

Service User Satisfaction Survey Personality Disorder Managed Clinical Network (PDMCN)

2019

Hannah Cooper
Higher Assistant Psychologist

Ruth Sutherland
Principal Clinical Psychologist

Acknowledgements

Thank you to all the service users who took part in this survey. A particular thanks to the Personalities in Action (PiA) Involvement Group for their involvement and feedback.

“The skills I am learning are helping me to cope a lot better each day, especially when I feel I'm in crisis”

“The DBT group has made a huge positive impact on my life. It's the first time I've enjoyed going to therapy and found it so helpful”

“It has changed my life I cannot thank you guys enough”

“The staff are so encouraging and supportive. How they facilitate the groups is excellent, everyone is involved and made to feel like equals”

Introduction

The Leeds Personality Disorder Managed Clinical Network (“the Network”) is a city-wide, multi-disciplinary and multi-agency service for people with a diagnosis of or presentation consistent with Personality Disorder in Leeds. There are a number of distinct elements of the service, which include:

- Care Co-ordination/case management, which includes access to psychotherapy, housing assessment and support, and an occupational and social inclusion service.
- Journey, an Occupationally Based Day Programme
- 3 Dialectical Behaviour Therapy (DBT) Skills Groups across the Leeds area

In 2007, a qualitative research project was carried out examining service users’ experiences of the Network (Harrop & Prince, 2007). Consequently, and in line with Trust requirements, it was decided that service users’ feedback should be assessed regularly and a questionnaire based on the 2007 research was developed and piloted in September 2008. This current survey is based on a modified version of the 2008 questionnaire following feedback from staff and service users. This is the 12th year the survey has been undertaken.

Method

▪ Measures

“Personality Disorder Clinical Network Service User Satisfaction Survey” was used (Appendix 1).

▪ Participants

All service-users accessing the Network services at the end of March 2019 were eligible to participate in this survey, in addition to service users who had recently been discharged from the service. These included 31 care co-ordinated service users, 30 Journey and 43 DBT skills group members. A total of 104 service users were invited to participate.

▪ Data Collection Procedure

Questionnaires were given to service users by the staff members who worked with them, and they were given the option to complete them and hand them back to staff members, or complete the survey online using Survey Monkey (an online survey completion website). For those who were discharged the questionnaires were posted out to them and they were asked to post these back in the sealed envelope to the Assistant Psychologist, or to complete the survey online. In addition service users were given the option to complete the survey over the telephone with the Assistant Psychologist.

Participants were assured of confidentiality and anonymity of their feedback, informed of their right to withdraw from the survey and how their data will be used.

▪ Data Analysis

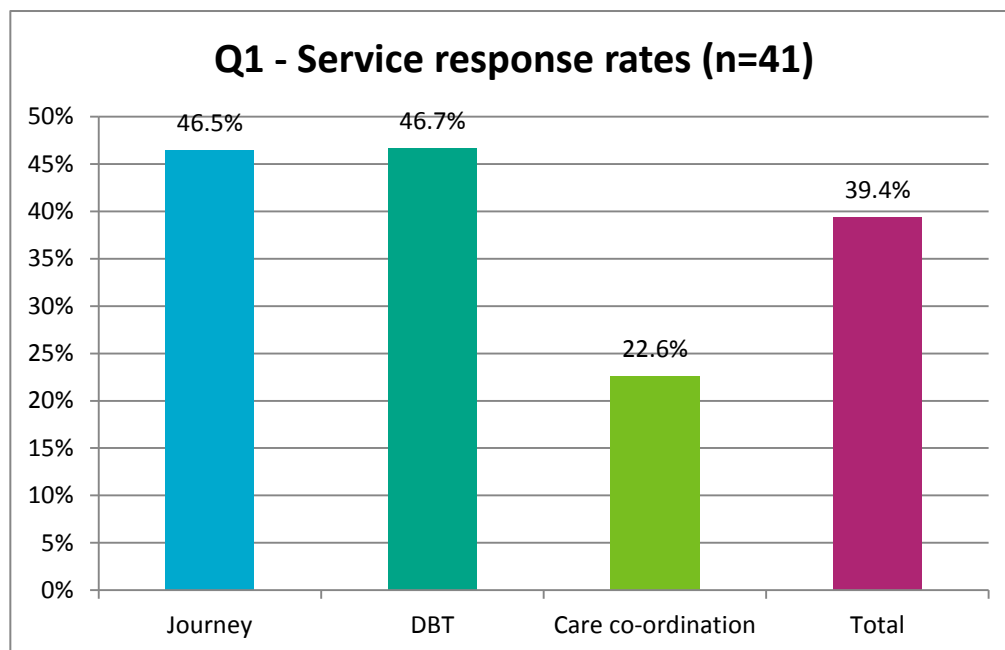
The quantitative data collected from questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13 were collated and analysed using Microsoft Excel by the Assistant Psychologist, who also carried out content analysis on the qualitative data collected from questions 3a, 4a, 6a, 11a, 14, 15 and 16 using six-step method of thematic analysis (Braun & Clarke, 2006).

