

“Think Healthy”

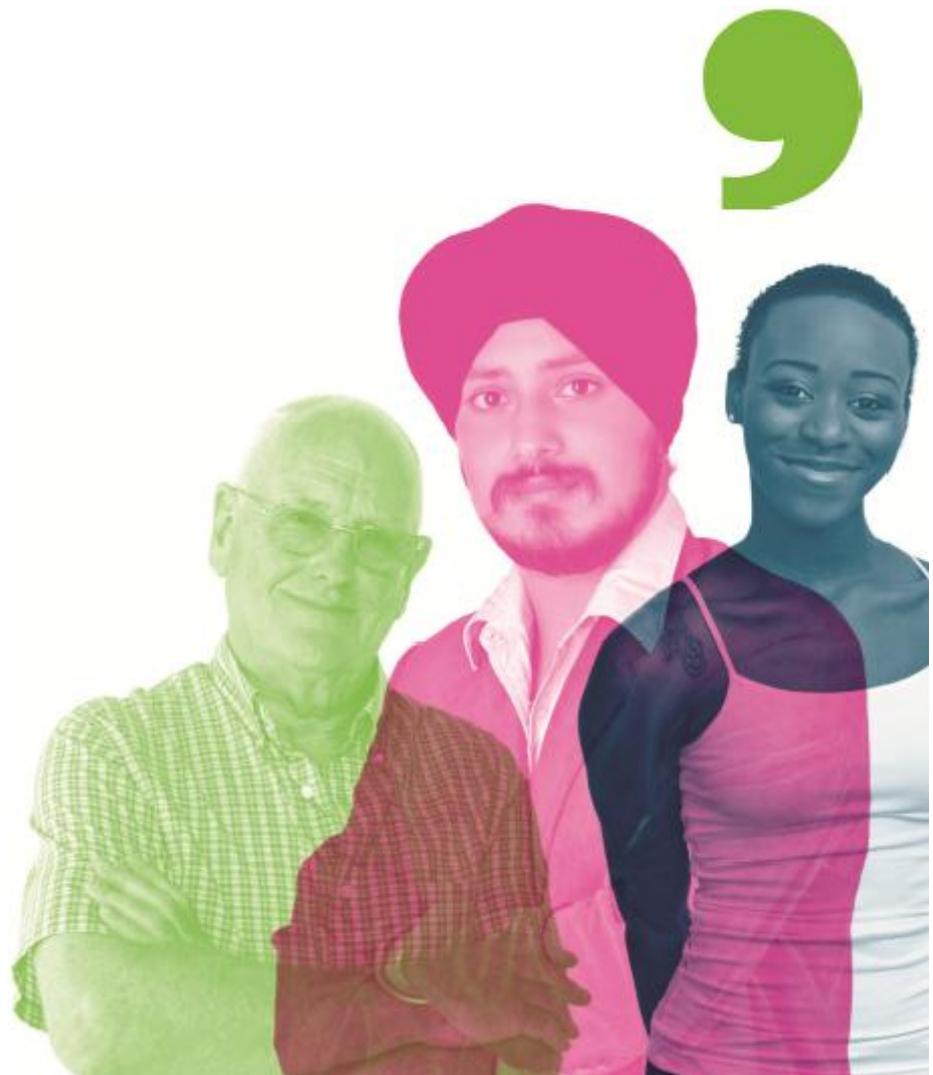
**A Healthwatch Derby consultation into the services of Derbyshire
Healthcare Foundation NHS Care Trust**





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Chapter 1

Foreword

It gives me great pleasure to write the forward for this enterprising project “Think Healthy”. This project is the latest undertaken by Healthwatch Derby and focuses on Mental Health.

Healthwatch Derby was created to enable the patient experience to be represented more clearly than had previously been the case and it would be easy to base the project on just this perspective. What gives me great encouragement is that we have taken a much more holistic approach and have involved as many groups and organisations as possible within a realistic time frame to make this report as representative as possible. The project has been supported by Derbyshire Healthcare Foundation Trust, many organisations from the voluntary sector and individuals who have, for example, responded to surveys. I would particularly mention the Indian Day Care Support Services who enthusiastically supported an initiative to discover what their community thought about a subject that is difficult to talk about openly.

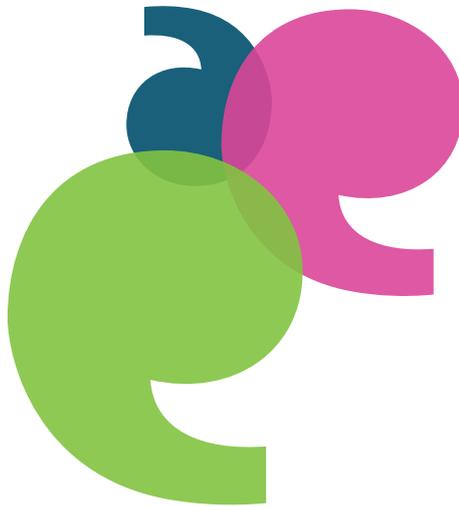
Without the support of the Trust in undertaking this project we would not have been able to give such a detailed report together with its findings that offer the potential to help them provide an improved service from limited resources. The wide range of activities that the Trust and as we have found the voluntary sector provide do not do justice to the great work that is done but there is potential to do far more to help those who need support for their mental health issues.

From the support we have received from everybody it is clear that this report is only a starting point for much more positive support of mental

health provision and I look forward to seeing an ongoing commitment by everybody including commissioners to build on the success of this project.

Steve Studham

Chair Healthwatch Derby





Introduction

As CEO of Healthwatch Derby, I am very pleased to introduce this comprehensive report. I would begin by thanking Derbyshire Healthcare NHS Foundation Trust for their full cooperation and support that enabled and strengthened this consultation. There were some barriers but thanks to the continued commitment of senior staff, these were resolved as the consultation progressed.

I would also like to thank the Healthwatch Derby team for their efforts on what is a very thorough piece of work. Through innovative ideas and partnership work with a range of different organisations we have been able to fulfil our goals of reaching out to many specialised service user communities.

While working with the Trust in the consultation process, we became aware of inequalities in funding for mental health services. This is a national rather than just a local issue, with demand often outstripping supply. It is an important issue which needs to be addressed to ensure parity of esteem between physical health and mental health.

This report is the first step and not the end of the process which will ensure independent patient feedback and experiences of services are heard by decision makers. I look forward to an ongoing partnership with the Trust as we take the learning outcomes from this project into practical implementation.

James Moore

CEO Healthwatch Derby





Chapter 2

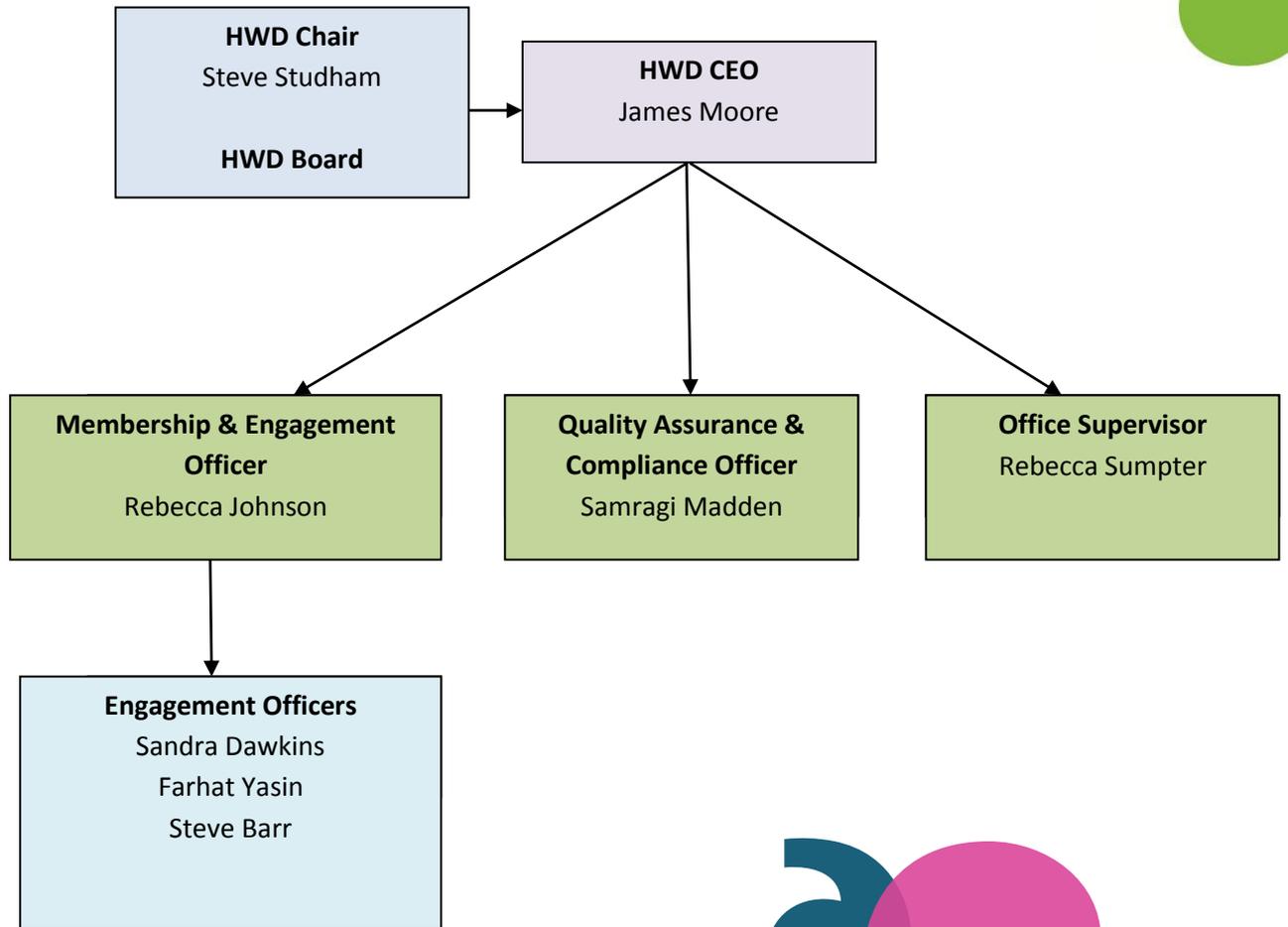
Executive Summary

- Partnership work in practice with a robust consultation undertaken by Healthwatch Derby.
- Full collaboration by Derbyshire Healthcare Foundation NHS Trust to support the project.
- Extensive data collected as part of a well structured consultation programme. Advice and input from commissioners, regulators, support, community and voluntary organisations.

- **1070** items of feedback collected in total.
- Generic Workshops produced 215 items of feedback.
- Socho Sehat specialised workshop produced 145 items of feedback.
- Outreach produced 410 items of feedback.
- Think Healthy survey produced 116 responses, 31 of which were in an Easy Read format.

- Two Enter & Views conducted at the Radbourne Unit, and London Road Wards 1 & 2, these saw 22 responses and 162 comments.
- Direct Observations included 12 hour shift with the crisis team and a day shadowing children's services.
- Commitment from the Trust to take forward and act upon our learning outcomes and recommendations in a structured action plan going forward.

Our Structure





Chapter 4

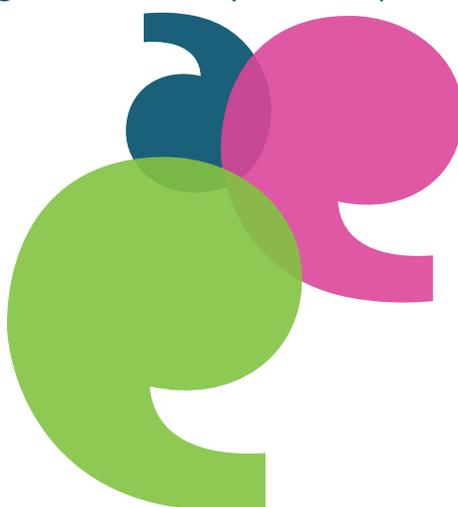
Methodology & Engagement

What does Healthwatch Derby do?

