue of the information given being too technical, or being too much to understand at one time</p>	<p>The directorate are progressing their work on the Trust Carers' Strategy and Triangle of Care.</p> <p>The digital health prescribing pilot (addressing the need for better, accessible information available to all online) will shortly begin, in two Memory Assessment Services initially.</p> <p>An information leaflet stand has been ordered for easy access for patients/carers and staff to access relevant and required information (Newark and Sherwood Community Mental Health Team)</p> <p>Rushcliffe IRIS team continuing to gather information/build a portfolio of support groups/ social activities and will accompany service user on initial visit.</p> <p>The Alzheimer's Society runs an information clinic which people are offered access to after their diagnosis.</p>	<p>The Digital Health Prescribing Pilot: Much information has already been uploaded on to the site and is ready to access. The pilot will be starting shortly.</p> <p>New Working Age Dementia (WAD) Team are consulting with existing carers in developing new assessment and post diagnosis pack resources, enabling them to be carer focussed and specific. (WAD Service).</p> <p>Broxtowe Community Team have reviewed their leaflet and the wording has been changed to be easily understood.</p> <p>Inpatient Wards are currently undertaking the assessment for the Triangle of Care/carers Strategy implementation Plan which ensures that areas have or are working towards appropriate information available.</p>
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## 7. SERVICE IN FOCUS: ADULT MENTAL HEALTH SERVICES HEADLINES

Adult Mental Health services include:

- Acute Inpatient provision across the County including specialist Psychiatric Intensive Care Units and Section 136 Assessment Units.
- Crisis Resolution and Home Treatment teams that provide care to individuals in the community. This service is 24 hour 7 day a week in Nottingham city.
- Community Rehabilitation Teams who provide multidisciplinary flexible recovery focused support in the community
- Assertive Outreach Services.
- FACT teams - a needs led service which provides secondary mental health services through tailored packages of care
- Community Mental Health Teams.
- Early Intervention Psychosis Teams.
- Street Triage Team in partnership with Nottinghamshire Police.

## 7.1 DIRECTORATE HEADLINES

Data collected from the Service User Feedback survey:

	February – April 2016	November 2015 – January 2016
Service Quality Score	93%	90%
Friends and Family Test	94%	92%
SUCE returns	607	258
Patient Opinion stories	24	14

## 7.2 DIRECTORATE MAIN ISSUES AND ‘BEST THING’

Data collected from the Service User Feedback survey:

	Current rolling year (May 2015 - April 2016)	Emerging issues (February – April 2016)
<b>ISSUES</b> (based on 704 responses to the ‘Improve one thing’ question)		
Availability of Services (Category: Access to Services)	11%	No emerging

Approach to Care (Category: Care/Treatment)	7%	issues
Waiting time (Category: Access to Services)	6%	
Staff/Service User (Category: Communication)	5%	
Other (Category: Access to Services)	4%	
<b>COMPLIMENTS</b> (based on 915 responses to 'Best thing' question)		
Helpful/Caring/Friendly (Category: Staff/staff attitude)	15%	Supportive (Category: Staff/Staff attitude) 7%
Quality of Care/Services (Category: Service Quality/Outcomes)	13%	
Being listened to (Category: Communication)	6%	

### 7.3 COMMENTS AND STORIES WHICH ILLUSTRATE THE MAIN ISSUES RAISED

In the following section we present a summary of the feedback received through the major channels used across adult mental health services over the last 12 months. This feedback serves to illustrate the main issues that have been raised by patients, their carers' and families, and staff.

#### 7.3.1 COMMENTS FROM THE SERVICE USER FEEDBACK SURVEY WHICH RELATE TO THE MAIN ISSUES RAISED:

Comments that illustrate what has been said about the **main issues** raised:

Access to Services:

- *More funding so they can continue to do a wonderful job. (Step 4 Therapies).*
- *Response could be faster & larger amounts of free services be allowed everywhere. For services to go on for longer (Nottingham Recovery College).*
- *Enough time to talk when Im in a crisis. (City Recovery Team).*

Waiting times:

- *I'm still on the waiting list for step 4. nobody has told me when it is starting and I don't really know who to contact. Need better communication about service. (Step 4 Therapies).*
- *Too long waiting list for psychologist/therapy. (EIP County South).*
- *It took quite a long time before I was contacted for social inclusion. It also took six months from seeing the first psychiatrist to the one i am seeing now. (CATS Team).*

- *I have had three different diagnosis over 5 years by 3 separate psychiatrists. This has confused me. Medical help is available but been waiting for a very long time for therapy. (Broxtowe and Hucknall CMHT).*

Communication:

- *Better communication and relationships between staff (all levels) and patient contact. (Orchid Ward).*
- *I still don't understand the medication and why it needs increasing, I also don't understand what it is supposed to do. (Adult Mental Health)*
- *Communication between staff and service users (Redwood 1).*
- *Speak to patients explaining meds they are on. (The Willows).*

Approach to Care:

- *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 County South).*
- *Service users involvement with staff to discuss problems on wards. Ground rules to be set. (Redwood 1).*
- *When patient comes for help for the first time, rather than inject them it is better to calm them with trust, respect, laughing and show that you are on their side (AO City - East & West).*

### 7.3.2 COMPLAINTS

In past 12 months, the Adult Mental Health directorate have received 153 complaints.