Results

Response rate

The survey was given to a total of 104 service users; 43 in DBT, 30 in Journey, and 31 in care co-ordination. A total of 41 service users responded to the survey; this is a 39.4% response rate and a 19.5% decrease in last year's response rate of 58.9%. 22% of these responses (n=9) were collected online via Survey Monkey, which is 19.9% less than last year.

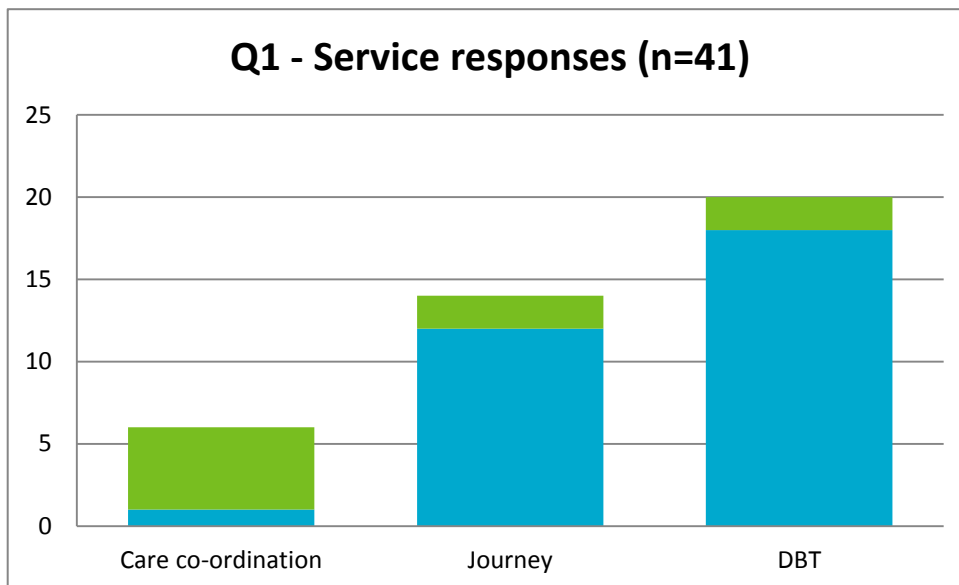
The bar chart below shows the response rate for each service. The most noteworthy is the reduction in responses from care co-ordination, from 12 responses last year to 6 this year. Overall, this financial year has seen a decrease in response rate compared to 2018, where Journey received 64.7% of surveys, DBT 66.7% and care co-ordination 46.2%.



Question 1

Which part of the service is your feedback about?

