

**-Northumberland, Tyne and Wear NHS Foundation Trust**

**Board of Directors Meeting**

Meeting Date: 26<sup>th</sup> October 2016

Title and Author of Paper:

Service User and Carer Experience Summary Report (Quarter 2 2016/17).  
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Executive Lead: Lisa Quinn Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- This report summarises Quarter 2 2016/17 Service User and Carer Feedback received - overall, 1,269 patients and carers have taken the opportunity to provide feedback during Quarter 2 2016-17.
- Patient FFT response rates have significantly increased in comparison to the previous quarter with 679 responses. There has been a decrease in the "recommend" score from last quarter – from 83% to 78%.
- National FFT benchmarking data for Quarter 1 reports that the national average "recommend" score for mental health providers was 88%. The Trust was in the lowest quartile for recommendation (Trust results were 83% in that quarter).
- The Points of You measure remains the primary measure of experience, however there are a number of similar measures in operation within different services/ teams. During quarter one a total of 538 responses to various experience measures were received.
- Carer's feedback remains limited (52 responses) but largely positive – 41% of respondents identified nothing could be improved.
- The CQC Community Mental Health Survey 2016 preliminary results have been received from Quality Health. The findings in comparison to the 2015 survey showed that 55% of the questions in the 2016 saw improvements in the most positive response category compared with 2015.
- During the period there were 5 comment posted on Patient Opinion & Healthwatch North Tyneside.
- This report is a high level summary for assurance purposes. Detailed monthly reports are prepared for each Clinical Group for discussion, analysis and action within the

Q&P Caring sub-groups.

- Following a review of the Trust's current patient experience programme a proposal has been recently agreed by CDT-Q to standardise the way the Trust captures and utilises service user and carer feedback to increase response rates and strengthen the focus on improving experience of our services (details included).

Risks Highlighted to Board : none

Does this affect any Board Assurance Framework/Corporate Risks? No  
Please state Yes or No  
If Yes please outline

Equal Opportunities, Legal and Other Implications: none

Outcome Required: for information

Link to Policies and Strategies: n/a

## Service User and Carer Experience

### Quarter 2 2016-17 Update

#### 1. Purpose

To present to the Corporate Decisions Team a summary of the Quarter 2 2016-17 service user and carer experience feedback received from across the Trust.

#### 2. Background

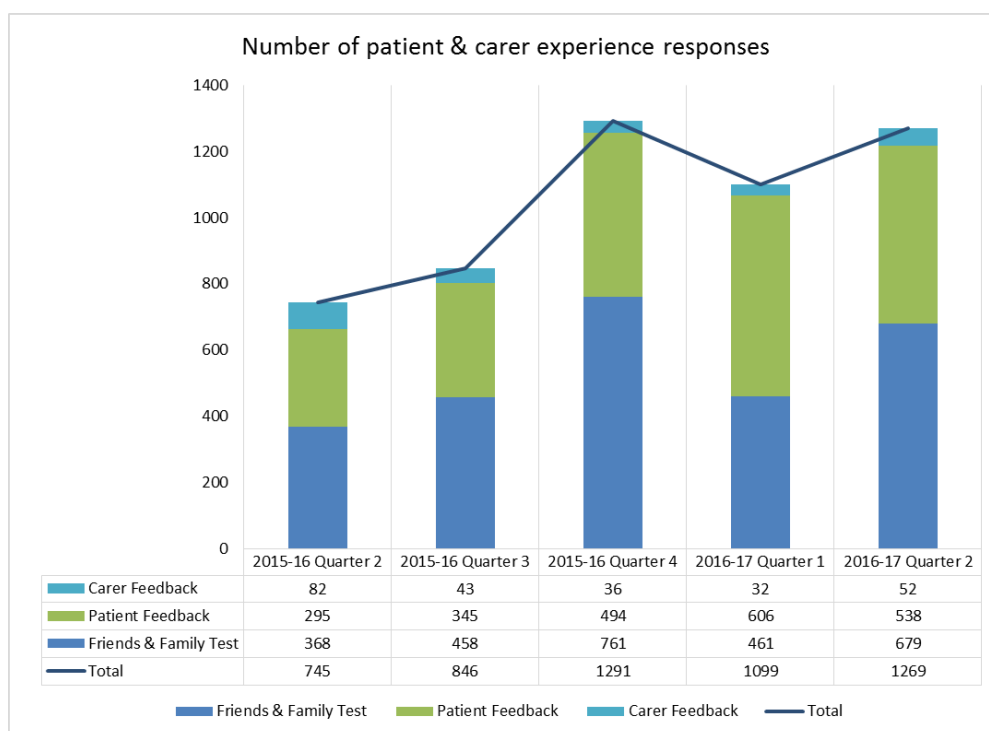
Patient experience is one of the three domains of quality. The Trust is committed to improve the quality of services by using experience feedback to understand what matters the most to our service users and carers. The Trust continues to capture feedback from a range of measures; the information included in this paper outlines the Quarter 2 position on the following:

