

# Insight Derby

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Healthwatch Derby is an independent consumer champion for health and social care services in the city of Derby. We are not the NHS, or the city council, or a pressure group.

Our team carries out a number of different engagements in the community to gather patient feedback. This newsletter gives a summary of our activities and local intelligence for the period **April 2017 to end of June 2017**

If you would like to share your experiences contact us on 01332 643988

Email: [info@healthwatchderby.co.uk](mailto:info@healthwatchderby.co.uk)  @HealthwatchDby  Healthwatch Derby  
Healthwatch Derby, Council House, Corporation Street, Derby, DE1 2FS

# Our Engagements



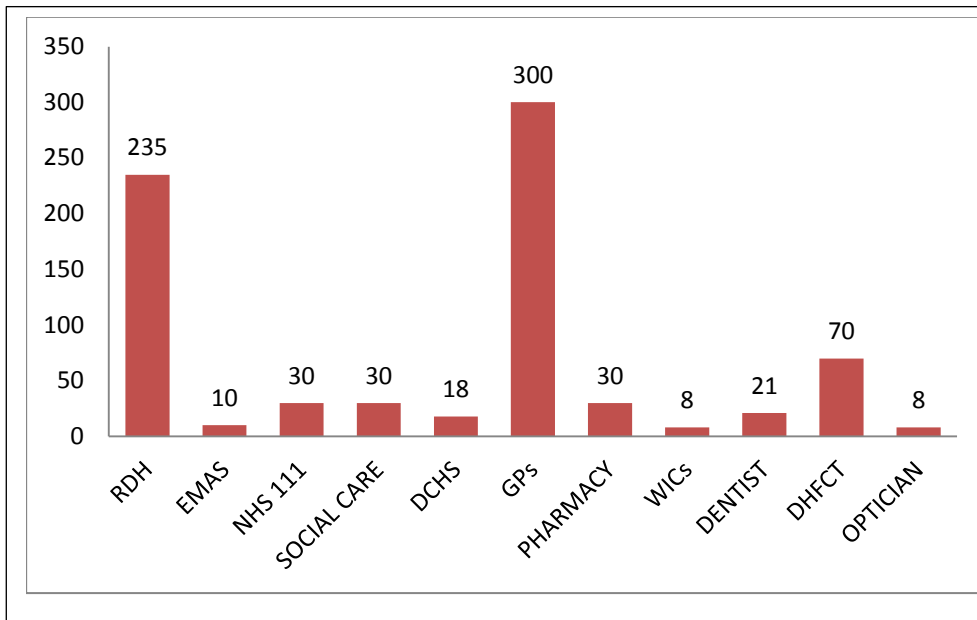
We believe local services will improve when local voices are heard - and our engagement activities ensure that we reach out to all parts of Derby city. Some of the comments we have received recently from patients:

- ☛ All appointments at my surgery seem to be booked up two weeks in advance.
- ☛ Once I get an appointment to see my GP the service is fantastic, but the problem is I am on the phone for nearly 40 minutes before I can get through.
- ☛ The way my midwife spoke to me left me in tears. There is no empathy at all, and as a new mother I felt worried and scared.
- ☛ Since I arrived at Ward 1 at London Road Community Hospital, everyone has been so helpful and caring.

Healthwatch Derby's engagement team visits all **17** electoral wards in Derby city, to hear directly from patients, carers, and families about their experiences of using local services. We also speak to community and voluntary groups, if you would like us to visit your group please contact us on **01332 643988**.

Between April 2017 to the end of June 2017, we completed **44** engagements and reached **888** residents within Derby. We received **816** individual items of feedback. Our focus in this period was **vulnerable frail and elderly service users, maternity and pregnancy services, mental health services, GP services** - we continue to receive feedback about **all aspects of health and social care**.