Healthwatch Derby is an independent consumer champion for health and social care services in Derby, and also a watchdog with the remit to have an overview of health and social care services in Derby. Our role is to listen to feedback from patients, carers, and anyone who either accesses or is affected by services. We provide local intelligence to health and social care providers, commissioners of services, and regulators of services. Our aim is to be a critical friend to service providers and commissioners – and to work in partnership with our key stakeholders such as the local authority, patient support groups, community and voluntary groups amongst others. We hope to improve services by providing accurate and up to date local intelligence and insight.

What is 'Think Healthy'?

Working in partnership with Derbyshire Healthcare Foundation NHS Care Trust (DHFCT), Healthwatch Derby structured a comprehensive consultation programme to assess the impact and effectiveness of services provided by the Trust. The original consultation proposal was developed after extensive collaborative meetings between the two organisations, as well as seeking input from support organisations. Over twenty meetings took place in the period May to the end of November 2014 to give shape to the consultation, its implementation and execution, feedback gathering, research, analysis and reporting.



Consultation Structure

Consultation Item	Method	Date	Venue
Survey 1 Main Think Healthy Survey	Both surveys were designed with input from the Trust, Commissioners, Regulators, Support Groups and the Local Authority	July to end of Oct 2014 (Both surveys)	Hosted online by HWD (Responsible officer, SM)
Survey 2 Easy Read Version			
12 Hour Observational Shift	Full details Appendix 2	24 th July 2014	Crisis Team and Crisis Outreach (Responsible officer, SM)
Day Observations	Full details Appendix 6	18 th September 2014	Children's Services (Responsible officer, SM)
Enter & View 1	Full details Appendix 10	26 th September 2014	Radbourne Unit (Responsible officer, RJ & EOs)
Enter & View 2	Full details Appendix 10	17 th October 2014	London Road Community Hospital (Responsible officer, RJ & EOs)
Outreach – Derby City & Derbyshire	Full details Appendix 8	July to end of October 2014	Various locations (RJ & EOs, reporting SM)
Extended Outreach - Derbyshire	Full details Appendix 8	7 th October 2014	Hartington Unit, Chesterfield (Responsible officer, RJ & EOs, reporting SM)

Workshop 1	Full details Appendix 3	15 th September 2014	Jackie's Pantry, Radbourne Unit (Responsible officer, SM)
Workshop 2	Full details Appendix 3	29 th September 2014	Resource Centre, Kingsway (Responsible officer, SM)
Socho Sehat Workshop	Full details Appendix 4	15 th October 2014	Indian Community Centre (Responsible officer, SM)
Think Healthy Event Lead for Healthwatch Derby Samragi Madden Quality Assurance & Compliance Officer			
Think Healthy Event Lead for Trust Carolyn Green Director of Nursing			

By using a combination of consultation methods we provided a robust approach to capturing patient and carer feedback, support group feedback as well as feedback from Trust staff, commissioners and regulators of services ensuring each had opportunities to contribute valuable input into our consultation.

Consultation Report

This report has been produced by Healthwatch Derby with a clear and agreed timescale. Our timescale for the report was as follows:

Date	Details
01 July 2014	Start of consultation
31 st October 2014	End date of consultation
17 th November 2014	Key findings sent to Trust (no external circulation)
24 th November 2014	Key findings presented to Trust marking the end of the consultation – Trust has a

	chance to present a holding response
17 th December 2014	Full report given to Trust and commissioners – normally we provide a 28 day response timeframe, but we recognise this consultation has been comprehensive and the response deadline is therefore extended.
1 st Feb 2015	Trust response deadline
February 2015	Trust foreword and full response compiled into the report, and externally circulated. Report published on all HWD platforms.

How is this report designed?

The report begins with an introductory chapter on how we engaged, and what the experience was like for us. As mentioned in the previous section, there were a number of different consultation methods used with great attention to detail.

For the ease of reporting only the summary of findings for each consultation method is listed in the full report. If you would like to read the details about how we arrived at our findings, please refer to the appropriate appendices. In Chapter 5, each consultation method is detailed in its own section containing:

Item	Description
Introduction	A short synopsis of the consultation method
Appendix	There is an appendix for each method (mentioned at the beginning and end of each section)
Methodology & Full Observations	Detailed methodology and observations for each consultation method
Findings	An analysis of what we have found using that consultation method

How did we engage?

The Think Healthy consultation's success depended on meaningful engagement to gather patient experiences. For the duration of the consultation, the Healthwatch Derby team has engaged with or attended events at a number of organisations who focus on patient experience, and have spoken to members of the public, carers, service users, staff and support group organisations about their experiences of accessing services at the Trust.



(Healthwatch Derby & Mental Health Forum Partnership Meeting, 14th August 2014)

Healthwatch Derby team has also run or attended various internal and external engagement events in the duration of the consultation period. The team has also attended a number of external consultation forums and special events. We organised **10** specific outreach sessions at the Trust's service access points. The aim of these sessions was to gather feedback from the Trust's patients and for some of them to complete the Think Healthy survey. Morning sessions of three hours took place at the Radbourne Unit, Resource Centre Day Hospital and St Andrew's House. Full details of how we engaged can be found in Appendix 1.

One session at the Radbourne Unit took place in the evening (25th September 2014 6:30pm to 8:30pm) as we were advised by the Trust that often the patients are more relaxed in an evening and that we would probably be able to also speak to some visitors. We also spent eight hours

at the Hartington Unit in Chesterfield (7th October 2014, 11am to 7pm). We were located in The Hub, and were also invited to undertake food tasting of the patients' lunch menu. Our food taster findings for the Hartington Unit can be found in Appendix 3.



(Healthwatch Derby Stall – 4Es, Think Healthy)

We also attended the Trust's own engagement platform the 4Es, and held a stall, as well as take part in 4E presentations. There were several meetings with key partners such as the CQC, and clinical commissioning groups (Hardwick & Southern Derbyshire). We also attended the mental health stakeholder event in Belper, as well as meeting substance misuse commissioners, and substance support groups. Our engagement with the Trust also saw us attending the launch of the mental health street triage unit. Opportunities to explore and gather patient voices were fully utilised leading up to the consultation, and during the consultation period with a view to including as many voices as possible through our diverse outreach, forums, meetings, networking, and other engagement activities.

Limitations and barriers

No consultation can confidently claim to be wholly and successfully representative either of the groups of people it seeks to consult, or the services it aims to fully review. Think Healthy had an ambitious proposal to try and capture extensive feedback using a combination of methods. However, the Trust has in excess of 90 services, and Healthwatch Derby

only has a team comprising 7 members of staff. This means, logistically we would not be able to cover all of the Trust's services to the extent a fully commissioned piece of consultation could. This consultation is not funded by the Trust, although the Trust has generously provided internal venues and hospitality (food taster) for two workshops, and has paid the Indian Community Centre directly for venue and hospitality of the third workshop. No other moneys have been paid to or requested by Healthwatch Derby.

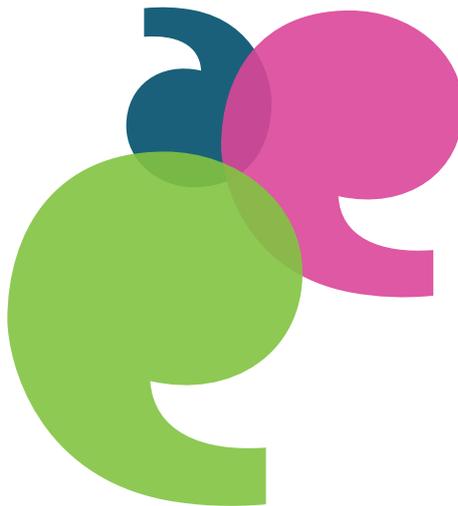
Consultations by their nature are sometimes seen as a means of inflicting unnecessary changes into a system that is currently working, or perceived as working internally by staff. In the current climate of funding cuts, and wholesale reorganisation of NHS bodies, there is understandably an element of fear and scrutiny associated with service reviews. The Healthwatch Derby team came across this barrier in its attempts to fully engage and involve all parts of the Trust.

Attempts were made at various stages of the consultation to provide information and publicise the consultation Trust wide. However many of our excursions into Trust services found a level of resistance to the consultation, this was evident in some services being totally unaware of a consultation actually taking place. This may be reflected in the number of feedback we received from specific areas of the Trust.

We are also aware that Healthwatch Derby is primarily focused on the services within the city, and the Trust serves the whole shire. Think Healthy was an aspirational project for us, as the Trust does have its headquarters here in Derby, with quite a few services located in Derby city. We have reached out to the shire through our engagement leading up to and during the consultation period – we have visited and attended support group engagements in the shire (Derbyshire voice, MHAG forum, Belper stakeholder event), we have also carried out outreach at the Hartington Unit. It is also worth noting that a good consultation needs to be timely, and we had a strict deadline to follow which meant we tried and concentrated on as much as was practically possible – falling within realistic engagement and reporting streams. We wanted residents in the shire to feel included, and their views were sought through our surveys, and through active promotion of our generic Think Healthy workshops being open to all those who accessed services, carers, staff, or anyone else who felt affected by services at the Trust in the city or shire. We had a very good turnout of attendees for all three workshops, and quite a few delegates attending were from the shire. To the best of our intentions the consultation was designed to be inclusive and meaningful to all.

It is also important to recognise an ownership of services, and an unfamiliar new body given access to service users will cause a certain amount of anxiety. As part of the final report we would like to acknowledge that barriers do exist, and can only be removed by being open to independent feedback of what the Trust does best, and where it needs to improve. Ultimately the Trust does not exist for itself, rather it has been structured and designed to serve the most vulnerable. Healthwatch Derby will continue to champion patient voices, and work in collaboration with the Trust.

Full details of how we engaged can be found in Appendix 1.



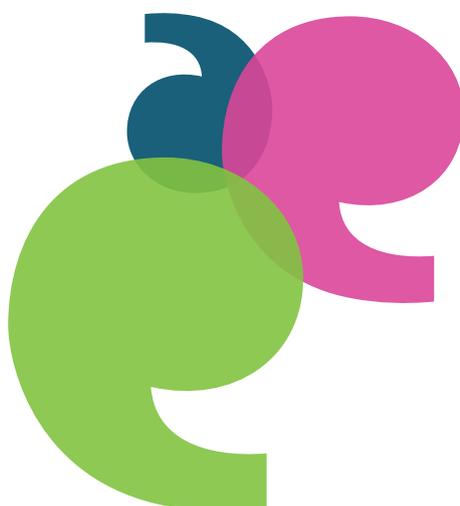


Chapter 5

Our Observations

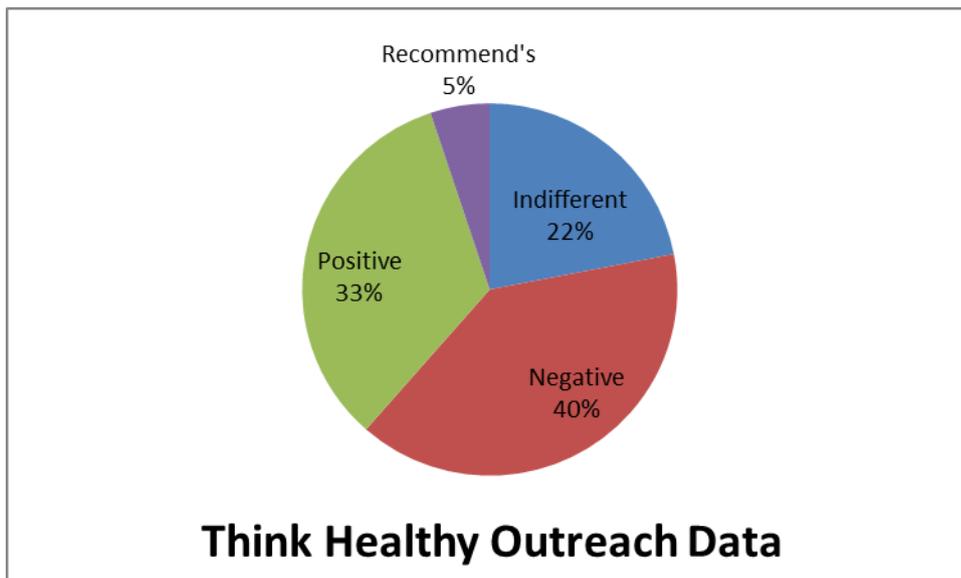
Processes of collecting information for the consultation is fully explored in this chapter with our findings and methodology listed for each category. This chapter is therefore divided into several sub-chapters pertaining to each consultation method. An index of the subchapters follows:

