

Nottinghamshire Healthcare NHS Foundation Trust: Patient Involvement

Briefing for the Nottingham City Health and Adult Social Care Scrutiny Committee

20 March 2025

1. Introduction

1.1 This briefing provides an overview of how Nottinghamshire Healthcare Foundation Trust has a range of engagement approaches with patients, their carers, and families to ensure we are listening to their experiences, and how we involve people in shaping and developing our services and care pathways across all the Trust's services and activities to drive quality and safety. The paper has been split into three sections

- **Section One** – Background to our approach
- **Section Two** - Methodologies deployed to listen and involve patients, service users, their families and carers and highlights several examples of recent and ongoing activity that demonstrate changes we have made because of patient and family involvement
- **Section Three** - As a learning organisation, where we are investing and changing our approaches to what we do through employing peer support workers, evolving our complaints handling and developing a compelling volunteering offer and priorities for the future
- **Section Four** - Highlighting our ambition to accelerate more activity to enable and nudge our organisational culture of participation, co production and inclusion.

2. Background

2.1 Within the last 6 months the Trust has updated its Involvement and Experience policy to ensure it reflects national best practice guidance and sets out the approach for the re-development of our Participation & Engagement Strategy for December 2025 and for piloting paid Involvement opportunities from March 2025 onwards. As part of this development, we reached out to other Trusts to review their approaches and have taken opportunities to get involved in national and regional initiatives to build our internal confidence and competency. This includes, as holders of the Triangle of Care accreditation, liaison with the Carers Trust and other NHS mental Health Trusts on best practice for the involvement of carers and families in our work.

2.2 The Involvement, Experience and Volunteering work is led by a team within Nursing, AHP's & Quality Team, reporting to the Chief Nurse. The team's main function is to run several feedback mechanisms and to support all the Trust's workforce to listen and respond to feedback and to deliver meaningful involvement activities through supporting patients and family's participation. The team have a resource bank of over 400 regular Volunteers and Involvement Partners, with lived experience, who support a wide range of activities across the Trust.

- 2.3 Externally to the Trust the team works collaboratively across the health system in Nottinghamshire engaging in activities with Place Based Partnerships and ICB on involvement and co-production activity. The team worked with Notts County Council on the co-production, with carers and families, on the Joint Carers Strategy [Joint Carers Strategy 2023-28 | Nottinghamshire County Council](#) and connects into a range of carer support groups across the county.
- 2.4 Additionally, to hear from racialised and marginalised communities the team is working directly with the City-based Race Health Inequalities group and is specifically supporting the commissioning of work on young black men's experience of mental health services to inform the development of the Trust Psychosis Care pathway.
- 2.5 The team chairs of the Tackling Loneliness Collaborative bring together people and communities impacted by loneliness across the Nottinghamshire County and the team is working closely with Healthwatch to support the development of several initiatives to build a more inclusive and transparent involvement and engagement process in a range of initiatives connected to the Trust improvement approaches & pathways.
- 2.6 For Notts Healthcare patient, carer & family involvement is an integral part of the business & service planning activity across the Trust. This is demonstrated by the establishment of a dedicated programme in our Integrated Improvement Plan to promote patient voices as well as advise other projects on how to engage and involve patients, carers and their families. Included within this are the Rapid Improvement Boards, driving forwards changes and improvements, with an emerging range of patient and carer focus groups, co-development and co-production approaches being deployed to transform what we do based on what's important to patients and families.
- 2.7 Within the Trusts Quality Oversight structures, data and insight are scrutinised from Care Unit/ Care Group level up to Board level on patient and carer experience and involvement with patient stories presented regularly at Trust Board meetings, ensuring senior leaders have a clear line of sight of positive and negative feedback and actions taken.

3. Methods to listen and to involve

3.1 Patient and Carer Experience Surveys

The Trust has a standard survey where patients and carers can rate the services they use and add comments about their experience. The survey is available in a hardcopy format, electronically online or via SMS text. It is available in easy read, with versions for young people and for carers/families.

The survey is undertaken at specific transition points within peoples care or in some of our forensic settings on a biannual basis and we have over 20 volunteers trained to collect survey responses face to face and via telephone contact.

We read all the feedback we receive. We share the positives with colleagues, so that they know how important their work is, and we use the negatives to learn and to make services better.

All the surveys can be viewed on our website and are searchable via services down to ward level [Survey summary](#). This provides valuable insight for specific services and teams to consider how they deliver improvements to quality and patient experience.

Between August 2024 and January 2025, we received 2,619 responses:

- 762 highlighted “What could be do better”
- 1,407 highlighted “What did we do well”

During this time the Friends and Family Test Score was 88% and this is the proportion of patients who are extremely likely or likely to recommend a service. The service quality rating was 90%, see **Appendix one**:

- The most common comment category within “What could we do better?” was ‘Provision of Services’, with the second most common comment category being ‘Communication’.
- The most common comment category within “What did we do well?” was ‘Attitude of Staff’, with the second most common comment category being ‘Staff – General’

3.2 Care Opinion

The Trust subscribes to Care Opinion, an independent NHS feedback website where patients and families can share their story of their care with the Trust via an online form or a hardcopy version. The Trust has gained the most reviews on this website than any other Mental Health Trust in the country and have a transparent process for raising concerns at Board level.

The Trust has enabled patients at Rampton high secure hospital via their patient’s online portal, Made Purple, with the capability to post their stories and experience. No other High Secure hospital in the country has provided this facility to give their patients access to Care Opinion in this way.