- Friends and Family Test
- Points of You (Service User & Carer)
- Community Mental Health Survey (Quality Health)
- Patient opinion/ NHS Choices
- CQC Quality Report
- Compliments

#### 3. What are our patients telling us?

Overall, 1,269 patients and carers have taken the opportunity to provide feedback during Quarter 2 2016-17. (NB: the figures don't include responses from ESQ used in Community CYPS - retrospectively, for Quarter 1 there were 303 ESQ returns from Community CYPS services).

Figure 1: Total number of service users and carer experience responses per measure 2015-16 – 2016-17



Our patient experience feedback is shared with clinical and operational teams in the Groups Q & P Caring sub-groups.

#### 4. NHS Friend & Family Test Q2 2016/17

The NHS Service User Friends and Family Test (FFT) was operationalised in January 2015 and remains an important part of our patient experience programme for 2016-17. The FFT is a single question survey that asks patients to rate the likelihood they would recommend the service they have received to family or friends. Scoring ranges from extremely likely to extremely unlikely.

Figure 2: Friends & Family Test response and recommend score 2016/17.

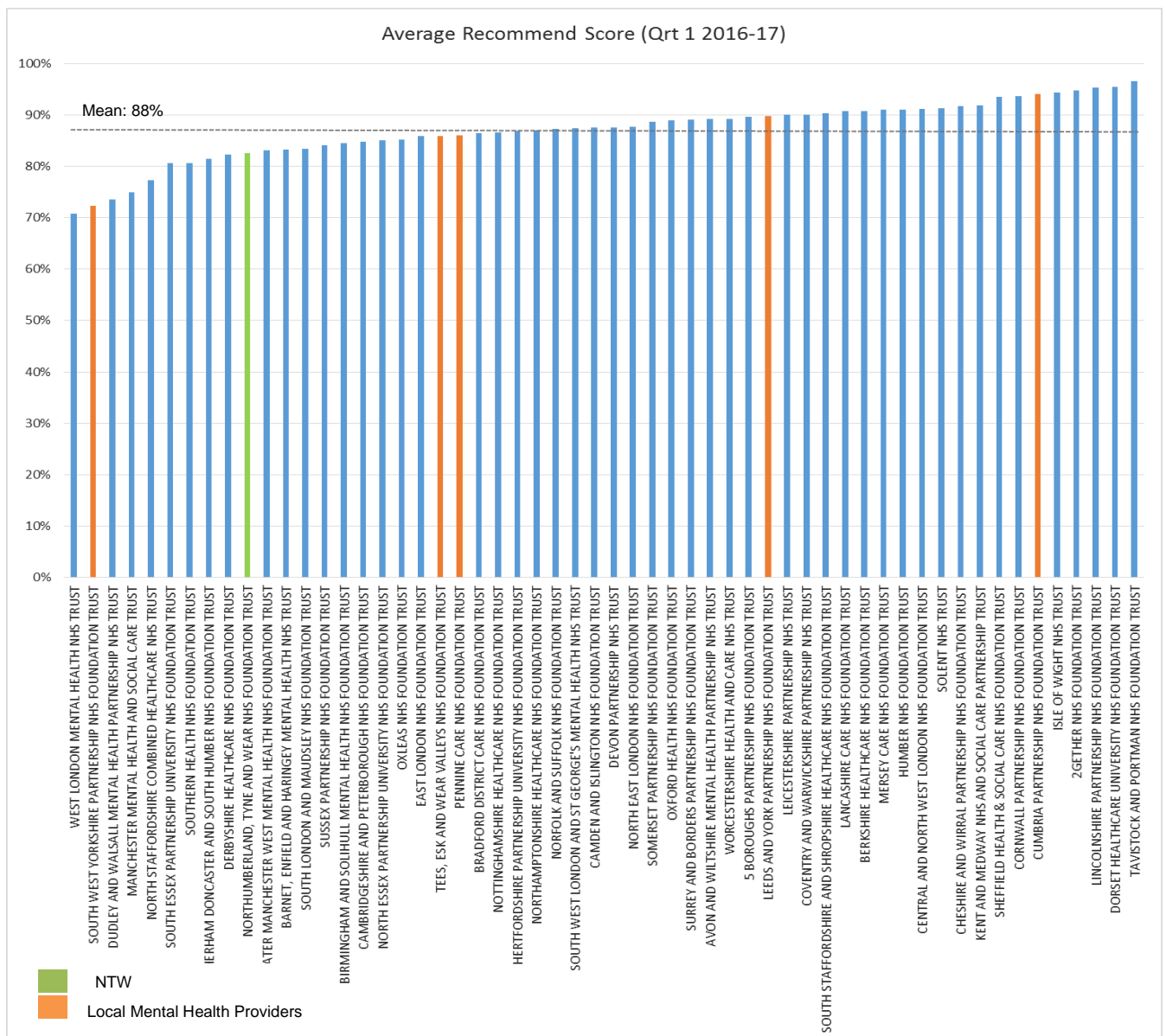
		Jul 16	Aug 16	Sep 16	Qrt.2	Monthly Trend for Qrt.2
<b>Responses</b>		206	241	232	679 (Total)	
<b>Recommend Score</b>	<b>NTW</b>	74% (below national average)	80% (below national average)	81%	78% (Average)	
	<b>Monthly National Average</b>	88%	88%	To be published 10/11/16		

