

enabling and empowering people to reach their potential and live fulfilling lives

Summary Report – Trust Board Meeting (Part 1)	Date: January 2013
Report Title:	
Integrated Patient Experience Report	
Agenda Item: 12	Enclosures: Appendix 1 – Complaints and outcomes by SBU Appendix 2– PALS and Complaints by dimension of care Appendix 3– Breakdown of Complaints & PALS queries by SBU for 4 quarters, 2010 to 2011 Appendix 4 – Actions taken on issues covering the five dimensions of care, identified by PALS and Complaints Appendix 5 – Examples of praise Appendix 6 – Incidents data Appendix 7 – National Community Survey Improvement plan
Sponsor Hazel Watson	Presenter Hazel Watson
Report Author Alison Griffin	
Report discussed previously at:	<i>n/a</i>

Purpose of the Report and Action required		
To provide the Board with clear information and evidence relating to the patient experience across the Trust using this information to identify: <ul style="list-style-type: none"> • Trends • Learning • Actions taken • Planned improvements • Ongoing challenges 	Approval	
	Discussion	√
	Information	√

Executive Summary of Key Issues
<p>The trends emerging from the patient experience data in this report have been identified from triangulating information from PALS, Complaints, claims, CQC inspections, LINK visits and National and Local Survey findings. Some of these trends were identified in previous reports and are:</p> <ul style="list-style-type: none"> • Communication with families and carers • Access to memory services

Integrated Patient Experience Update

- Changes to care teams impacting on service users and carers
- Availability of information on new services
- Customer care

The main issues arising from this report are:-

The need to continue improving the quality of the patient experience based on feedback. Examples of specific areas taken by SBUs are described in section 2.

PALS cases for Q2 have reduced and the number of praised received has increased. The themes emerging from the issues raised are continually reviewed by PALS and Complaints and fed back monthly to the SBUs for actions to be taken. Breakdown of key issues against five dimensions of care are described in section 7.12 to 8.7.

AWP is to focus on 3 key areas for improving the experience of the service user following the results of the National Community MH Survey. These are

- to ensure all service users to be given a written or printed copy of their care plan
- Care plans to cover what the service user should do if they have a crisis
- All service users to have an NHS mental health out of hours phone number and are able to contact their care coordinator or lead professional if they have a problem.

Feedback from the 21 Lets get engaged has identified five areas of good practice and five areas for improvement.

The repeated trends and findings from Lets Get Engaged events will be taken to TWMG to agree actions to be taken to address them.

Which Strategic Objective does this paper address

A sustainable value for money business	Y
Excellent service user access and experience	Y
Excellent partnership working with other organisations	Y
Effective engagement and improvement in staff satisfaction	Y

Link to Fit for the Future Implementation Plan

<i>Objective 4</i>	The Trust is reviewing and rationalising its focus on engaging and involving patients, carers and families. It commits to putting users and carers at the centre of everything we do.
--------------------	---

Corporate Impact Assessment

Quality and Safety implications	<i>None</i>
Corporate Risk Register	<i>None</i>

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update

For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards

Integrated Patient Experience Update

Corporate Impact Assessment	
Quality and Safety implications	<i>None</i>
Corporate Risk Register	<i>None</i>
FGEB (Trust ALE replacement)	<i>5.4</i>
IG Toolkit	<i>3.4.2</i>

Recommendations to other committees
TWMG to discuss the repeated trends identified in this report

Recommendation/Decision
The Board is recommended to receive the report and note progress. To discuss the issues identified and advise on any areas needing further actions.

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update		
For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards		
Agenda Item: 12	Serial: 12.0800	Page 3 of 15

Integrated Patient Experience Update

1. Introduction

1.1. The purpose of the Integrated Patient Experience report is to provide the Board with clear information and evidence relating to the patient experience across the Trust.

