

Feedback on Norfolk and Suffolk Foundation Trust Services

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.



Summary

Healthwatch Norfolk worked in collaboration with the Care Quality Commission (CQC) to gather feedback about Norfolk and Suffolk Foundation Trust (NSFT) services in the past year. An online survey was created and distributed. We received 41 completed survey responses which make up the analysis. We acknowledge that this is a small sample of NSFT service users and is unlikely to represent all experiences. The most common service used by respondents was adult community with 23 respondents (56%). Below is a summary of our survey findings:

- Most respondents (30 respondents, 79%) told us that they found it hard to access the mental health service(s). Comments about access to services included mentions of long waiting times and falling through the cracks of services because they were considered too complex or not appropriate for services. With one person telling us:

Was sent to Mind - to [sic.] high needs Went to wellbeing - not appropriate for their service was finally referred to Northgate - not suitable for their service and they told me to go to mind.

- For those who needed to access crisis support we asked if they were able to access the appropriate support quickly. Most of these respondents (21 respondents, 68%) told us they were unable to access the support. Experiences of crisis services included people telling us that phone lines were not answered or there were long waits.

We have phoned the emergency phone line more times than I care to mention over the last year and no one has ever picked up and we have been phoning in office hours. We have ended up having to use 111 and emergency GP appointments as well as relying on friends to retrieve him from other parts of the country when he has got in the car and driven away unsafely we are talking drive 80-100 miles away from home.

- Only six respondents (24%) told us that they found their care plan useful, while 16 (64%) told us they did not find it useful. We were told that they felt the care plan was a tick box exercise, generic, and often was not used.
- Experiences with staff were mixed, but most respondents told us that staff always or sometimes treated them with kindness, dignity, and respect.



- Most respondents who had made a complaint told us that making a complaint was not easy to do (13 respondents, 72%), and that they often did not receive a timely (13 respondents, 81%) nor an appropriate (14 respondents, 88%) response.
- Respondents were asked whether they had received care or treatment from NSFT during the COVID-19 pandemic, 18 (45%) respondents told us that they had. Changes to services included services ceasing to exist or moving online or via the phone. Those who had received face to face care told us they felt the risks had been well managed.
- When asked whether they believe that NSFT is well-led, 31 respondents (78%) answered 'no'. Reasons why they felt that included the trust being put into special measures, being understaffed, and underfunded.



1. Why we looked at this

1.1. Background and aims

Healthwatch Norfolk worked in partnership with the Care Quality Commission (CQC) to gather feedback and experiences from patients who have been receiving care and treatment from Norfolk and Suffolk NHS Foundation Trust (NSFT). The information in this report will be used as part of ongoing monitoring of the Trust and may also help identify areas of concern and of good practice. In particular, the aim was to collect feedback from patients who received care and treatment in the last year and during the COVID-19 pandemic.

1.2. Limitations

We acknowledge that there are limitations to this survey:

- The Trust sees many thousands of people on an annual basis, this survey only received responses from 41 service users. This means that experiences are unlikely to be representative of all NSFT service users; those who have had a more negative experience may have felt more inclined to complete our survey.
- Although the different options were available as required it should be noted that all responses were received through the online survey, suggesting that we were unlikely to have reached those who are less digitally confident.
- This survey was exploring experiences within the last year, however it should be noted that some respondents indicated in their answers that their experience had not been in the last year. These comments are not included in this report, but it is possible that other experiences may not have happened in the last year.
- Most experiences shared were from those who had used adult community services, there was less representation from other NSFT services. This not only means that responses are not representative of all NSFT services, but also means that we were unable to look at experiences of different services on a more individual basis.



2. How we did this

2.1. How we collected feedback

A survey (survey questions can be found in appendix 4.1) was created in collaboration with the CQC and asked questions based on the five key questions which they ask of all care services:

1. Are they safe?
2. Are they effective?
3. Are they caring?
4. Are they responsive to people's needs?
5. Are they well-led?

As well as being hosted online through Smart Survey, the survey was available in an easy-read format.

The survey was open from 27th October until 30th November 2020. It was shared with health and social care providers, voluntary sector organisations, and community groups for dissemination to their members. Alongside this, we distributed the survey to our members and on our social media. Consequently, we received 13 comments on Facebook about NSFT services. Although these comments are not included in this report, patterns we noticed included:

- Members of the public believe mental health services in Norfolk are massively underfunded.
- There was also evidence of little or limited knowledge about what services are available, and several Facebook users described receiving mixed messages and poor signposting from GPs and other services.
- There were mentions of long waiting lists and battles to access appropriate and timely care. Many of the comments expressed feelings of frustration, and exasperation. A few people told us they have given up on seeking mental health support from specific services and are going it alone, without professional help as a direct result of their lived experiences.

2.2. About this report

The survey findings are grouped by section of the survey and include numerical results as well as comments from respondents. We used a thematic approach to analysing open-ended questions. Comments in this report are direct quotes from survey respondents. These have been left unchanged to ensure originality. Any



major spelling or grammar errors are noted with “[sic.]”. Percentages in results are based on the number of respondents who answered each question and does not include those who skipped the question or who selected ‘not applicable’.

3. What we found out

3.1. Who we received feedback from

We received completed survey responses from 41 people which make up the following analysis.

Of the respondents, 30 (73%) told us that they were female, five (12%) told us they were male, and six (15%) told us they would rather not say. Most respondents told us their ethnic group was White British (34 respondents, 85%), one respondent (3%) told us they were Mixed Race, and five respondents (13%) told us they would rather not say. We received feedback from people in different age groups as displayed in Figure 1 below, the most common age groups we received feedback from were those aged 36 to 45 and 46 to 55 with nine (22%) respondents each.