Sub Chapter	Title	Page
5.1	Outreach & Feedback	
5.2	12 Hour Observations: Crisis Team	
5.3	Day Observations: Children's Services	
5.4	Workshops	
5.5	Surveys	
5.6	Enter & Views	



5.1 Outreach & Feedback

Healthwatch Derby collected **410** items of feedback leading up to the, and during the duration of the Think Healthy consultation. Our feedback is the result of our successful engagement platforms, full details of which can be found in Appendix 1. This section looks at the breakdown of feedback collected. Firstly we look at the type of feedback received (positive, negative, indifferent, recommendations):

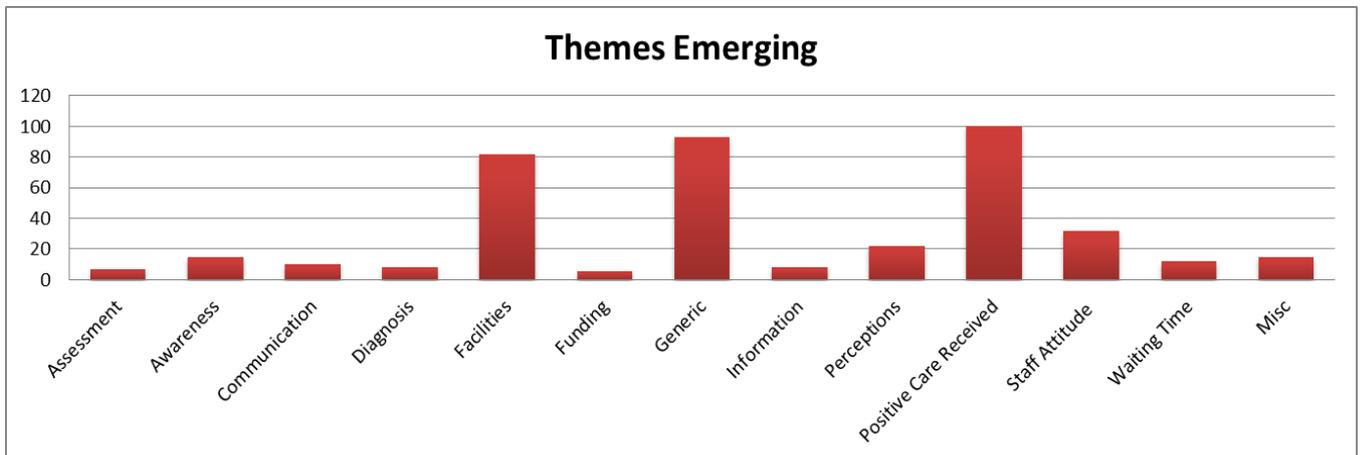
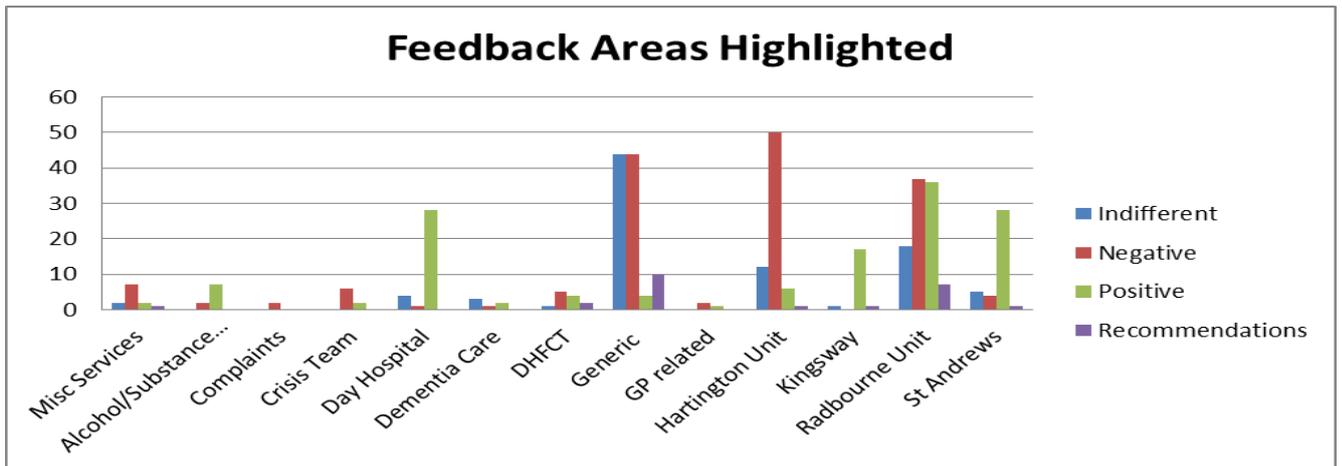


We have received a smaller number of positive comments overall but this is not surprising as often people who come to speak to us in an outreach facility will highlight negative experiences more than positives. If we look at the breakdown of services we can then identify which services have been highlighted to us as better than others. Graph illustration follows in the next page.

This section gives a brief overview of the kind of feedback we have received and the themes emerging. For full details including illustrative examples of each theme please refer to Appendix 8.



Each feedback received has been classified as a type – positive, negative, indifferent or a recommendation. Each comment is then classed under the service area they describe. The data is then further refined to look at the kind of themes that have emerged overall.



Although overall there is more negative feedback, it is still reassuring to note that we have received 100 items of positive feedback for the Trust. Themes are discussed in greater detail in the related Appendix – Appendix 8.

Some recommendations from the outreach feedback feature in Chapter 6 Key Findings & Recommendations.

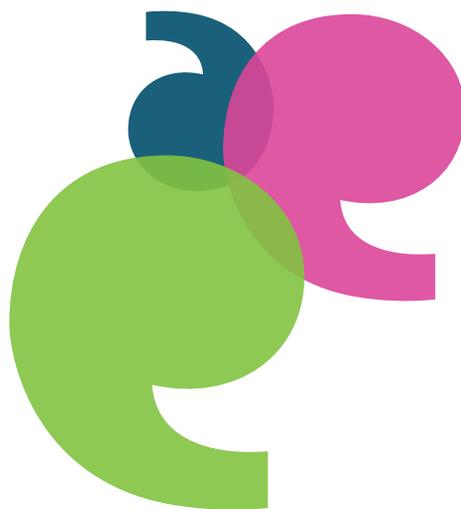
5.2 12 Hour Observations: Crisis Team Introduction

When 'Think Healthy' was conceptualised, our aim was always to try and capture as much service feedback as we could. We were aware that it would not be possible to do a full indepth analysis of all services, but hoped that we could look at some specific services in greater detail.

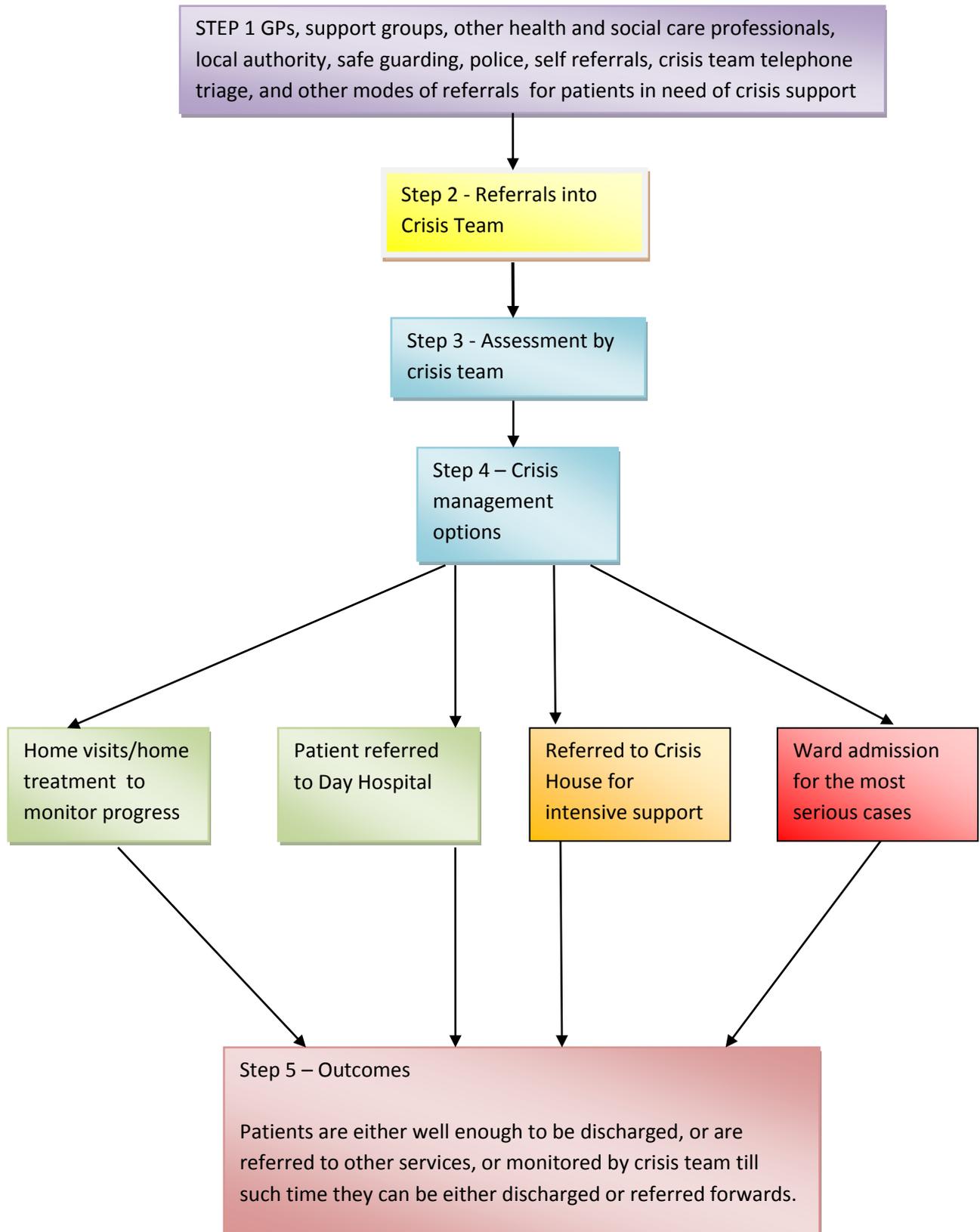
Healthwatch Derby has designed an unique observational format which has previously been used to study services such as A&E and EMAS. With the consent of the Trust, we embarked upon a 12 Hour Observational Assessment of the Crisis Team based at the Radbourne Unit. The 12 Hour Observational Shift was carried out by Healthwatch Derby's Quality Assurance & Compliance Officer on the 24th July 2014.

Our aim at Healthwatch Derby is to take the mystery and the unknown away from health and social care services. Accessing the crisis team is not something everyone experiences. This report has been written to give as much information as possible without compromising patient safety or confidentiality.