All feedback posted has a staff members response detailing what they will do with the feedback received. All Trust stories can be viewed here [Your stories | Care Opinion](#)

For the period August 24 – Feb 2025 we had 393 stories posted, with 377 staff responses made and 8 stories leading to changes being made. The stories were viewed 29,930 times on the Care Opinion website:

- 83% were not critical stories (325 stories), with 17% rated between minimally - moderately critical (65 stories) and 1% (3 stories) being strongly critical.
- What was good – Staff, helpful & support

- What could be improved – Communications, medication and Staff attitudes
- **See Appendix 2** and online [The constant change of staff was difficult | Care Opinion](#) for an example of a recent patient sharing their experiences and staff responses

3.3 Changes made because of feedback from surveys

“You said we did” boards on inpatient wards and buildings where services operate highlighting feedback received from surveys and what happened / changed because of the feedback which staff and patients keep up to date with local actions.

Some examples:

Highbury Hospital –
Activity timetables are now shared weekly rather than monthly as patients found the monthly timetable difficult to read as they contained too much information.
'Highbury Hacks' document is being created for patients to share their top tips about life on the ward with future patients, particularly those being on an inpatient ward for the first time, following patient feedback about their experience of being on the ward for the first time
Patients on female wards requested more female staff on night shifts both in patients feedback and through community meetings, the nighttime rota has been changed to prioritise female staff who are known to patients to be on shift overnight.
Patients asked for more varied food options to be available, as a response Highbury has a new set of menus, with increased choices and special dietary options available. The hospital also has a food group that is attended by staff and patients, that work with the catering supplier to address any issues.

3.4 Patient and Carer Forums

Across all Trust settings and sites, especially in our inpatient settings, there are ward community patient forums, where staff and patients get together to discuss what’s happening within the service or on the ward and what improvements or thanks need to be made. These forums feed into the Quality Oversight monitoring process and representatives attend wider forum meetings such as hospital wide forums or Care Group wide meetings.

Within Forensic Care Group Patient representatives meet every month to share key issues from their Care Units and to work on topics such as the new Patient Safety Response framework and share their ideas with the Chief Executive on what should be included within the Integrated Improvement Plan.

Patients make changes happen through the forums, for example:

Highbury Hospital
<p>Patient raised their frustration that they couldn't have a phone charger, this was a blanket restriction on all the wards for patient safety. Following discussions with patients, clinicians and nursing staff, wards have purchased short cable phone chargers and patients have individual risk assessments for the use of these, removing this blanket restriction</p>
<p>Discussions in patient's forum and from survey feedback at Highbury Hospital on observations that staff need to undertake, led to patients asking if redlight torches could be used at nighttime, as there is evidence that this disturbs sleep less. These are now being trailed as part of a Quality Improvement project</p>
<p>Forensic Services: patients raised their concerns about a decision made to not buy newspapers as a cost saving initiative, but their views and experiences were listened too, and the decision was reversed.</p>

The Forums are additionally utilised to involve patients in setting up and supporting ward-based Quality Improvement projects with recent approaches on changes to Therapeutic Observations and developing ward-based information packs.

3.5 Patient/carer stories at Trust Board

At every Trust Board meeting a patient or carer story about their experience of our services is shared, in person. At the January Board of Directors meeting a carer shared her experience when her mother received care from the Planned and Proactive Care Community Nursing team in North Nottinghamshire. Following a stay in hospital and being discharged with a pressure ulcer concerns were raised by the carer and family on the care received, including a delay in receiving the appropriate mattress to support the patient's condition, which resulted in a readmission to hospital. The main points the carer highlighted to the Board were:

- Staff need to communicate clearly in a kind, empathetic manner
- Staff need to listen to families and carers
- Staff need to use the feedback from the patient safety review to take forward learning for the future and this should be cascaded and embedded across all relevant services.

Further detail on patient stories, themes/issues raised, and actions taken can be found in a copy of the most recent board summary at **Appendix 3**.

3.6 Regular involvement & Focus Groups

We hold a weekly Patient Information Group which involves service user and carers, volunteers and staff reviewing and producing new information, policies, survey and websites. In the last 6 months the group has:

- Worked with Mid Notts Community Neurological Rehabilitation Team in the development of therapy-based workbooks on Mood and Activity for those a neurological condition
- Reviewed and proposed amendments to leaflets for Waiting Well within our Local Mental Health Teams
- Carers Plan priorities for the Trust to be working on alongside Triangle of Care accreditation

Young people with lived experience of our services across MH and Community Health Care groups have come together to form a Youth Impact Board (YIB). The young people have designed and created all aspects of how YIB will operate and presented to the Executive Team about the work they had been doing and once fully established will report directly to them.

We have now recruited a Youth Impact Board Administrator from the team of young people to help us get the Board fully up and running to enable them to begin supporting and challenging our services to become more 'youth friendly' and are already contributing to the business case for paid involvement opportunities at the Trust and priorities they want to see included in the Integrated Improvement Plan.

In the last 6 months the Trust has hosted several focus groups and co-developed with patients and carers some resources to be utilised within the Trust on a range of topics from Accessing Crisis Services, Care Planning and DIALOG+ template for Adult Mental Health.

The Education Mental Health team working with young people Involvement Champions have co created a new youth mental health booklet for all Nottinghamshire secondary schools. Focusing on open conversations about mental health, encouraging empathy and fostering supportive environments where individuals can share their experiences. The resource will support students to have those conversations with each other and feel able to ask for help and support if they need to.

