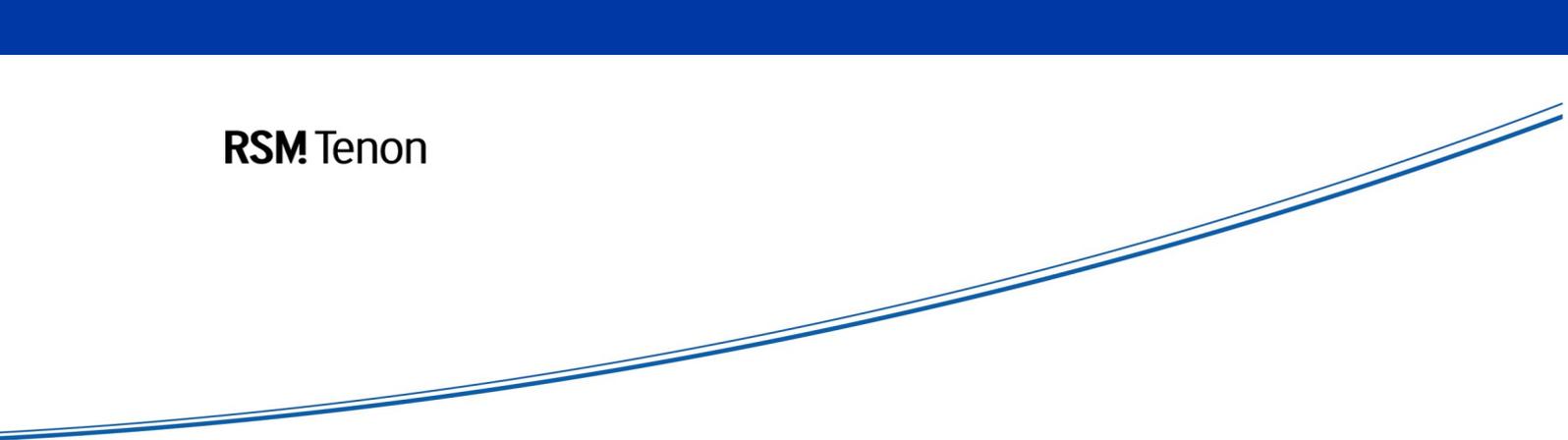


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Avon and Wiltshire Mental Health Partnership NHS Trust

Service User and Carer Involvement

Internal Audit Report 12.12/13
16 October 2012

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Debrief meeting	13 August 2012	Auditors	David Taylor, Partner Ryan Richards, Client Manager Vickie Gould, Auditor Hannah Dennis, Auditor
Draft report issued	31 August 2012		
Responses received	15 October 2012		
Final report issued	16 October 2012	Client sponsor	Andy Sylvester, Director of Operations Hazel Watson, Director of Nursing, Compliance, Assurance and Standards
		Distribution	Financial Control Team



This review has been performed using RSM Tenon's bespoke internal audit methodology, **i-RIS**.

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regard to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

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1 EXECUTIVE SUMMARY

1.1 INTRODUCTION

At the request of the Audit Committee a review of Interaction with Service Users and Carers was undertaken as part of the approved internal audit periodic plan for 2012/13.

The monitoring of, and effective response to, patient experience was a key theme within the White Paper Equity and Excellence: Liberating the NHS published in 2010. The White Paper described the importance of putting the patient first and has fuelled the idea of patient focussed service delivery; an objective which relies on involvement with the patient and those caring for them in the services they are accessing.

Outcome 1 of the CQC's Essential Standards for Quality and Safety is "Respecting and involving people who use services". To evidence compliance with the involvement elements of this outcome the Trust must have suitable arrangements in place to meet the following requirements:

- that service users are enabled to make, or participate in making, decisions relating to their care or treatment;
- provide service users with appropriate information and support in relation to their care or treatment;
- encourage service users, or those acting on their behalf, to—
 - (i) understand the care or treatment choices available to the service user, and discuss with an appropriate health care professional, or other appropriate person, the balance of risks and benefits involved in any particular course of care or treatment, and
 - (ii) express their views as to what is important to them in relation to their care or treatment;
- where appropriate, involve service users in decisions relating to the way in which the regulated activity is carried on in so far as it relates to their care or treatment; and
- provide appropriate opportunities, encouragement and support to service users in relation to promoting their autonomy, independence and community involvement.

The Trust must be able to evidence that these requirements are complied with consistently and on an ongoing basis on every site it operates from.

In May 2011 the Deputy Director of Quality and Healthcare Governance commissioned a report from the National Survivor User Network (NSUN) which reviewed the Trust's approach to Service User and Carer Involvement and Engagement. The report reviewed engagement across the Trust from 1 July 2010 to 31 December 2010, as well as undertaking interviews of staff, service users, carers and other stakeholders. The report made a number of recommendations for consideration by the Trust which aimed to improve the process of engaging Service Users and Carers and responding to feedback received. The Trust has included these recommendations in its Involvement Improvement Plan which is reviewed by the Service User and Carer Engagement Steering Group on a monthly basis.

The Trust has recently drafted its Fit for the Future plan which sets out a number of objectives it intends to achieve in order to put in place a mental health service which will be sustainable in the future. A central objective of this plan is to put service users and carers at the centre of everything it does - every team, ward and staff member and the Trust Board.

The Trust has a central Engagement and Responsiveness Team based at Jenner House who provide guidance to all SBUs on involvement activities. The Head of Engagement and Responsiveness defined the process for interacting with Service Users in the form of a flow chart which was presented in a report to the Board in July 2011. The flow chart illustrates the process from the point of the Service User being referred to the Trust through their treatment and the ways in which Service Users and their Carers can interact with the Trust throughout this process. Although the flow chart is a very comprehensive illustration of the wealth of engagement activity going on across the Trust, because it includes so much information it is somewhat confusing without explanation. Whilst we are of the opinion that this flow chart accurately and comprehensively defines the engagement methods in use across the Trust we have considered how the Engagement and Responsiveness Team can define its engagement process in a more accessible way for all stakeholders as part of this review.

The Trust interacts with Service Users and Carers through a range of face to face methods and written comment forms or feedback surveys. As part of our review we have interviewed Service Directors, SBU Service User and Carer Involvement Champions or Service User Involvement Workers from all five SBUs to determine the involvement activities underway at team level. There are five posts across the Trust, one in each SBU, for Service User Involvement Workers (SUIWs), however only two posts are currently filled. The other posts had been frozen in order to make savings but these have now been unfrozen and the three SBUs with vacant posts will be recruiting SUIWs to support the implementation of the Trust Involvement Action Plan and Fit for the Future Action Plan.

