



Agenda item 7	Enclosure No Paper C
Report to: Author: Presented by:	² gether NHS Foundation Trust Board – 29 th September 2014 Jane Melton, Clinical Director for Social Inclusion Jane Melton, Clinical Director for Social Inclusion
SUBJECT:	CQC Results of National Patient Survey – Community Mental Health 2014

This Report is provided for:			
Decision	Endorsement	Assurance	Information

EXECUTIVE SUMMARY

- Enabling people to experience NHS services that meet their needs is a key national strategic goal and an underpinning value of ²gether NHS Foundation Trust.
- Quality Health was commissioned by ²gether NHS Foundation Trust to undertake the National Patient Survey which is a requirement of the Care Quality Commission.
- This paper outlines the Care Quality Commission's published results of the data analysis of the survey sample of people who use ²gether's services in relation to all other Mental Health Trust results of the same survey.
- The sample of participants was drawn randomly from Herefordshire and Gloucestershire using a prescribed national formula.
- Further interrogation of the data in relation to the Gloucestershire and Herefordshire sample results has been undertaken. No significant differences can be drawn as the sample numbers are small.
- Results were published on 18th September 2014 on the CQC website and the full report is attached as Appendix 1.

Assurance

- The results suggest that there have been improvement in patient experience of ²gether's services in the areas identified for development from the ²gether 2013 results.
- It should be noted that direct comparison to previous years in many areas cannot be made as the questions have been altered this year.

- The CQC results illustrates that ²gether Trust is regarded as 'Best performing trust' (ie in top 20%) in one domain 'Other areas of life' and 'About the same' (mid 60%) in all eight other domains of the survey).
- The development of an action plan will be undertaken with Locality Directors by November 2014. Work is already underway to achieve this.

Areas for improvement include:

- Asking people about what's important to them in their recovery
- Ensuring that all service users have a formal meeting, at least annually to discuss their care
- Ensuring that service users are provided with information about who can be contacted out of office hours should they need support in a crisis.
- Providing greater emphasis on supporting people to access help for physical health needs; benefits advice; employment opportunities and everyday activities.
- Providing information about getting support from people who have experience of similar mental health needs.
- Continuing the drive to provide a service that offers hope

RECOMMENDATIONS

The Board is asked to note the contents of this report and the next steps in dissemination of the results and the development of an action plan.

Corporate Considerations	
Quality implications:	Service Experience Feedback through survey method provides one element of quality information and assurance. This information needs to be triangulated with other forms of service experience feedback including that presented in the quarterly Service Experience Report.
Resource implications:	Taking action to develop positive service experience in the areas where scores are lower may require additional or a realignment of resources
Equalities implications:	The demographic results of the survey suggested that approximately 7% of people regarded themselves from an ethnic group that was not 'British'. This represents a slightly higher response from people in this group than in 2013 (6%). Work will continue to encourage people from BME groups to take part in the survey.
	A higher percentage of people over 65 years completed the survey (52%) compared with all other Trusts (39%). Gloucestershire does have a higher number of people over 65 than in some other parts of the country. 2gether has seen a consistently higher number of older people responding to the survey over the last 4 years. Possible interpretation could be that we may have a greater

	proportion of older people seeking services (and therefore have a larger sample than others). There could also be a general culture development where engagement work locally has given people over 65 more confidence to take part in surveys.
Risk implications:	Feedback from service experience offers an insight into how services are received. The results will be publically available and it is important to offer assurance that the organisation is taking appropriate action to effect positive practice development. The reputation of the organisation could be at risk particularly where results are 'worse than other trusts'. However, it should be noted that the results suggest 'low risk' in this area.

WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?

Р	P Skilled workforce			
Р	Using better information	Р		
Р	Growth and Financial Efficiency			
Р	Legislation and Governance	Р		
WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?				
Seeing from a service user perspective P				
Р	Inclusive open and honest	Р		
Р	Can do	Р		
Р	Efficient	Р		
	P P P FHIS PA ective P P	P Using better information P Growth and Financial Efficiency P Legislation and Governance THIS PAPER PROGRESS OR CHALLENGE? ective P Inclusive open and honest P Can do		

Reviewed by:

Trish Jay, Director of Quality and Performance	Date	18 th September 2014
Governance Committee		

Where in the Trust has this been discussed before?		
Executive Committee	18 th August 2014	
Governance Committee	12 th September 2014	

What consultation has there been?

Date

Explanation of acronyms	Care Quality Commission (CQC)
used:	Quality Health (QH)
	Red, Amber, Green (RAG)

National Patient Survey of Community Patients – Mental Health 2014

RESULTS FOR GLOUCESTERSHIRE AND HEREFORDSHIRE

1. Background

- 1.1 The Care Quality Commission (CQC) requires that all Mental Health Trusts undertake an annual survey of patient feedback. ²gether NHS Foundation Trust has, for several years, commissioned Quality Health to undertake this work.
- 1.2 This paper outlines the Care Quality Commission's published results of the data analysis of the survey sample of people who use ²gether's services in relation to all other Mental Health Trust results of the same survey.
- 1.3 The sample of participants was drawn randomly from Herefordshire and Gloucestershire using a prescribed national formula. The data collection was undertaken between March and June 2014 using a standard postal survey method.
- 1.4 This year ²gether NHS Foundation Trust received **one of the highest percentage response rates** at 35%. 51 Trusts commissioned Quality Health and the range of returns was between 24% and 36%.
- 1.5 The results were published on 18th September 2014 on the CQC website and the full report is attached as Appendix 1.
- 1.6 The results for participants from Gloucestershire and Herefordshire have also been analysed. As the numbers are small no significant differences can be attributed to either county and the overall rating of experience reported from people from each county is the same.