<https://www.nottinghamshirehealthcare.nhs.uk/latest-news/trust-launches-new-mental-health-resource-in-notts-secondary-schools-7886>

The Families of children referred to our **Children’s Speech and Language Therapy Service** benefit from a waiting well programme, designed with feedback from local parents. The service held several focus groups to design a package of support for families who are waiting for an appointment with the service which has a high level of demand. In their initial referral letter, parents are provided with a dedicated telephone advice number as well as clear information about waiting times and where they can get further help. The service also proactively contacts any families who have had to wait longer than 9 months. Families waiting between 3 and 6 months for the **Autism Pathway** are similarly offered a drop-in advice session, introduced following feedback from parents.

3.7 Integrated Improvement Plan – patient and carer involvement

Engagement and Involvement is one of the key elements of our Trust-wide Integrated Improvement Plan, and we have gained valuable insight from local people about their priorities for immediate and longer-term changes to our services.

In late summer and early autumn 2024 we hosted 3 online engagement events (called Big Conversations) aimed at involving patients and carers in the ongoing development, monitoring, and oversight of our improvement plans.

The events resulted in over 50 patients and carers providing feedback on improvement plans and more than 60 questions raised. **Appendix 4** provides examples of some of the topics that have most frequently come up in conversations, along with our published responses.

We subsequently held an ‘in-person’ event in Mansfield, where leaders co-delivered presentations on healthcare issues alongside people with lived experience.

A Patient and Carer Reference Group has been established to provide oversight and input into the improvements and transformation taking place across the Trust. Members have been asked to sit on individual Programme Boards to ensure the patient and carer voice is heard in key decisions.

4. Employed Peer Support

Across our Mental Health & Forensic services, peer support work encompasses a range of approaches through which people with lived experience of distress and recovery support each other. This support might be social, emotional or practical.

We currently have 80 patient / carer peer support workers in services across the Trust who work in multi-disciplinary teams alongside doctors, nurses, psychologists etc. They provide a different type of engagement and connection by establishing a supportive and respectful relationship and demonstrating a ‘lived example’ of

progression and growth. Case studies of some of our peer support workers are included in **Appendix 5**.

5. Developing our Complaints Process

We have taken robust action to strengthen our complaints process in recent months following engagement with all relevant stakeholders.

We are also carrying out a Trust-wide review of complaints as part of our Integrated Improvement Plan. Actions include:

- Promotion of complaints training through our internal communications channels
- Sharing of best-practice complaint written responses with Care Unit and Care Group leaders responsible for complaint oversight/management
The Care Group Nurse Directors will be requested to review all written complaint responses following full investigations.

The Trust-wide quality review will benchmark our complaint model and performance against 'outstanding' NHS organisations. We will also refer to statutory regulations, to identify any further possible areas of learning and improvement.

These actions aim to achieve the maximum benefit from the insight complaints offer. We also want to give patients, families and carers more confidence that their complaints, concerns and feedback will contribute to improvements, with better feedback following each contact.

We publish an annual complaints report, which gives evidence of changes we have made following complaints and is also regularly updated

5.1 A focus on Autism Informed Care

There has been an increased focus by the Trust on complaints received from autistic patients as part of our work to improve autism-informed care.

The Trust has an implementation plan focussing on aspects of a system-wide autism strategy and aims to address the varied experience of autistic patients and complainants who have shared their stories. The plan also reflects key insights from the charity Autistic Nottingham, the University of Nottingham and other partners.

Other individual services have drawn on complainants' experiences and ideas to change their practice and have further plans to address remaining challenges.

Complaints have identified the need for staff to undertake specific training:

- Triage workers on the clinical access line attended suicide awareness and prevention training and training on handling crisis calls.
- We have achieved compliance with the Oliver McGowan e-learning programme on Autism awareness with 90% of Trust staff having undertaken it, and it is now included as part of the mandatory training package for all Trust staff.

- We are making progress on both the Tier 1 and Tier 2 Oliver McGowan training. This training has a 3-yearly refresher period so this training will be delivered over a 3-year period with 33% of staff compliant at the end of Year 1 and 66% compliant at the end of Year 2, we are currently on course to exceed this.
- In January 200 staff completed Tier 2 face to face training with a further 202 staff completing it in February with the anticipation that over 50% of current staff will have been trained by the end of 2025.
- Complaints about interruptions to patients' community care have led teams to firm up their processes for providing cover. The Early Intervention Psychosis service undertook a full review and revised their internal working instructions to better manage unexpected absences.

6. Areas for Development

The wealth of information we have from patients & families through feedback, involvement activity highlighted and shared above, alongside the insight & analysing of peoples experience through our complaints, indicates we still have more to do. We have identified themes and areas for development based on analysing this data and have formulated core areas of action that are most important for patients and families that we collaborate and work on together to drive improvements – these are:

<p>1. Crisis Services - Crisis Support with more regular check-ins for those in crisis and addressing concerns of the Crisis Helpline.</p>
<p>2. Autism & ADHD – with a focus on staff training to build a competent workforce for people with autism and ADHD, ensuring a Mental Health Crisis Service is in place and that service gaps and care coordination is trauma and autism informed.</p>
<p>3. Safety and Risk – for Patient and Carer Safety, both patients and carers at home and concerns that risk assessments and care plans are inconsistent currently. There is limited support upon discharge, leading to risks for patients and families.</p>
<p>4. Staffing – better staffing levels and less resilience on Bank staff. The need for upskilling, more emotional support, and career development for all staff with a focus on improving staff morale. Build on how staff feel valued at Notts Healthcare and concerns on the management and senior manager levels.</p>
<p>5. Services - make improvements to access Community Psychiatric Nurses (CPNs) and community support. Lack of adequate inpatient accommodation and care coordination posts and the need to have joined-up services across the whole system but especially in processes across mental health, housing, and community services.</p>
<p>6. Listening to and Involving Patients, Carers & families – involve a more diverse range of patients and carers, offering paid involvement to acknowledge their expertise. Build skills knowledge and expertise for participation, coproduction and patient leaders.</p>

7. Appointments - wait times for appointments are too long, with a need for better systems to provide timely assessments and follow-ups with improved signposting to support resources to help patients "wait well" while waiting for appointments.