The below table shows the top five most frequently selected categories for these complaints, along with the percentage that were upheld or partially upheld.

Category	Total number of complaints in 2015/16 raising this issue	% of those which have been investigated and closed which were upheld or partially upheld
Nursing Care - Non In-Patient	33	37%
Info To/Communication With Patients	32	36%
Staff Attitude - Nursing	25	31%
Info To/Communication With Carers/Relatives	24	67%
Medical Care - Adequacy Of Treatment	23	0%



### 7.3.3 STAFF EXPERIENCE

Adele Bryan, General Manager for Adult Mental Health, has initiated an open forum for staff to raise issues with her for resolution. The issues below are those raised by staff recently, which relate to patient care:

- Concerns regarding meaningful day activities: staff wanting to support more activities but lacking the capacity.
- Staffing levels: A full review has taken place as part of 'Releasing Time to Care'.
- Access to patient records: Specifically, the Crisis Teams having difficulties accessing RiO.
- Parking: recurring parking issues at Bassetlaw District General Hospital, Millbrook and Highbury.

The issues above are logged within an action plan, which will track progress.

### 7.3.4 PATIENT OPINION

In the last year, 73 stories have been published on Patient Opinion commenting on Adult Mental Health Services.

- 42 postings were rated as entirely complimentary.
- 20 postings were rating mildly or moderately critical.
- Seven postings were rated moderately critical.
- Four postings were rated as strongly critical (one [posting](#) relates to experiences at Millbrook, one [posting](#) relates to the Lucy Wade Unit, one [posting](#) relates to an allocated nurse from the FACT team and the last [posting](#) refers to Ward Rowan Two at Highbury Hospital).

Sample of quotes from the stories received in the last year:

- *"The early intervention team have been the greatest help towards the recovery of my mental illness, and is much more important than just the medication alone. They show genuine care and compassion towards all patients and are extremely professional in what they do."*  
[www.patientopinion.org.uk/opinions/291249](http://www.patientopinion.org.uk/opinions/291249)
- *"I feel safe here and my mum and dad are more happy that I'm here. Staff have time for us, helping through the difficult times."*  
[www.patientopinion.org.uk/opinions/280027](http://www.patientopinion.org.uk/opinions/280027)

- *“None of the staff apart from one agency nurse had any general nurse training but they all rose to the physical challenges that we faced and delivered the most exemplary care with the utmost dignity at all times having to adapt could not have been easy for them and they should be very proud of themselves as a team for achieving this by going above and beyond their duties as mental health nurses.”*  
[www.patientopinion.org.uk/opinions/277248](http://www.patientopinion.org.uk/opinions/277248)
- *“My son has now been transferred to a locked secure unit at Bracken House and it feels like my son is locked in prison! He is not doing very well, he has gone backwards in his recovery and gone into himself.”*  
[www.patientopinion.org.uk/opinions/254473](http://www.patientopinion.org.uk/opinions/254473)

All stories have received a response, and two stories have resulted in a change to services.

## **8.0 MAIN ISSUES FOR THE SERVICE AND ACTION TAKEN OR PLANNED**

In the table below, we highlight the most prominent issues (selected from the range of feedback presented) raised by patients and their carers' and families over the last 12 months, and the actions taken or proposed to address these issues.

ISSUE	SOURCE	DETAIL	ACTION TAKEN/PROPOSED
<b>Activities</b>	Trust feedback survey  General Manager Open Forum	<ul style="list-style-type: none"> <li>• <i>“More activities to take place daily and make time and space for these to take place. (Orchid Ward)”</i></li> <li>• <i>“I think their needs to be more activities on the ward or at HIGHBURY. Exercise is such a good way of helping to lift people” (Rowan 2)</i></li> </ul>	<p>There is an intention to review the information and advice given to patients on admission about available activities, and the purpose of their stay in hospital, to better manage expectations.</p> <p>As part of the smoking cessation project, there is a review looking at ‘meaningful activity’ which aims to ensure activities are provided that are appropriate to, and complement patient treatment/periods of crisis.</p> <p>The Highbury/Millbrook/Bassetlaw Live! Projects are planning events and regular activities as part of their ongoing work.</p>
<b>Waiting times</b>	Trust feedback survey	<ul style="list-style-type: none"> <li>• <i>“Not having to wait too long for treatment.” (Step 4 Therapies)</i></li> <li>• <i>“Too long waiting list for psychologist/therapy.” (Early Intervention in Psychosis - EIP County South)</i></li> </ul>	<p>Psychological Therapy services have started to send out a letter acknowledging referral and letting service users know an anticipated timescale until treatment, with brief guidance on how to contact the team and what to do in a crisis.</p> <p>For those wanting psychodynamic therapy, a group has been set up which can accept immediate referrals.</p>
<b>Staffing levels</b>	Trust feedback survey  General Manager Open Forum	<ul style="list-style-type: none"> <li>• <i>“Increase the number of staff to reduce their workload.” (EIP County South)</i></li> <li>• <i>“More staff so can get off ward more (Redwood 2)”</i></li> <li>• <i>“More staff &amp; spend more 1:1 time with patients” (Redwood 2)</i></li> <li>• <i>“The nursing staff were far too busy. They must be very stressed themselves. There needs to be more staff.” (Lucy Wade Unit)</i></li> </ul>	<p>Local Services are currently making a concerted effort to recruit qualified nurses, at a time of a national shortage.</p> <p>There is an intention to better invest in developing Band 2-4 staff with the hope of supporting them to achieve their qualifications and retaining them in the service as qualified nurses.</p> <p>The ‘Releasing Time to Care’ project currently underway aims to ensure staff have as much time for patient contact as possible.</p>