2. Scores for ²gether NHS Foundation Trust in 2014

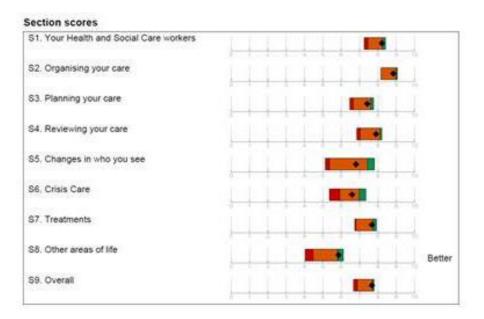
- 2.1 The data illustrate that ²gether NHS Foundation Trust scored as within the 'best performing Trusts' (ie in the top 20% of similar organisations in 6 of the 33 question areas of the CQC report).
- 2.2 The top six questions where ²gether has received particularly favourable results <u>compared with</u> the national Quality Health results include:

Q no.	Question
Q05	Did the person or people that you saw listen carefully to
	you?
Q07	Did the person or people you saw understand how your
	mental health needs affect other areas of your life?
Q11	How well does his person organise the care and
	services you need?
Q13	Were you involved as much as you wanted to be in
	agreeing what care you will receive?
Q34	In the last 12 months, did NHS mental health services
	give you any help or advice with finding support for or
	finding or keeping work?

Q43	Overall in the last 12months, did you feel that you were
	treated with respect and dignity by NHS Mental Health
	services?

2.3 The CQC results incorporating scores for Mental Health Trust scores were published on the 18th September 2014. ²gether's overall results are summaries in Table 1 below. The results suggest that ²gether Trust is regarded as amongst the 'best performing trust' (ie in top 20%) in one of the 9 overall domains 'Other areas of life'. In the other 8 domains, 2gether's overall rating by the CQC is 'About the same' (mid 60%). The full CQC paper is presented in Appendix 1.

Table 1 – ²gether NHS Foundation Trust scores for the Annual CQC National Patient Survey (Mental Health) NB



Key to Table 1

Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	•	This trust's score (NB: Not shown where there are
Worst performing trusts	•	fewer than 30 respondents)

3. Top 6 areas for priority further development include:

- 3.1 ²gether scored well this year generally by comparison to other Trusts. However, there are some areas where improvement is required overall (for example the physical health question and employment question above where as one of the highest scoring Trusts 40% of people still were not satisfied with this area).
- 3.2 The priority areas to undertake further work have been identified by considering where the scores suggest a lower degree of satisfaction overall. As such the following areas for practice development are proposed:
 - 1. Further attention to asking people what's important to them for recovery
 - 2. Ensuring that all service users have a formal yet collaborative meeting, at least annually to discuss their care.

- 3. Further work to ensure that service users are provided with information about contact points out of office hours if they need support in a crisis.
- 4. Greater routine emphasis to support people to access help for physical health needs; benefits advice; employment opportunities and everyday activities.
- 5. Information provision regarding getting support from people who have experience of similar mental health needs.
- 6. Further practice development to ensure that our service ethos offers and emphasizes hope.

4. Comparison of results with previous years

- 4.1 It would appear from the CQC 2014 scores and information from a range of other service experience information (reported to Board quarterly) that the action taken to enhance service experience over the last two years has had a positive impact on the feedback from people in the 2014 survey. However, areas for further development remain and these will be reflected in the Action Plan which will be developed.
- 4.2 A further point to note is the negative effect that service changes appears to have on a person's perception of their service experience. The Quality Health 2014 results suggest that in Trusts where change management programmes have been undertaken their 2014 survey scores appear lower. Indeed, in previous surveys which were undertaken following service structure change in ²gether lower scores on the National survey were also observed in ²gether's results.

5. Next Steps

- 5.1 There is a need to sustain the effort made to develop practice in the areas identified in previous years. In particular, this includes:
 - Continuing to make best effort to involve people in decisions about medication and provide explanation about potential side effects. For example:

I would like to be informed of long term side effects of my medication and what alternatives there are. One [word unreadable] psychiatrist called the medication "catastrophic" which has made me feel uneasy about it obviously. Surely we should have a choice in this matter? [Example of qualitative data from Quality Health Results 2014]

- Working with family members and carers is also an important consideration with every person using our services and a further area for ongoing practice development.
- 5.2 Participants commented about the challenges of the interface between different organisations involved in their mental health care. Work to enhance interagency systems would be beneficial to mental health care service experience. For example:

The major issue was getting involved with mental health care. The GP didn't understand and when after a month in general hospital, the NHS still didn't understand my wife's needs, I couldn't believe it, to get into the care needed was so difficult despite a similar episode the previous years. The GP did not understand. But when actually got into the care needed, it was fantastic.

[Example of qualitative data from Quality Health Results 2014]

- 5.3 The 2014 results have already been presented at Team Talk in Herefordshire and Gloucestershire in September 2014. The results have also been cascaded to Service Directors for sharing with Teams and for generating ideas for continued practice development.
- 5.4 An action plan is being developed with Service Directors and rigorous performance management of the plan put in place to further develop best service experience of ²gether's services.