The Trust has recently had some redesign of its SBU structure. Currently there are five SBUs within the Trust, as follows:

- Specialist Drug and Alcohol Services (SDAS);
- Specialised and Secure Services (S&SS);
- Adult Inpatient;
- Adult Community; and
- Liaison and Later Life.

Currently the SUIW posts in SDAS and S&SS are filled and posts in the remaining three SBUs are vacant.

1.2 CONCLUSION

Our review has considered the processes the Trust has in place both at a Trust-wide and team level for interacting with Service Users and Carers through the review of meeting minutes, terms of reference, survey information, action plans and experience reports, and through discussion with senior staff from each of the Trust's five SBUs.

Our key findings are as follows:

- The Trust does not have a current strategy for engagement with Service Users and Carers and has therefore not defined its overall objectives for interaction and involvement activity. We have noted that in the recently released Fit for Future Action Plan the Trust has stated that it will aim to put Service Users at the heart of everything it does, and the Trust should ensure that it prepares a Community Engagement and Involvement Strategy that identifies how it will enable the delivery of this objective;
- The Trust has put in place a Peer Mentor scheme in the Specialist Drug and Alcohol SBU which involves past Service Users in decision making and improvement of Trust services through the experience based design project. This is a valuable resource which the Trust should be extending into other SBUs.
- The Trust has a scheme which involves current and past Service Users and Carers in decision making and improvement of Trust services through projects, interview panels and training. This is a valuable resource which the Trust should be utilising.
- The Trust has five posts for SUIWs with one attached to each SBU. At the time of the audit three posts were vacant. The NSUN report made a recommendation that these posts are filled and our audit findings support the need for these posts to be filled as a matter of priority to support all areas of the Trust in interacting with Service Users and Carers effectively. In addition, we have suggested that the Trust review how these posts are managed as a regional area of responsibility may be more effective than the posts being linked to SBUs;
- There is currently no up to date central record of meetings and involvement activities that are ongoing across the Trust. The Engagement and Responsiveness Team put together a database of all meetings of Service User and Carer groups and forums taking place within each SBU some time ago, but has not been able to keep this up to date due to the team being located centrally with no direct reporting line into SBUs. The Trust should look to update this database with all Service User and Carer groups and forums taking place, as well as regular engagement activities which are ongoing. This database would be best maintained by the SUIWs and supported by provision of team and ward level information by Service User and Carer Involvement Champions;
- The Trust needs to implement a consistent method of sharing learning across all SBUs as sharing of outcomes of engagement activity and resolution of issues raised is not happening regularly across the Trust area;
- The Trust has not provided any guidance to staff on effective methods of engagement with Service Users and Carers at a local level. It should provide a set of tools and techniques to train key staff to use in order to improve consistency in the volume of involvement activity taking place within SBUs and to ensure that resources are used in the most efficient manner; and
- The escalation process for issues being raised within ward/team level Service User and Carer groups and forums should be clarified and included as part of the guidance to be provided to SUIWs and staff with a role in involvement activity. Currently this is not clear and our discussions with staff from SBUs highlighted that, although escalation processes for high risk areas such as safeguarding and health and safety are well defined, the process for escalating an issue raised through interaction with a Service User or Carer which does not fit into a defined area such as these was not well understood.

We have defined recommendations to address these issues at Section 2 of this report and provided our detailed findings at Section 3.

At Appendix A we have also listed the various methods of engagement which are ongoing within SBUs for the Trust's information.

1.3 SCOPE OF THE REVIEW

The scope of our review was to evaluate the adequacy of the Trust's interaction with Service Users and Carers with a view to providing an opinion. Control activities are put in place to ensure that risks to the achievement of the organisation's objectives are managed effectively. When planning the audit the following limitations were agreed:

Limitations to the scope of the review:

- We will review the information made available to us and base our opinions on this information only. Any information we are not sighted on during the audit work itself will not be considered.
- We will not consider the role of PALS, any complaints or feedback processes managed by PALS or review any reporting produced by PALS as part of this work.
- Where we have concerns that a significant issue regarding the safety of a service has not been appropriately escalated within the Trust we will immediately inform the Director of Operations of our concerns.
- Our work does not provide an absolute assurance that fraud, loss or error does not exist.

1.4 RECOMMENDATIONS SUMMARY

The following tables highlight the number and categories of recommendations made. The Action Plan at Section 2 details the specific recommendations made as well as agreed management actions to implement them.

Recommendations made during this audit:

The recommendations address the risks within the scope of the audit as set out below:

Area	Recommendations		
	High	Medium	Low
Interaction with Service Users and Carers	3	5	1
Total	3	5	1

2 ACTION PLAN

The priority of the recommendations made is as follows:

Priority	Description
High	Recommendations are prioritised to reflect our assessment of risk associated with the control weaknesses.
Medium	
Low	
Suggestion	These are not formal recommendations that impact our overall opinion, but used to highlight a suggestion or idea that management may want to consider.

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
3.1a	<p>As intended, the Trust should prepare its updated Community Engagement and Involvement Strategy and ensure that:</p> <ul style="list-style-type: none"> this is approved by the Trust Board and communicated to all staff involved in engagement activity across the Trust; the Community Engagement and Involvement Strategy is linked to the overarching Communications Strategy; and the Strategy enables the implementation of the Patient Experience Learning and Responding Policy through clear guidance on how the principles of the Policy will be put in place. 	Medium	Yes	Process in place for review of strategy. Let's get engaged events held August and September which will inform co production event on 2 October 2012. Monitored by Service user and Carer Steering group.	December 31 st 2012	Alison Griffin – Head of Engagement and Responsiveness