Trends

1.2. The trends emerging from the patient experience data in this report have been identified from triangulating information from PALS, Complaints, claims, CQC inspections, LINK visits and National and Local Survey findings. Some of these trends were identified in previous reports and are:

- Communication with families and carers
- Access to memory services
- Changes to care teams impacting on service users and carers
- Availability of information on new services
- Customer care

2. SBU improvements

Specialist Drug and Alcohol Services (SDAS) SBU

2.1. Specialist Drug and Alcohol Services (SDAS) completed an Experience Based Design (EBD) programme. In this project called 'Shared Voices' the views of Service Users have been integral to the approach. Peer Mentors were trained to interview our service users about their experiences of our services. The project has enabled SDAS to better understand the 'touch points' that frustrate, stress or dissatisfy services to better understand how to improve their experiences. An improvement plan has been developed. This includes: producing a DVD on routes through the service to be displayed in waiting areas; the option of a text based appointment reminder system, developing a detox support group and post-detox peer support.

2.2. The recruitment of a new cohort of Peer Mentors from across the SDAS patch has progressed during Q2. The Peer Mentors attended a Trust Engagement and Responsiveness event in Chippenham where they reported that they felt involved in the Trust.

2.3. Implementation of the SDAS Carer strategy was agreed at the SDAS governance meeting in November. The procedure for identifying and making contact with family members/concerned others has been agreed, a draft leaflet has been developed, and the nature of the joint work has been described.

2.4. From Carers experience surveys which showed an inconsistent level of knowledge and confidence within teams to work effectively with carers a number of actions have been undertaken within the SBU to improve partnership working. Cares leads have been identified for each team to help take the actions forward.

2.5. In Bristol a notice board has gone up in waiting rooms where comments from 'you said, we did' themes are published. We have responded to issues about providing parenting information, undertaking environmental checks, and ensuring people are promptly seen when they attend for their appointments.

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update		
For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards		
Agenda Item: 12	Serial: 12.0800	Page 4 of 15

Integrated Patient Experience Update

2.6. The Haven Project, a gardening scheme, is up and running, and is well attended by service users. The project was established by Bristol SDAS Recovery Workers, and has the support of Peer Mentors. Staff from the Blackberry Centre team had a “wear wellies to work day” and are planning a sponsored bike ride to raise funds for the project.

SDAS ongoing challenges

- New real time surveys were developed in the first quarter of 2012. During Q2 the results have been difficult to interpret, mainly as a consequence of automated data analysis and reporting mechanisms in Meridian. This means that some questions have been asked have resulted in high ‘not applicable’ response rated. SDAS are taking measures to reframe these questions to overcome this.
- The SBU continues to monitor PALS information regarding praise and complaints, and there continues to be little data by way of SDAS complaints to establish common themes.

3. Adults Inpatients SBU

3.1. The SBU is recruiting Band 2 ‘welcome facilitator’ roles for all wards. These posts will specifically support the admission process for all service users and their respective carers by providing all relevant information, maintaining the link to home and ensuring that service users and their carers feel supported through an often difficult process.

3.2. The Acute Adult Inpatient SBU piloted and subsequently implemented the VOICE service user feedback tool (Views On Inpatient Care) developed by Kings College London and published in 2012. This 35-point questionnaire is currently being used to gather real-time feedback from service users and like other areas in the Trust all wards are now using IPADs with the Meridian software to support analysis and themes from the results. The questionnaire covers; Admission, Care and Treatment, Medication, Staff, Therapies and Activities, Environment and About you questions. We have reviewed how we obtain regular carer feedback have identified a number of technologies in order to support carers feeding back in real-time, particularly on visits to hospital. We will be piloting electronic data collection boards in early 2013.