## Local Intelligence Summary - Oct 2016 to end of March 2017



The graph represents 760 out of 816 items of feedback –we have removed generic and out of area feedback, and only reported on health and social care services in Derby City

KEY:

RDH – Derby Teaching Hospitals Trust

DCHS – Derbyshire Community Health Services Trust

DHFCT – Derbyshire Healthcare Trust

WICs – Walk in Centres

### Themes Emerging:

- ❖ Negative experiences about maternity services and discharge at acute Trust
- ❖ Positive patient experiences about a range of services
- ❖ Negative experiences about GP access
- ❖ Negative experiences about NHS 111

### A selection of your comments:

"NHS 111 operator was not being practical. My friend had breathing difficulties and she insisted on asking him routine questions when he was really struggling to talk - I was trying to help and offered to talk but this fell on deaf ears"

"Cancer care has been first class at the Royal, and my GP was wonderful"

"Not only were they quite rude to me during my stay after my baby was born, but discharge was a total mess"

## Case Study

### PATIENT EXPERIENCE:

**“I suffer with bipolar and have had "low episodes", I believe that my mental health could be dealt with through community care, but I had to go into hospital with each low episode, I was not given choice in the matter, I feel choice was taken away from me because I am a mental health patient. The last 3 times I was admitted into the Radbourne Unit, I was given the same meds, I don't believe that particular medication worked for me, but I didn't feel as if I was allowed to have a say in my own care because of my mental health. The staff remember me each time I go into the Radbourne and they say things like "you will take your medication this time." and I don't like that, I feel judged. The staff here talk down to the patients, they feel they can get away with it because you have mental health problems. The staff here support and cover for each other if a patient complains, so there is no evidence of their wrong doing. I have never complained about staff treatment there is no point, you will not get anywhere with it. There are no facilities for me at the Radbourne Unit, I spend a lot of time sitting around with nothing to do. The staff say they are assessing me and doing observations, but the boredom makes things worse and my mental health doesn't progress well it just gets worse. I put weight on every time I go in the Radbourne, I eat and then do nothing, there may be a little bit of craft work I can do, but it is not enough to keep me occupied. I have been in/out of Radbourne over the past few years and I am surprised that, there is still no meaningful care for mental health patients in there. The food is ok at Radbourne Unit, but it is too heavy, I gain so much weight each time I go in. I just feel that the Radbourne unit is a waste of time for me, It has never done anything to improve my mental health over the years that I have been going there”**

**Healthwatch Derby treats all serious concerns about health and social care with urgency and our aim is to link up and current or ongoing complaints immediately with service providers. We also signpost and provide information for other services such as advocacy for help with complaints. This service user was offered complaints information but declined, feeling there would be no point in complaining, We gave information leaflets and our Healthwatch Derby business card and service user said they will contact if they want to share more feedback. We linked up the feedback with the service provider, and a response follows in the next page.**

## Case Study

### PROVIDER RESPONSE:

Many thanks for raising the concerns and comments which were passed onto you. Firstly, may I take the opportunity to thank you for raising the concerns expressed on behalf of the service receiver of our services. It is important to us to hear, understand and try and improve the services that we deliver in light of feedback that we receive and I hope you find the following helpful and responsive in regards to the concerns raised.

“I suffer with bipolar and have had ‘low episodes.’ I believe that my mental health could be dealt with through community care, but I had to go into hospital with each low episode, I was not give choice in the matter, I feel choice was taken away from me because I am a mental health patient.”

In this statement, there are clear elements which give rise to concern, significantly that the person’s choice in terms of how and where their care is best provided appears not to have been effectively communicated or discussed, leaving the person with a sense of being ‘done to’ rather than them being a partner in their care provision with a voice and making active decisions and choices, which enables them to make informed measured decisions about the care which they require. There are a number of mechanisms by which this should happen.