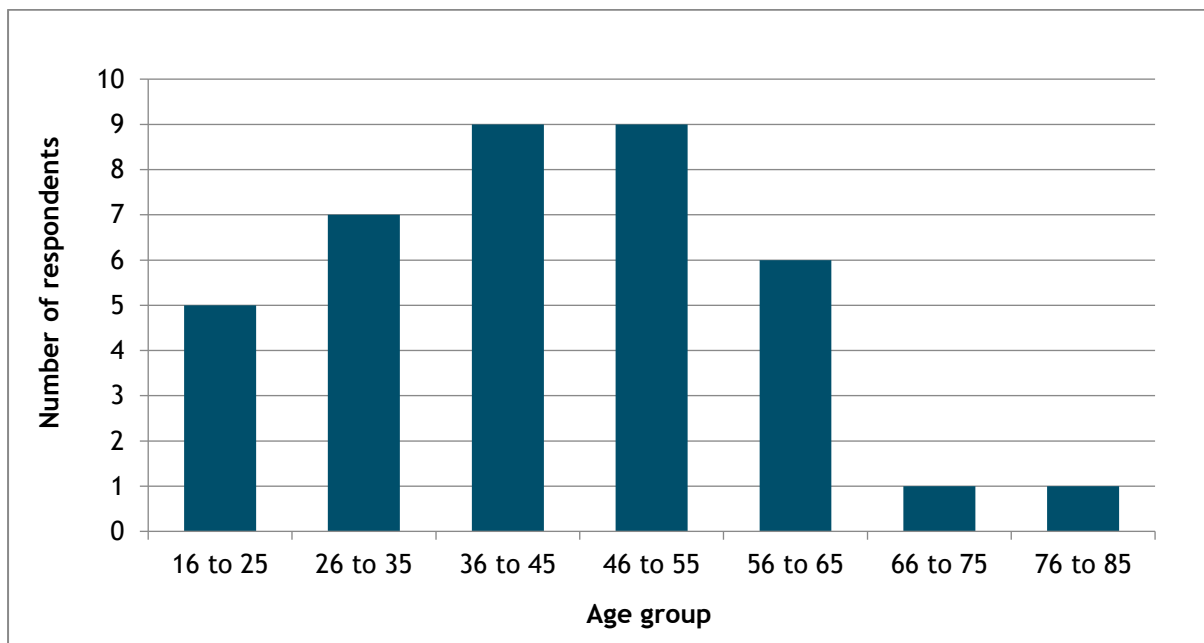


Figure 1. A chart displaying the age of respondents. No respondents told us they were under 16 or over 85, three respondents told us that they would prefer not to say.

We also received feedback from people across Norfolk as displayed in Figure 2 below. The most common areas of Norfolk we received feedback from were Norwich and King's Lynn and West Norfolk with nine respondents (22%) each.

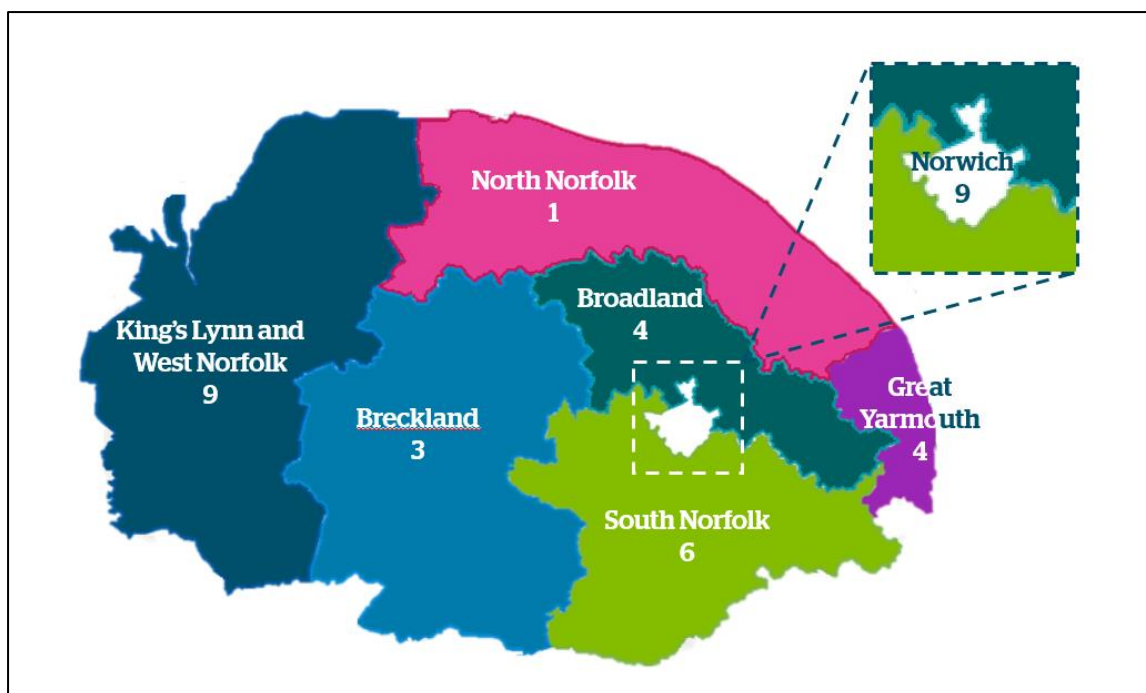


Figure 2. A map of Norfolk displaying who we received feedback from based on their district council. One respondent selected 'other' and four respondents told us they would rather not say.

3.2. Services used by respondents

The most common NSFT service used by respondents in the last year was the adult community service with 23 respondents (56%) telling us they had used the service. This was followed with adult inpatient services which seven respondents (17%) told us they had used, Table 1 below shows the services used by respondents.

Table 1

A table showing the service types used in the last year

| Type of service | Number of respondents | Percentage of respondents |
|------------------------|-----------------------|---------------------------|
| Adult community | 23 | 56% |
| Adult inpatient | 7 | 17% |
| Children community | 6 | 15% |
| Older people community | 2 | 5% |
| Children inpatient | 1 | 2% |
| Mother and baby | 1 | 2% |
| Other | 10 | 24% |



Note: Other responses specified by respondents included: wellbeing, adult mental health team, community youth service, youth mental health team, the Walnut Tree Health and Wellbeing, First Response, crisis team, adult ADHD, *“requested support through my GP”*, and *“my son was not given that choice! He has been in waiting list for well over a year”*.