During Quarter 2, 679 responses were received across all Trust services. This is a significant increase compared to the previous quarter (for previous quarter figures see Figure 1). The breakdown between Groups is: Community Care provided 64% of the responses, Inpatient Care 6% and Specialist Care 21% (the remaining proportion is from Mental Health Other and Primary Care).

The Trust's average recommend score for Quarter 2 was 78% (rating of extremely likely or likely). As illustrated in Figure 2, the Trust fell below the national average recommend score for July and August 2016.

NHS England nationally report FFT data; the latest data for **Quarter 1 2016/17** has been published. Nationally 56 providers of Mental Health Services submitted a completed FFT data set for the months of April, May and June 2016. The number of responses ranged from 4,730 to 56. The recommend score ranged from 96% to 71%. Figure 3 highlights the Trust's position with regards to its recommend score in relation to other mental health providers.

Figure 3: Average recommend score for Quarter 1 for Mental Health Providers



The CQC Quality Report, following the recent comprehensive inspection, was published in September 2016 and detailed the CQC's finding of the review of the Trust's Friends and Family Test data. The report stated:

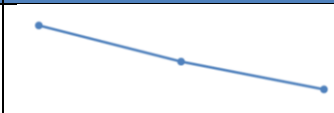
"The trust has scored below the England average for recommending the trust as a place to receive care for each of the six months in the period between September 2015 to February 2016 scoring between 78% and 84%. Those that would not recommend the trust as a place to receive care was similar to the England average. The response rate over the period has been significantly below the England average and therefore less likely to be representative of the standard of care delivered."

## 5. Local Feedback – Service Users Q2 2016-17

The Trust is continuing with the rolling programme of real time surveying via the Points of You (POY) patient feedback measure. POY enables service users (and carers see section

6) to give feedback on a number of closed questions ('yes'/'no'), along with the opportunity for free comments. The process enables staff to respond effectively to any feedback received at that point in time, and offers the Trust the opportunity to look at the 'results'. A small number of services use tailored feedback measures which have been included in the responses below.

Figure 4: Service user feedback response rates.