8. Resources - more community-based resources, especially upon discharge, to prevent relapses. Better access to inpatient care, reducing reliance on crisis services and out-of-area hospitals. More resources to help people access benefits and wrap around services.

9. Communication - Patients want to be better informed about their health status, test results, and follow-up procedures. Improved translation services, including for British Sign Language (BSL), with better booking systems for interpreters. Better sharing of medical records between GPs, community services, and social care to improve communication and patient safety. Less use of acronyms and clearer communication across all levels of care.

10. Carers & Families - faster response and improved communication with families and carers, along with culturally sensitive care. More training and resources for families and carers to better support patients at home.

11. Reputation - negative press coverage has created anxiety among patients and carers about the quality of care being provided. Better learning from inquests to prevent avoidable deaths and improve accountability. Addressing staff who display negative, neglectful, or prejudiced behaviour towards patients.

7. Next Steps

Throughout this report we have identified current activity and changes that have occurred through feedback and the involvement and engagement of patients, carers and families and the variety of methods currently deployed. However, we recognise there is significant development needed to grow our organisational culture, internal systems and processes where patients and those that care for them consistently and actively participate in the planning and shaping services, monitoring outcomes and impacts of activities and interventions and where the diversity of our communities are fully embraced, involved and understood. Looking to the future, we aim to collaborate more with people, our stakeholders and local partners as well as ensure our Care Groups take advantage of all the available insight from our communities, in their service designs and quality improvement work.

As part of changes to our senior leadership structure, the accountability for participation and involvement is now a core function of each Care Group led by our Care Group Nurse Directors. We have invested in a new senior leader role, Associate Director, Co-production and Patient & Carer Experience, responsible for ensuring that we drive forwards our organisational culture to embrace participation across all that we do and to invest and develop our approach to Co design and patient leadership initiatives. The postholder will lead a programme of activity to grow the confidence and competencies of our workforce and introduce new approaches to support patient / family participation. We are committed to be at the forefront of innovation and using best practice models to drive forward change and development including:

- Participating in the NHS England Culture of Care programme, which is operational in our 4 adult mental health wards at Highbury Hospital, with a second phase planned for 2 older people wards.

- Setting out plans for the Patient Carer Race Equality Framework (PCREF), launched at our most recent Carers and Families event last month attended by 130 local people, who committed to work with us on these developments.

We recognise too we cannot do this in isolation and are actively working within the Nottingham(shire) health and care system to grow our collaboration and shared approaches, building consistency and shared outputs.

Appendix 1: Patient and Carer Experience Survey - summary of results between August 2024 and January 2025



Appendix 2: Care Opinion posting from Mid February 2025

The constant change of staff was difficult

About: Highbury Hospital / Redwood Ward 2 (Female), Adult Mental Health Crisis Services / Crisis Team City

Posted by telescopiurngn45 (as a service user) at

I just want to say how good the care has been in Redwood2, Highbury Hospital. I was a short stay section 2 and the staff have been very kind, giving the right kind of space and time to talk.

Food and cleanliness are excellent.

If I ask for something eg from chaplain visit to toilet roll, nothing is too much trouble from nurse/OT/HCA to domestic.

I have felt the stay to be more like a retreat where there is embroidery, art work, etc on offer.

The consultant has been empathetic and keen to get me on my feet again, back out in the outside world with the support from Local Mental Health Team (Gelding). I was surprised to be sectioned but I am very touched that it has been a pleasant stay despite my difficulties.

How did it make me feel?

I found the constant change of staff at the Crisis Team, Highbury Hospital very difficult when they came into my home. I have an ASD and so the constant change of staff (up to 8-10 new faces, new names over the fortnight) hard to take and be congenial over.

My slight agitation of dealing with new faces in my home (I am single) then put me on the back foot. My home is private and I am a private person that when you open your home to constant strangers then you begin to get suspicious that these people are not who they say they are.

This suspicion and feeling like you are on the back foot (disadvantaged) kind of then offsets the Crisis Team and you could see that they were more concerned than they needed to be, which ended up with me being sectioned (2).

I felt that the Crisis Team became more assertive and confident in this decision due to me being slightly agitated with the constant new staff. In hindsight I should have over emphasised this but was so preoccupied with hearing voices.

Next time I am ill can Crisis Team be mindful of this due to my ASD (autistic diagnosis) and make appointments over the phone rather than just turning up so I can be prepared with the new named member of staff.

Responses

Posted by Charlotte Gater, Modern Matron, Adult Mental Health, Highbury Hospital, Nottinghamshire Healthcare NHS Foundation Trust at

I would like to thank you so much for sharing your feedback about the positive experience you recently had on Redwood 2. I will share this with all of the team, including catering and facilities department. I am glad to hear that you were able to take part in activities during your stay and that you found the whole the team to be helpful in your recovery.