3.3. The SBU has developed and implemented two practical initiatives to improve the information and documentation of admission to hospital. The first is an ‘Admissions Checklist’ in order to support frontline nurses in ensuring that contractual, Trust and Good Practice Key Performance Indicators are achieved. The second is an ‘Admissions Procedure’ document which highlights the ‘must have’ information and ‘must do’ activities to promote informed admission processes. See example below:

3.4. All admissions to hospital will require the following to be in place:

- Core Assessment up-to-date – as a minimum this will require ‘presenting situation’, ‘mental state examination’, ‘client and carer’s understanding of assessment’ and ‘formulation / summary’ to be updated following the last IST contact, where admission has been identified
- Risk Assessment up-to-date – as a minimum this will include evidence of the changes in any risks that have led to an admission being required, with the relevant risk area and summary updated following the last IST contact

Integrated Patient Experience Update

- Risk Management plan
- Care plan (where currently known) – this will include plans whilst the service user is within the acute care pathway (IST and / or ward)
- Rationale for why admission is required and treatment at home is not / no longer an option, the hoped for outcomes of an admission including circumstances for FED, and current medication including any proposed medication and doses
- Identification of any known issues that will impact on a timely discharge e.g. relationship breakdown, accommodation needs etc.
- Cluster updated, except where the service user is new to AWP, when inpatient staff will address within 72 hrs of the admission
- Care coordinator name inputted on RiO – this will either be the existing care coordinator from the Recovery Team, or a new care coordinator allocated from the admitting IST
- All service users and carers have been provided with the admission leaflets (Reader Panel approved)

3.5. A Safety Audit was conducted through August 2012 to evaluate the social and therapeutic climate (the safety) of Adult Inpatient wards; this is a questionnaire for both service users and staff that was designed for evaluating psychiatric wards. An action plan is being developed.

4. Community SBU

4.1. The Acute Community SBU is continuing to actively progress team improvement plans following the implementation of the redesign, and after feedback from Root Cause Analysis (RCA) investigations and the Care Quality Commission.

4.2. In this quarter teams with support from the clinical development team have achieved:

- The establishment of a supervision process and structure in every recovery and intensive team, including a profiling tool and clinical record scrutiny tool.
- The development of local leaflets for the recovery and intensive services.
- Appraisals for at least 85% of clinical staff in recovery and intensive teams using a set of core objectives.
- The establishment of Recovery and Intensive Good Practice networks to share and establish good practice across the trust
- The customer care standards which have been developed, have been taken to the community care forums for further feedback and development.

4.3. Increased access to interventions was a key outcome for the redesign. Each team is following a systematic approach to making this happen. In this quarter

- Every team is mapping the existing skills across the team against the range of interventions to be provided.
- Every recovery and intensive team are identifying the individual band 6 staff

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update		
For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards		
Agenda Item: 12	Serial: 12.0800	Page 6 of 15

Integrated Patient Experience Update

who will follow each specialist pathway.

- A phased approach to implementing extended hours with some recovery team already working 8-8, and some intensive teams providing waking nights

4.4. As a result of feedback from Pals/complaints the following local action has been taken

- Swindon have changed the approach to engaging carers and the way they undertake carers assessments which has resulted in more assessments being completed.
- South Gloucestershire has now send out a map of Blackberry Hill Hospital to every service user at their first appointment and have written to every GP with details of the service change including details of every team base, team manager and consultant in every team
- The Bristol intensive team have changed their practice in relation to working with local pharmacies to ensure there are no delays for the service user.
- Through the good practice networks there is an additional route for sharing learning from RCA s and reflecting on the themes from complaints.

5. Specialist and Secure SBU

5.1. The new RTPF surveys have helped increase uptake of this method of feedback within the SBU.

5.2. Interest in using IPADS when they arrive is rising.

5.3. New stock is now in display and in use in the service user library. Service users are enjoying accessing these new resources. In Q3 a service user who helped work on this project has been nominated for a service user award.

5.4. A new group has been set up. CUSP (Carers, Service Users, Staff, Public) The CUSP workgroup is sub project, which sits alongside a number of SBU wide initiatives, to assess how we engage with our service users, carers and frontline staff.

5.5. There is an experience based design (EBD) project on going within our eating disorders service. This project has a dedicated team of staff and service users working together to look at service provision.