<p><b>Crisis Services</b></p>	<p>Patient Opinion postings</p> <p>Feedback via the Involvement Centres</p>	<ul style="list-style-type: none"> <li>• <i>“Crisis team out of hours support.” (EIP City)</i></li> <li>• <i>“I left hospital and I feel abandoned, the crisis team didn't call” (Lucy Wade Unit)</i></li> <li>• <i>“Sometimes the crisis team dont understand what you are going through. They need to listen more.” (CRHT Ashfield and Mansfield/Newark and Sherwood)</i></li> <li>• <i>“I have been discharged twice by the Crisis Team even though I was expressing suicidal feelings. The first time I was left with no support. I attempted suicide after both discharges.” (CRHT City Couth)</i></li> </ul>	<p>The Crisis House has been open for some time now, and is receiving very positive feedback.</p> <p>The Bed Management Team are attempting to 'triage' patients meaning the crisis team can concentrate on supporting those who are able to remain at home.</p> <p>A bid for funding is currently in with the Department of Health for Clinical Decisions Unit to alleviate pressure on the crisis team/bed management team to make these judgements.</p> <p>The Crisis Resolution and Home Treatment Team (CRHT) in the county currently finish at 8pm. The intention is to extend opening hours in the county to match that provided in the city.</p>
<p><b>Communication with carers and families</b></p>	<p>Complaints</p> <p>Work undertaken as part of the Triangle of Care</p>	<p>Complaints have highlighted the issue of carers feeling excluded in the care of their loved ones.</p> <p>The Trustwide Triangle of Care work has highlighted the issue of staff awareness/confidence in making decisions about what information can be shared with family/carers, especially when the patient requests that they are not involved/informed.</p>	<p>The directorate are fully engaged with the Trust's Carers' Strategy and the Triangle of Care, which aim to improve the involvement of carers.</p> <p>Services have recently increased communication with carers about accessing crisis services, and access to Carers' Link nurses/staff on the wards.</p> <p>The Trust will imminently disseminate a guide for staff on carers and confidentiality to ensure they know how to involve and communicate with carers.</p> <p>Patients will be encouraged to give advanced permissions for staff to involve and communicate with family even when permission might be denied during acute illness.</p>

## 9. MAIN COMPLIMENTS

Below are some of the comments from the SUCE survey that illustrate about the **main compliments** shared about the service:

- *Provide me with appropriate services, albeit more choices would have been useful. The college has been the best place to go to for improvements after medical treatments (Nottingham Recovery College)*
- *Your staff treat me like an individual, no-one was patronising or text-book (Section 136 Suite - County)*
- *Helped me recover, listened to me. (Redwood 2)*
- *Everything was done to make me feel relaxed. I found the interview to be helpful and constructive and made me feel more confident to manage my problems. (CRHT Ashfield and Mansfield/Newark and Sherwood)*
- *Always very respectful, listened. Never responded in a patronising manner. (CRHT Bassetlaw)*
- *Spent a long time listening to me moan and didn't judge me or tell me what to do or that I was wrong. I felt so much better after our first session. (Carers Support Team)*

The below compliments are **sampled from the compliments log** for the directorate over the past 12 months:

- *"I was lower than low, some days have been harder than others but without your help of all the staff I don't think I would be here today .  
From*
- *The bottom of my heart I thank each and every one of you because if it wasn't for all of you I wouldn't have been here and got through this without you." (Ward B2, Bassetlaw)*
- *"Thank you for all the help and support you have given me over these past few months, even when I had given up on myself you continued to guide and support me to where I am now." (Redwood 2, Highbury Hospital)*
- *"Staff were always friendly and willing to talk with her, feeling very listened to by those on the ward and had a positive experience. She felt*
- *That although people were busy they made sure time was available for her and steps were taken to support her. In particular she talked about how she was supported to return to Nottingham wards to be closer to her child." (Lucy Wade Unit)*

## 10. RECOMMENDATION

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

Amy Gaskin-Williams  
Involvement and Experience Manager

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May 2016