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
	The Trust may wish to define actions for implementation and track these through the Involvement Action Plan, but should ensure that these actions are measurable and are tracked to completion.					
3.1b	The Trust must ensure the Integrated Patient Experience Learning and Responding Policy is reviewed and updated to ensure it reflects recent changes to the Trust approach to involving Service Users and Carers in development of services delivered.	Medium	Yes	This will be taken forward as part of the co-production work and the development of a new community engagement strategy	February 2013	Howard Lawes – Deputy Director of Quality and Healthcare Governance
3.1c	The Trust should ensure that Service User feedback received through annual and ongoing surveys continues to be analysed and used to inform action planning for further improvement.	Low	Yes	New system for service user feedback commenced July 2012. This system allows staff to see results which will inform further improvements. SBUs hold workshops to review the findings so that it can inform their action plans.	Ongoing	Alison Griffin – Head of Engagement and Responsiveness
3.1d	The Trust should extend the Peer Mentor scheme across all of its SBUs to further involve Service Users in decision making and improvement of Trust services.	Medium	Yes	This scheme is being discussed by the service user and carer steering group.		Alison Griffin – Head of Engagement and Responsiveness
3.1e	To facilitate effective engagement and provide sufficient oversight of involvement activity across SBUs the Trust should recruit to fill the three vacant SUIW posts as soon as possible.	High	Yes	NCAS is not responsible for these posts. This is an Ops directorate responsibility		Andy Sylvester Director of Operations
3.2a	The Trust should look to update its	High	Yes	This is a substantial piece of	April 2013	Alison Griffin –

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
	database of all Service User and Carer groups and forums taking place, as well as regular engagement activities which are ongoing. This database would be best maintained by the SUIWs and supported by provision of team and ward level information by Service User and Carer Involvement Champions			work and needs to be resourced to achieve.		Head of Engagement and Responsiveness and Service User Involvement Workers
3.2b	The Trust needs to implement a consistent method of sharing learning across all SBUs and should consider the possibility of including a regular feature on the Intranet or through a dedicated newsletter to ensure that learning within a single team or SBU is shared across the Trust.	Medium	Yes	Agreed.	April 2013	Alison Griffin – Head of Engagement and Responsiveness
3.2c	The Trust should provide guidance, possibly in the form of a set of tools and techniques, to SBUs on the most effective methods of engagement with Service Users and Carers at a local level. It should provide a set of tools and techniques to train key staff to use in order to improve consistency in the volume of involvement activity taking place within SBUs and to ensure that resources are used in the most efficient manner.	Medium	Yes	Agreed.	April 2013	Alison Griffin – Head of Engagement and Responsiveness with Learning and Development Team
3.3	The escalation process for issues being raised within ward/team level Service User and Carer groups and forums	High	Yes	This will be incorporated into the review of the Integrated Patient Experience Learning and	Feb 2013	Howard Lawes – Deputy Director of Quality and

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
	should be clarified and included as part of the guidance to be provided to SUIWs and staff with a role in involvement activity.			Responding Policy		Healthcare Governance

3 FINDINGS AND RECOMMENDATIONS

3.1 TRUST-WIDE PROCESSES AND INVOLVEMENT WORK

Community Engagement and Involvement Strategy

A three year Community Engagement and Involvement Strategy was developed in 2008/09 and presented to the Board in March 2009. Some amendments were requested by the Board at this stage however, although the amendments were made, the Strategy was not presented to the Board again for final approval. The Head of Engagement and Responsiveness advised that the Strategy was, however, treated as an approved document for the three years it was intended to be in use and that engagement activity aimed to deliver this strategy. The Strategy was supported by the Community Engagement and Involvement Strategy Action Plan which identified a number of actions to support the implementation of the Strategy. Actions identified were monitored at Patient Experience, Environment and Partnership (PEEP) meetings and by the Quality and Healthcare Governance Committee until implemented.

The Community Engagement and Involvement Strategy was also not linked to the Communications Strategy approved in October 2010 as an enabling strategy. The Communications Strategy is no longer up to date and the Trust is preparing an updated version based on its current strategic objectives.

The Trust is now working to produce a new Community Engagement and Involvement Strategy with significant input from Service Users and Trust staff. An initial co-production event is being planned which will bring together approximately 120 key staff, Service Users and Carers to discuss how the Trust can improve its involvement processes. The Trust has also engaged with a co-production specialist from Warwick University who will be facilitating the event and guiding the development of a co-produced strategy.

In addition, the Trust has redesigned its annual road show events to become "Let's Get Engaged" events for 2012. These are intended to be listening events at which staff can give their views on how the Trust can improve its operations and deliver better care based on Service User feedback and on the knowledge of local staff.

Integrated Patient Experience Learning and Responding Policy

The Trust has developed an Integrated Patient Experience Learning and Responding Policy which details how the Trust has a systematic process to assess, report on, learn from and act on the experience of the people who use its services and the management of adverse events in order to make changes that continuously improve the patient experience, safety and quality of the Trust's mental health services. We noted that the policy document has not been reviewed and updated since December 2010.

The policy also sets out the expectations and procedures in terms of:

- different sources of learning;
- individual learning and action;
- a co-ordinated approach to the aggregation, analysis and communication of incidents, complaints, PALS and claims data;
- learning from aggregating complaints, claims, incidents and PALS data;
- reactive learning;
- planned learning;
- enabling change;
- mitigating risk; and
- communicating lessons learnt.

The policy is updated as required and is available to all staff via the Intranet.

We reviewed the policy and noted that the policy doesn't provide any examples of effective methods of interaction with Service Users and Carers, although it does discuss learning from patient experience in detail. Without providing guidance to staff on effective methods of involving Service Users and Carers in shaping service delivery there will continue to be a lack of consistency in approaches to involvement activity. We have discussed the need for effective staff guidance and training later on in this report.

Recommendation

As intended, the Trust should prepare its updated Community Engagement and Involvement Strategy and ensure that:

- this is approved by the Trust Board and communicated to all staff involved in engagement activity across the Trust;
- the Community Engagement and Involvement Strategy is linked to the overarching Communications Strategy; and
- the Strategy enables the implementation of the Patient Experience Learning and Responding Policy through clear guidance on how the principles of the Policy will be put in place.

The Trust may wish to define actions for implementation and track these through the Involvement Action Plan, but should ensure that these actions are measurable and are tracked to completion.

Recommendation

The Trust must ensure the Integrated Patient Experience Learning and Responding Policy is reviewed and updated to ensure it reflects recent changes to the Trust approach to involving Service Users and Carers in development of services delivered.

NSUN Service User and Carer Involvement and Engagement Report

The NSUN report focussed on reviewing involvement activities within the Trust with the intention to recommend how the Trust could improve the way in which it worked with Service Users and Carers to shape its services. The report considered all involvement activity across the Trust for a six month period, documented the activities that had occurred, and made overarching conclusions about the quality of involvement activity undertaken.

The report gave the Trust the four following options for the future:

1. Do nothing and carry on as you are;
2. Make minor changes as in the recommendations in the findings section;
3. Make moderate changes by having systems to carry on collating and improving on patient experience, but outsource other involvement activity to an external agency; and
4. Make major changes by rethinking involvement and participating and adopt wholly a co-production culture and ways of operating.