3.3. Are services responsive?

Most respondents (30 respondents, 79%) told us that they found it hard to access the mental health service(s), while only three respondents (8%) told us that it was easy to access and five respondents (13%) told us it was neither easy nor hard. Below are the services used by the three respondents who told us it was easy to access the mental health service and their experience of accessing the service:

- An adult inpatient and adult community service user told us that they are *“currently under CMhT so easy but therapy access is hard”*
- The respondent who had used *“The Walnut Tree Health & Wellbeing”* told us that they *“needed to speak to someone for my child abuse triggers i had experienced it would have been a 2 year waiting list so I approached The Walnut Tree Health [...] i was seen a week later”*
- Finally, a respondent who had used adult community services told us that they had waited between 0 and 4 weeks before starting treatment.

The most common length of time service users had spent waiting for treatment was over 18 weeks with 11 respondents (37%) selecting this option; despite this, most respondents told us they spent less than 18 weeks waiting for treatment (17 respondents, 57%). Figure 3 below shows the number of weeks respondents waited before starting treatment.



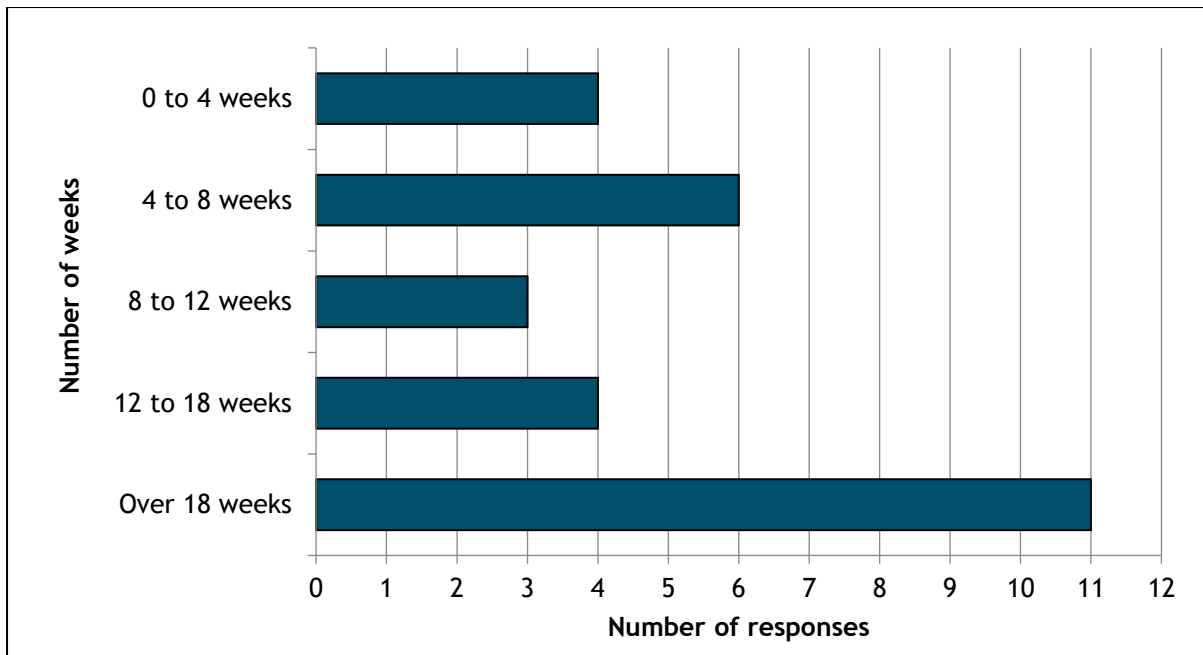


Figure 3. A chart displaying responses to the question "how long did you have to wait before you started your treatment?". In addition to this, two respondents answered 'don't know'.

Comments about accessing services included mentions of long waiting times and, particularly, not having support during the waiting time. Members of staff leaving their job role also created long waiting times for service users. For example, one respondent told us how their husband had been seen by the service but their mental health nurse *"left 1 year ago to take up a new post and despite being told we would have a new mental health nurse we are still waiting for one a year later"*. They also shared that they *"have asked and asked for help, but none is coming apart from two phone calls to see how he is"*. A similar experience was shared by another service user who had their care co-ordinator who *"left the Trust in November 2019"*. They told us that they still *"have not been assigned a new care coordinator and my requests to speak with a peer support worker have gone unanswered. All I get is a quarterly phone call and an assurance that I am on the waiting list for help"*.

Other comments included people telling us they felt they had *"fallen through a crack"*. One respondent shared how they *"found trying to access mental health services [sic.] difficult and kept being told I was too high need or not high enough need"*. Similarly, respondents told us about being *"often caught in a cycle of being referred to Wellbeing and then being told that they're too severe for Wellbeing so go back to your GP who will then refer them to Wellbeing"*. This experience was shared by another respondent who told us how they had been passed through several services resulting in them being signposted back to where they began: *"was sent to Mind - to [sic.] high needs Went to wellbeing - not appropriate for*



their service was finally referred to Northgate - not suitable for their service and they told me to go to mind”.

Some service users also told us that they had been “*removed from services as they were unable to supply treatment, too complex for them*”. Other service users told us they were removed from lists without being informed, for example a respondent who had been put “*on a 6 month waiting list for therapy*” shared with us that they were then taken “*off the waiting list without informing me because ‘they didn’t think I was eligible for therapy because I had seen a private therapist previously*”.

Both waiting times and complex needs are highlighted from a comment from one respondent trying to access CAMHS; who told us how in July 2018 their son’s “*referral was rejected as was told my child’s anxiety is just due to his ASD*”; this parent then explained how their “*child was having significant problems in October 2019 so the GP referred again, it took 4 months for an assessment and a year after this second referral still waiting for treatment*”

Access to support: Case Study

After the survey was closed, we received an email from a member of the public about their friend’s difficult experience trying to access mental health services. They gave us permission to include their experience in this report.

I have a friend who is suffering with mental health issues, about 4 months ago she was transferred to the crisis team, since then she has had no support whatsoever, the gp does not seem to take an interest in what is going on with her.

She was told to contact well-being which she did, they told her they would contact her for an assessment, she waited and waited, I phoned them to explain her situation and they contacted her the next day to make an appointment for her assessment, this was done and she was told she needed cbt she got another call saying she needs yet another assessment, During the time she was discharged from the crisis team and now she has had no support whatsoever, What happen to the times when you were transferred by gp to a psychiatrist and you get a proper assessment and transferred to the person who can help you.