Posted by Ben Clements, Advanced Clinical Practitioner, City and County South Crisis and Home Treatment Teams, Nottinghamshire Healthcare NHS Foundation Trust at *(We are preparing to make a change)*

Thank you very much for your feedback. I'm very sorry to hear you experienced this lack of consistency, and quite understand how this must have made you feel.

We are trying to do better at this. All Crisis and Home Treatment Team patients now have a named 'lead professional' who is responsible for overseeing their care, and should be seeing them regularly. There will of course need to be other professionals involved too as the team needs to provide 24/7 cover, meaning staff have to rotate shifts and so on. But we know how important it is that people see the same staff and build trusting relationships with them.

We know this doesn't happen as consistently as it should. We have just completed a benchmarking exercise which included looking at this issue, and are about to undertake some work looking at ways of improving this.

Your feedback is valuable and supports us in making these changes.

It is very nice to hear your positive comments about the care you received on the ward! Yes, they seem to be doing a great job at present.

Appendix 3: Patient Stories at the Trust Board of Directors

Service	Date	Themes/Issues Raised	Update/action taken
Wathwood	May 2023	<ul style="list-style-type: none"> • Staff attitude makes a real difference to life in secure settings • The range of activities at Wathwood is positive • It is good that patients were being listened to at Wathwood and that things changed • He felt seclusion at Rampton was sometimes used as a punishment 	<ul style="list-style-type: none"> • Staff still receive monthly clinical supervision (despite Trust procedure going to 3 monthly) to support wellbeing and development at work to enhance patient care. • We now have a healthy lifestyles co-ordinator whose role is to support physical health as well as mental wellbeing, providing additional individual and group activity. • The OT programme review has just been held which occurs 6 monthly, all patients are offered to complete an evaluation to share their thoughts on the on and off-ward activity programme, in order to make patient led changes to activities (70% of the patients recently completed an evaluation). • Maintaining patients forum which happens fortnightly, with minutes and an action log, to support patients to raise their thoughts and ideas and the action log to ensure the appropriate person can action changes. • We have 2 part-time peer support workers who have been in post since last summer. They use their lived experience to support patients in their recovery, providing individual support and drop-ins on all wards. They also support with patient involvement and recovery college.
Adult Mental Health Services	July 2023	<ul style="list-style-type: none"> • Listen to families and carers • Involve families and carers wherever possible 	<ul style="list-style-type: none"> • We have been working with teams across the organisation to improve how we work with carers and families through the Triangle of Care process. We reviewed the Triangle of Care (ToC) process with carers and set two clear

	<ul style="list-style-type: none"> • Share what's going on and check in and see how the carers/family are • When people are transferred their notes and information should be transferred instantly with them • Advanced Statements should be offered to enable people to get the care and support they need when unwell 	<p>expectations, moved the process online and sent out regular communications to staff including video with two carers for teams (https://youtu.be/xaTEAF3m58c).</p> <p>The two expectations will frame all our work with carers.</p> <ul style="list-style-type: none"> ○ “We will always work in partnership with carers/families in all the clinical care we deliver. ○ We will always listen to, communicate with, involve and offer support to carers/families, unless there is a very good reason not to” <p>This work resulted in 151 teams returning self-assessments, a 100% increase on last year. We have built peer review, with carers and staff, into the process so all self-assessments get feedback, and developed an action planning tool to support every team agreeing the core areas to develop to deliver change based on their assessment.</p> <p>There are Carer Peer Support Workers embedded within the ward teams. The Multidisciplinary Team (MDT) process is being reviewed to ensure it meets the needs to patients and carers.</p> <ul style="list-style-type: none"> • Transfer of Notes: Out of Area – a week's worth of notes is sent with referral information (this includes information about next of kin) as well as care plan and the risk assessment and core assessment. This is sent along
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			<p>with a referral form that will detail Next of Kin details and medication currently on along with details of the community team and Care Coordinator if allocated.</p> <p>Spot purchase beds – these are subcontracted beds and they have read-only access to the patient’s electronic record.</p> <p>Internal transfer – the new team will have access to the patient’s electronic record there is also a handover form.</p> <p>We have recently identified a link for Carers for out of area and subcontracted beds, this is one of our out of area in reach co-ordinators. This will be documented in the information we are developing for carers of service users placed out of area. For service users with a care co-ordinator, they will also provide a link for carers and their families with support from the out of area in reach co-ordinators as required.</p> <ul style="list-style-type: none"> • Advanced Statements: After discussions with a group of AMH staff, and the Trust Improving Care Planning Together group, it was agreed that we should incorporate advanced statements into the core elements of what should be in a care plan. This will help advanced statements to become part how we plan care with people and to be recorded as part of the care plan. <p>The Improving Care Planning Together Group is finalising the vision, principles, expectations and core elements of a care plan</p>
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Urgent Care and Therapy	Sept 2023	<ul style="list-style-type: none"> • Co-ordination of care is key as his care is so complex • Decisions on equipment or changes in service are very slow • His care works for him as staff work collaboratively with him and are solution-focused • Continued healthcare funding is slow and unresponsive 	<ul style="list-style-type: none"> • Equipment provision sits under ICELS (Integrated Community Equip Loan Service) and we follow the process set out by them. We follow the same pathway with all our patients when specialist high-cost equipment is needed. The panel made up of a number of clinicians and ICELS staff sit every two weeks to look at these requests. The team are not part of the decision making and the process remains the same as it was in Sept 2023. • If a patient requires equipment urgently e.g. end of life or fast track then ICELS do look at these requests outside of the panel. However, this has not been the case for Sam. • Getting the process started often relies on availability of reps in the area (they cover regions so not local) and coordinating dates with patient, carers and clinicians take time. Nothing has changed here. • When Anna left the team she completed a full handover to continue Occupational Therapy intervention. • The care is funded through Continuing Healthcare funding and as Therapy are Notts Healthcare team we do not have input into decisions/changes.
Offender Healthcare	Jan 2024	<ul style="list-style-type: none"> • CBT support worked and was better than medication • The joint working with Care after Combat meant a more holistic service • The attitudes of some prison officers and probation officers were 	<ul style="list-style-type: none"> • As part of the Veteran Care through Custody (VCTC) service all veterans are offered a full assessment, participation into peer group forums, individual Veteran Signature sessions, and opportunity for individual complex trauma interventions.