In the first instance, there should be a clear discussion between the community team, workers and the individual to explore their decisions and enable informed choices, in terms of how and where care is safely and effectively provided. This should form the basis of the care plan that the person is in receipt of. This plan of care should be available to inform the in-patient team at the point a hospital admission is required. Secondly, if the person’s condition is such that during episodes of ill health, decision making around care has to be reviewed due to safety the plan of care can be placed in an advance directive and this allows the person to express and assert their choice at a time when they are well, so that the care team are informed of how best to manage a situation if they become unwell and unable to express their needs.

Health workers should always maintain the person’s safety and there are occasions when somebody becomes so unwell that their safety or the perception of their safety is significantly compromised. In these instances, as with any care related decision, a discussion should take place, so that the person is aware of the concerns that the worker has with regards to their safety and where possible a mutually agreed plan reached as to how best to manage a difficult situation. In the event of neither party being able to agree, then a clear assessment and discussion regarding capacity and

## PROVIDER RESPONSE:

consent for decisions and treatment should be held between the person in receipt of the care and those aiming to provide it. In these circumstances, the engagement of carers and advocacy should be explored to support the person to have their voice heard.

The important elements which appear to be missing from this person's experience are transparency, choice and discussion in regards to how this person feels their care can be best met.

“The last 3 times I was admitted into the Radbourne Unit, I was given the same medication. I don't believe that particular medication worked for me, but I didn't feel as if I was allowed to have a say in my own care because of my mental health.”

As in the previous statement, significantly the element of choice is missing in this person's account of their experience. As before, all care based decisions should be discussed with the person. If they are struggling with choice or struggling to understand or weigh up the information that has been provided, independent Mental Health Advocacy should be sought in order to give space and time for that person to clarify any concern or information that has been passed to them by the staff and the care team. The choice should also be given to have a discussion with a Pharmacist independently of a multi-disciplinary team review, the person's named Nurse when they are in an inpatient setting or the community Care Worker, if they are at home, or the Consultant Psychiatrist, or one of the medical team if they wish to speak with a medical person to clarify their choices and the reasons and rationale that the care team have for thinking that one course of treatment may be better over another. The person's mental health condition should not be a barrier to a discussion regarding their care needs, but rather the reason for a discussion around their mental health care needs. We know from experience that the more invested and informed that a person is in regard to their treatment choices the more likely that treatment is to succeed and the more likely they are to feel empowered to maintain their treatment pathway.

“The staff remember me each time I go into the Radbourne and they say things like you will take your medication this time and I don't like that; I feel judged.”

In regards to the above statement, I would infer from this, that there have been periods where medication has been either discontinued or the treatment regime has been stopped.

RESPONSE CONTINUES IN THE FOLLOWING PAGE

## PROVIDER RESPONSE:

It is often the case that when people stop or discontinue the treatment in regards to medication it is because the reason, rationale and experience of taking medication has not been explored in a way that enables the person to feel that they have choice, control and they have the ability to say what they do and do not believe is working for them. This often leads to treatment being discontinued prematurely because the person does not feel that they have an invested therapeutic relationship in order to explore or communicate their treatment choices, particularly if they find that medication is not working for them or there are compromises or side effects.

As with the previous two points, this relates back to communication and the ability to feel that they will be heard and listened to if expressing choice around treatment and care. Being judged is not a feeling that we would want anyone to feel when experiencing our services. When a healthy relationship is in place and trust, the ability to say to the staff why they have discontinued medicine is important. If they have a relationship with staff, they can move through feelings and emotions. This is not always straightforward and can touch powerful emotions e.g. they do not accept that they have a mental health condition and medicine represents feelings and emotions that are difficult to deal with. They can't tolerate the side effects, they just don't want to take medicine and they also have mixed emotions about depending on medicine for the medium term. Whatever the reason, they need to have conversations with the clinical team and discuss the impact of their choices, what their goals are and what they want to achieve and explore their decisions. This also includes telling staff when discussing taking medication; this is how it makes them feel, how they can have a different conversation about what is working for them and what isn't.