Access to crisis support

For those who needed to access crisis support we asked if they were able to access the appropriate support quickly. Most of these respondents (21 respondents, 68%) told us they were unable to access the support, with eight respondents (26%)



telling us they were able to access the support. A further two respondents (6%) answered 'don't know'.

While on the one hand one respondent told us *“once I had the correct number, crisis came out to assess my mum within a couple of hours”*. On the other hand, some respondents told us that they felt *“there is no crisis support”* or that *“crisis support doesnt exist.Mental health 9-5 Mon to Fri”*. Others reported long waiting times to access crisis services, that there was *“too long a wait”*. One respondent told us their mother *“had used the “first response” helpline a few times”* however it had taken *“15 minutes to answer , the first time they said they could not help and to call 999 and they would send someone. the second time they did not answer. The paramedic called the helpline back but no answer after 15 minutes so he gave up”*. Similarly, another respondent shared the following experience:

We have phoned the emergency phone line more times than I care to mention over the last year and no one has ever picked up and we have been phoning in office hours. We have ended up having to use 111 and emergency GP appointments as well as relying on friends to retrieve him from other parts of the country when he has got in the car and driven away unsafely we are talking drive 80-100 miles away from home.

Other comments about crisis support mentioned staff attitudes and skills, for example: *“the crisis team were very unsupportive and the last time I had contact with them which was after I came out of an inpatient stay in a psychiatric hospital, they told me they were not an emergency line”*.

Finally, respondents commented on a lack of aftercare once they had been helped by the crisis team. A respondent who had used adult inpatient services in the last year, told us that they were *“quickly discharged with no hope of future help”*. Another respondent told us they had received support from Little Plumstead Hospital nurses, however *“once they felt we could cope they were unable to follow up any further support”* they referred *“him to the Team in St. Stephen, we are still waiting.... Many referrals have been made since then... Including last year and as recent as 2 months ago”*.

3.4. Are services effective?

Most respondents (35 respondents, 88%) told us that they did not think that there were enough trained and skilled staff. The services used by the three respondents



who did think there were enough trained and skilled staff were adult inpatient, adult community, and The Walnut Tree.

Care plan

We asked respondents whether they helped to make their care plan, 28 respondents answered this question. Of these 11 (39%) told us that they had helped to make their care plan and 15 (54%) told us they had not, two respondents (7%) told us they did not know. Only six respondents (24%) told us that they found their care plan useful, while 16 (64%) told us they did not find it useful.

Only one respondent who told us they found their care plan useful explained their answer; sharing that is useful for them but *“when I get referred to crht they clearly have not read it and sometimes even complain they don't know me well enough to help yet my care plan clearly outlines what helps me in crisis”*.

Other respondents similarly shared that they were not used, the care plan *“was generic, would have helped if they read it and remembered it”*. Finally, some respondents told us that they felt that their *“care plan was a tick box exercise a blunt instrument of no help whatsoever”*; similarly that *“it was just words on paper and didn't have any specific steps to actually help me move forward in my recovery”*.

3.5. Are services caring?

Most respondents (24 respondents, 65%) told us that they felt that staff did not answer all their questions. However, Figure 4 below shows that most respondents told us that staff always (7 respondents, 18%) or sometimes (26 respondents, 65%) treated them with kindness, dignity, and respect. Only two respondents (5%) told us that staff never treated them with kindness, dignity, and respect. Both of these respondents told us that they had never been seen by NSFT after being referred by their GP.

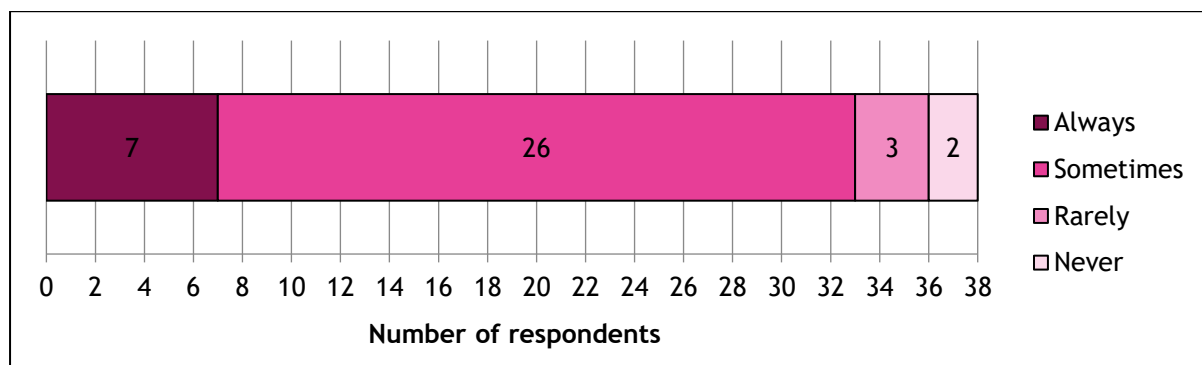


Figure 4. A chart displaying answers from respondents to the question “did staff treat you with kindness, dignity and respect?”, in addition two respondents answered: ‘don’t know’.



When asked if they felt fully involved in decisions about their care, the most common answer from respondents was 'sometimes' with 15 respondents (45%); Figure 5 below displays responses to this question.

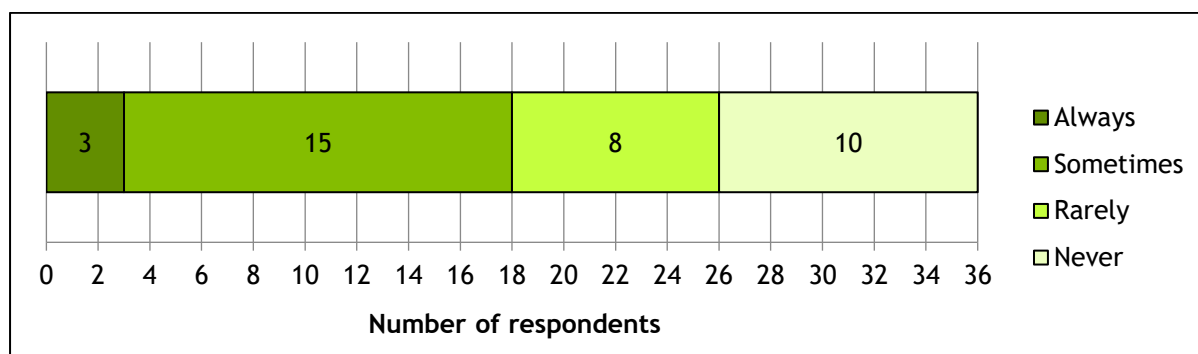


Figure 5. A chart displaying answers from respondents to the question “did you feel fully involved in decisions about your care?”