		<p>poor and blocked his progression</p> <ul style="list-style-type: none"> • The attitude of some healthcare workers was poor • Lack of collaboration between prison/probation and healthcare • More support for veterans 	<ul style="list-style-type: none"> • The co-development of the Veterans Signature, a self-help and treatment workbook that supports veterans to safely identify and share their traumatic experiences, has helped them to understand and cope with their psychological symptoms. • The combination of group psychoeducation and improved communication skills makes talking therapies such as CBT more accessible. • The VCTC service was set up, in partnership with Care after Combat, as a holistic service to meet the practical, transitional, emotional and health needs of each veteran. • The VCTC service supports each veteran from a healthcare perspective enabling access to mental as well as physical healthcare that otherwise would not have been sought. • VCTC Awareness Training has been developed with veterans in prison and is available to all professional organisations working within the prison system. Where possible this has been co-delivered with veterans in prison. • In addition to offering training VCTC attend: <ul style="list-style-type: none"> • Staff Wellbeing/Information days and events • Resident Wellbeing days • Present at local, national and international conferences • Peer group forums are delivered monthly at each prison. Prison staff are invited to attend group forums.
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			<ul style="list-style-type: none"> • VCTC staff make themselves available and present on the wings as often as is possible to maintain a presence and approachability from residents as well as prison staff. • Care after Combat mentors work closely with Prison Officer key workers and Probation Officers enabling clearer more concise communication between services. • Raising awareness has since the start of the VCTC service resulted in much improved communications between prison staff, probation, and the veterans. • Lack of confidence working with veterans was expressed by healthcare staff. • VCTC Awareness Training including case study presentation and care planning workshop aims to address confidence issues and raise understanding pertaining to military specific issues. The development of the Veterans Signature coupled with training for engagement with the Veterans Signature has equally contributed to understanding. <p>Having the specialist VCTC psychological aspect of the service offering intense psychotherapeutic input for veterans has given significant support to healthcare staff.</p> <ul style="list-style-type: none"> • VCTC Awareness Training has contributed significantly to understanding. Having a dedicated healthcare professional as well as an assigned Care after Combat mentor has much improved
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			<p>communication between relevant services.</p> <p>The VCTC service is now embedded in practice working across five prisons for Nottingham Offender Healthcare</p> <ul style="list-style-type: none"> The VCTC service became operational in 2017. It is the only service of its kind in the UK. The comment was base on a view that all prisons should have a VCTC service.
<p>Mental Health Services for Older People</p>	<p>March 2024</p>	<ul style="list-style-type: none"> Staff should take positive risks and work with the family in the patient's best interests Care is often not personalised and focused around the individual Staff should work with the family so the family can support the patient Communication with and listening to families and carers needs to improve Some staff were great – caring, approachable and flexible 	<ul style="list-style-type: none"> We have a Quality Improvement project that is progressing well which focusses on the named nurse role in devising care plans that actively involve the patient (and family) at the point of admission, this starts with a conversation on admission whereby the named nurse introduces their role to the patient and asks them to help write the care plans to ensure that preferences and personal details are included in the care plans. This helps us to address Helen's concerns about working with families to inform the care we deliver. We have the Rapid Improvement work ongoing that will implement a refreshed model of care for our dementia wards – this has a particular focus on involvement/engagement and personalising the way we care for people across the range of dementia services but will provide a structure for a strengths-based approach so we ensure we are optimising opportunities for functional independence and

			<p>wellbeing through meaningful activity.</p> <ul style="list-style-type: none"> • Each ward has a regular Community meeting which involves patients and/or family carers and focusses on patient experience and creates a space for feedback and collaboration • Ward managers are leading initiatives with their teams to reflect and learn – on Silver Birch ward Gary leads a “Fix it Friday” conversation with his team where they review any incidents and/or feedback and consider immediate learning and improvements. Ward managers are also sharing feedback with their team around achievements and compliments. • The Rapid Improvement plan has a key focus on improving the way that we involve and engage with people about their experience and the care we deliver – this is reviewed and integrated via the Rapid Improvement Group
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Appendix 4: Big Conversation – Questions and Responses