**“The staff here talk down to the patients. They feel they can get away with it because you have mental health problems.”**

It should not be the case that any person in receipt of our care should be left with this experience and lasting impression of our services. It is important that staff take the time to listen and to explore with people their reasons, rationale, their experience whether it be related to treatment or life in general or their perception of the world, or the things that they are interested in or whatever people bring that enables us to form a therapeutic alliance when working with people.

Whilst it can be the case that when people are experiencing episodes of mental ill health, their perceptions can be altered, it is essential that as a staff group, we adjust our communication style to support, to listen, to understand and to explore with people their experience to make sure that they know that we are here to help.

**RESPONSE CONTINUES IN THE FOLLOWING PAGE**

## PROVIDER RESPONSE:

However there may be staff whose personal communication style is not empowering and promoting choice. There may be a culture in a staff group or in a particular ward that contributes to this. In these instances we would seek to work with the staff group to resolve any issues of communication or approach that would improve the care, treatment and experience of people in our service.

Where there are difficulties in communicating needs or negotiating with the care team we encourage access to independent advocacy who can support, if we are unable to resolve any issues within the care team. Following an episode of care we have a service receiver involvement group; called Mental Health Alliance that people can provide their examples too. They can take this feedback to specific areas and this contributes to Trust wide, local area and service specific work plans for the benefit of others.

If it is helpful we are able to allocate concerns or complaints for exploration/investigation by people who work in a different service area in order to ensure independence and impartiality when looking into matters raised with us. If there is opportunity to convey this to the person who flagged these concerns we would be grateful if this could be passed on.

**“The staff here support and cover for each other if a patient complains, so there is no evidence of their wrong doing”**

In regards to this point, we try very hard to foster a culture of openness, transparency and approach concerns expressed with candour. As a management team, we view these comments as an opportunity to improve our practice and improve the way in which we communicate and therefore the experience that people have when they are involved with our care teams whether it be in hospital, in the community or through our other services. However, clearly from this respondent there is a perception that staff are not working in this way. As an organisation, we are committed to investigate all complaints that are raised with us and respond as fully and comprehensively as we are able in context with the information provided to us, and we could offer independent advocacy, Mental Health Alliance or an independent person to act upon their concerns.

**“I have never complained about staff treatment there is no point, you will not get anywhere with it”**

**RESPONSE CONTINUES IN THE FOLLOWING PAGE**



## PROVIDER RESPONSE:

As with the previous point, if as a management team we are aware there has been a concern expressed, we seek to explore, investigate and feedback the concerns raised with us in a timely manner. I would be confident that there are people that can attest to having had a positive experience of raising a concern and who do report that they feel that their concerns have been dealt with in a timely helpful and appropriate manner. However, clearly this is not the experience or what this person has heard or potentially experienced previously. Therefore, I could only encourage that if they have concerns in the future, that they raise them with us and we will do our best to address them in the manner previously described. We will reflect on ways which we can improve on our responsiveness to concerns raised. We are very sorry that the person who raised this did not feel the team would listen. We can explore the options offered or we are happy to receive an anonymous letter to respond. It's really hard for the team to provide a personalised response without more details; however we are really sorry for the way this made them feel.

**“There are no facilities for me at the Radbourne Unit. I spend a lot of time sitting around with nothing to do. The staff say they are assessing me and doing observations, but the boredom makes things worse and my mental health doesn't progress well it just gets worse.”**

Each ward now has a recreational area and there are both recreational and support activities within the Hub which are aimed to help bridge the inpatient unit with resources in the community. We are mindful that at times access to recreational facilities on the ward can be difficult if staff are engaged in other activities such as observations, supporting distressed individuals or attending to other duties. This is an area where we strive for improvement. We are in the process of recruiting additional nursing assistant staff in order to give us a greater base of people who are able to support and provide timely access to recreational activity, time off the ward and spend time with people to alleviate the boredom described. We are not sure what timescale we are referring too in this concern. We have just appointed an Allied Health professional for our in-patient services, this is the staff lead for occupational and vocational activity and we will share this letter with the new person and we will ask her to take their experience into account in the development of the services.