The report made 18 recommendations. We noted that the following recommendations reflect the scope of this audit and, where our audit findings would require a recommendation, we have not reiterated these:

- It is recommended that the PEEP meeting is reviewed as to its purpose and who it serves.
- It is recommended that the user involvement staff within the Engagement and Responsiveness Team reach out to certain user groups to dispel any myths around knowledge and understandings, with a view also to learning from those groups about their values.
- NSUN recommends that the Trust invest in at least one SUIW per SBU to enable the effective and user friendly provision of development so that user and carer involvement can be raised in profile amongst staff and users/carers, be adequately resourced, and properly supported to happen effectively.

- It is recommended that the Engagement and Responsiveness Team review the central database and update the details held. This way contact can be established with groups with the intention of having an on-going dialogue.
- It is recommended that the Trust audit involvement as some users and carers could be doing rather a lot with the Trust and others nothing. There is a danger that involvement can fall on the shoulders of those most capable and self-sustaining but that the Trust then runs the risk of burning out certain individuals, doesn't involve people from a range of backgrounds and experiences and misses out on the richness of this, and are left without someone to backfill this involvement if that person is not well or absent for whatever reason.
- It is also recommended that the Engagement and Response Team devise a way of regularly reaching out to user groups, in line with any strategy, so that they can keep in touch, float ideas, form relationships and so further partnership working. An occasional newsletter by email on updates, opportunities, and even sharing ideas and issues from groups could be considered.
- NSUN recommends that the Trust looks at how it engages with service users at an individual level, research 'recovery models' and look at user led initiatives, and co-produce with users and carers a philosophy that is recognised and operated from the 'board to the ward'. This is no mean feat but one which is being explored in other mental health NHS Trusts.

The Trust has chosen to accept these recommendations to improve processes, including investing in research into involvement, considering the barriers to involvement for some groups, investing in at least one Service User Involvement Worker post per SBU (discussed in detail below) to ensure adequate resources are available, and producing a single philosophy for involvement that is understood throughout the Trust at all levels. The Trust has also incorporated these recommendations into its Involvement Action Plan which is being reviewed at each meeting of the Service User and Carer Engagement Steering Group.

Integrated Patient Experience (IPE) Report

The Trust aims to ensure that the Board is appropriately informed of trends in patient experience feedback and actions taken, and that the action taken is monitored and reported, so that its decision making is informed by learning from experience through a quarterly Integrated Patient Experience report. The report is prepared by the Head of Engagement and Responsiveness and informed by information provided by SBUs to local Governance meetings and PEEP meetings, as well as through the following channels:

- PALS and Complaints;
- Praise received;
- National and local surveys;
- Independent inspections by Care Quality Commission (CQC) and Local Involvement Network (LINKs) visits;
- Incidents and near misses;
- Executive Patient safety visits; and
- Patient Opinion and NHS Choices.

Review of the IPE reports presented to the Board in May 2012, February 2012, October 2011 and July 2011 highlighted that although trend analysis is undertaken it is stated that this is based on information from PALS, Complaints, CQC inspections and National and Local Survey findings. This indicates that information from Service User and Carer groups is not being fed into the trend analysis and our audit has found that this is due to a lack of an effective system and reporting tool to feed information from local groups and meetings to the Engagement and Responsiveness Team to inform trend analysis.

The IPE report also reports posts made on NHS Choices and Patient Opinion which are websites that can be used by Service Users and Carers to provide feedback, negative or positive, on the Trust publicly. The Trust considered subscribing to Patient Opinion when the DoH funding expired. As it doesn't subscribe whenever a post is made regarding the Trust, Patient Opinion will notify the Head of engagement and responsiveness ensuring that a timely response can be made. This is particularly important for this method of communication as all posts made are public and time and date tagged. The Trust does not often receive feedback through these channels, however it is a valuable resource to be aware of to ensure reputational risks related to negative public feedback are managed.

Whilst the information sources used are formal channels for issues to be raised and encourage clear, documented action this report highlights in section 3.2 and 3.3 that the recording of information gained through both formal and informal Service User and Carer Involvement work is inconsistent at an operational level within SBUs and the sharing of information gained requires development and improvement. Recommendations regarding this are made later in this report and explained in further detail.

The IPE report also discusses ongoing challenges for the Trust in managing patient experience. The February 2012 report highlights that SBUs struggle to provide succinct information to inform these reports. This is likely to be linked to the inconsistencies in recording of information and resource challenges, also discussed further in the following sections of this report.

Improvements within SBUs are also reported which, to a degree, shares the improvements made to manage reported issues with other SBUs. However, the IPE report is produced for presentation to the Board of the Trust. This report is therefore not circulated to operational staff and will, in the main, be seen by senior staff only.

Whilst the mechanisms for informing the Board and sharing learning between SBUs are in place to a degree these need to be developed at a more operational level to ensure that Ward and Team Managers responding to informal comments and issues remain informed of other successful initiatives in other SBUs and teams to inform their own responses to issues.

Sections 3.2 and 3.3 evaluate the sharing of learning and analysis of information further, and recommendations have been made within these sections of the report.

Service User and Carer Engagement Steering Group & Involvement Action Plan

The Service User and Carer Engagement Steering Group has been set up very recently in order to ensure that engagement and involvement work within the Trust is led by the knowledge of SBUs of the service they provide and by the experiences of Service Users and Carers in receiving treatment.

The group has agreed its Terms of Reference and agreed that its sole purpose is to oversee the development of engagement and service change and improvement within the Trust which will be guided by the principle of co-production – change and development through effective partnerships with Service Users, Carers and staff. The membership of the group is as follows:

- Deputy Director of Nursing, Assurance, Compliance and Standards (Chair);
- Director of Operations (Deputy Chair);
- Deputy Director of Quality and Healthcare Governance;
- Head of Engagement and Responsiveness;
- Head of Innovations;
- Two representatives from the SBU Clinical and Service Director Group;
- Service User and Carer representatives from SBUs and the Patient Experience, Environment and Partnerships management group; and
- One Non-Executive Director.

This group is intended to meet for a maximum of one year and will oversee and support development of processes for engagement and involvement through implementation of recommendations recorded on the Involvement Improvement Plan as well as through

identification of its own areas for improvement. The involvement Improvement Plan lists a number of recommendations and associated actions from the following sources:

- NSUN report;
- Board Development seminar 9 March 2012; and
- Service User and Carer Engagement Steering Group meeting 11 May 2012 (with the addition of the actions coming out of each future meeting).