Question shared	Reponses
<p>In view of the lack of funding for mental health services, how do you propose to implement any outcomes from these conversations to safeguard service users, better involve Carers and recruit, train and retain staff who will deliver services?</p> <p>Is the government putting any more money into Nottinghamshire mental health services? I can see it makes sense to make savings where possible & streamline certain services, but clearly more posts need funding to deliver adequate services?</p>	<p>Although we can't expect any national injection of funding to dramatically improve services, Our Big Plan is already helping us save money to reinvest in some priority areas.</p> <ul style="list-style-type: none"> • Since mid-April, our mental health optimal care project has cut the amount of costly out-of-area placements by half, providing care closer to home, while resulting in a better experience for families and visitors. • We have likewise reduced annual spending on agency staff by more than a £1million since May last year. And we are working to save more money by organising rosters better, which will ensure staff are not burnt out by working excessive overtime. <p>But we know that poor care is the most expensive care. That's why we will always prioritise changes that deliver service improvements.</p>
<p>Why do you think that 3/4 of people having done mandatory training at a level below what the guidance recommends is something to brag about on a poster?</p>	<p>The Oliver McGowan Mandatory Training on Learning Disability and Autism is the Government's preferred and recommended training for health and social care staff to undertake.</p> <p>Hospitals and other NHS providers in Nottinghamshire aim for three in every ten staff to undertake the training. But we set a higher target of 85% which I am proud to say that we achieved this month.</p> <p>But we want to go further still and have now included this training into the induction learning for all staff and are asking existing staff to complete the training as a priority.</p>
<p>Are all the meetings (BIG Conversation etc..) going to be via teams? Or hopefully there will be face to face meetings</p>	<p>We will be offering a range of ways for people to get involved – online and face to face.</p> <p>We are already planning a face-to-face session with young people involved in the Youth Impact Board and an online meeting for our patients who are living in our forensic hospitals.</p>

	<p>We anticipate we will hold a series of face-to-face meeting to share more with you about the specific programs and areas we need your involvement and engagement in with one of the first being around paid involvement with the Trust.</p>
<p>How will you ensure that patients and carers are listened to and co-produce the Big Plan beyond tokenistic involvement (including being offered payment for the work they do)?</p> <p>What specific steps will the Trust take to ensure that feedback from service users, carers, and local organizations is effectively incorporated into the plans for improving mental health and community services?</p> <p>Update on Involvement Partners/Volunteers receiving pay for their contribution to the Trust</p>	<p>We are just starting out on building our approach to how patients and carers can advise on and oversee both our improvements and how people are involved in working with us to improve our services. This group will really help us get the basics right. And I think it's extremely helpful to have your experience of involvement work, so that you can agree terms of reference and decide how you want to hold the plan (and us) to account.</p> <p>The first stage of Our Big Improvement Plan really focussed on actions to ensure our services are safe now. But now that we have made a lot of progress with this work, we can tap into the wealth of ideas and feedback from our service users, patients, and colleagues – to deliver the changes they want to see. We want to involve you to support us monitoring progress and there are opportunities now to coproduce service specific activities like therapeutic observations through our Quality Improvement programs, work around Care Planning ... as we move on and make the improvements we must, there will be more opportunities to work together on co designing and developing our shared plans.</p> <p>Paid for involvement isn't something the Trust has offered recently, however alongside refreshing our Involvement Policy we will be discussing paid involvement in the late Autumn.</p>
<p>Crisis mental health care is just not fit for purpose right now - how are you going to address this?</p> <p>When are you going to stop "planning" and start doing?</p>	<p>You are right we have lots to do to make the improvements we all want to see for people in a mental health crisis to be able to ensure there is a consistent, quality response for all people impacted in our communities across Nottinghamshire – but we are starting to make some improvements.</p> <ul style="list-style-type: none"> • Breaking down barriers between NHS services to improve transition when patients are referred in or discharged back to primary care

What are you currently doing to improve the Local Mental Health Teams and CRHT services for Adult Mental Health, as it currently isn't working and leaving people at risk...

- Making sure patients can access crisis services out of hours including access to telephone support whenever it's needed as well as home visits.
- Setting one single high standard of care for patients wherever they live to avoid postcode lotteries.
- Developing a carer/service user reference group to embed experience at the heat of service transformation and design services that allow us to meet national expectations in a way the best serves the local population.
- Our local mental health teams have significantly increased contact with people waiting to be seen in the community, to agree crisis plans and ensure they have an up-to-date risk assessment even when they are struggling to engage with our services or primary care.
- We are also working to improve alignment between our teams, primary care and talking therapies, helping to reduce waiting times as well as communicate more effectively when patients move between services or disengage from treatment.
- Our community teams now give greater priority to risk management at every stage of the patient pathway. They ask more questions about whether families have been involved in decisions; whether GPs have been informed; and if risks have been referred to appropriate agencies.
- Colleagues also benefit from advice on medicines management from our new specialist pharmacist prescribers, who can prescribe medicines faster and review treatment as well as ease pressure in areas such as acute and emergency care and primary care, including out of hours services.
- In the last month we have achieved our target for the Oliver McGowan E-Learning. This is vital because of the higher proportion of our patients living with a learning disability or autism as well as mental health issues.
- There is a lot more work needed to deliver all the improvements we want for our patients, carers, and their families.