	Jul 16	Aug 16	Sep 16	Qrt.2 Total	Monthly Trend for Qrt.2/ Proxy Response Rate	
<b>Total Number of Feedback Responses (from POY and ad hoc measures only, excludes CYPs ESQ data)</b>	219	176	143	538		
<b>Inpatient Care</b>	30	61	48	139	1.0% (based on 13,702 OBD)	
<b>Community Care</b>	22	15	9	46	0.0% (based on 135,771 Contacts)	
<b>Specialist Care</b>	<b>Inpatient</b>	26	21	22	69	0.9% (based on 8,007 OBD)
	<b>Community</b>	141	79	64	284	0.6% (based on 51,726 Contacts)

In Quarter 2, a total number of 538 responses were received. Specialist Care services provided the greatest proportion of those returns, providing 66% during Quarter 2. In terms of responses rate/ uptake, Community Care services provide the lowest rate at 0.0%.

A Trust-wide thematic analysis has been undertaken and the most prevalent positive and negative themes to emerge are highlighted below, and actions identified if appropriate:


<b>Positive Themes</b>	
1) Care/ Treatment: Activities (14%) 2) Staff/ Staff Attitude: Friendly/ Helpful & Caring (10%) Supportive (5%)	Within Inpatient Care services, service user empowerment emerged as a prevalent commendation.
<b>Negative Themes:</b>	<b>Examples of Actions taken in response (currently held at ward/team level)</b>
The issues raised were very diverse, however the key themes across all groups include:  1) Communication: Between staff & service user (4%)  Specific issues existed within groups, for Specialist Care staff levels was a prevalent concern and the operational hours of support services (exercise therapy) was raised within Inpatient Care.	E.g., Each individual is assigned an identified nurse – each shift – covering 24hrs who act as a point of contact in engaging/communication assisting with facilitating any requests /feedback from daily reviews etc. (Sunderland Locality)  E.g., Inpatient CYPs and Neurological Services at Walkergate Park ran continual advertisements to increase the opportunity for applicants to apply for vacant posts.  E.g., Extending the availability of Exercise Therapy. The department will be open on a

	<p>Saturday for 8 weeks starting 8th October to pilot usage at a weekend (Exercise Therapy, Hopewood Park).</p>
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## 6. Local Feedback – Carers Q2 2016-17

Family, friends and carers of our service users have the opportunity to provide feedback through the POY process.

Figure 5: Carers feedback response rates.

	Jul 16	Aug 16	Sep 16	Qrt.2 Total	Monthly Trend for Qrt.1/ Response Rate
<b>Total Number of Feedback Responses (from POY and ad hoc measure; only excludes ESQ data)</b>	26	15	11	52	
<b>Inpatient Care</b>	2	1	1	4	
<b>Community Care</b>	7	5	3	15	
<b>Specialist Care</b>	17	9	7	33	

In Quarter 2, a total number of 52 responses were received. There has been an increase in the number of carer responses during this quarter in comparison to quarter 1 16-17. Specialist Care services provided the greatest proportion of returns, providing 63% during Quarter 2.

A Trust-wide thematic analysis has been undertaken in relation to feedback from carers on how we can improve the services we provided for their relatives. The most frequently reported themes to emerge are highlighted below, and actions if appropriate:

Improvements Themes	Examples of Actions
1) Nothing could be improved (41%) 2) Staff/ Staff Attitude: Staffing levels (7%)	E.g., continual running of advertisements to increase opportunity for applicants to apply for vacant posts (Specialist Care).



## 7. CQC Community Mental Health Service User Survey 2016

The CQC National Mental Health Community Service User Survey specialises in the measurement of service user experience of Community Mental Health Care Services. The 2016 survey is due to be published on November 2016 and an update will be provided to the November Board meeting.

## 8. NHS Choices, Patient Opinion & Healthwatch Comments Q2 2016/17

The three main websites for service users to leave feedback are NHS Choices, Patient Opinion and Healthwatch (Newcastle/ Gateshead/ North Tyneside). Figure 7 illustrates the star rating allocated by service users/ carer who commented on the care they received.