To read our full observations about the 12 Hour shift please refer to Appendix 2. This section contains a handy diagram about how the crisis team works, and our findings.



How does the crisis team work? A step by step guide



12 Hour Observational Shift - Findings

Positive
The crisis team works with very difficult situations and vulnerable people. Our observations indicate that the team deals with each patient with empathy, dignity, sensitivity and support at the heart of crisis service provision.
Care and support is undertaken with an aim to include patients and carers as much as possible.
The service was very open and honest about the way it works, and gave full and dedicated collaborative support and access for this exercise to be completed.
The team use good tools and resources to manage their caseload such as the day hospital, inpatient facility etc.
The crisis house is a good interim facility.
Negative
The team operates with handwritten notes, and there is a delay in getting information back to base, to better plan service provision or inform the rest of the team about a patient's progress.
Many negative perceptions and lack of awareness about how people in crisis are supported by the Trust.
Long waiting time for counselling referrals for patients may lead to their condition deteriorating.
Crisis house does not have a lift.
Patients have to return to the place of admission to be discharged if they are on leave.
Lack of provision of specialist units for emotionally unstable borderline personality disorder.

For full details please refer to Appendix 2.

5.3 Children's Services – Day Observations

As our consultation gathered pace, we were advised by the Trust that it may be useful to highlight more than just one service through a close observation exercise. We completed a successful observation of the crisis team on the 24th of July, and on the 18th of September we did a full day's observations of Children's Services. Healthwatch Derby's Quality Assurance & Compliance Officer (henceforth referred to as HWD) completed the day observations. For the duration of the day HWD shadowed the team based at Stanley Road which comprises of health visitors, nursery nurses, and student health visitors. This section summarises our observations at Children's Services, to read more about what we saw on the day please refer to Appendix 6.

Positive
Health visitors – Health have a good rapport with mothers and babies they are supporting. Good provision of facilities including some that are able to speak a variety of languages, and a separate room available to discuss complex or sensitive issues. Health visitors able to provide advice on a number of issues not just limited to health – education, benefits, welfare etc also covered as much as possible or signposted to appropriate services.
School nurses – School nurses have a good rapport with children they are assessing, and good use of engaging and informative assessment formats. No negative observations for school nurses.
Negative
Health visitors - Maternity discharge, follow up GP pathway issues – not for the Trust as such but better cohesion needed from acute hospital to GPs. Some consultations with health visitors see the mother standing while the health visitor completes assessments and checks. Consultations may take more than ten minutes as mothers have got enquiries and need advice – and it is a long time to remain standing. All notes taken at health visitor clinic are paper based, and not enough workstations at the office base. Health visitors often end up having to see more than just the baby, older siblings are also brought to clinics. No facility or access to view or amend older child's records, and this is labour intensive as new records need to be created for each older child seen.

5.4 Workshops

Introduction to Generic Think Healthy Workshops

One of Healthwatch Derby's aims is to ensure patients, carers, support organisations, and those who are the most vulnerable and do not always have the opportunity to voice their opinions – are brought together in a shared platform with health and social care decision makers at the highest levels. With this in mind, our consultation plan included the facility for two generic workshops. As we went out into the community to gain feedback about the consultation process, we took on board suggestions from support groups, and from service users – and this resulted in a third workshop bespoke for Asian service users. This section looks at both the specialist and the generic workshops.

Healthwatch Derby worked very closely with the Trust to draw out a meaningful agenda for the two generic workshops. Our experience at engagement and networking, especially attendance at other mental health service forums such as the Trust's own 4Es, and the stakeholder engagement event at Belper organised by Hardwick CCG was taken into consideration. The agenda for the generic workshops included presentations by the Healthwatch Derby Team, Safeguarding Team as well as a presentation by the Trust. The real 'meat' of the workshop lay in the group work session, followed by a Q&A facilitated by Healthwatch Derby. Delegates were divided into five workgroups – Access, Information, Dignity, Environment and Improvements.



(Healthwatch Derby presentation, Radbourne Workshop, 15th September 2014)

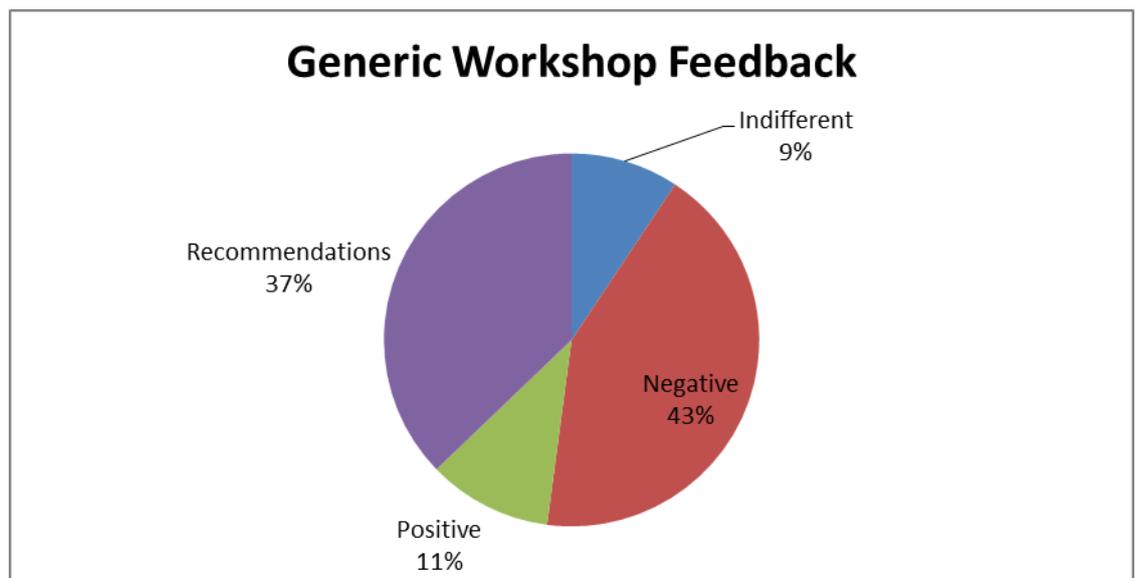
Full details about our generic workshop's group session plan and observations can be found in Appendix 3.



(Trust colleagues, Radbourne Workshop, 15th September 2014)

Generic Workshop Observations

Those who attended the workshops gave us feedback in large numbers, and the majority of those who spoke to us said they enjoyed the workshops, and looked forward to more such open forum participatory events. We received **215** items of feedback for the generic workshops, and they can be categorised as follows:



It is not surprising that the workshops saw a larger number of negative feedback. Coming to an open forum allows attendees to voice any negatives fully and forcefully. However it is good to note that there are a significant number of recommendations which have also been made. Indifferent feedback consisted of observations about health conditions in general rather than about services at the Trust. For the ease of reporting purposes, indifferent or generic feedback has not been included in illustrative examples. If we look further into each groupwork session we can see what views were expressed in greater detail on a theme by theme basis, starting with the theme of Access.

Theme – Access		
Type	Observations	Examples
Positive	Feeling safe within the Trust	A patient mentioned they always feel safe and happy to come to Radbourne.
Positive	Positive patient experiences	Continuation of services - forming long term safe/trusting relationships
Negative	GPs referral criteria seen as an barrier to accessing services	"GPs limited experience of mental health can delay referral"
Negative	Use of out of area beds can be restrictive for carers and family members	"Use of out of area bed can be a barrier to access by carers to their relatives"
Negative	Need for better cohesion between services	"Drug and alcohol workers - inpatients cannot access this - not a seamless service"
Negative	Need for continuity of care	"Having a number of different workers delivering a service - have to build and rebuild and start again with each new worker - not a quality of service"



(Healthwatch Derby Chair Steve Studham networking at the Kingsway workshop, Think Healthy 2014)

Moving on from the theme of access, we now focus on the theme of Information:

Theme – Information		
Type	Observations	Examples
Positive	Positive examples of information and feedback	"Feedback is ok, information good"
Negative	Frustration at having to repeat information	"Have to tell everybody, fed up of telling same story all over again"
Negative	Better provision of technology and IT support	"Service users have no option to print. Mobile computer not user friendly, often no internet connection"

The next theme to be explored is that of Dignity.

Theme – Dignity		
Type	Observations	Examples
Negative	Some feedback processes may not be suitable	"Feedback forms/process alienates hard to reach groups/minorities - no access to services or internet. Golden question - difficult for parents whose first language is not English - missed

		feedback. Make feedback process easier not just survey questionnaires. Feedback loop too long, difficult to pick apart and dehumanising"
Negative	Negative perceptions of the Trust	"Perceptions of restrictions on services can make people feel not worthy of making a complaint"
Negative	Negative patient experiences shared	"Limited access to privacy (when distressed)"

Moving on we look at the theme of Environment.

Theme – Environment		
Type	Observations	Examples
Positive	Good facilities highlighted	"Radbourne and Hartington are accessible, not locked up everywhere. Radbourne - Facilities and activities good – gym and snooker tables encourages patients to socialise and recover. Day hospital provide lots of different 'themed rooms for service user e.g. reminiscent rooms, art rooms. Radbourne & Hartington - Bright, light, clear, clean, tidy, secure (visitors offered alarms)"
Negative	Negative patient experience shared	"Not feeling safe inpatient services - sometimes so insecure that patients are sleeping on handbags!"

The last theme focused on Improvements.

Theme – Improvements		
Type	Observations	Examples
Positive	Acknowledgement of Trust's positive care	"The Trust also does a large amount of extremely good and positive work - this should not be forgotten. Once service is in place, there is evidence of good practise"
Negative	Continuity of care and service cohesion	"There is poor transition across pathways - there are databases that do not talk to each other - the whole system needs to speak to each other"
Negative	GPs highlighted as an area which lets mental health service users down	"GPs need specialist resources such as a mental health nurse. GP waiting times for appointment for mental health patients, and specialist mental health expertise needed"
Negative	Travel provision hinders and affects patient experience	"A bus stop is needed nearer to Radbourne as many patients and carers have got mobility issues and it becomes too much for them"

Our workshops were designed to look at Trust services, and also to enable attendees to take part in a food tasting session. It was important to ensure the workshops had an element of fun and inclusivity as well as looking at the serious task of service appraisal by service users. Details of the food taster observations and can be found in Appendix 3.



Socho Sehat Introduction

In the beginning of this report we have highlighted that no consultation can confidently claim it has been able to reach out to everyone, and gathered every possible viewpoint. The aim should be to try and include as many rather than as few. As we found great enthusiasm for our open forum workshops grew, during our planning meetings with the Trust we discussed the possibility of doing a third workshop. Socho Sehat (the words mean 'Think Health' in Urdu/Punjabi) is the name we chose for our third workshop.



(Indian Community Centre Manager, Healthwatch Derby Chair, Trust Engagement Lead for Socho Sehat Workshop, 2014)

Despite the lack of commissioned funding, or extensive resources the team were able to engage with a fairly large number of people in a workshop format for both generic workshops as well as Socho Sehat with each producing a significant number of patient feedback.

Workshop	Number of Attendees	Feedback received
Radbourne	50	Total 215 items of feedback
Kingsway	61	
Socho Sehat	137	Total 145 items of feedback
Total	248	360

Full details about our observations including why we chose to do Socho Sehat, can be found in Appendix 4.