Figure 6 shows answers to whether respondents felt that their needs were listened to. Most respondents told us that they ‘rarely’ (14 respondents, 37%) or ‘never’ (12 respondents, 32%) felt that their needs were listened to.

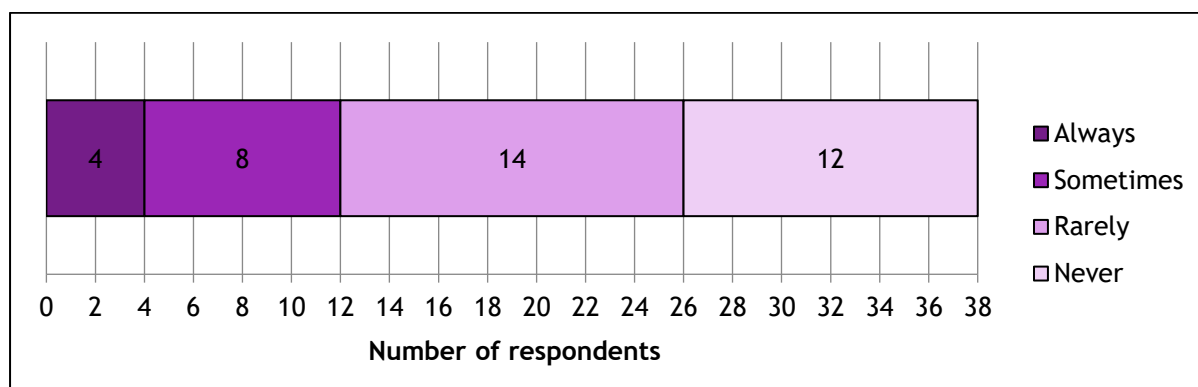


Figure 6. A chart displaying answers from respondents to the question: “did you feel that your needs were listened to?”.

The services used by the respondents who answered ‘always’ to at least one of the above questions and shared comments about staff are listed below:

- The service user of The Walnut Tree Health & Wellbeing answered ‘always’ to all three staff questions and told us that “they were all very kind to me and the EMDR practitioners at the Walnut Tree Health & Wellbeing were



excellent. I had a lot of support and kindness shown to me i owe them my life”.

- A service user who told us they had used adult inpatient and community services told us about mixed experiences. They shared how their “*old care co [name redacted] and the community team were amazing. Non judgemental, supportive and responded when I needed support and before that*”. However, they also shared that their “*time on the ward was less supportive and I came accross [sic.] rude, bored staff. Some wouldn't bother talking to patients on the ward. Others were kind and helpful*”.
- A respondent who had used adult community services shared that “*staff who answer the phone to you are always helpful [...] The trainee psychologist who did my ACT therapy was amazing and really helped me even though we had lots of tech problems*” and that their “*support worker is really good and makes things happen*”.
- Another respondent had used adult community services and told us that their “*psychiatrist was very kind at assessment and listened really well*”.

On the other hand, some respondents shared negative and mixed experiences with staff at the Trust. Comments included feeling that “*staff are judgemental*” or being “*patronised and not taken seriously*”; one respondent told us that their nurse “*started singing when I thought this my time to be listened to*”. Service users also told us that they noticed pressures on staff; that they sometimes they felt staff were “*just interested in reducing patient numbers, not helping people*”. Figure 7 below displays additional comments from survey respondents about their experiences with staff.

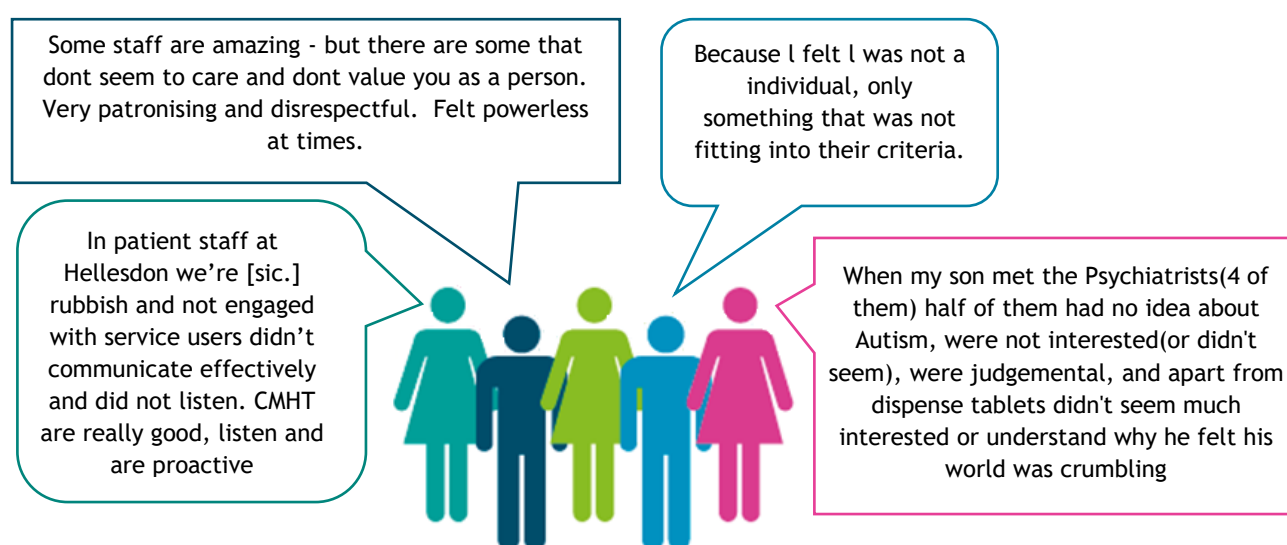


Figure 7. Additional comments about experiences with staff



Experiences with making complaints

Table 2 below shows experiences that respondents had when making complaints about NSFT services. Most respondents told us that making a complaint was not easy to do (13 respondents, 72%), and that they often did not receive a timely (13 respondents, 81%) nor an appropriate (14 respondents, 88%) response.