	<p>Once we have addressed all immediate safety concerns, we aim to support colleagues to embed improvements over the long term.</p>
<p>I understand that three areas currently highlighted by the Trust for improvement are:</p> <ul style="list-style-type: none"> a. Collaborative working with patients and their families/carers. b. Risk-assessment c. Safety planning <p>Does the Patient Safety section of the Big Plan address these areas and how will improvements be implemented?</p>	<p>Yes, these three areas are all in the Big Plan and activities are being developed to address these issues. We would welcome people to be involved in working with us on these and will be monitored by the Patient and Carer Group we are setting up and the Big Plan Board.</p>
<p>Over recent years, the Trust will have collected many Action Plans arising out of Serious Incident Reports, inquests, and Prevention of Future Deaths reports. Some of these will no doubt have influenced the formation of the Big Plan. Could you please outline how the trust responds to these reports and how this is monitored over time.</p>	<p>There have been local action plans put in place for these, and they have been monitored through our governance systems. I think it is fair to say that these have not always brought about the changes required. However, with the plans we are developing now we are looking to address some of the issues that have frequently been raised such as family and carer involvement.</p>
<p>As an Improvement Partner, I am currently part of a project on the development and strengthening of Personalised Care Planning. The continued good progress achieved through 2024 so far, now appears to be under threat due to lack of resourcing. Is personalised care planning a key aspect of the current Trust developments? If the answer is yes, can you guarantee support for this project?</p>	<p>I am glad that you think good progress has been made around personalised care planning. It is an important area for us to improve. We are looking at additional support for this project work and piloting and testing new ways of undertaking care Planning and support our staff to deliver the best experience through training and development.</p>
<p>How long will the survey last?</p>	<p>We plan to keep the survey open for the next few months and we may add new surveys or questions on</p>

	<p>specific and individual topics – do keep having a look at the website and we will be regularly corresponding with you to stay involved</p>
<p>What training is there for Family Carers who can't be away from home to attend meetings</p>	<p>There is a range of support and help including training on a range of topics for Family carers and it's offered through the Care Hub here are the contact details.</p> <p>Carers Hub Nottingham City and Nottinghamshire County (carersfederation.co.uk) Tel: 0808 802 1777 Email: carershubinfo@carersfederation.co.uk WhatsApp or Text: 07814678460</p>
<p>Patients need to report to a separate NHS body when not happy with their journey in hospital. They are afraid to report directly to staff that may be involved</p>	<p>There are already several options for patient to take if they aren't happy with the care or treatment offered or received.</p> <ul style="list-style-type: none"> • You can provide feedback on the service provided Notts Healthcare https://www.nottinghamshirehealthcare.nhs.uk/iev-share-your-feedback • You can share your story on Care opinion an independent organisation Write Story Care Opinion • Notts Healthcare has a patient Advice and liaison service which can support individuals to raise concerns and find the best resolution. PALS and Complaints Nottinghamshire Healthcare NHS Foundation Trust • POhWER provide a free, independent, and confidential advocacy service to support people with their NHS complaint. Nottingham City - Your Voice, Your Choice Home POhWER • Health Watch in Nottingham who are independent public and patient champions - Home - Healthwatch Nottingham & Nottinghamshire (hwnn.co.uk)
<p>Couldn't the voluntary sector be key in helping to gather feedback and support NHS services more effectively? What can we do to help the NHS with its financial challenges?</p>	<p>Yes, we completely agree. We have been working with other voluntary sector organisations and will continue to do so. We are always looking for better ways to work together to save money and improve outcomes. We welcome your offer of assistance.</p>

<p>There is a huge problem with lack of communication between different departments and between secondary and primary care.</p>	<p>There are initiatives like the Nottinghamshire Care Record coming soon that will allow us to better share information across organisations. Also, there are improvements needed in liaising with GPs to ensure better follow-up, and we're working on that.</p>
<p>What's being done to address bed blocking and the availability of NHS beds versus private beds? How are we holding private hospitals accountable?</p>	<p>We are working to reduce the length of hospital stays by collaborating with local authorities and improving alternatives to admission. We are also reviewing crisis teams and mental health teams to prioritise people more effectively. Regarding private hospitals, we have quality teams overseeing the care in these facilities and coordinators who monitor the care of patients admitted to private beds.</p>
<p>People with Emotionally Unstable Personality Disorder (EUPD) are not getting access to treatment. What's being done about this? And are there plans for more specialist training on topics like EUPD or psychosis?</p>	<p>We are reviewing how we use specialist skills earlier in individuals' care journeys. We are also working on ensuring that people with specific needs, such as those with EUPD, receive the right support earlier. We are exploring how to better use skills locally to provide early interventions.</p>

Appendix 5: Peer Support Worker case studies

Beverly Gregory

Peer support worker in our Assertive Transition Service

Our Assertive Transition Service is dedicated to providing intensive support to individuals transitioning from secure or inpatient mental health settings back into the community. This service focuses on bridging the gap between inpatient care and community living, ensuring continuity of care and reducing risk of readmission.

Reflections on the post:

“I have been in the role for 4 years and have found that each day is very different. I hold a case of clients with various needs, such as those within low secure units and the community after being in-patients. My role is based on having lived experiences of mental health, where I began my journey training in the Recovery College and then undertook my Peer Support Training. This training allowed me to use my lived experience in a professional, compassionate nature. My role includes working in a non-directive manner to create steps for the patient to build a positive future. When you connect with your patient, it’s an amazing feeling which not only benefits your patient but also allows for your own growth and healing.”

Rachel Monk:

Peer support worker in our **Liaison and Diversion Community service**

The Liaison and Diversion service within the Trust identifies and supports individuals with mental health issues, learning disabilities, or substance misuse difficulties who encounter the criminal justice system. Operating in police stations and courts, the service provides timely assessments and diverts individuals to appropriate health or social care service.

Experience of the post:

This service supports those who are not yet convicted but are on bail awaiting their charges. With this, as a Peer Support worker, Rachel predominantly offers 1-1 emotional support to those who are experiencing this waiting process. Additionally, Rachel supported patients at Magistrates and Crown court, where many of her referrals are ‘alleged sex offenders’ or those who have been previously convicted. Rachel was nominated for a staff award for the amazing work she has produced as a Peer Support worker. Many patients reported that her support gave them hope, allowed them to cope and thanked her for her time.