(Socho Sehat, Group Session, Indian Community Centre, Think Healthy 2014)

Socho Sehat Group Session Plan

Healthwatch Derby worked with community leads as well as the Trust's own bilingual staff in developing a simple yet effective group session plan which looked at 5 key questions that linked in with themes of:

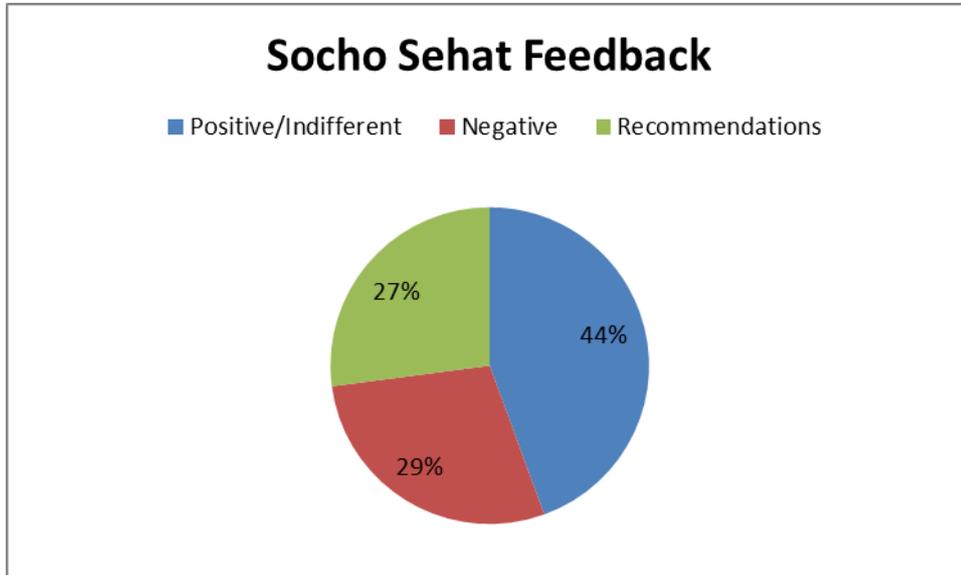
Questions	Themes
1. What is the definition of good mental wellbeing?	Understanding
2. What are the symptoms to look out for if you need more support?	Awareness
4. Do you know how to ask for help and who to contact?	Access
3. Why are we as a community so hesitant to ask for help?	Barriers
5. What improvements, information and support do you need to make things better?	Improvements



(Healthwatch Derby facilitators, Socho Sehat, Indian Community Centre, 2014)

Socho Sehat Observations

The workshop generated **145** items of feedback. Firstly a breakdown of the type of feedback received:



Socho Sehat asked delegates about their own understanding and awareness of mental health condition and symptoms to look out for. The responses received for the themes of Understanding and Awareness cannot be seen as anything other than a positive recognition of a condition – there were some very personal reflections about mental health which have been classed as indifferent.

As the themes of understanding and awareness were personal to the individuals, we honour them by mentioning the fact that a very positive and involved conversation took place which saw many rich experiences being shared. Recommendations from the Socho Sehat workshop will feature in our ongoing work with the Trust to look at learning outcomes.

Theme – Access		
Type	Observations	Examples
Positive	A good understanding of routes of accessing services demonstrated	Various examples given of where people can ask for help such as GPs, health visitors, friends and family, community members etc.

Negative	GPs do not have specialised mental health knowledge	"GPs treat mental health like any other health condition and I am only allowed to discuss one condition at a time"
Negative	Language barriers	"GP or CMHT there is a language problem"
Negative	Lack of culturally appropriate services	"We do not have language appropriate service interpreter and translated information or a helpline. No support groups and homecare which is culturally specific"
Negative	Lack of community specific publicity for services	"No promotion at local organisations, we need more awareness to filter through community centres"

The next theme to be analysed is that of 'Barriers'

Theme – Barriers		
Type	Observations	Examples
Negative	Focused primarily on cultural issues within the community rather than Trust related negatives.	"Refusal, stigmatisation, discrimination, mockery, lack of trust or confidentiality, gossiping. Don't want community members to know. Men more hesitant than women. Shame in admitting that we need help. Don't know what response or reaction I will get if I speak out"

Thematic findings from the theme of improvements to be included in the key findings and recommendations chapter. Full details of Socho Sehat, including details of why the workshop format was chosen and group session details can be found in Appendix 4.

5.5 Surveys

To ensure we captured detailed patient feedback, Think Healthy commissioned a bespoke survey into the Trust services. We also converted this survey into an Easy Read format to enable a larger audience of service users to take part. At Healthwatch Derby, we already had some data from mental health service users accessing GP services in another survey which has been included in this report. This GP related data acknowledges the kind of patient experiences mental health service users would have to go through, as well as issues of referral and follow on care. The Trust does not operate its services in a vacuum, and therefore an integrated response stream has been analysed to give an overview of services. Details of each survey, analyses and demographic data can be found in Appendix 7.

Survey	Responses
Think Healthy Survey	116 in total, 31 of these were in the Easy Read format
Specialist GP mental health Survey	40 responses

Think Healthy Survey Observations

Positive
Majority of those who responded (70 %) rated services they accessed as fair to very good.
Majority of those who responded (72%) rated safety and care at the Trust as fair to very good.
Majority of those who responded (70%) rated the Trust's effectiveness of care as fair to very good.
Majority of those who responded (70%) rated the Trust's treatment and care as fair to very good.

Majority of those who responded (65%) rated the Trust's responsiveness of care as fair to very good.
Majority of those who responded (65%) rated the way the Trust communicated as fair to very good.
Majority of those who responded (52%) rated the way Trust kept them involved in decision making as fair to very good.
Majority of those who responded (54%) rated their experience of making a complaint as fair to very good.
Majority of those who responded (64%) rated the information provided by the Trust during the complaints process as fair to very good.
Majority of those who responded (58%) rated the way the Trust kept them updated during the complaints process as fair to very good.
Majority of those who responded (63%) said they would be confident to raise a complaint with the Trust if they needed to.
Negative
In comparison to other sections, the Trust did not score as highly when respondents were asked to rate the way the Trust sought their opinion in planning service changes. 49% rated the Trust's initiatives as fair to very good, 39% poor to very poor, and 12% said they did not know.
In comparison to other sections, the Trust did not score as highly when respondents were asked to rate the timeliness and efficiency of the Trust's complaints process. 48% rated the Trust's processes as fair to very good, 23% poor to very poor, and 29% said they did not know.
Although there were majority of positive responses, comments received as part of the survey showed mixed responses with some negative patient experiences highlighted. These negative experiences centred around the themes of dignity, access, communication, information, inclusivity and service delivery.

In addition to the above, we would also like to discuss the findings of our survey into accessing GP services for individuals with mental health

conditions. This specialist GP survey, although not part of the main consultation still has some bearing on the way services integrate, and the access pathway for mental health services. From the specialist GP survey the observations which relate most to the Trust are highlighted below. A full breakdown of the specialist mental health and GP services survey can be found in Appendix 7.

Negative
Majority of those who responded (54%) felt GPs were not giving them adequate information about local groups or support organisations.
There were several comments received as part of the survey showed mixed responses with some negative patient experiences highlighted. These negative experiences centred around the themes of dignity, access, communication, information, understanding and awareness of mental health conditions.

5.6 Enter & Views

Part of our duties as a local Healthwatch is our statutory right to undertake Enter & View observational assessments. Think Healthy saw two consultations take place at the inpatient facilities of the Trust - at the Radbourne Unit, and at wards 1 & 2 at London Road Community Hospital.

Enter & Views offer a unique lay person's perspective into how health and social care facilities function. Our aim is to present a balanced view of what we have observed with a chance given to the service provider to present their side of the story in an official response.

Appendix 10 has a copy of our full Enter & View reports with the Trust's responses to each, as well as a copy of our Enter & View policy, and surveys used.

Our Observations:

Positive
Radbourne - Good external appearance, and pleasant courtyards. Bright airy and friendly interior environment with a good reception, family room

and other patient facilities such as a patient bank. Good communal area and a range of activities. Patient centred Occupational Therapy facilities. Good display of creative work done by patients. Secure area is bright and airy with good seating provisions. Information clearly and well displayed throughout whole unit. Friendly relaxed atmosphere in ward with attentive staff responses. Wards have got good facilities such as comfort room, patient lounge etc. Food tasted was found to be of a good standard.

Wards 1 & 2 LRCH – Pleasant garden facilities for patients. Wards are bright, airy, calm and patients are able to bring in some personal items. Ward 2 has a good reception presence. Useful information is clearly displayed. Good use of dining room space. Patients can also avail of a quiet space. Inclusive initiatives in place such as facility for staff and patients to eat together.

Negative

Radbourne – Unit not clearly signposted in the Royal Derby Hospital site. Some doors have got handwritten signs rather than printed ones which look out of place. Menu does not advertise lighter options although these are available. Budget restrictions have meant cutting down on popular Occupational Therapy activities. Chairs in some areas need moving or cleaning. Most of the building is light and airy but in contrast, the entrance to wards 35 and 36 is quite dark. Almost half of responses to the staff survey felt that there are not enough nurses and nursing assistant. Being a large area with a wooden floor, sound in (communal area) Jackie's Pantry echoes.

Wards 1 & 2 LRCH – Ward 1 does not have a dedicated reception presence. 3 out of 4 responses to the staff survey for Wards 1 & 2 said that they are asked to do things against their better judgement. Patients and visitors should be made aware that visiting times can be flexible at both wards.

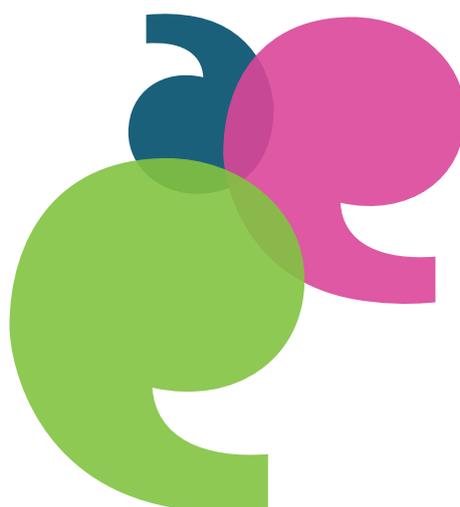


Chapter 5

Key Findings, Recommendations & Response

In the previous chapters and related appendices the report has looked at each consultation method in detail. We now come to the summation of our findings. Before we look at our key findings, a quick overview of the amount of data analysed as part of Think Healthy:

Consultation Method	Feedback
Outreach and engagement	410 items of feedback
Generic Think Healthy Workshops	215 items of feedback (111 attended)
Socho Sehat	145 items of feedback (137 attended)
Think Healthy survey	116 responses (31 of these in Easy Read format)
Enter & View surveys	22 responses, 162 comments
Additional Data - We have also taken into account Healthwatch Derby's accessing GP services, specialist mental health survey which has 40 responses.	
Qualitative data included 12 hour observational shift at the Crisis Team, Day observations at Children's Services. Two Enter & Views were also completed which produced a very rich source of data for the Radbourne Unit, and wards 1 & 2 at London Road Community Hospital	
Total Think Healthy data (excluding additional data): 1070	



We now look at the key findings from each consultation method:

CRISIS TEAM 12 HOUR OBSERVATIONS

Positive
The crisis team works with very difficult situations and vulnerable people. Our observations indicate that the team deals with each patient with empathy, dignity, sensitivity and support at the heart of crisis service provision.
Care and support is undertaken with an aim to include patients and carers as much as possible.
The service was very open and honest about the way it works, and gave full and dedicated collaborative support and access for this exercise to be completed.
The team use good tools and resources to manage their caseload such as the day hospital, inpatient facility etc.
The crisis house is a good interim facility.
Negative
The team operates with handwritten notes, and there is a delay in getting information back to base, to better plan service provision or inform the rest of the team about a patient's progress.
Many negative perceptions and lack of awareness about how people in crisis are supported by the Trust.
Long waiting time for counselling referrals for patients may lead to their condition deteriorating.
Crisis house does not have a lift.
Patients have to return to the place of admission to be discharged if they are on leave.
Lack of provision of specialist units for emotionally unstable borderline personality disorder.

