

## Executive Summary

### Introduction

The annual service user satisfaction survey took place in April and May 2018, asking about service users' experience of the Personality Disorder Clinical Network ('the Network').

73 service users were invited to participate, including members of group programmes (DBT and Journey) and care co-ordinated service users.

*"It has changed my life for the better, if it weren't for the skills I learnt in DBT I'm unsure how things would have turned out."*

### Findings

**Higher numbers** of responses from care coordination were received this year (n=12) (+140% on last year). The number of DBT responses has decreased this year (n=20) compared to last year (n=24) and Journey responses increased by one this year (n=11). Online survey completion methods were introduced this year and **41.9%** of responses were received **online**.

*"The support from staff and previous service user is amazing. They really care beyond it being their job and it's built my confidence and enabled me to let my guard down and accept help"*

A **high proportion** of service users feel very positively about the Network (**84%**); this is 2% increase on last year.

**87%** of service users felt they were clearly informed about what the service can provide; this is the same as last year.

**86%** of service users report feeling well supported; an increase of 7% from last year.

**63%** of service users report that the Network is having a positive impact on their life (+7% on last year). **28%** of service users reported to be unsure (+2% on last year). **9%** of service users have suggested that the Network is "not at all" having a positive impact on their lives.

**65%** of service users reported that they were informed about the Network's complaints procedure (+19% on last year). **45%** reported that they **would know what to do** if they needed to make a complaint, however **24%** reported that they **would not know what to do**.

**71%** of service users reported that they were informed about service user involvement with the Network (+5% on last year).

Responses to open questions revealed a number of **positive qualities** about the Network. These included the **non-judgemental, compassionate** and **understanding** approach of staff and service; opportunity to **learn new coping skills** and perceived **improvement in mental well-being/health**. Service users also reported valuing the **structure** and **consistency** of care and **connecting with other peers**.

Service users also made suggestions for improvements. These included **increased level of staff support** within individual services, and specific improvements within individual service **structure** and **content**. Service users also reported staff difficulties with **understanding of individual needs** and **communication**. The next page summarises how we are responding to specific suggestions for change.

### Recommendations

The "Personalities in Action" Involvement Group and Clinical Governance meeting made several recommendations including:

- Continued use of a range of methods to complete the survey
- To provide feedback from survey and specific concerns or requests for change to service users (full recommendations included in full report which is available on request).

*"It would be helpful if you could speak to duty before 1.30 as sometimes you are struggling and need to speak to someone."*

## How we are responding to suggestions for change in the Network

You said:	What we are doing:
<p><b>General comments:</b></p> <ol style="list-style-type: none"> <li>You said you did not have information about all services provided by the Network</li> <li>You said that reports/letters were too complicated, especially if English is not their first language</li> </ol>	<ol style="list-style-type: none"> <li>We have updated our website and are making some films about the services with Inkwell Arts, which will be on our website shortly. These have been co-developed with service users and carers and we hope they will provide accessible and helpful information.</li> <li>The Network has developed some guidance for writing letters and reports for people whose first language is British Sign Language, with support from Deaf services.</li> </ol>
<p><b>Journey:</b></p> <ol style="list-style-type: none"> <li>You suggested that you would benefit from support after the Journey group ends</li> <li>You wanted better 'contingency plans' for when groups have been cancelled due to staff sickness or bad weather</li> <li>You asked that if staff are going to be late to meetings with service users can they give some notice or let them know (e.g. call)</li> </ol>	<ol style="list-style-type: none"> <li>Plans are being developed with Dial House for a peer support group for people leaving the Network. If you are interested in being part of this development, please come along to "Personalities in Action" (Please see '<i>information for service users</i>' at: <a href="http://www.leedsandyorkpft.nhs.uk/our-services/personality-disorder-managed-clinical-network/">www.leedsandyorkpft.nhs.uk/our-services/personality-disorder-managed-clinical-network/</a>)</li> <li>We understand that this year there have been numerous disruptions to groups due to the bad weather over the winter period. The Journey team is discussing how they can improve contingency plans for next winter &amp; staff sickness when it occurs to avoid further disruption as far as is possible. A full time occupational therapist has also recently been recruited which will help in improving contingency plans.</li> <li>All staff have been reminded to contact service users if they are running late, we are sorry that this hasn't always been the case.</li> </ol>
<p><b>DBT:</b></p> <ol style="list-style-type: none"> <li>It can be hard to discuss problems and needs in a group setting, and you suggested you could benefit from some 1:1 time - suggestions included a brief phone call or text message between groups to 'check in' and 1:1 sessions for consolidating learning from the group</li> <li>You said that follow up phone calls (e.g. after missing a session) can feel too brief and impersonal</li> <li>You wanted opportunities to talk to people who have been through DBT</li> <li>You wanted us to recognize that service users in DBT are all different and may have different needs</li> </ol>	<ol style="list-style-type: none"> <li>We acknowledge that groups can be hard to open up and speak in, indeed this isn't expected by group members in any depth but we usually find this becomes easier over time. We encourage group members to talk to group leaders if they're experiencing particular difficulties. The service offers routine individual reviews at half way point and at discharge from the program. Individual appointments are also offered to support attendance when needed. The service model is not currently resourced to provide additional one to one support but we are reviewing individual telephone contact to support attendance at group.</li> <li>Individual follow up calls are aimed to provide coaching to support return to group. We are sorry to hear that this has felt impersonal to some and we will review the style in which the calls are made in DBT consult meetings.</li> <li>This year, we have piloted a Service User Consultant co-facilitating a DBT group, who has personal experience of DBT. Feedback has been positive and we hope to continue this role in future groups. Service users are also invited to attend the Network's Involvement group ("Personalities in Action", please see above link for information) where you can meet other service users and share your experiences of services. Additional involvement &amp; research events also regularly occur within the service which offers opportunities to connect with others.</li> <li>Despite being a group setting DBT tries to validate individual needs and ensures that this is understood at assessment, along with preparation for group attendance. The team recognises that we may not always 'get it'; however we welcome hearing about when this happens and for this to be pointed out to us. The DBT team have also attended Equality &amp; Diversity training and we keen to ensure we meet the needs of the range of people who attend DBT groups</li> </ol>
<p><b>Care Coordination:</b></p> <ol style="list-style-type: none"> <li>You requested that a Duty worker could be available in the mornings</li> <li>You asked for a care coordinator who could communicate using British Sign Language</li> <li>You suggested you wanted to engage in more activities</li> </ol>	<ol style="list-style-type: none"> <li>The Network has a small number of care coordinators and do not have the resources currently to provide a Duty worker in the mornings. If this is an ongoing concern for you, please speak to your care coordinator about your crisis plan.</li> <li>Due to resources we are not currently able to train a care coordinator in BSL. However, we do ensure that BSL interpreters are booked in advance for all planned appointments if required.</li> <li>Your care coordinator can support you to find out about activities that may be available to you.</li> </ol>

If you have concerns about the service you are receiving, you can contact the Clinical Team Manager on 0113 8557951. Alternatively, you can contact the Patient Advice and Liaison Team (PALS) on 0800 052 5790 or by email: [pals.lypft@nhs.net](mailto:pals.lypft@nhs.net). If you wish to make a complaint, please see <https://www.leedsandyorkpft.nhs.uk/advice-support/making-a-complaint/>