**“I put weight on every time I go in the Radbourne. I eat and then do nothing. There may be a little bit of craft work I can do, but it is not enough to keep me occupied.”**

**RESPONSE CONTINUES IN THE FOLLOWING PAGE**

## PROVIDER RESPONSE:

We are aware that access to the gym through 2016 was compromised due to the member of staff who was trained to support people to access the gym was off work. We have subsequently trained up additional staff members to support access to the gym as one mechanism to address this issue. In addition we have also recruited additional nursing assistant staff to support people to have time off the ward and this staff member could explore about activities we could put in place on the ward and bridge the gap to the community. We have an in-patient Dietician service; we could look at weight gain and diet in addition to activity and explore some options to reduce carbohydrate intake for example, in order to manage any risks associated with gaining weight. This can also be undertaken in the community in addition to considering social activity such as walking groups or other well-being initiatives to help stay active and healthy.

**“I have been in/out of the Radbourne over the past few years and I am surprised that in 2016, there is still no meaningful care for mental health patients in there.”**

It is clear our service has not helped achieve this person's goals or expectations. We need to hear that and listen. We would like to explore with this further with the person this directly relates too, to understand what their personal goals are and what did they expect from an in-patient setting. We would be very grateful, if you are able to ask if they would consider sharing this with Mental Health Alliance, so that we can open a safe dialogue with them, about what was expected and we can share what we have to offer. We could explore their goals and expectation whilst being realistic on what we can and can't offer. In addition to this we are able to offer advice and guidance in regards to Social Care and voluntary sector agencies who can provide help and support which may be of benefit.

I am mindful that the staff at the Radbourne Unit are committed to providing a level of care that they do experience some strong improvements in the patient experience and this reflects a number of interventions, support mechanisms that they utilise in treatment, support, one to one time, recreational activity, time off the wards, time spent with families / carers, time spent negotiating with community teams etc with the intention of improving not only someone's mental health, but their opportunity for recovery once their need for an inpatient stay has ended. We would want to listen to any feedback and understand whether the full range of options, were communicated, were available, and what was missing from the offer. Our lead Allied Health Professional could then take this into account along with other feedback and explore how we communicate the Hub offer, community support and in-patient activity on the wards.

**RESPONSE CONTINUES IN THE FOLLOWING PAGE**

## PROVIDER RESPONSE:

“The food is okay at the Radbourne Unit, but it is too heavy. I gain so much weight each time I go in.”

The meal regime at Radbourne is under continuous review. The catering team try hard to provide a range of meal options, salads, hot meals in order that people have choice which allows people to manage their dietary intake in accordance with their own preferences. To this end, the nursing assistant team on ward 35 have started a new initiative, ‘Looking at Diet and its Relationship with Mental Health’, with a view to cascading this across the unit over the course of the year. We have an in-patient Dietician service; we can provide individualised plans to support people to access diet and activity plans which match their personal needs.

“I just feel that the Radbourne Unit is a waste of time for me. It has never done anything to improve my mental health over the years that I have been going there.”

As per the previous response, without knowing and understanding more of this person’s individual experience, it is difficult to comment. If they are able to see the response provided and willing to offer more detail or information, then we would be happy to look in more detail at their case and care. It is the intention of any acute admission to improve the mental health and wellbeing to a point where they have the confidence to continue these improvements with their community support team.

The key strands that I have taken from this patient experience report are choice, transparency (when it comes to discussing treatment options), being able to express, explore and identify what treatment support options work best for each individual and to improve access to the other avenues of support which should be available to people whilst in hospital such as the gym, other ward based and non-based activity, links into community services and also to support people to access food and diet of their own choice and choosing which enables them to maintain a healthy weight and not compromise their recovery any further.