CHILDREN'S SERVICES – DAY OBSERVATIONS

Positive
Health visitors – Health have a good rapport with mothers and babies they are supporting. Good provision of facilities including some that are able to speak a variety of languages, and a separate room available to discuss complex or sensitive issues. Health visitors able to provide advice on a number of issues not just limited to health – education, benefits, welfare etc also covered as much as possible or signposted to appropriate services.

School nurses – School nurses have a good rapport with children they are assessing, and good use of engaging and informative assessment formats. No negative observations for school nurses.
Negative
Health visitors - Maternity discharge, follow up GP pathway issues – not for the Trust as such but better cohesion needed from acute hospital to GPs. Some consultations with health visitors see the mother standing while the health visitor completes assessments and checks. Consultations may take more than ten minutes as mothers have got enquiries and need advice – and it is a long time to remain standing. All notes taken at health visitor clinic are paper based, and not enough workstations at the office base. Health visitors often end up having to see more than just the baby, older siblings are also brought to clinics. No facility or access to view or amend older child's records, and this is labour intensive as new records need to be created for each older child seen.

THINK HEALTHY GENERIC WORKSHOPS

Theme – Access		
Type	Observations	Examples
Positive	Feeling safe within the Trust	A patient mentioned they always feel safe and happy to come to Radbourne.
Positive	Positive patient experiences	Continuation of services - forming long term safe/trusting relationships
Negative	GPs referral criteria seen as an barrier to accessing services	"GPs limited experience of mental health can delay referral"
Negative	Use of out of area beds can be restrictive for carers and family members	"Use of out of area bed can be a barrier to access by carers to their relatives"
Negative	Need for better cohesion between services	"Drug and alcohol workers - inpatients cannot access this - not a seamless service"
Negative	Need for continuity of care	"Having a number of different workers delivering a service - have to build and

		rebuild and start again with each new worker - not a quality of service"
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Theme – Information		
Type	Observations	Examples
Positive	Positive examples of information and feedback	"Feedback is ok, information good"
Negative	Frustration at having to repeat information	"Have to tell everybody, fed up of telling same story all over again"
Negative	Better provision of technology and IT support	"Service users have no option to print. Mobile computer not user friendly, often no internet connection"

Theme – Dignity		
Type	Observations	Examples
Negative	Some feedback processes may not be suitable	"Feedback forms/process alienates hard to reach groups/minorities - no access to services or internet. Golden question - difficult for parents whose first language is not English - missed feedback. Make feedback process easier not just survey questionnaires. Feedback loop too long, difficult to pick apart and dehumanising"
Negative	Negative perceptions of the Trust	"Perceptions of restrictions on services can make people feel not worthy of making a complaint"
Negative	Negative patient experiences shared	"Limited access to privacy (when distressed)"

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Theme – Environment		
Type	Observations	Examples
Positive	Good facilities highlighted	"Radbourne and Hartington are accessible, not locked up everywhere. Radbourne - Facilities and activities good – gym and snooker tables encourages patients to socialise and recover. Day hospital provide lots of different 'themed rooms for service user e.g. reminiscent rooms, art rooms. Radbourne & Hartington - Bright, light, clear, clean,tidy, secure (visitors offered alarms)"
Negative	Negative patient experience shared	"Not feeling safe inpatient services - sometimes so insecure that patients are sleeping on handbags!"

Theme – Improvements		
Type	Observations	Examples
Positive	Acknowledgement of Trust's positive care	"The Trust also does a large amount of extremely good and positive work - this should not be forgotten. Once service is in place, there is evidence of good practise"
Negative	Continuity of care and service cohesion	"There is poor transition across pathways - there are databases that do not talk to each other - the whole

		system needs to speak to each other"
Negative	GPs highlighted as an area which lets mental health service users down	"GPs need specialist resources such as a mental health nurse. GP waiting times for appointment for mental health patients, and specialist mental health expertise needed"
Negative	Travel provision hinders and affects patient experience	"A bus stop is needed nearer to Radbourne as many patients and carers have got mobility issues and it becomes too much for them"

SOCHO SEHAT

Theme – Access		
Type	Observations	Examples
Positive	A good understanding of routes of accessing services demonstrated	Various examples given of where people can ask for help such as GPs, health visitors, friends and family, community members etc.
Negative	GPs do not have specialised mental health knowledge	"GPs treat mental health like any other health condition and I am only allowed to discuss one condition at a time"
Negative	Language barriers	"GP or CMHT there is a language problem"
Negative	Lack of culturally appropriate services	"We do not have language appropriate service interpreter and translated information or a helpline. No support groups and homecare which is culturally specific"
Negative	Lack of community specific publicity for services	"No promotion at local organisations, we need more awareness to filter through"

		community centres"
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Theme – Barriers		
Type	Observations	Examples
Negative	Focused primarily on cultural issues within the community rather than Trust related negatives.	"Refusal, stigmatisation, discrimination, mockery, lack of trust or confidentiality, gossiping. Don't want community members to know. Men more hesitant than women. Shame in admitting that we need help. Don't know what response or reaction I will get if I speak out"

ENTER & VIEWS

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areas need moving or cleaning. Most of the building is light and airy but in contrast, the entrance to wards 35 and 36 is quite dark. Almost half of responses to the staff survey felt that there are not enough nurses and nursing assistants. Being a large area with a wooden floor, sound in (communal area) Jackie's Pantry echoes.

Wards 1 & 2 LRCH – Ward 1 does not have a dedicated reception presence. 3 out of 4 responses to the staff survey for Wards 1 & 2 said that they are asked to do things against their better judgement. Patients and visitors should be made aware that visiting times can be flexible at both wards.

THINK HEALTHY SURVEY

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with the Trust if they needed to.

Negative

In comparison to other sections, the Trust did not score as highly when respondents were asked to rate the way the Trust sought their opinion in planning service changes. 49% rated the Trust's initiatives as fair to very good, 39% poor to very poor, and 12% said they did not know.

In comparison to other sections, the Trust did not score as highly when respondents were asked to rate the timeliness and efficiency of the Trust's complaints process. 48% rated the Trust's processes as fair to very good, 23% poor to very poor, and 29% said they did not know.

Although there were majority of positive responses, comments received as part of the survey showed mixed responses with some negative patient experiences highlighted. These negative experiences centred around the themes of dignity, access, communication, information, inclusivity and service delivery.

GP MENTAL HEALTH SURVEY – OBSERVATIONS RELEVANT TO THINK HEALTHY

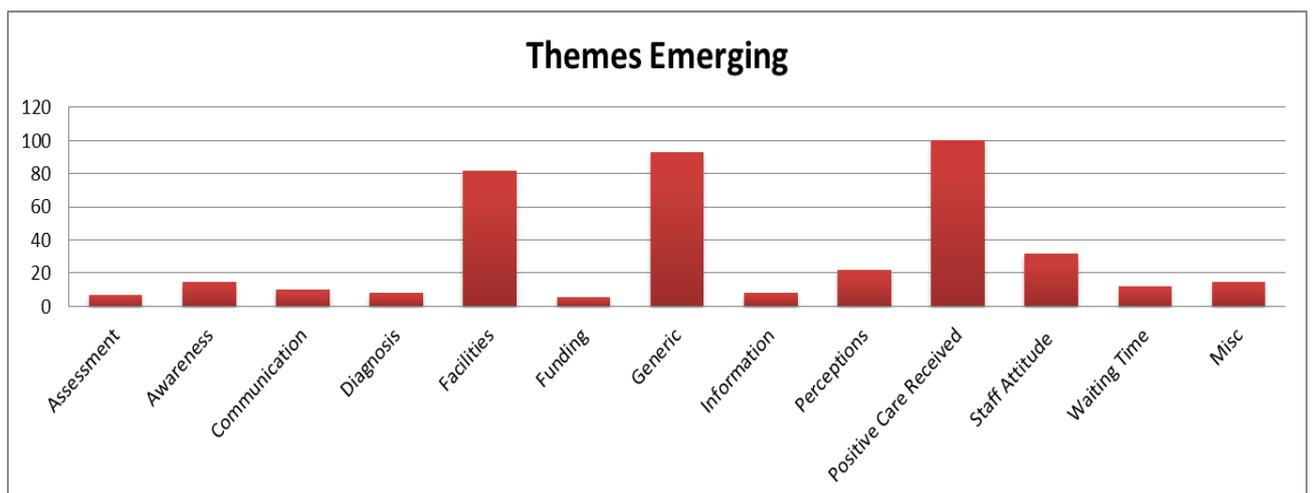
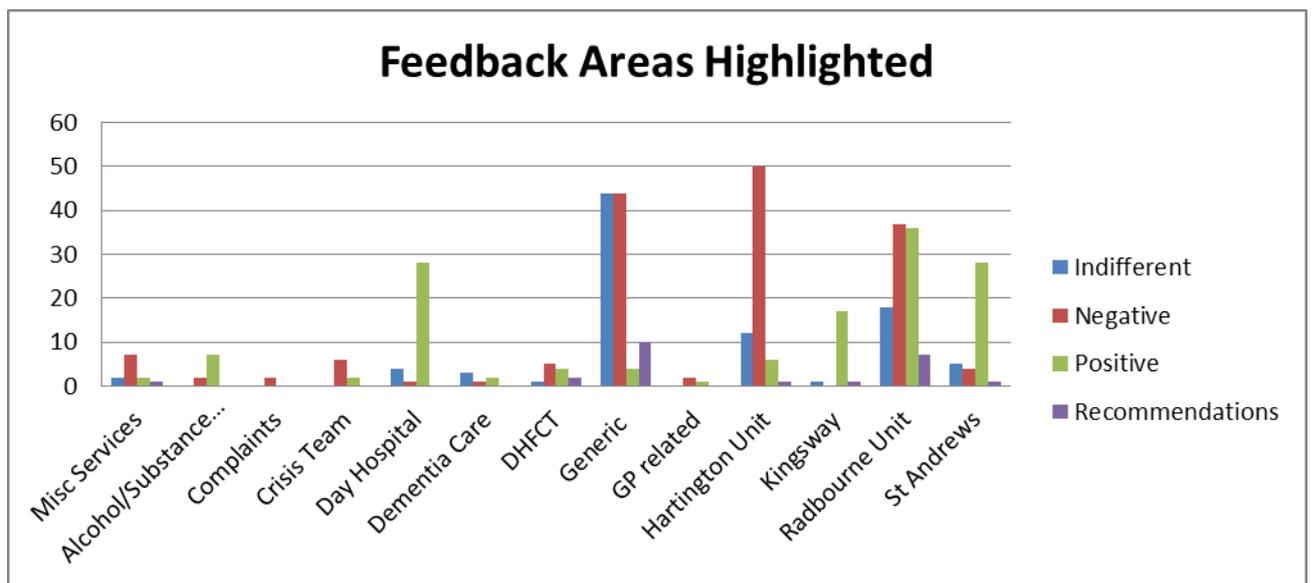
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OUTREACH FEEDBACK

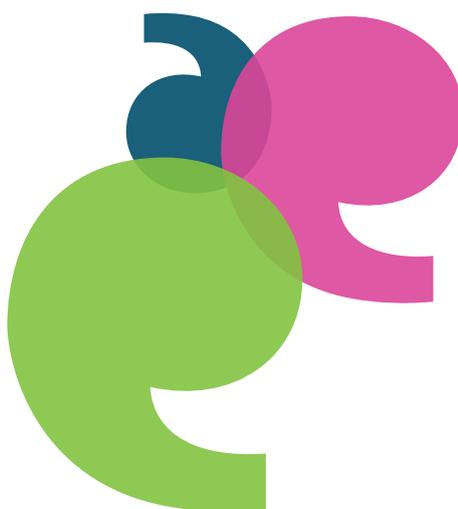


Themes emerging	A sample of positive and negative feedback for each theme
Facility related feedback – facilities includes building	"If I had one complaint it would be about lack of facilities in the patient's bedroom, my son is a bit reserved and doesn't