6. Liaison and Later Life SBU

6.1. Real time surveys have continued on a monthly basis in order to seek service user feedback re their experience of care. Staff and service user fatigue has been addressed through rotating who administers and completes the surveys to prevent overload and improve compliance and return rates. The introduction of ipads has made the experience of doing the surveys more engaging for some. Other means of gaining feedback, e.g. focus groups, community meetings are also important as a variety of methodologies is preferred.

6.2. Fortnightly Risk meetings are held to regularly look at praise and complaints, serious untoward events, near misses, medication errors, unexpected deaths etc. This is attended by senior managers and leads in order to check the reporting, learning and changes to practice take place as a result of learning. It is also used to promote a culture of positive reporting.

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update

For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards

Agenda Item: 12

Serial: 12.0800

Page 7 of 15

Integrated Patient Experience Update

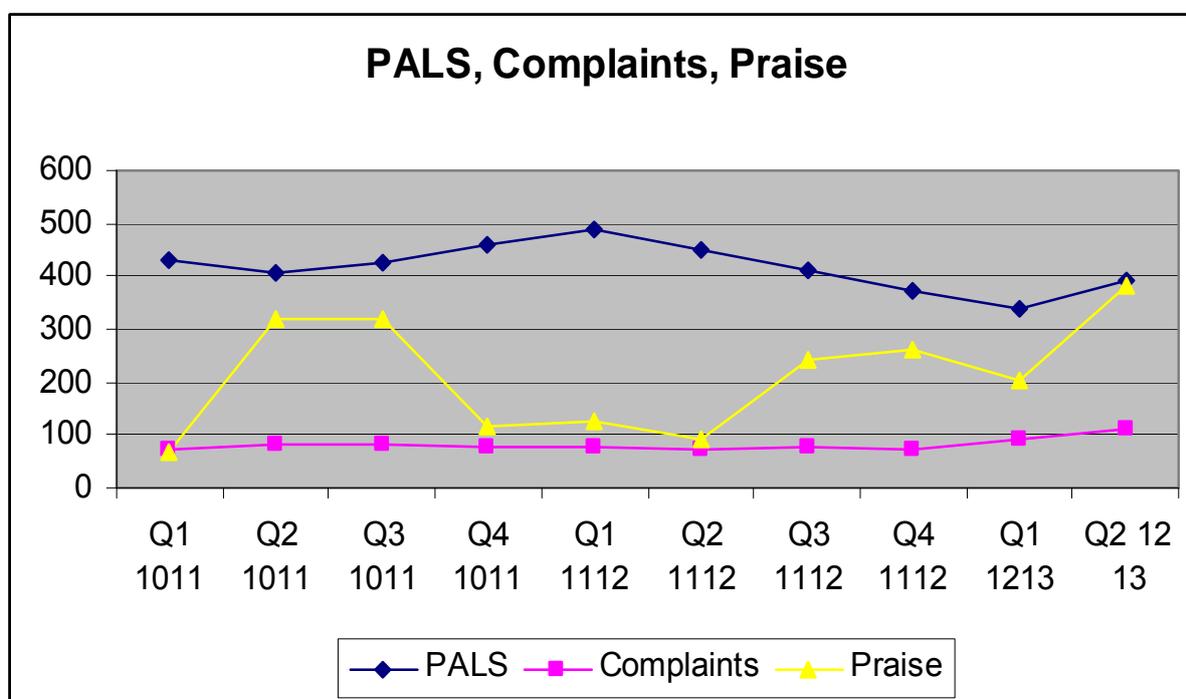
Inpatient therapy audit

6.3. Two Audits have taken place to benchmark type and amount of therapy provided to inpatient units since changes in service model. This is in response to service users and staff highlighting the need for therapies and meaningful occupation on the wards to increase.

6.4. The audit results provide a snapshot of how much and what type of therapy was offered during a given week to later life inpatient units. This information has been used to work with teams towards achieving the SBU objective of having 40% of therapy team resource allocated to inpatients. It has also helped us start to build up a 'menu' of interventions available across different therapy teams with the aim of providing a minimum standard across all areas.