The Improvement Plan will be reviewed at each meeting of the steering group.

We are satisfied there are sufficient controls in place to oversee the achievement of actions tracked through the Involvement Improvement Plan. We are also satisfied that the steering group has appropriately senior membership to ensure changes can be made and sufficient support can be given to implement actions which will respond to improvements identified through the steering group.

Trust-wide Carers Forum

The Trust-wide Carers Forum meet quarterly to involve Carers from across the Trust in decision making processes at a higher level. The Carers Forum is chaired by the Deputy Director of Quality and Healthcare Governance and attended by representatives from the following organisations:

- Carers Support Wiltshire;
- Wiltshire Council;
- Swindon Carers Centre;
- Bath and North East Somerset Carers Centre;
- Rethink;
- Carers Support, Bristol and South Gloucestershire;
- North Somerset Carer Support; and
- PALS.

A number of representatives from the Trust also attend including clinical and operational staff and the Non-Executive Director with responsibility for involvement, and a public representative is also invited.

We reviewed the minutes of the past three meetings of the Carers Forum and noted that at each meeting attendance has increased with more Trust staff and representatives from external organisations attending each quarter. This is a positive trend which indicates that the Carers Forum is being received as a worthwhile and useful meeting.

We also noted that discussions minuted included significant issues and changes impacting on service delivery such as Care Clusters and outcomes of surveys requiring action, and that the Carers Forum has also been undertaking a review of its Terms of Reference to ensure that it effectively links to other groups within the Trust and has a clear escalation process. The Forum has been discussing these issues for some time and a key element of this review has been the need to develop a "map" of AWP meetings, an important piece of work that we have discussed in more detail in section 3.2 of this report.

The Carers Forum is meeting consistently, is attended by appropriately senior Trust staff and representatives from key external organisations, and is discussing significant issues that will ultimately feed into service improvement. As our audit was largely conducted prior to the Trust releasing its Fit for Future Action Plan we cannot comment on how the Carers Forum will contribute to the delivery of the objectives defined within this, however we are satisfied that the Forum is an effective method for involving Carers in decision making, receiving face to face feedback on services and identifying improvements to be made to provide services that meet the needs of Service Users and Carers.

Internal Benchmarking

In 2010 the Trust undertook a benchmarking exercise in its Adults of Working Age Inpatient teams and all community teams within all four SBUs to gauge Service User and Carer opinion on their experiences of the Trust and involvement activities within the service. This was recently undertaken for the second year allowing the Trust to then benchmark against itself changes in patient experience and opinions of involvement and engagement activity.

A total of 55 questions were asked to Service Users across the entire Trust area in both 2010 and 2011. The questions covered themes such as regularity of contact, understanding of medications prescribed and information provided relating to these, therapies available, care plans, and overall perception of the care delivered by the Trust.

At the time of the survey being undertaken in 2011 the Trust was, and continues to be, undergoing a redesign exercise which has now resulted in the Adults of Working Age SBU being divided into two SBUs – Adult Inpatient and Adult Community. All community teams from all SBUs and Adult Inpatient teams were included in the survey to replicate the 2010 survey coverage. Engagement in the survey across the Trust in 2011 was 1,490 Service Users treated through community teams and 168 Service Users treated through Adult Inpatient services.

We obtained the survey results for 2011 which included a direct benchmarked comparison to the result of the 2010 survey and noted the following:

- The percentage of respondents to the community survey rating the care they have received in the past 12 months from the Trust as Excellent has increased overall, however there is an average of 5% of Service Users across the Trust rating their treatment by community teams as Very Poor. This is consistent across both 2010 and 2011;
- When inpatient Service Users were asked the question “Were you involved as much as you wanted to be in decisions about your care and treatment?” there was a 2% decrease between 2010 and 2011 in the number of Service Users responding “Yes, definitely”, a 9% decrease in the number of Service Users responding “Yes, to an extent”, and a 12% increase in the number of Service Users responding “No”; and
- 42% of Inpatient Service Users asked “During your most recent stay, were you made aware of how you could make a complaint if you had one?” responded “Yes”, compared with 39% in 2010, however 42% also responded “No” and 16% could not remember.

The survey questions did not focus solely on involvement activity but highlight some key issues for the Trust in relation to patient experience and involvement in treatment decisions. The Trust has redefined its strategic objectives and aims to put Service Users at the heart of everything it does. The above survey results highlight that Service Users do not feel sufficiently involved in decision making relating to their own care, and don't have a clear understanding of the formal channels through which to address serious concerns in the form of a complaint.

Recommendation

The Trust should ensure that Service User feedback received through annual and ongoing surveys continues to be analysed and used to inform action planning for further improvement.

Peer Mentor Scheme

The Trust has Peer Mentor Scheme which aims to empower recovered Service Users by involving them in management meetings, projects and other work which would benefit from consultation with Service Users to review changes to services. Peer Mentors are also involved in the recruitment process at interview stage where appropriate. This benefits the Trust as Service User perspectives on operations can be obtained and fed into any changes to service, but it also benefits recovering Service Users by helping them move back towards a structured working environment. Peer Mentors are paid for the work they do for the Trust on an hourly rate.

Service User and carer representatives have a role in the induction process for staff and go through a tailored version of the induction process delivered by the Trust. Once inducted the individual is recorded on a central database maintained by the Head of Engagement and Responsiveness, supported by the SUIWs attached to the SDAS and S&SS SBUs. The SUIWs also maintain a database of Service Users who have expressed an interest in the scheme and respond to email requests for involvement from staff across the Trust. Information on involving Service Users and Carers in activities is available on the Trust intranet, Ourspace, and a link is provided to send an email to a dedicated mailbox. This email mailbox is monitored by the SUIWs and the Head of Engagement and Responsiveness and responded to as appropriate.

We discussed staff uptake of the Service User and carer representatives scheme with the Head of Engagement and Responsiveness and noted that the regularity of Service User and carer representatives being involved in Trust activities is perhaps not as frequent as it could be. The SUIWs and Head of Engagement and Responsiveness do not receive a significant amount of requests for Service User and carer representatives to be involved in activities and this is a resource that could be used more effectively to ensure the Trust is working to its best effect to put its Service Users at the heart of its operations.

The NSUN report made the recommendation that the Trust undertakes its own audit of the levels of involvement undertaken by specific Service Users and Carers as NSUN noted within their report that there are some Service Users and Carers.

Recommendation

The Trust should extend the Peer Mentor scheme across all of its SBUs to further involve Service Users in decision making and improvement of Trust services.