Once again, thank you for raising these issues with us. I am sure you will appreciate that it was difficult to provide an individualised response without knowing specific detail of the person’s circumstances, although we readily accept this as a reflection of a patient experience and will continue to put in place the mechanisms to improve, such as improved access to recreational and activity

RESPONSE CONTINUES IN THE FOLLOWING PAGE

## PROVIDER RESPONSE:

based support comments back to our catering department regarding food choice and menu selection, comments back to the full MDT in regards to discussing treatment choices and options and building on the capacity and consent work that we have been doing as an organisation over the last few months and also comments back to our community mental health teams to further consider documenting peoples choices in current care plans and in advance statements, so that when the person's mental health may be deteriorated, that we have a clear documentation of their choices and preferences ahead of this eventuality.

I hope this response is considered helpful. If the person who initiated the concerns would like to raise their issues specific to their episode of care, then I would be more than happy to look into these in more detail and provide a more individualised response.

### Actions

1. We will share this experience with the clinical team at the Radbourne unit and ask them to take it into account in their practice.
2. We will explore the activity programme in details with the Allied Health professional for CAMPUS
3. We will feedback to the catering service and dietician the experience of our food and weight gain and we will put in place posters or information on the Dietician service and activity programmes.

I am personally very sorry that we were not able to meet your expectations and your experience was not positive. Thank you for telling me and for allowing me the ability to improve our services for the next person.

***Richard Morrow***

***Head of Nursing - Radbourne Unit  
Derbyshire Healthcare Foundation NHS Trust***



# Enter & View

One of our duties as a local Healthwatch is to conduct 'Enter & View' assessments. These are snapshots of the service that we observe on the day. We visit hospitals, care homes and nursing homes to observe services. We speak to patients/residents, staff and visitors. We then present a full report to the service for their response. Enter & Views are conducted by our staff and volunteers. More details about volunteering can be found in [Page 17](#).



Healthwatch Derby's authorized representatives at a recent Enter & View at BUPA Shelton Lock

In the period April to the end of June 2017, we visited the Royal Derby Hospital and the London Road Community Hospital for Enter & Views. In addition we also visited 4 care homes for Enter & Views.

We will continue to visit and conduct Enter & Views into health and social care services in Derby City, and we will continue to amplify patient voices.

## Our Work in Focus



One of our aims as Healthwatch Derby is to ensure health and social care information is widely available to all parts of our community - between April and the end of June 2017 we tried to reach out in a variety of ways.

We created a new platform **IDEN** to share learning with our stakeholders and ensure patient voices were at the heart of engagements (pictured above left).

We continued to build on our evidence base for maternity, pregnancy, children's and GP services - we visited a few different **Children's centres** (pictured above left)

We engaged our membership at our **AGM** and asked for feedback on services (pictured middle)

We continued to engage with and hear from the vulnerable, elderly and frail by visiting different venues such as **Live at Home Lunch Clubs** (pictured below left)



## Stakeholder Feedback



Healthwatch Derby Chair with Healthwatch England Chair, Annual Conference 2017 (pictured above)

Insight Derby is an exceptional newsletter that generates quality information and knowledge to help us to continuously improve. The case studies really resonated as they capture the human experience and journey across the various healthcare pathways.. It is a helpful reminder to all of us that it's important to get the basics right in terms of respect, improving access to information experience and outcomes so people have the best life chances. The article in the dentistry newsletter is a credit to you and a real accolade to the invaluable work of Healthwatch Derby.

**Harinder Dhaliwal - Asst Director for Engagement & Inclusion, Derbyshire Healthcare Trust**

I thoroughly enjoyed the Healthwatch Intelligence Group meetings I attended and hope the group continues to do good work in the future.

(Healthwatch Intelligence Group is a platform created by Healthwatch Derby)

**Tom England – Evidence & Insight Officer, Healthwatch Nottinghamshire**

It's really useful to know about Healthwatch Derby's work around discharge and have the insight doc & the case studies as well. The numbers of people you engage with is very impressive!