7. PALS and Complaints analysis and discussion

7.1. There were 386 PALS enquiries in Quarter 2 2012/13 and 113 formal complaints were received. 382 items of praise were recorded.



7.2. **Appendix 1** provides a breakdown of these figures by SBU, for each quarter.

7.3. Ombudsman cases and outcomes - Activity this quarter

7.4. Six complainants referred their complaints to the Ombudsman

- 1 complaints was accepted for investigation
- Two complaints investigations were declined
- Four complaints are awaiting the Ombudsman decision to investigate or decline.
- 1 decision released by the Ombudsman regarding a joint complaint with

Integrated Patient Experience Update

Wiltshire Council that was investigated. The Ombudsman did not uphold the complaint.

PALS and Complaints issues raised by the five Dimensions of Care

7.5. **Appendix 2** provides a detailed breakdown of the percentages of cases by the five Dimensions of Care for each quarter for the last three years.

7.6. The full breakdown of complaints by SBU is provided in **Appendix 3. Appendix 4** provides complaint numbers broken down by PCT area.

7.7. The themes emerging from the issues raised are continually reviewed by PALS and Complaints and fed back monthly to the SBUs for actions to be taken.

PALS and Complaints actions, improvements and challenges:

7.8. When a complaint or PALS concern indicates a potential improvement or issue in need of addressing, actions are agreed and will be implemented by the relevant ward, team or SBU. Many of these will be very specific to an individual issue.

7.9. However, analysis of PALS enquiries and complaints over the last quarter shows the following themes:

7.10. **Access and Waiting:** Seven complaints were received in quarter two for trust wide AWP Primary Care Liaison Services, the route to access secondary mental health services.

7.11. **Access to Memory Services** continues as a theme The Trust's quality target for people being referred to its Memory Service from the time of referral by a GP to their first appointment is four weeks. The rate of referrals into the Memory Service is beyond our commissioned capacity and continues to increase each month, which makes waiting lists longer.

7.12. **Safe, High Quality Coordinated Care – Discharge from services/ stepping down care** has caused some anxiety for service users and carers. Changes to the way services are delivered, with emphasis on intervention and treatment has meant that some service users have been stepped down to the care of their GP or signposted to voluntary services. Work has been carried out with service users and carers to ensure that the correct information is given to them about discharge and how to access services again should they require this. **Changes to care teams** continued to be a theme in PALS work in quarter two supporting service users and carers through transitions and liaising with clinical teams where necessary.

7.13. **Better Communication Information and Choice** – themes include:

- Service users have requested information required about new services and structures.
- Access to health records – delays in receiving copies of health records were noted, however changes to the structure of the department have been implemented to better support the process.
- Communication with families and carers continues to be a theme, particularly when there are issues of confidentiality and information sharing.
- PALS have noted that people have been unhappy that messages are sometimes not returned by staff, they have not been able to leave messages

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update

For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards

Agenda Item: 12

Serial: 12.0800

Page 9 of 15

Integrated Patient Experience Update

and have not been sure what number to call when services have changed/moved.

- 7.14. **Building Relationships** – 18 complaints concerned the behaviour and attitude of staff or breakdown in relationships. These complaints have been examined and no themes are noted with staff members or particular teams. 20 PALS cases were recorded against this category, again these have been looked at to ensure that no 'hot spots' are identified with services or staff members.
- 7.15. **Clean, Comfortable Place to be** – complaints numbers remain very low in this category. There were no complaints about catering, cleanliness or hygiene. Three complaints were made concerning privacy and dignity, four were made about service user property and two complaints were made about safety.
- 7.16. Detailed information on persistent concerns and the actions or solutions that will address them are shown in the table in **Appendix 4**. This table shows where previously persistent concerns have begun to improve. It also shows areas that are improving over time but may still need monitoring. New, emerging concerns are also noted.

Praise analysis and discussion

- 7.17. Praise from service users and carers is a valuable source of evidence on the patient experience. Wards and teams forward praise to PALS for recording. In quarter 2, 382 items of praise were received directly from wards and teams.
- 7.18. Examples of items of praise received through PALS and surveys are provided in **Appendix 5**.