Service User Involvement Workers (SUIWs)

Each SBU has a post for a SUIW who is responsible for arranging and overseeing involvement activities within the SBU, including collating and relaying information to the Engagement and Responsiveness team. As described above, the SUIWs have a key role in involving Service User and carer representatives in involvement activity throughout the Trust. The SUIW also advises on the relevant elements of the roles of the Service User and Carer Involvement Champions within teams.

Currently only SDAS and SS&S have an individual in post as an SUIW, but the remaining three posts are vacant. These posts were frozen in order to realise savings but following the substantial revision of the Trust's objectives for the future these posts are now open for recruitment. A significant element of our work to evaluate involvement activities across the Trust relied on discussing ongoing activities with individuals within each SBU, detailed further below. Involvement within these SBUs benefits from a single individual managing the activity across the SBU, although there are challenges in managing activity across such a wide area.

We discussed the role of SUIWs with the Head of Engagement and Responsiveness and the Deputy Director of Quality and Healthcare Governance. Although SUIW posts now sit within each SBU each SUIW was originally intended to have a regional area to cover with links into SBUs operating within those areas. The challenge for SUIWs linked solely to an SBU is the geographical challenge of being involved in activities across the SBU as the Trust area is so vast. The NSUN report recommended that the vacant SUIW posts are filled; therefore we will not make this recommendation within our report but support this recommendation fully.

3.2 INVOLVEMENT ACTIVITY WITHIN SBUS

Overall Conclusions

We met with or undertook telephone interviews with senior staff from each SBU with responsibility for or an oversight of involvement activities within the SBU in order to determine what involvement activities were ongoing within each SBU and how involvement was managed across the Trust.

As discussed above, just two of the five SUIW posts are currently filled and it was evident that the SBUs which had these dedicated posts for staff specifically managing involvement had a clearer understanding of the level of activity going on within the SBU across localities. Having a single point of oversight for all involvement work improves consistency of approach and ensures that staff have a clear point of contact for guidance and information on involvement activity. The SBUs which had a SUIW in post did not necessarily have involvement activities underway which were of a different quality to those in other SBUs, but both SUIWs were able to provide a conclusive list of engagement and involvement activities which seemed to have a more consistent approach as their role is dedicated to overseeing this. In other SBUs clinical staff were leading on involvement and, although they were able to provide the required information, they have a clinical role in the Trust which must be their priority. For this reason they will always have less of an oversight of involvement across the SBU and this would be better undertaken by a dedicated individual.

The Trust has historically been managed through a top down structure which saw controls put in place centrally and communicated downwards from Board level. This did not necessarily lend itself to the reporting of information from ward to Board, and this is now a new focus for the Trust to enable it to achieve its objective of putting Service Users at the heart of everything it does. The significant issue for Service User and Carer Involvement, however, is the lack of understanding at Board level of what is actually being done to involve Service Users and Carers in service delivery. Initially we had expected to see a central record of Service User and Carer groups, forums and regular activities maintained by a central department such as the Engagement and Responsiveness team, however it quickly became apparent that an up to date, detailed version of this did not exist. The Engagement and Responsiveness Team, supported by the Deputy Director of Quality and Healthcare Governance, has tried to produce a document to this effect previously but it was felt this quickly became out of date as processes in SBUs changed and the Engagement and Responsiveness Team were not kept informed.

Once the Trust has appointed three SUIWs to fill the vacant posts the Trust should task the five SUIWs with producing a complete list of all involvement activities ongoing within the SBU (or geographical area, depending on the management of the SUIWs at that time) for which they have oversight. This could be in the form of a database produced on an Excel spreadsheet with individual tabs for each SBU or area. The individual SUIWs would then be responsible for maintaining their tab within the spreadsheet and ensuring this is kept up to date. This spreadsheet should then be password protected to ensure access is only by appropriate individuals but stored on a shared area and a read only version made accessible via Ourspace for all staff to access. The existence and location of this database should also be communicated Trust-wide and staff encouraged to use this resource for informing involvement activities in their teams/wards.

Recommendation

The Trust should set up a database of all meetings of Service User and Carer groups and forums taking place within each SBU, as well as regular engagement activities, further divided by locality, irrelevant of whether they are Trust led or the responsibility of an external organisation. Against each meeting or activity it should record the level of involvement the Trust has with each meeting in respect of whether a Trust representative attends, what grade and role of staff is attending, how consistent attendance is, and what the value of attending is to the Trust. For meetings held by representatives of the Trust the terms of reference for each group should also be collected and retained. This database would be best maintained by the SUIWs and supported by provision of team and ward level information by Service User and Carer Involvement Champions.

A key consideration for the audit was how the Trust was sharing lessons learned between SBUs, teams and localities. Although the Engagement and Responsiveness Team include some trend analysis in the IPE report we have already discussed that this does not include information from ward or team level engagement activity. We also are of the opinion that whilst the information included in the IPE report is valuable at a senior management level it does not provide detail that would be valuable at an operational level for shared learning.

The Trust does not currently have a process for sharing lessons learned across wards, teams or SBUs. The sharing of outcomes is a valuable resource as having knowledge of successful management of issues within other similar areas of the Trust will facilitate the efficient and effective resolution of issues by Team and Ward Managers.

Within other Trusts of a similar structure we have seen the use of a regularly issued newsletter specifically focussing on the sharing of good practice and examples of issues raised at team and ward level to share both common issues and effective resolution methods. The Engagement and Responsiveness Team have tried to produce a similar briefing document in the past but this was not for any significant length of time. If this could be produced consistently on a monthly or bi-monthly basis it would be a useful method of information sharing to further facilitate effective engagement and resolution of issues by Trust staff.

Recommendation

The Trust needs to implement a consistent method of sharing learning across all SBUs and should consider the possibility of including a regular feature on the Intranet or through a dedicated newsletter to ensure that learning within a single team or SBU is shared across the Trust.

Finally, our discussions with senior staff in each of the Trust's five SBUs have indicated that there is a lack of consistency across the SBUs in terms of the approach taken to Service User and Carer involvement. We have documented the various methods of involvement ongoing within each of the SBUs at appendix A to this report, and whilst there are some commonalities, such as involvement meetings on all inpatient wards and Governance meetings across all SBUs, the approach taken by each SBU has differed.