<p>and ward structures, internal and external, as well as provisions within the facilities such as food and activities etc</p> <p>(80)</p>	<p>know anyone yet, and so far has spent a lot of time in his bedroom, there is no tv or radio in there and so it's a bit isolating" (Radbourne)</p> <p>"I suffer with a health condition and the beds in here are not comfortable" (Radbourne)</p> <p>"There is no alarm or buzzer system here which means I have to wait a while for someone to come" (Radbourne)</p> <p>"The food is quite stodgy here. I find the portion size is too big" (Radbourne)</p>
<p>Positive Care Received – Positive patient care experiences shared</p> <p>(100)</p>	<p>"I really like being here and being able to feel normal. I can speak to people and not be judged and I know that the staff mean well for me" (Radbourne)</p> <p>"I got extensive help and support to manage my condition. I was given counselling support that helped turn my life around. I was able to do outreach activities like the MHAG coffee afternoons which have helped tremendously. My self esteem improved and I felt better in myself again" (Day Hospital)</p> <p>"I am a carer for my husband who has Parkinsons and Dementia. I find all the specialist teams are very good" (Specialist teams)</p> <p>"The Physiotherapy team are very good" (Physiotherapy)</p> <p>"I am an inpatient at Kingsway. I live in the supported lodgings. I have never felt so happy in my life since living here. Treatment is good and care is good. Staff are very professional" (Kingsway)</p> <p>"When I went to visit a family friend the receptionists were lovely with me" (Kingsway)</p> <p>"It is a halfway house on Burton Rd - it is an excellent place" (Crisis House)</p>

<p>Assessment – relates to assessments undertaken before services are allocated</p> <p>(7)</p>	<p>"Many patients in crisis are not given any help and are sign posted to their families for help. They are assessed on risk, rather than the patient's own comfort" (Crisis Team)</p> <p>"The system in Derby is totally alien, rather than us getting the help we need we have to chase and fight for it" (Crisis Team)</p>
<p>Awareness – awareness of mental health and the support needed</p> <p>(15)</p>	<p>"When mental health patients are placed in social housing/council properties it is important for the landlord to understand mental health issues so they can best serve their tenant" (Generic)</p>
<p>Communication – feedback related to how the Trust communicates and stays in touch</p> <p>(10)</p>	<p>"When you get a new key worker they don't really know you or where you are coming from. They have my notes but it's like we have to go over the whole process again" (St Andrews)</p>
<p>Funding – feedback relating to commissioning of services, and service cuts</p> <p>(6)</p>	<p>"Funding considerations mean that service users are consulted but commissioners and service providers already have a pre set agenda on what they wish to do" (Generic)</p>
<p>Perceptions – feedback which shows how services and actions come across</p> <p>(20)</p>	<p>"I am regularly searched for drugs and alcohol even though I don't have any and when tested I'm always negative" (Hartington Unit)</p> <p>"People with mental health can be moved into what is known as a problem area and then unfortunately they can become the problem in the local area" (Generic)</p>
<p>Misc – various services</p> <p>(15)</p>	<p>"I regularly have to wait 1-2 hours for my meds and am left in pain whilst I wait" (Misc – Hartington Unit, Pharmacy)</p> <p>"I have been here for 8 weeks and find the nursing staff are very caring" (Misc – Radbourne, Nursing)</p> <p>"Cross border issues affecting service provision adversely - travel to services prohibitive" (Misc – Travel related)</p>

<p>Staff Attitude - observations about staff come across</p> <p>(32)</p>	<p>"The staff never seem to listen, it's always up to someone else they say" (Hartington Unit)</p> <p>"Staff seemed to know the patients history very well which was good" (Kingsway)</p> <p>"I just wish the nurses had more just time to talk to us" (Radbourne)</p> <p>"The staff were very caring and gentle, I was very impressed with the way patients were treated" (Kingsway)</p>
<p>Waiting Time – observations about how long patients have had to wait for services</p> <p>(12)</p>	<p>"I had to wait 16 months to see a psychiatrist, I waited so long that in the end I had to pay to go private, when NHS found out that I had gone private, they cancelled my place on the waiting list and put me right back to the beginning" (generic)</p>
<p>Information – availability and access of information</p> <p>(8)</p>	<p>"Their services are really easy to find online" (St Andrews)</p>
<p>Diagnosis</p> <p>(8)</p>	<p>"Patient feedback summarised to protect identity – carer feels patient was discharged too early and misdiagnosed. Taken to another Trust in new area who correctly diagnosed and treated patient" (Radbourne)</p>



Recommendations

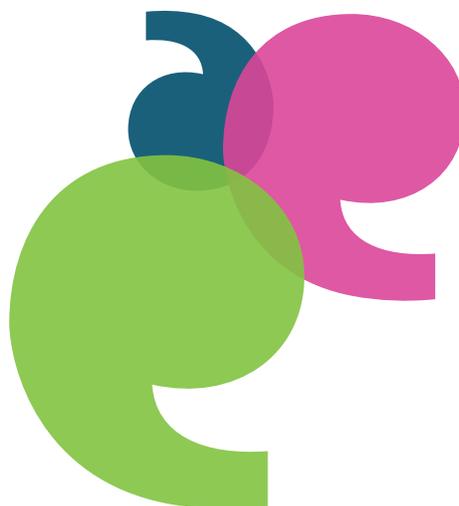
1. Service users, carers, patient groups, staff, and the general public have spoken to us in very large numbers – and overall the experiences highlighted have been positive. It should be recognised that the Trust has a commitment to improving standards and aims to provide a good quality of care. It should also be recognised that many people have had the opportunity to speak candidly and confidentially about their experiences, and advised Healthwatch Derby that they enjoyed this format of dialogue. The Trust should invest in future independent service consultations.
2. The consultation has provided **1070** items of feedback, many of these are in the shape of patient and carer led recommendations for individual services. The Trust should work in partnership with Healthwatch Derby and evaluate each recommendation submitted with an aim of adopting as many as practically achievable. The commitment to improve services should be an ongoing process rather than a one off consultation outcome.
3. The Trust takes pride in providing good service environments within its premises. This report has highlighted some 'quick fix' requirements and improvements to existing fixtures and fittings. The Trust should work with Healthwatch Derby to review these improvements with an aim to enhance existing facilities.
4. Some facilities may need more long term planning. Our consultation has highlighted that the 'Crisis House' facility is not available for those with mobility issues. The Trust should investigate and invest in more access friendly services.
5. The Trust serves a large number of the population, many of which fall under specialist community groups. Our consultation has highlighted some specific needs for one community group. The Trust should continue to engage with, and cater for as many diverse specialist service user groups as possible. It is also commendable that the Trust has an open and honest engagement platform in its 4Es network.
6. Feedback in large numbers has highlighted many positive patient experiences with some exceptional good work reported. Some areas which need further improvement include additional training for effective and timely communication, empathy based training, and overall awareness of how it feels to be a patient or a carer.

7. The consultation has looked at some services at greater depth and found them to be of a very good standard overall. Enhancements in the way the Trust keeps and accesses records, and overall use of practical technological support (hardware, software) would help improve timeliness of services and support staff.

8. The Trust and its performance is the sum total of every staff member's input and hard work. The consultation has shown that the Trust employs a good standard of experienced and compassionate staff. In some areas staff have highlighted they do not always feel included in decision making – and this is something the Trust should review as an internal strategy.

9. Patient, carer, service user voices make for an effective two way dialogue about service improvements. This report has highlighted some practical recommendations to enhance inclusion and participation. The Trust should work in partnership with Healthwatch Derby as well as support organisations to look at inclusion initiatives and to build upon and strengthen the commitment to include as many voices as is practically achievable.

10. As a local Healthwatch we are aware that no health service runs in a vacuum on its own – its success depends on an integrated approach to patient care. This report has highlighted some gaps where patients are falling through the net, especially in the area of GP referrals. There are also concerns about lack of adequate funding for mental health services within the city. Our last recommendation is for both Trust and Commissioners to work together to address gaps in services, and inequalities in provision. We are already aware of some work being done in this area, see Appendix 9. Parity of esteem should be at the heart of patient care – the Trust should build upon existing relations with external organisations and also look at addressing the problem areas highlighted through the consultation.



Response

28 January 2015

Strictly Private and Confidential

For the Attention of Mr Steve Studham
Chair
Healthwatch Derby
The Council House
Corporate Street
Derby
DE1 2FS

For the Attention of Ms Samragi Madden Quality Assurance and Compliance Officer
Healthwatch Derby
The Council House Corporate Street Derby
DE1 2FS

Dear Steve, Dear Samragi

On behalf of our organisation, Derbyshire Healthcare NHS Foundation Trust, I would like to formally write to thank Healthwatch Derby City for their formal report. We have no formal data inaccuracies or concerns to share on any aspect of the detail in the report. We would also like to thank your team for the significant amount of time spent in our services and working in partnership with the Trust.

We firmly believe that the patient experience is the patient experience and every single piece of information shared is an opportunity to listen, to reflect on our services, and understand how they are received and experienced. There are some elements in the report that indicate there are gaps in the knowledge and/or expertise of our staff. This is an opportunity for our organisation to discuss the reality of our service specifications and improve the knowledge of our staff.

If we do not ask questions listen and reflect on our services in an open and transparent way and we are not able or listen to both concerns, then our leadership team is missing an opportunity to learn. Schon (1973) in 'Beyond the Stable State: Public and Private Learning in a Changing Society' said; "We must, in other words, become adept at learning. We must become able not only to transform our institutions, in response to changing situations and requirements; we must invent

and develop institutions which are ‘learning systems’, that is to say, systems capable of bringing about their own continuing transformation.”

Thank you for the opportunity to hold a mirror to the Trust and enable members of our staff and our communities to have their voices heard and tell us about their experiences of the portfolio of services that we provide.

We fully accept all aspects of the report, with no alterations or amendments. We were very heartened to hear that over 75% of those using our service had a good or very good experience. To hear that some report to have an excellent experience was exceptionally good news. We also have the opportunity to celebrate that fact and turn to the remaining group and reflect on what we have missed and listen to their individual experiences too.

The key findings of the ‘Crisis 12 hour observational shift’ were mainly positive. The key areas we are working on are the roll-out of electronic patient records. This has a project stream of a mobile working solution, so that staff can undertake two new ways of working; this includes offline clinical record keeping and mobile working solutions to access a reduced electronic patient record data set and to allow mobile updating of clinical records in an individual’s home and whilst on the road.

We received some feedback that there is a lack of awareness of how some people who are in crisis are supported by the Trust. We will continue to develop this work and describe our care offers. The report states that concerns were expressed that individuals experienced a long waiting time for counselling services. Access to effective psychological therapies is a national issue for mental health services. In the Trust we have taken a fully open and transparent approach to waiting list management. Our waiting lists are shared in full with Commissioners and we also have revised our waiting list policy in 2015 and brought in a number of new clinical standards which includes the key concept of waiting well.

In January 2015 our Trust Board papers and performance report include a detailed analysis of waiting lists in adult care settings; we will also be sharing our children’s services waiting information in early 2015. The Crisis report specifically details the use of a community crisis facility in which part of the service does not have access to a lift. This is a fully accurate reflection of part of this community crisis offer and we will endeavor to encourage the installation of a facility to promote full access or offer alternative workarounds so that all individuals can make full use of a partial supported community crisis support in a non-hospital based setting.

The Think Healthy workshops were a really beneficial set of workshops, which were well attended and rich in their make-up, as well as being rich in the detailed feedback. This is the area we are going to commence detailed work on feedback and analysis through our re-framed Trust-wide Patient Experience Group. One family, who presented their experience at one of the workshop events of accessing an appropriate Autism assessment service, has had her family members care package reviewed and has been assessed. The family story was a challenging one, but it is rising to meet those challenges and why we are here. This family member also attended our Trust Board to tell her family story and has a scheduled meeting with Commissioners to also tell her story, as the individual does not wish any other family to wait for a specialised assessment any longer than anyone with a non-psychological condition.