8. Incidents and near misses

- 8.1. Overall, projected incident numbers suggest an increase this year (2012/13). See **Table 1** in **Appendix 6** for annual figures. This is a positive finding, given that higher levels of incident reporting are widely believed to reflect a better safety culture, particularly when there are a high proportion of low risk incidents.
- 8.2. According to the most recent national benchmark data (for the period Oct 2011 – March 2012), AWP is ranked 20th out of 57 mental health trusts in terms of reported numbers of incidents. This represents an improvement from the previous report, when the Trust was ranked 34th. A breakdown of annual rankings from October 2007 onwards can be seen in **Table 2**.
- 8.3. Incidents are ranked by type and there can be more than one type of incident for each event. Overall, violence and aggression remains the most prevalent incident. See **Table 3** for details of ranking of incidents by cause. SBU data shows that the exception is the Liaison and Later Life SBU, where unsurprisingly personal injury (e.g. slips, trips and falls) is the most common occurrence.
- 8.4. AWP's incident data shows that from 2009/10 onwards there has been a gradual decrease in the number of incidents reported as being of high or medium risk and a corresponding increase in the number of incidents reported as being low or very low risk. This is a positive finding in terms of the Trust's safety culture, as the severity of reported incidents is falling while the number of reported incidents is increasing. See **Table 4** for the breakdown of annually reported risk rating.

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update		
For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards		
Agenda Item: 12	Serial: 12.0800	Page 10 of 15

Integrated Patient Experience Update

- 8.5. The Risk and Compliance Team are currently working with all of the SBU's on a themed review of incident reporting culture. This compares reporting patterns and trends across similar types of teams. A number of draft Safety Matters Briefings have been produced to date and work is underway to ensure that these are produced across the clinical service so that, wherever possible, teams are given feedback on how their reporting of incidents compares to other similar teams.
- 8.6. Serious incidents are reported externally to the Strategic Health Authority and Lead Commissioner. **Table 5** shows external reports by PCT area. There was a significant drop in serious incidents reported externally to the commissioners in 2011-12, which was associated with the change to the threshold for considering an incident to be serious (and reporting it externally) which was implemented in April 2011. The criteria changed again in April 2012 and this revision brings the threshold much more closely in line with that in place prior to 2011-12. The data for 2012-13 to date shows that the number of incidents reported externally have increased on last year (as would be expected), but remain lower than in previous years.

9. Care Quality Commission Reviews

Lansdowne Unit

- 9.1. Lansdowne had three moderate concerns outstanding from a previous inspection carried out on 9 November 2011:
- Outcome 4: Care and welfare of people who use our services
 - Outcome 7: Safeguarding
 - Outcome 10: Safety and suitability of premises
- 9.2. The Trust had been continuing to work on the resulting action plans with a view to inviting the CQC to re-review the unit. Internal compliance checks on the implementation of the action plans were being done on a monthly basis by the Trust Standards and Quality Assurance Manager with regular reporting on progress to the management groups for the respective Outcomes.
- 9.3. On 11 September 2012 the CQC inspected Lansdowne Unit to check that improvements had been made following an inspection on 9 November 2011. The final report was received by the Trust on 18 October 2012 and this and the subsequent action plans will be fully reported on in the Quarter 3 report. The CQC had judged that the unit was not meeting the essential standards for quality and safety for
- Outcome 1 Respecting and involving people who use services
 - Outcome 4 Care and welfare of people who use services
 - Outcome 7 Safeguarding
 - Outcome 10 Safety and Suitability of premises
 - Outcome 13 Staffing
 - Outcome 16 Assessing and monitoring the quality of services
- and that this was having a moderate impact on people using the service.

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update		
For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards		
Agenda Item: 12	Serial: 12.0800	Page 11 of 15

Integrated Patient Experience Update

Implementation of recommendations from previous inspections

9.4. During Quarter 1 the Care Quality Commission conducted a review of community based services as part of their routine schedule of planned reviews, when they visited 11 community teams in Bristol, South Gloucestershire, Bath and North East Somerset, Swindon and North Wiltshire between 13 and 28 June 2012.