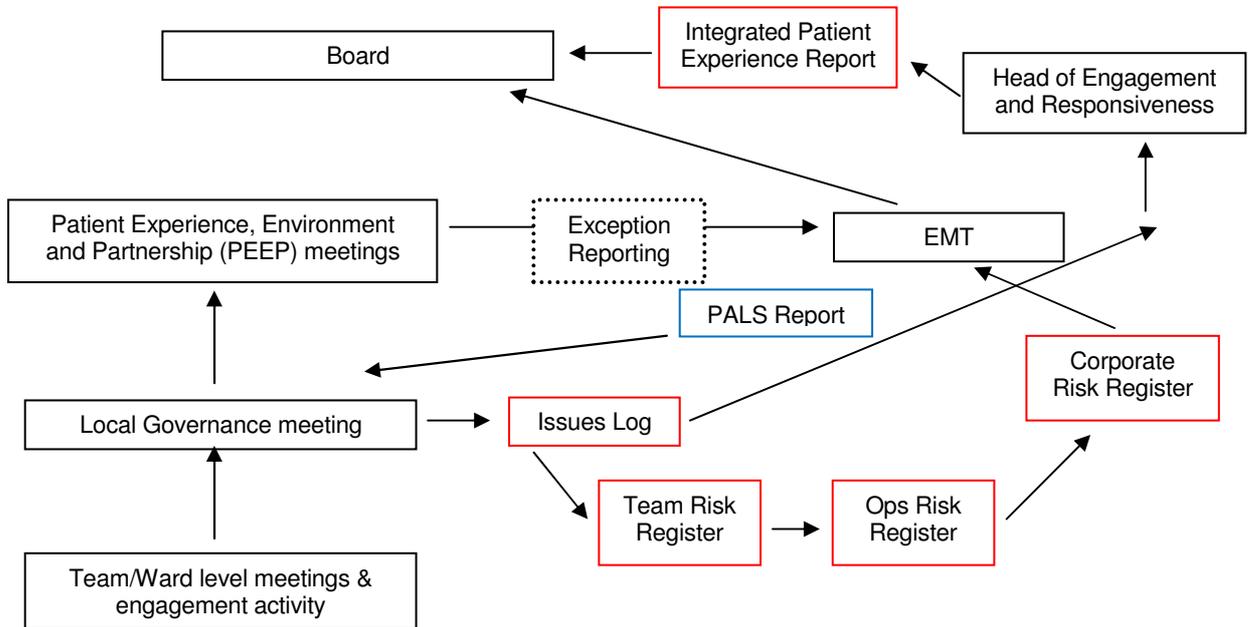
The Trust has no guidance available to staff regarding effective methods of involvement and interaction with Service Users and Carers, nor does it deliver any training to staff involved in engagement activity in any area of the Trust. Trust staff can liaise with the Engagement and Responsiveness Team on how to arrange engagement events but there is no overarching guidance available to staff on how to effectively involve Service Users and Carers in meetings or other activities at ward or team level.

Recommendation

3.3

The Trust should provide guidance, possibly in the form of a set of tools and techniques, to SBUs on the most effective methods of engagement with Service Users and Carers at a local level. It should provide a set of tools and techniques to train key staff to use in order to improve consistency in the volume of involvement activity taking place within SBUs and to ensure that resources are used in the most efficient manner.

Issues raised through ward and locality Service User and Carer groups and forums should be escalated if they are significant concerns that cannot be dealt with by the Ward Manager or local team. The escalation process should follow the route illustrated below, although the way in which specific issues are escalated will vary depending on the nature of the issue and the way in which it should be resolved:



Issues with a more specific theme or focus, such as safeguarding or Health and Safety concerns, are expected to be escalated through the most appropriate channels. The above escalation process applies to issues with no other clear escalation channel and is a simplified view of the route an issue would take to Board. The flow chart produced by the Head of Engagement and Responsiveness takes into account information flows from additional areas of the Trust which are outside the scope of this work but feed into involvement activities in some way.

As part of the guidance for staff on engagement and involvement recommended above the Trust should clarify the process for escalation of an issue raised through a team or ward meeting which does not necessarily fit into a defined process for escalation through a specific area of the Trust. This should reflect the above escalation diagram and should be as clear and concise as possible to ensure staff of all grades understand this process.

Recommendation

The escalation process for issues being raised within ward/team level Service User and Carer groups and forums should be clarified and included as part of the guidance to be provided to SUIWs and staff with a role in involvement activity.

APPENDIX A: INVOLVEMENT AT SBU LEVEL

SDAS

The SUIW chairs the Service User Group for the SBU which is held on the Colston Fort site.

In addition, SDAS are currently undertaking a project titled "Experience Based Design" which is looking to obtain as much feedback on services from Service Users and Carers as possible to then feed into an improvement plan for the service. Peer Mentors are involved in interviewing Service Users and Carers as the SUIW has found that current Service Users respond well and feel more comfortable talking to past Service Users about their experiences of the Trust. The SUIW for SDAS is a recovered Service User who has been recruited to the post which also provides the SBU with a Service User led focus on involvement activities.

Due to the nature of the service provided by SDAS involving Carers in services is challenging for two main reasons:

- Service Users with alcohol or drug dependencies do not, in the majority, have Carers or define those supporting them as Carers. They often have a support network around them of friends and family but Carer involvement cannot be approached in the same way as in other SBUs; and
- often Service Users accessing SDAS come for treatment alone, although they are always encouraged to bring someone with them. It is most common that the Service User is not being admitted and is being treated as an outpatient effectively, which means that without their consent the Trust cannot be in contact with anyone that may be a Carer to them.

The SBU has four community teams divided into the following geographical areas:

- Bristol;
- Bath;
- Wiltshire South; and
- Kennet and North Wiltshire.

There are also a number of teams based within prisons within the Trust area and an inpatient unit within Blackberry Hill Hospital.

Within Bristol the commissioner has commissioned separate services for Carer Support and, to an extent, the SBU is restricted in the involvement work they can do with Carers as its commissioner has chosen not to commission this service from the Trust. However, the Service Director recognises the need to engage with Service Users and Carers to a sufficient degree to ensure they are involved in services delivered.

One of the main methods for engaging with Carers is the written information the SBU can provide to Service Users attending treatment alone or hand to Carers attending with Service Users to communicate the ways in which Carers can be involved in shaping the service delivered by the Trust. Due to the nature of the services provided the Service Director advised that this is one of the key methods of communicating with Carers who may be distanced from the Trust by the Service User's decisions. However the quality of these communications is poor and the SBU have begun developing their own leaflet for Carers which provides information on what the Trust can provide and the other services commissioned to provide support in the area. The quality of this information is important as this is often the initial contact with a Carer and the way information is framed and presented can have an impact on the likelihood of individuals engaging with Carer groups and support networks.