**Alvin Kinch – Engagement Manager, Healthwatch England**

Although the patient experience team doesn't deal with the responses to case studies, this information has been invaluable to use in some of the projects we are starting up around discharge and the biggest issue around discharge is internal communication.

**Megan Roworth – Patient Experience Manager, Derby Teaching Hospitals Trust**

Really like the case examples in Insight Derby.

**Ifti Majid – CEO Derbyshire Healthcare Trust**

## You Said **We Did**

" I feel like the hospital just wants to push me out.

My needs are not being considered but I am being pressured to accept a quick discharge. I don't feel well enough to leave"

Healthwatch Derby alerted Derbyshire Healthcare NHS Trust following our established escalation protocols. The Trust investigated the issues, and reviewed full discharge plans and a re-assessment was done to reassure the patient and to provide further support post discharge.

"Why don't you come to my GP surgery to see for yourself what its like to wait for an appointment"

Healthwatch Derby has written to every GP surgery in Derby City, advising them we will be visiting every surgery and speak to as many patients as we can. The GP surgery visits have already started yielding rich feedback.

"I feel Healthwatch Derby should involve its membership and do more volunteer based activities such as Enter & Views"

We have been involving our volunteers at every level of our activities. In this Quarter our Chairman (volunteer) provided valuable insight to health decision makers about upcoming service changes and consultations. More Enter & View volunteers were trained, and the membership continued to be involved through many initiatives to seek feedback.





Is your regular visit to the hospital coming up?

Are you due a dental or an optical check up?

Have you got an appointment with your GP soon?

Do you need to visit your local pharmacy soon?

## Volunteering opportunities with Healthwatch Derby

If the answer to any of these questions is yes, you could become a *Mystery Shopper*. Visit our YouTube page to find out how you can help by sharing your story - watch our 'Cyril & Nuttella' cartoon! You can also contact the office directly on 01332 643988.

### Become a Healthwatch Champion

You can volunteer with us in various ways:

- visit health and social care establishments;
- become a Mystery Shopper by completing short surveys relating to services you have recently visited
- help us to promote Healthwatch Derby at events;
- collect people's views and experience of Derby's health and social care services; or
- represent us at meetings and forums.

### Become a Healthwatcher

Sign up to our newsletter and be the first to find out about meetings, events, consultations, surveys and other opportunities to help your voice be heard. For more information contact us on 01332 643988.

## Looking Ahead

- ❖ Healthwatch Derby will continue to visit your local area and hear directly from you.
- ❖ Our team will undertake Enter & View assessments of local services.
- ❖ We will send your views to service inspectors for Derby City and continue to liaise directly with providers and commissioners.

### Some forthcoming engagements:

- ❖ **GP Outreach Spondon Ward** - 31<sup>st</sup> July
- ❖ **A&E/PAU Outreach** - 3<sup>rd</sup> August
- ❖ **Arboretum Park Fun Day** - 9<sup>th</sup> August
- ❖ **Becket Children's Centre Outreach** - 17<sup>th</sup> August
- ❖ **Royal Derby Hospital AGM** - 28<sup>th</sup> September

If you would like to get involved or would like us to visit your organisation, please contact us on 01332 643988.



**We would love to hear from you, get in touch!**

Email: [info@healthwatchderby.co.uk](mailto:info@healthwatchderby.co.uk)

Telephone: 01332 643988

Address: Healthwatch Derby, 1st Floor, Council House, Corporation Street, Derby, DE1 2FS

Website: [www.healthwatchderby.co.uk](http://www.healthwatchderby.co.uk)

Blog: [healthwatchderby.wordpress.com](http://healthwatchderby.wordpress.com)

Facebook: [www.facebook.com/Healthwatchderby](http://www.facebook.com/Healthwatchderby)

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