9.5. The final report of the review was received by the Trust on 7 August 2012. Five outcomes were reviewed.

- Outcome 1 Respecting and involving people who use services;
- Outcome 4 Care and welfare of people who use services;
- Outcome 7 Safeguarding;
- Outcome 13 Staffing;
- Outcome 16 Assessing and monitoring the quality of services.

National and local surveys

10. Community Mental Health Survey Results

10.1. The results for the 2012 national Community Mental Health survey and the Inpatient survey, undertaken by Quality Health, the approved survey provider, on behalf of the Trust have now been received. There was a response rate of 33%. The national response rate was 32%. The full management report was presented to the Trust in August and the benchmarked results were published in September. For all main categories, the Trust scored 'as expected'. This was an improvement on 2011, when we scored 'worse than expected' compared to other trusts for 'Day to day living'. We scored significantly higher than last year for offering support to service users in finding or keeping work.

Community Mental Health Survey Benchmark Results

10.2. The Trust is within the expected range of results for all nine sections of this survey, as published on the CQC website on 13 September. This is an improvement on the 2011 published results, when one section, 'Day to day living', scored 'worse than expected' compared to other trusts.

10.3. Table 1

Section heading	Score out of 10 for your trust (2011)	Score out of 10 for your trust (2012)	How this score compares with other trusts	Status compared to 2011
Health and Social Care Workers	8.6	8.5	Same	=
Medications	7.3	6.7	Same	=
Talking therapies	6.6	7.0	Same	=
Care Coordinator	8.1	8.2	Same	=
Care Plan	6.6	6.7	Same	=
Care Review	7.5	7.3	Same	=
Crisis Care	6.0	5.7	Same	=

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update

For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards

Integrated Patient Experience Update

Section heading	Score out of 10 for your trust (2011)	Score out of 10 for your trust (2012)	How this score compares with other trusts	Status compared to 2011
Day to Day Living	4.9	5.3	Same	↑
Overall	6.7	6.7	Same	=

The information in bold is shown on the CQC website.

10.4. A full report was presented to Quality and Safety in January 2013 and a Trust wide improvement plan approved see **appendix 7**. It focuses on the following objectives:

- All service users to be given a written or printed copy of their care plan
- Care plans to cover what the service user should do if they have a crisis
- All service users have an NHS mental health out of hours phone number and are able to contact their care coordinator or lead professional if they have a problem.

National MH inpatient survey results

10.5. The national service user survey for in patients has been running for four years. 2009 was compulsory for all Trusts and in subsequent years participation was voluntary. The Adult Acute Inpatient SBU has participated in all four years. The 2012 survey was limited in terms of the numbers of returns received nationally. A more than 5% increase or deterioration in scores against ALL Trusts represents significant change. The SBU experienced 3 areas of significant change (i.e. better than average of all other Trusts who undertook the survey) and 1 areas of significant deterioration (i.e. worse than average of All other Trusts who undertook the survey). These were as follows:

Improved areas against other Trusts	AWP	All other Trusts
Hospital food very good/good	74%	60%
Hospital room/ward very clean	65%	57%
Have out of hours phone number	73%	67%
Deterioration area against other Trusts		
Medication side effects explained completely	22%	27%

10.6. Although the number of returns in the national survey are small and potentially statistically insignificant, the geographic area results have been shared with local wards. The local feedback delivered some significant variation across PCT areas, e.g. nurses scored consistently higher in Bristol, Wilshire and North Somerset and perception of quality 50% score as excellent/very good in North Somerset compared to 29% in South Gloucester. The themes of the feedback are similar each year and we hope that our actions and revised quality plan will deliver significant positive

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update		
For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards		
Agenda Item: 12	Serial: 12.0800	Page 13 of 15

Integrated Patient Experience Update

experience feedback. The SBU has draft improvement plans in place.