Specialised and Secure Services (S&SS)

S&SS provide specialist and secure treatment to Service Users in secure units Fromeside and Wickham, and through its Recovery Teams based across the Trust area. The activities of the secure units and the Recovery Teams are very different therefore varying involvement activities are required.

To discuss involvement activities in S&SS we met with the Service Director and SUIW who provided a document listing all involvement activities within the SBU. The involvement activities vary depending on the nature of the service being provided to ensure that the most appropriate methods are used to engage with Service Users and Carers.

The following involvement activities are currently ongoing in S&SS:

- Service User Community meetings – held in the secure units at Fromeside and Wickham on a weekly or fortnightly basis, and used to discuss ward specific issues with Service Users. These meetings are minuted and the minutes displayed on the notice board within each unit and discussion on the minutes of the previous meeting occurs at every meeting;
- Service User Steering Group (Blackberry Hill site) – a steering group meeting held on the Blackberry Hill site for attendance of a Service Users representative from each of the 12 wards at the site, regardless of SBU. Through this meeting the Trust passes on site information and request Service User feedback on decisions regarding the site;
- Recovery Group – a group attended by Service Users undergoing treatment by Recovery Teams to aid the improvement of the Recovery service;
- Friends and Family Support Group – a monthly meeting for the friends and family (carers) of Service Users currently in the secure units at which Trust staff give presentations on their role in the care of Service Users and have the opportunity to answer questions and comments put to them. In addition, Rethink attend and Carers can discuss support needs with them;
- Service Improvement Group – this group is used to discuss changes and improvements to the service delivered by the SBU; and
- Interviews, consultation activities and Local Procedure Group – Service Users are involved in these to ensure they have an input into key decisions made to change and improve service delivery.

The SUIW tries to involve Peer Mentors in all interviews and consultation activities described above wherever possible to ensure that the Service User voice is heard as part of key decision making processes.

Liaison and Later Life (L&LL)

The L&LL SBU is made up of the previous Older Adults SBU with the addition of a new liaison service. There are both inpatient and community services within the SBU and, as with other SBUs, there are a range of involvement activities ongoing across the teams.

All inpatient wards have Service User and Carer community groups which meet on a regular basis and which are facilitated by Service User representatives. By having ex Service Users run these meetings it is felt that Service Users will give more honest feedback as they do not have to make negative comments or discuss issues directly with ward staff. Feedback on discussions is given by the Service User representative to the Ward Manager after each meeting.

For the L&LL service there is a challenge faced in relation to engaging older people who have conditions such as dementia as their understanding of their treatment is affected by their illness. The SBU are currently working on a way of engaging these Service Users in particular as the commonly used group meeting method of involvement is not necessarily suitable for those Service Users with advanced dementia and their Carers.

Within Community teams there are fewer meetings taking place, and this is an area the SBU are working to improve involvement.

Adult Inpatient

The Adult Inpatient SBU has nine inpatient wards across the Trust area for adult Service Users up to the age of 64.

Within every ward a Community meeting is held on a weekly basis run by Service User representatives. These Community meetings are managed by Service User representatives and are not attended by any of the ward staff. After each meeting the Service User representative feeds back to the Ward Manager or Modern Matron on issues discussed. The intention for these meetings is to encourage Service Users to voice issues or suggest improvements to a neutral representative of the Trust not directly involved in the day to day service delivery within the ward but with an experience of this.

Similarly, there is an anonymous suggestion box on each of the SBU's nine wards which Service Users and Carers can place comments in without disclosing their identity. This is to encourage honest and open feedback to enable improvement of services in the interest of the Service Users.

Across the SBU there are a number of meetings facilitated by external organisations, including Service User Networks (SUNs) in Bristol, Bath and Swindon. These are specifically for Service Users and meetings are facilitated by SUNs within wards and then provide feedback to the Ward Manager following each meeting.

There is an identified lead member of staff on every ward responsible for facilitating involvement of Carers through local ward based Carer groups. These group meetings are held in the evenings at each ward to ensure they are at a time the majority of Carers will be able to attend.

For any changes in practice across the Adult inpatient wards the SBU sends out questionnaires before the intended change is made and once it has been implemented to gauge Service User opinion on whether the change will improve the service delivered.

As in other SBUs discussed, Service User representatives are involved in recruitment of staff and sit on interview panels to provide a Service User perspective on the assessment of the individual being interviewed.

Adult Community

The Adult Community SBU does not currently have a SUIW in post, although as part of the recruitment into the vacant posts it will have a SUIW in post in the next few months. The Adult Community SBU is made up of a number of teams working across the Trust area to treat Service Users within the community, rather than in an inpatient setting.

Due to the way in which the teams provide treatment to Service Users it is challenging to involve Service Users and Carers in regular meetings as they essentially have a less captive audience than an inpatient ward. Also, in some areas and depending on the commissioning organisation, SUNs are well established and Service Users are informed of meetings run by SUNs to provide them with support during treatment. This limits, to a degree, the involvement that the Trust can encourage from Service Users in these areas.

Regular meetings for Service Users and Carers are held in each locality where the commissioner has not provided a separately commissioned service for this. These are led by Service User representatives who feed back on meeting outcomes to Trust staff, as in other SBUs.

The SBU holds Acute Care Forum meetings across the Trust area which the outcomes of these local meetings are discussed at. Any key issues can then be fed into a Trust-wide Acute Care Forum meeting and escalated to the Board through the overarching Trust governance structure.

The SBU also involves Service User representatives in recruitment and consults on decision making processes wherever possible.

In addition to the involvement activity described above, all SBUs are undertaking regular engagement surveys and feeding the information received into local and management level meetings. However, the regularity of these surveys and the evaluation of the information gained varies between teams and SBUs. An issue often brought up when surveys were discussed was that of survey fatigue for both Service Users and Carers as surveys are distributed on a monthly basis and can be repeated if a Service User is receiving treatment for an extended period of time. It was felt that the Trust's plan to move to electronic devices for completing surveys on (a device similar to an iPad) would improve this issue as it would be quicker to complete surveys and information could be automatically evaluated by systems in use. These devices are being rolled out across SBUs currently, although the Adult Inpatient SBU has decided not to use these at the current time.

Across all SBUs engagement was a standing agenda item at management level governance groups and we noted that this was an area that all SBUs were undertaking work in to improve their involvement processes.