Table 2

A table displaying experiences of making complaints.

| | Yes | No | Don't Know |
|---|----------|----------|------------|
| Was making a complaint easy to do? | 4 (22%) | 13 (72%) | 1 (6%) |
| Did you talk to a member of staff about your complaint? | 13 (65%) | 7 (35%) | - |
| Did you get a timely response to your complaint? | 2 (13%) | 13 (81%) | 1 (6%) |
| Did you get an appropriate response to your complaint? | 2 (13%) | 14 (88%) | - |

Respondents who had raised complaints told us that they had long waits, one shared that they have a *“complaint still ongoing after 9 months”* another highlighted that they *“waited months on end and extension after extension for a response that boiled down to we're sorry you feel that way. I wouldn't have even minded the time it took had there been an actual outcome”*.

Some service users shared with us that they did not complain about their experience because they *“did not think it would be worth it, and with my ongoing problems really did not have the energy”*. Another respondent told us that they *“don't know how to raise a complaint, but I would put in a big one if i felt it would make any difference”*.

Complaints experiences from Equal Lives

Alongside survey responses, we received feedback from Equal Lives on experiences making complaints about NSFT services. Equal Lives offer a complaints advocacy service and shared with us that they had several active complaints which a response had not been received in the given timescale, including multiple



complaints more than a month past a deadline of 30 working days. They also shared that they had submitted complaints which had not received an acknowledgement of the complaint submission at all. See Appendix 4.2 on page 31 for more detail.

3.6. Are services safe?

Respondents were asked questions about their perceived safety of services. When asked if they were supported to feel safe when accessing care and treatment answers were split, however the most common response was that they ‘sometimes’ (12 respondents, 29%) were supported. Figure 8 displays answers to this question.

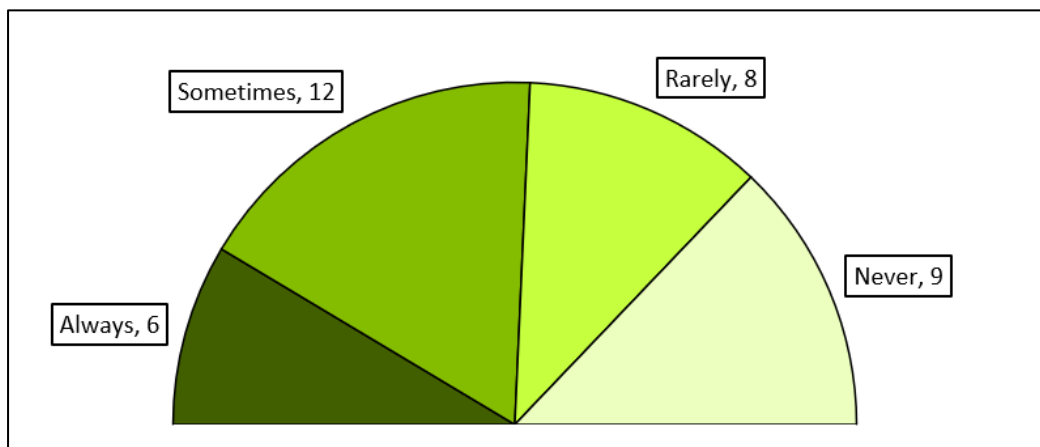


Figure 8. A chart displaying responses to the question “were you supported to feel safe when accessing care and treatment?”. In addition to this, six respondents answered ‘don’t know’.

Figure 9 below shows how respondents felt about whether the risks were considered when accessing care and treatment. Only two respondents (5%) told us

that they ‘always’ thought risks were considered, the services used by these respondents were The Walnut Tree and adult community services.

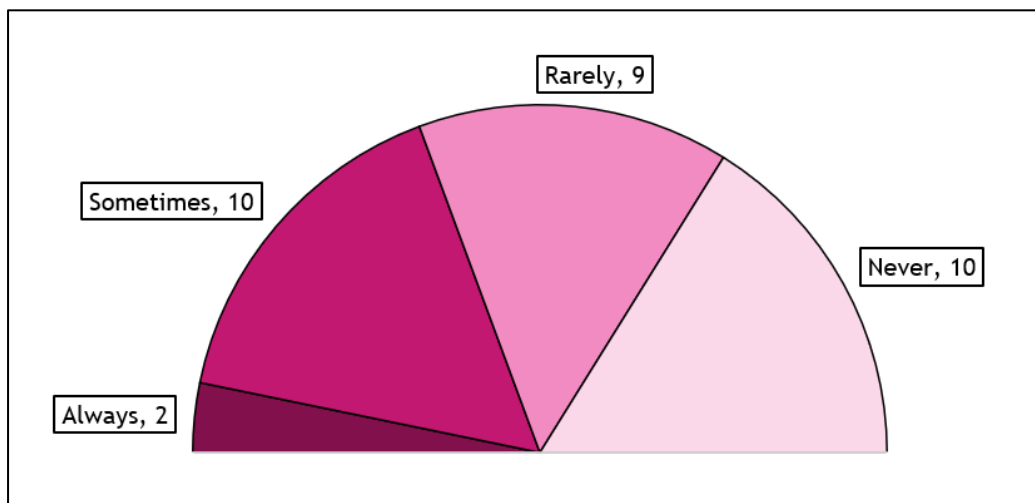


Figure 9. A chart displaying responses to the questions “did you think all the risks were considered when accessing care and treatment?”. In addition to this, 10 respondents answered ‘don’t know’.

Respondents were asked to share their views on the safety of NSFT services, they shared concerns about feeling like the service was “*uncaring, unsafe. Patients considered a problem to their business model*”. Other respondents told us they felt that “*the service is not fit for purpose*” and that the service is “*understaffed*”.