Figure 6: Star rating for the Trust/ Site/ Service according to NHS Choices

Hospital Site	Star Rating	Total number of reviews since inception of the website
NTW	★ ★	11
Hopewood Park	★ ★ ★	3
Monkwearmouth	★ ★	3
St Nicholas Hospital	★ ★ ★ ★ ★	1
St Georges Park	★ ★	15
Walkergate Park	★ ★ ★ ★ ★	1
Ferndene	Not rated	0
Northgate	Not rated	0

During Quarter 2 2016/17 the Trust received 5 comments through these sites – 2 were positive, and 3 negative. Some examples are shown below

“Always a great experience at this place. No parking problems, seen on time by extremely bright and friendly people. A credit to the NHS”  
(Walkergate Park).

“Discharged from CMHT too soon with a WRAP plan back to GP. Saw too many doctors in my life, they changed every 6 months. Seeing a doctor for about 30 mins every 3 months is neither use nor ornament”  
(Whitely Bay CMHT).

“I've been with the service many years and now in 2016. I feel like it is the worst it's ever been, they say complain if you're not happy but you never get listened to. So far I've made 2 complaints and nothing EVER get sorted” (Whitely Bay CMHT).

## **9. CQC Quality Report – feedback from service users and carers**

As part of the CQC inspection programme the team spoke with and collected view from service users, carers and relatives, and their findings were published in the Quality Report. Overall, the majority of the feedback was positive, describing ‘staff as professional, caring, friendly supportive, amazing and remarkable.’ Areas for improvement included:

- Poor quality food, limited choice, small proportions.
- The trust no smoking policy.
- Travelling distance to services and car parking.
- Lots of bank and agency staff.
- Sometimes not enough staff, staff always changing.

Examples of feedback from specific Trust core services are included below:

### **Community-based adult mental health services**

- “Patients told us that they feel welcome and accommodated when they visit teams because all staff are friendly towards them.
- All patients that we spoke to told us that staff were respectful, helpful and understanding.
- Carers told us that they feel staff supported and included them in the care and treatment they provided to patients.
- Patients reported to be involved in their care plans and people who wanted a copy of their care plan had one and could tell us what it said”.

### **Forensic inpatient/secure wards**


- “The patients we spoke with all said the environment was clean and well maintained. Patients said they felt safe and that they could approach staff at any time. When incidents happened, patients felt staff managed these well.
- Patients all said they had a named nurse and had regular 1:1 time with their nurse.
- Carers all felt involved in the care of their relative and were invited to attend meetings. Where carers were unable to attend meetings they said they were able
- Patients raised some concerns with regards to the quality of the meals and the portion sizes provided, stating it would be nice to have ‘home made’ food.”

### **Child and adolescent mental health wards**


- “One patient provided feedback on the service. The patient told us they liked the ward and that it was better than other places they had stayed before. The patient liked the range of activities on offer but said the food could be better.”

## 10. Compliments and Thank You’s from Chatterbox – Q2 2015/16

During Quarter 2, 34 thank you’s and compliments were received and posted on the Trusts chatterbox, examples include:



“You’re all absolutely amazing people, nurses and mentors. Can’t thank you for everything you have helped me with and taught me and thanks for making me feel so comfortable and welcome.”  
(Treatment Centre, St Georges Park)



“Thanks for helping me during a tough time. Keep up the hard work, it’s very much appreciated.”  
(Central & South Northumberland CMHT)

## 10. Actions to Improve Service User and Carer Experience Programme

The Trust is committed to seeking, understanding and acting upon service user and carer feedback about their experience, to support continuous improvement of patient-centred services.

Review of the Trust’s current process has revealed that gathering service user and carer experience feedback is localised, limiting scope to conduct thematic analysis and evaluate feedback at Trust level. Greater value could be obtained if efforts were co-ordinated across the Trust, thus it is proposed that the Trust standardises the way it captures and utilises service user and carer experience feedback to increase response rates and strengthen the focus on improving experience of our services.

A universal POY survey has been proposed, incorporating the Friends and Family Test question along with the nursing compassion question. The survey is designed to be inclusive to all service users and carers, some of whom may need assistance to complete the survey, such as people with learning disabilities, dementia and literacy issues. The universal Points of You/FFT feedback process will be adopted across all Trust services and can be complemented with additional localised experience measures if required.