One other key aspect of the workshop was feedback on access to drug and alcohol workers as an in-patient. We are very pleased to report that since the Think Healthy workshops, the Trust has submitted a tender and we do hope to provide alcohol services in Derby City. We hope that the service will quickly be fully operational if successful. In the meantime, we have scheduled some alcohol awareness training dates in January, February and March 2015 for Derbyshire Alcohol Advice Service (DAAS), providing free training in alcohol awareness and brief interventions.

These sessions cover:-

- Facts about alcohol; myths, units and safe limits.
- Short and long-term information about the physical effects of alcohol.
- Definitions; such as binge drinking, high risk drink and dependency.
- Brief interventions such as the cycle of change, drink diaries, decisional balance sheets and working towards change.
- Services available and how to refer.

We have also considered that it is not just alcohol which can sometimes be a challenging condition, although the Think Healthy survey in the workshops did not expressly identify eating and food as an issue. Some comments about food and well-being and previous feedback of access to our eating disorders feedback have featured in both patient experience and Healthwatch feedback. The Trust's eating disorders service will be hosting a one-day training event on Friday 20 March, from 9.30am – 5.00pm at the Hartington Unit, Chesterfield Royal Hospital to teach colleagues about eating disorders. The event will teach participants more about eating disorders, knowledge about diet and nutrition in relation to eating disorders and enable colleagues to feel more confident in dealing with the complexities of working with people with an eating disorder. We have undertaken

both of these elements of staff development so that we can quickly improve and refresh the operational and clinical expertise of our staff in this area.

Socho Sehat/ Think Healthy in Urdu/ Punjabi was a phenomenal success and we were very pleased that so many members of a key group of our local community attended to tell Healthwatch and the services what they think and what is experienced. The ability to use multilingual volunteers gave our event that special edge and we heard that language barriers, adjusted services to be culturally informed/ appropriate, outreach and in-reach to signpost and access for all health providers continues to be an area of continued work. Our work in cultural adaptation is an area we need to continue to build upon, we have culturally adjusted services in the children's services and substance misuse clinics and we need to continue to build upon those areas of strengths.

As an organisation we have been open and transparent about the challenges that as a community and an organisation we face with regard to parity of esteem. As a Board, we sometimes become frustrated that we are not being heard in our challenge that Derbyshire and the East Midlands have one of the lowest populations spend on mental health services in the country. Thank you for acknowledging it and confirming in Appendix 5 of your report for 2014/2015, is the lowest expenditure and by a significant level. Delays in access to assessment and treatment for services was evident in the feedback and an area of challenge and negotiation to re-balance this finding from the Healthwatch findings. We would ask our commissioners of service to re-consider this decision to place a lower priority of proportional spend to mental health services and specifically child and adolescent mental health and key specialist services.

We were delighted to see the children's service day observations of our School Nurses and Health Visitors and to receive such positive experience of the service was excellent. We are incredibly proud of our children's services and particularly our School Nurses, who so often feel out fashioned with so much review of the expansion programme of Health Visitors. The Health Visitor service has had investment and expansion and that has been an incredible achievement, but it was a joy to see a service which has not had such expansion shine so strongly in your report. We still have work to do and we will be introducing advanced technological solutions to some of the bureaucratic process in our move towards being a paper light service in children's setting as well as other elements of our care provision. As part of our Section 11 audit under our duties under the Children's Act, we regularly review our care environment to be safe, sound and family friendly. We did very well this year, but we can never be complacent and so from the feedback we will look at our clinics and see if we have any service improvements to make in order to create a seated and standing environment for family clinics.

The Think Healthy Survey and analysis gave real detail into the service experience we have to focus upon. This will include how we involve individuals in decision-making and how, as an organisation, we ask for individual opinions in how we plan changes in services. Since the Think Healthy review, we have appointed a new Director to the Board, with a lead portfolio for transformational change. Jayne Storey will be leading the team on this area of service improvement that we need to change.

We have set up a new work group as part of our transformational change, which is the service receiver and carer involvement group, to really spearhead the involvement of this significant workstream. The Trust has a staff engagement and involvement group which will continue to involve individuals in re-design, ideas generation and mechanisms for engaging all areas of the workforce. This will also include full transparency on what decisions we can all be involved with and what decisions are in part outside of our organisational control through a national or commissioning directive. This area of work in some ways will never be completed, and will be a continued cycle of listening, discussion and realignment of our organisational strategy. All levels of the Trust and not just the most senior layers will need to model this way of working for the whole workforce.

The outreach feedback was a really interesting collection of data. There were indicators that we still have more to do in clinical decision making in partnership and collaboration and also in our clinical time management and how we plan our nursing interventions and support to maximise one-to-one time. We have started to make inroads in some of these key areas through our introduction of Safewards and we will be expanding some of our pilots of Purposeful In-patient Admission Process (PIPA) to really demonstrably change some of our clinical practices. The Hartington Unit has been highlighted in the Healthwatch survey as having the highest number of negative feedback experiences. A focus on adopting new ways of working such as Safewards and a full roll-out of a refined 72 hour admission process will be key to the Hartington Unit's improved performance around the patient experience. We are very aware that uni-professional decision making and a more unstructured approach to clinical management can sometimes lead to reduced levels of positive patient experience and this will be a focus of the direct care teams in the Hartington Unit in 2015.

The enter and view portion of our services has given insight into the physical environment; the welcome that we extend through the fabric of our building, through the reception and warmth our staff convey as individuals enter our services. We were pleased to receive the predominantly positive feedback on the health care environments that we offer. We feel that this is also confirmed and evidenced through our positive PLACE visits and we will continue to work on solutions for some of the areas we can still improve at the Radbourne Unit and London Road services with regard to visiting times. We have already outlined earlier in our correspondence

some of the work we are undertaking on improving staff involvement in decision making and we will continue to progress this work based upon this areas specific finding.

This is not the end of the consultation, but the beginning. We have over 1000 opportunities to learn from what we are getting right and the areas we still need to concentrate on. It is in that listening, solution focused manner that we will move into the next stage of this period of listening. We will move from listening into “you said, we did.” We will be reviewing our Trust Patient Experience Committee and adjusting the Terms of Reference. The meeting will be changing to be externally facing for the first part of the meeting and the second half of the meeting will be working through the database of all aspects of patient experience feedback, to design a response, listen and feedback in the you said, we did model. We are realistic. We may not be able to change all aspects. We may have to be clear on what we can and cannot do, but we will systematically work through all aspects of the feedback.

We intend to take all of the feedback very seriously and we have developed an Excel monitoring sheet for the major key areas, as well as a shared export of the specific Derbyshire Healthcare NHS Foundation Trust database, with all of the feedback being reviewed by Trust and Healthwatch representative in partnership. This will be managed by a revised and adjusted Terms of Reference of the Trust’s Patient Experience Committee. We will listen to, consider and respond to this, ensuring every piece of evidence recorded is considered. We will ensure that we commit to working in partnership with Healthwatch - to report back from the revised Patient Experience Committee, so that we can respond and can cluster key themes respond with group feedback back to the community.

We thank you for the inclusive approach to our report and including the very detailed information about the experience of those in our community accessing care for psychological needs and well- being through their primary care and General Practitioner care offer. We note that the experience is mixed and that further work needs to be done on the key findings of your work. We do feel that mental health awareness and service signposting as well as community linking with primary care services is a key connection to safe and effective service access. Our organisations will explore this specific finding.

We would ask Healthwatch and its community to join our work to challenge stigma and misunderstanding of mental health as part of the ‘Time to Talk’ campaign. We will also be holding another Mental Health Awareness Match Day in partnership with Chesterfield Football Club and our community partners. The event will take place at the Chesterfield FC vs Leyton Orient FC match (Saturday 14 February 2015) and the theme will follow the ‘Time to Talk’ campaign. We are currently looking to recruit

volunteers for the day (who will of course receive a free ticket to watch the match). Volunteers can be anyone who has experience of mental health issues, people that are passionate about reducing stigma and discrimination around mental health and are also willing to talk to members of the public about mental health. If this sounds like something you might be interested in taking part in or you know someone who might, please email rachelbooth@chesterfield-fc.co.uk for further information.

As an organisation, we are very mindful that Healthwatch Derbyshire, being a new organisation, is developing its systems and processes to be the watchdog for provider organisations. The keenness and detailed review and analysis shown by the managers to undertake the full Think Healthy report is indeed commendable. Throughout our review, we have both learnt the new watchdog process and developed the knowledge of our staff in the monitoring responsibilities of Healthwatch.

The information collection and formal period may have been completed. However, we are forward looking and we have three key areas that we want to collaborate on which are key quality priorities:-

1. The experience of restrictive practices - The Trust has received some anecdotal, formal and informal feedback, not found in the Healthwatch Derby findings that some service receivers have been on the receiving end of restrictive practices through the use of restraint, chemical restraint and the inappropriate use of seclusion. This has not been a finding in the Healthwatch report. We have formally requested that Healthwatch Derby support the Trust in active listening for this or to establish whether this is a historical artefact of a legacy of restrictive practices or whether this is still present in the services of 2015. We will be installing Healthwatch monitored feedback forms in key in-patient services to enable monitoring of the experience of our services.

2. The experience of those detained under the Mental Health Act - The Trust through its Mental Health Act Committee has been struggling to find ways to really concentrate and receive forthcoming feedback from those individuals who have been detained under the Mental Health Act. As an organisation, to be able to listen to individuals who have had their liberty restricted is key. We need to ask - did the staff keep you safe, and did you understand the process? We acknowledge that it is very difficult to have your liberty restricted and admitted to hospital, and we need to know if people feel our staff treated them well at this difficult time. This is a critical area to explore, with tenderness, with respect and with compassion. This however can only ever be asked independently and without fear of further detention and that the individual feels confident to feedback. We will be designing a template and free feedback form to enable real feedback from individuals.

3. The voice of the child, adult and the voice of the community on the Trust-wide Board level Safeguarding Board - Our organisation takes its responsibilities to safeguard individual children, adults and families in our care very seriously. In 2015, we have proposed a new Board level safeguarding committee to listen and ask questions on our services, to lead on ensuring our organisational systems and community leadership responsibilities are discharged fully. We would ask Healthwatch to consider a representative to champion this role

Our services in Derby City, as with other services, are under pressure. Children Services, Mental Health, Substance Misuse and Learning Disabilities are all very busy service settings and they are operating at full capacity. We do have more individuals coming through entry routes and into the service front door and we have both a national significant need and an expanding child and youth population in our community. We have to rise to the challenge with the commissioners to meet that demand, but to be operating in that context and receive over 70% of positive feedback is an achievement to be proud of. The feedback for areas where we do need to improve, gives us the opportunity to make changes and do the very best we can within the financial service envelopes that we have to offer.

We would like to take the opportunity to thank Healthwatch Derby for the time and commitment to our organisation, to give us the opportunity to listen to the feedback from members of our community and our staff on the experience of receiving or working in our services.

We firmly believe as an organisation that this is the only way we can aspire and continue to grow towards becoming an organisation of real substance, working proactively with individuals, families on the real patient experience. In order to do this, we must listen to those who use our services, reflect upon their experiences, thereby placing those ideas and thoughts forward into our sustained quality improvements of our Trust strategy.

Thank you once again for your time and commitment. Yours sincerely

Carolyn Green

Executive Director of Nursing and Patient Experience

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Contact Us!



If you would like to share your experience accessing health and social care services in Derby, we would like to hear from you, contact us via:

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Visit our website: www.healthwatchderby.co.uk

Visit our blog: <https://www.facebook.com/Healthwatchderby>

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