Accessing services during COVID-19 pandemic.

Respondents were asked whether they had received care or treatment from NSFT during the COVID-19 pandemic, 18 (45%) respondents told us that they had.

Respondents who were in a high risk group for COVID-19 were asked if their additional physical health needs had been considered when planning and providing their care and treatment, three respondents told us that they felt their needs had been considered while six told us that they felt their needs had not been considered.

Seventeen people left comments about how risks were managed during the COVID-19 pandemic. Comments included how the service had changed and that they had “*recovery college session via Zoom*”, “*received two phone calls*”, that was “*lack of face to face unless crisis*”, or that they felt “*services simply disappeared*”. One respondent told us that they were not “*allowed to visit mum apart from to drop stuff off, COVID seemed to be taken seriously as far as I could see*”.



Respondents who had received face to face treatment told us the experience was *“well managed. Care co visited at a safe distance in PPE. Been for walks too which was helpful in getting me out when low”*. Another shared their experience below:

Feel that the risks of covid have been well managed in relation to my mental health. Phone calls when I am doing ok and visits when I am in crisis. Staff seem to appreciate that I am often at much more risk from my mental health than covid and wear appropriate PPE when doing face to face visits.

Finally, a service user of adult community services told us that *“it's been very very hard to have all treatment remotely but I understand why its necessary and the Trust have always done all they could”*.

3.7. Are services well-led?

When asked whether they believe that NSFT is well-led, only three respondents (8%) answered ‘yes’, while 31 respondents (78%) answered ‘no’. Respondents were asked to explain their answer, comments included that *“they have been placed in ‘special measures’ so often, how could they be well led?”*, staff changeover caused problems that *“it appears too many managers etc who constantly change.No cross section leadership.One section blames another”*, and that the Trust was *“understaffed. Most of my contact has been with non-clinical staff”*. Figure 10 below displays some additional comments about whether the Trust is well-led.



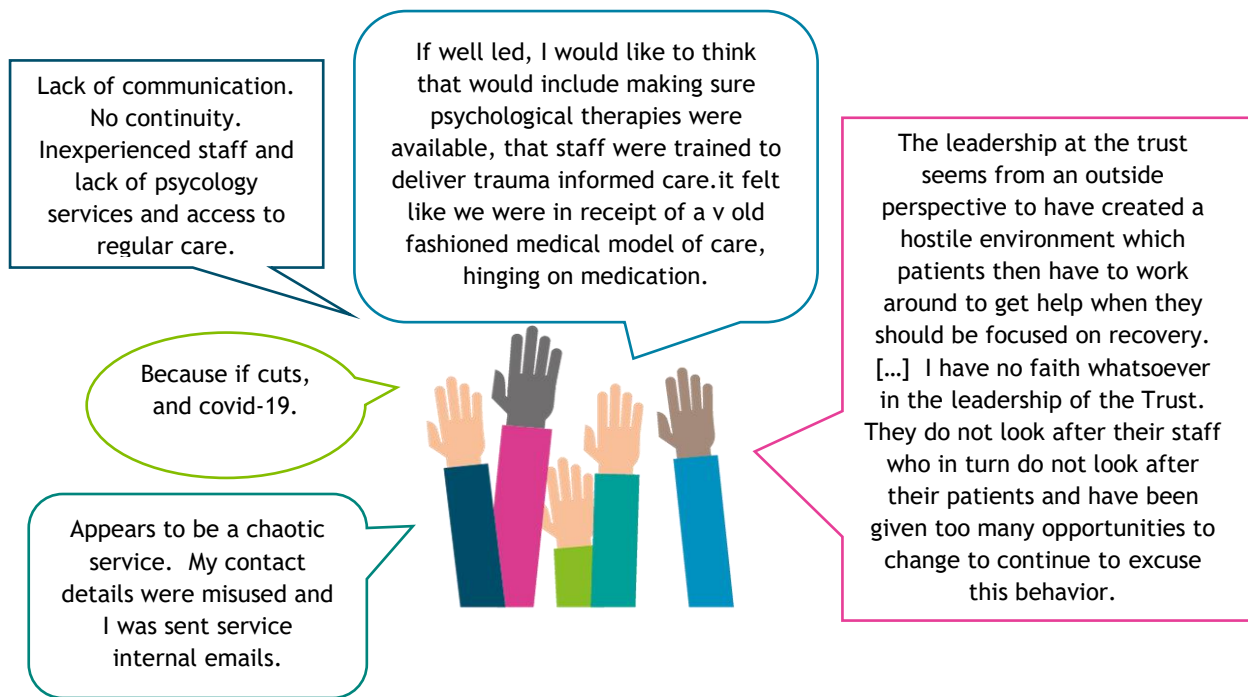


Figure 10. Additional comments about whether the Trust is well-led.

Most respondents (33 respondents, 83%) told us that they had not been involved in helping NSFT improve services. Similarly, 29 respondents (74%) told us that staff had not provided them with the opportunity to give feedback on their care and treatment. Only seven respondents shared their experience of giving feedback and comments included that *“telephone messages usually go unanswered”* and that *“when I tried telling them was dismissed by being told ‘of course you feel that way, you’re sic.k’ [sic.] which abruptly stopped any further efforts”*. Finally, others felt that *“it doesn’t make any difference because they can only work within the limits of their case load and funding”*.

4. Appendix

4.1. Survey questions

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge. For more information about what we do, visit our website.

What is this survey about?

We are working with the Care Quality Commission (CQC) to look into the experiences of people who have used Norfolk and Suffolk NHS Foundation Trust (NSFT) services in the last 12 months/year. If you or someone you care for have used their services, we would love to hear your feedback.

If there are any questions that you cannot answer or do not want to answer, you can leave them blank.