Real time surveys

10.7. In 2011/12, a quarterly rolling programme of real time surveys was in place, with the surveys addressing areas where national survey results or Trust feedback to date indicated that there was ongoing room for improvement.

10.8. During quarter two, the Trust moved from the paper based SNAP survey system to the Meridian managed system for the real time surveys. Meridian enables feedback to be given via a range of methods, including online via the Trust website for community surveys, and offers the Trust the opportunity to look at results by team, ward and area. Overall Trust satisfaction scores are available and examples of the reports that can be produced, by survey, include: graphs of full results by question, question rankings by satisfaction levels and comments. League tables of participation by ward/team are also available by survey, which will help SBUs to understand levels of engagement and address low participation.

Example of Real-time feedback from June – September 2012 for Adult In patients :

Highest 2 ratings –

“I feel staff respond well when the panic alarm goes off” Overall score of 82.11%

“I was made to feel welcome when I arrived at the ward” Overall score of 81%

Other ratings –

“I have a say in my care and treatment” Overall score of 68.33%

“staff take an interest in me” Overall score 77.33%

Staff were available to talk to me when I needed them” Overall score 75.59%

“I feel staff treated me with respect” Overall score of 79.27%

“My review meetings / ward rounds were useful to me” Overall score of 71%

Lowest 2 ratings

“Staff give me medication instead of talking to me” Overall score of 50%

“I feel that my medication helps me” Overall score of 62.33%

11. Lets get engaged events

11.1. In April 2012 a Trust wide service user and carer engagement steering group was established. The principle aim is to work in partnership to improve the quality of services – service users and carers at the centre of everything that we do.

11.2. It was on these principles that we worked in partnership to develop a series of ‘lets get engaged’ events across each of the local areas covered by AWP. The agenda and content of the events were developed in partnership with service users and carers and our staff. The events were widely advertised through all of our stakeholders and partner organisations. A total of 21 events were held during August

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update		
For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards		
Agenda Item: 12	Serial: 12.0800	Page 14 of 15

Integrated Patient Experience Update

and September and were delivered jointly by service users, carers and staff.

- 11.3. The notes of the events were sent to all the participants, posted on AWP website and communicated via FT newsletters and Our voice updates.
- 11.4. The findings from these events were used to inform delegates at the 'moving forward' creative visioning event held in October 2012, focusing on what currently works well in involvement and areas for improvement. The table below details high level findings from the 'lets get engaged' events.

What AWP does well in involvement	Areas for improvement
The opportunity to engage – events like the lets get engaged, community and inpatient forums, attendance at carer groups	Listening and Acting – views of service users, carers, staff and support groups to be taken into account
PALS and Complaints	Customer care – staff training, respect, continuous care and understanding of services provided
Service user and carer involvement – particularly in interviews and training	Service user and carer involvement – support for involvees to take part in a variety of activities. Each area to have its own paid involvement worker
Increased awareness of carer involvement	Partnership working – AWP working together with GPs, local voluntary organisations and other stakeholders to run joint events and share knowledge
Passionate staff	Case load of staff – not spending enough time with service users for their individual care and treatment.

- 11.5. 110 staff, service users, carers and voluntary organisations attended a creative visioning event held in Fry's Conference centre on 2 October 2012. Everyone worked together to create a vision for AWP engagement in the Future. Three areas of service user and carer engagement were recognised these are:-

- Day to day general engagement
- Involvement in service redesign and improvement projects
- Individual adhoc feedback

- 11.6. The participants worked on developing issues into actions and lots of ideas were generated.
- 11.7. These ideas have been themed and are going to the Trust Wide Management Group to be prioritised.
- 11.8. A new community engagement strategy about working in partnership with service users and carers to improve the quality of our services is being developed.

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – Integrated Patient Experience update		
For the Part 1 Session sponsored by Hazel Watson Executive Director of Nursing Assurance Quality and Standards		
Agenda Item: 12	Serial: 12.0800	Page 15 of 15