The universal POY survey questions are an evolution of the current POY survey which was produced in collaboration with service users and carers, while also taking into account common themes from existing POY surveys, national surveys, national guidance (i.e., NICE Quality Standards & CQC Standards) and mandatory FFT requirements.

The changes were considered at a number of groups/forums including the Patient & Carer Experience Group, Service User Reference Group and circulated to a number of lead professionals within specialities (i.e. dementia, CYPs, autism, learning disability) and service users and carers. A large number of views were fed back and taken into consideration where possible.

The approved universal form is shown overleaf:

## Suggested Universal POY/FFT content:

Q1 This is the national, mandatory FFT question which MUST be the first question along with the accompanying free text response.

Q2 From existing PoY - This is the compassion question

Q3 From existing PoY - Links to NICE quality standard 15

We would like you to think about your recent experiences of our service/team/ward. What you say can help us change things that don't work well and carry on doing things that do work well.

This survey is confidential and we will use your comments to help make things better. Please tick your answer  to the following questions. If you need help, please ask a friend/carer to help you.

I am a:  Service user/patient  Carer/relative/friend

1. How likely are you to recommend our service/team/ward to friends and family if they needed similar care or treatment?

Extremely likely    Likely    Neither likely nor unlikely    Unlikely    Extremely unlikely    Don't know

? Can you tell us why you gave that response?

2. How kind and friendly were staff to you?

Very    A little bit    Not very    Don't know

3. Did you have a say in the treatment or service received and what was going to happen?

All the time    Most of the time    Sometimes    Not very often    Never    Don't know

Q4 Slightly reworded from other versions of poY - Links to NICE quality standard 15

Q5 Slightly reworded from other versions of PoY - Links to DH Essence of Care 2010

Q7 From existing PoY

Q6 From existing PoY - Links to NICE NG138 patient experience

Q8 Links to CQC MH survey & NICE guidance

Q9 - From existing PoY Links to NICE guidance

Q10 Open question to capture any further comments

4. Did we listen to you?

All the time    Most of the time    Sometimes    Not very often    Never    Don't know

5. Did we help?

A lot    A little bit    Not much    Don't know

6. If you had any questions about the service being provided did you know who to talk to?

Yes    No

7. Were you given the information you needed?

Yes    No

8. Were you happy with how much time we spent with you?

Extremely happy    Happy    Neither happy nor unhappy    Unhappy    Extremely unhappy    Don't know

9. Did staff help you to feel safe when we were working with you?

All the time    Most of the time    Sometimes    Not very often    Never    Don't know

10. Is there anything else you would like to tell us about the service/team/ward? (You can also use this space to tell us more about the questions on this form)

Please turn over

The ward/team/service is identified on the front cover. When completed the form is folded for confidentiality and either handed to service or returned by post. Note that the above draft **layout** is subject to further refinement.

In addition, there is scope for significant enhancements to the information management of the data including in the data collection, analysis and reporting processes. Key proposed changes include:

- POY surveys are returned freepost direct to Patient Experience to alleviate issues of confidentiality and anonymity, improve response rates and encourage honest feedback.
- Centralised Service User and Carer Experience support function to distribute POY surveys to clinical services with assigned team names to enable mapping of results to specific wards and teams
- POY survey feedback is entered into system and analysed centrally.
- Clinical services have access to a dashboard which alerts them when POY feedback for their service has been received.
- Clinical services submit actions taken in response to feedback received
- Dashboard facilitates the automatic creation of a 'You said, we did' poster for display in clinical areas
- Use of enhanced dashboard to improve feedback in both directions & enhance clinical staff, service user and carer engagement

A phased approach to implementation is planned, with 'local go live' dates for each service/ward transpiring following visits from the Experience & Effectiveness Officer to individually brief services/wards about the new approach to patient experience feedback. There is currently work taking place around systems developments, training material, scheduled visits, and communications.

## **11. Recommendations**

The Board of Directors are asked to note the information included within this report and provide comments on report refinements for future quarters.

**Anna Cummings**  
**Experience & Effectiveness Officer, Commissioning & Quality Assurance**  
**October 2016**