How the survey results will be used

The survey should take around 10 minutes to complete. All responses are anonymous and will be used in a final report which will be shared with CQC. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

You can read our full privacy policy at www.healthwatchnorfolk.co.uk/about-us/privacy-statement/

Please tick to confirm *

I have read and understood the above statement

Healthwatch Norfolk produce quarterly newsletters about health and social care in Norfolk. If you'd like to receive this newsletter please leave your email here:



Which NSFT mental health service(s) have you used in the last 12 months/year? *

Children inpatient

Adult inpatient

Children community

Adult community

Older people's inpatient

Older people community

Forensic. inpatient

Forensic. community

Mother and baby

I have not used NSFT services in the last 12 months/year

Other (please specify):

Section 1: Are services responsive

1. How easy was it to access the mental health service(s)?

Easy

Neither easy nor hard

Hard

Don't know

Not applicable

2. How long did you have to wait before you started your treatment?

0 to 4 weeks

4 to 8 weeks

8 to 12 weeks

12 to 18 weeks

Over 18 weeks

Don't know



Not applicable

3. Would you like to tell us more about accessing the mental health service(s)?

4. If you experienced a crisis in your mental health, were you able to access the appropriate support quickly?

Yes

No

Don't know

Not applicable

Would you like to tell us more about your experience accessing crisis support?

Section 2: Are services effective.

Thinking about when you were accessing and receiving services:

5. Do you think there were enough trained and skilled staff?

Yes

No

Don't Know

6. Did you help to make your care plan?

Yes

No

Don't know

Not applicable

7. Did you find your care plan useful?

Yes



No

Don't know

Not applicable

Please explain your answer:

Section 3: Are services caring?

8. Did staff answer all your questions?

Yes

No

Don't know

Not applicable

9. Did staff treat you with kindness, dignity and respect?

Always

Sometimes

Rarely

Never

Don't know

10. Did you feel fully involved in decisions about your care?

Always

Sometimes

Rarely

Never

Don't know

Not applicable



11. Did you feel that your needs were listened to?

Always

Sometimes

Rarely

Never

Don't know

Not applicable

12. Would you like to tell us more about your experience with staff?

13. If you needed to raise a complaint:

Was making a complaint easy to do?

Yes

No

Don't know

Not applicable

Did you talk to a member of staff about your complaint?

Yes

No

Don't know

Not applicable

Did you get a timely response to your complaint?

Yes

No



Don't know

Not applicable

Did you get an appropriate response to your complaint?

Yes

No

Don't know

Not applicable

Do you have any comments about your experience with raising a complaint?

Section 4: Are services safe?

14. Were you supported to feel safe when accessing care and treatment?

Always

Sometimes

Rarely

Never

Don't know

15. Did you think all the risks were considered when accessing care and treatment?

Always

Sometimes

Rarely

Never

Don't know

16. Have you received care or treatment during COVID-19?



Yes

No

Don't know

If yes, please explain how well the risks of COVID-19 were, or were not, managed

17. If you have received treatment during COVID-19 and you are in a high-risk group, have your additional physical health needs been considered when planning and providing your care and treatment?

Yes

No

Don't know

Not applicable

18. Do you have any other comments about the safety of Norfolk and Suffolk NHS Foundation Trust services?

Section 5: Are services well-led?

19. Do you think the Trust is well led?

Yes

No

Don't know

Please explain your answer:

20. Have you been involved in helping the Trust improve services?

Yes

No

Don't know



21. Have staff provided you with the opportunity to give feedback on your care and treatment?

Yes

No

Don't know

If yes, please explain how you gave your feedback and if you feel your feedback was listened to:

About you

How old are you?

Under 16

16-25

26-35

36-45

46-55

56-65

66-75

76-85

86+

I'd rather not say

What is your gender?

Male

Female

Trans man

Trans woman

Non-binary



I'd rather not say

Other (please specify):

What is your ethnic group?

White British

White Irish

White gypsy or Irish traveller

White and Black Caribbean

White and Black African

White and Asian

Indian

Pakistani

Bangladeshi

Chinese

African

Caribbean

Arab

I'd rather not say

Other (please specify):

Where do you live?

Norwich

Great Yarmouth and Waveney

King's Lynn and West Norfolk

North Norfolk

South Norfolk

Breckland



Broadland

I don't know

I'd rather not say

Other (please specify):

4.2. Complaints experiences from Equal Lives

Information received 25th November 2020.

| Date Referral Received | Have NSFT Complaints Team failed to respond in given timescale and client had no communication at all? | By how much over the deadline are they? (days/weeks) |
|------------------------|--|--|
| 06/11/2020 | Received acknowledgment letter, but has not received complaint response in timescale | 11 days over the deadline which was 30/10/2020 |
| 06/11/2020 | Complaint not yet made | |
| 26/10/2020 | On-going complaint since 2019 | Not yet known |
| 07/10/2020 | Complaint not yet made | |
| 21/08/2020 | Yes [name redacted] has had no response and no acknowledgement | 23 days over the deadline date |
| 19/08/2020 | Complaint not yet made | |
| 19/08/2020 | NSFT have failed to respond in 30 working days with no acknowledgement at all | 27 days over the deadline date which was 29/09/2020 |
| 13/08/2020 | Yes [name redacted] has had communication but they have failed to respond in the 30 working days | 8 days over the deadline date |
| 28/07/2020 | NSFT failed to respond in 30 working days , no acknowledgement of the complaint | 13 days over the deadline date |
| 16/06/2020 | NSFT failed to respond in 30 days, there was an acknowledgement of the complaint | 48 days over the deadline date |



| | | |
|------------|---|--|
| 16/06/2020 | NSFT failed to respond in 30 days , however they sent a Holding Letter explaining there would be a delay. | [name redacted] should have had her response on 23/10/2020 and with the Holding Letter it will now be 27/11/2020 which is 26 working days over the deadline date |
| 01/04/2020 | Complaint investigator previously assigned to case has now left. Update provided on 12.11.2020 | 1 Month + |

Active referrals older than April 2020

| Date Referral Received | Have NSFT Complaints Team failed to respond in given timescale and client had no communication at all? | By how much over the deadline are they? (days/weeks) |
|------------------------|--|--|
| 07/10/2019 | No contact from client. | |
| 14/08/2019 | Timescale repeatedly extended. | 1 Month + |
| 09/08/2019 | Update provided on 12.11.2020 | 1 Month + |
| 20/06/2019 | No issues with timescale. | |
| 11/04/2019 | | |
| 19/03/2019 | | |
| 09/11/2018 | | |
| 27/04/2018 | | |