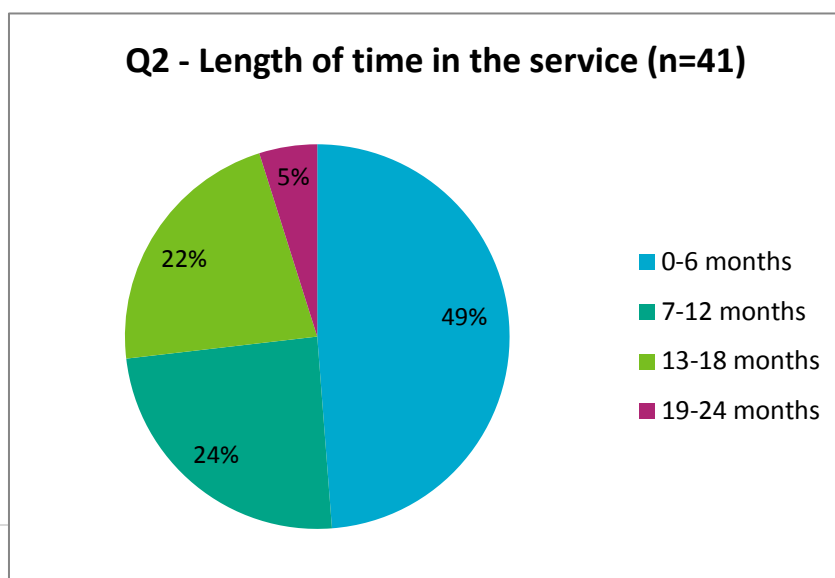
Question 1 asked which service was accessed at the Network, with a choice of care co-ordination, DBT and Journey. The split of responses from each service are shown in the following bar chart, where the green bars show the number of Survey Monkey responses. The most responses were received from service users who attended DBT, followed by those who attended Journey, and 6 service users accessing care co-ordination responded, mainly through the online survey.



Question 2

Approximately how long have you been involved with the service?

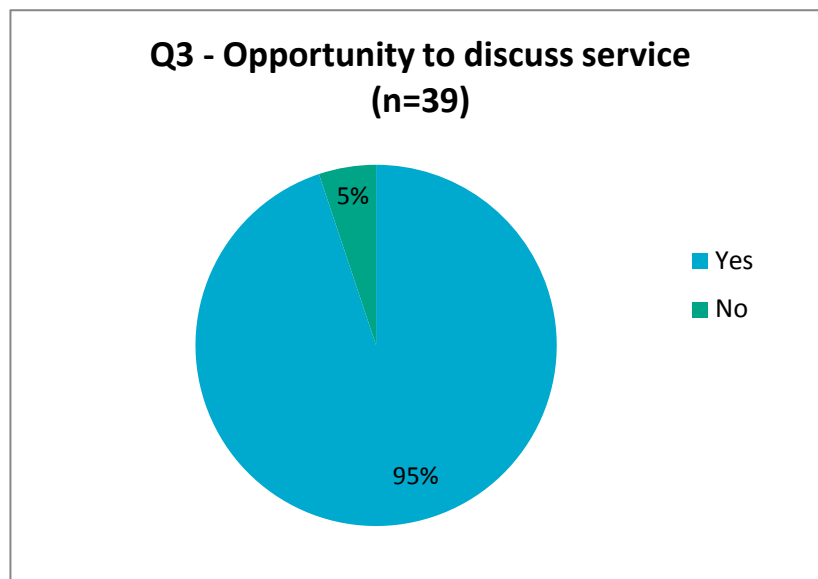
The majority of service users had been involved in the Network for 6 months or less (n=20), and predominately were in DBT (n=12) and Journey (n=8). Two service users had been in the service for 19-24 months in care co-ordination.



Question 3

Have you been given an opportunity to discuss what the service you receive can provide you?

Thirty-seven service users fed back that they had been given an opportunity to discuss what either DBT, Journey or care co-ordination could provide them. Two service users accessing DBT and care co-ordination felt they had not been given this opportunity.



a) If no, please can you tell us more about your experience?

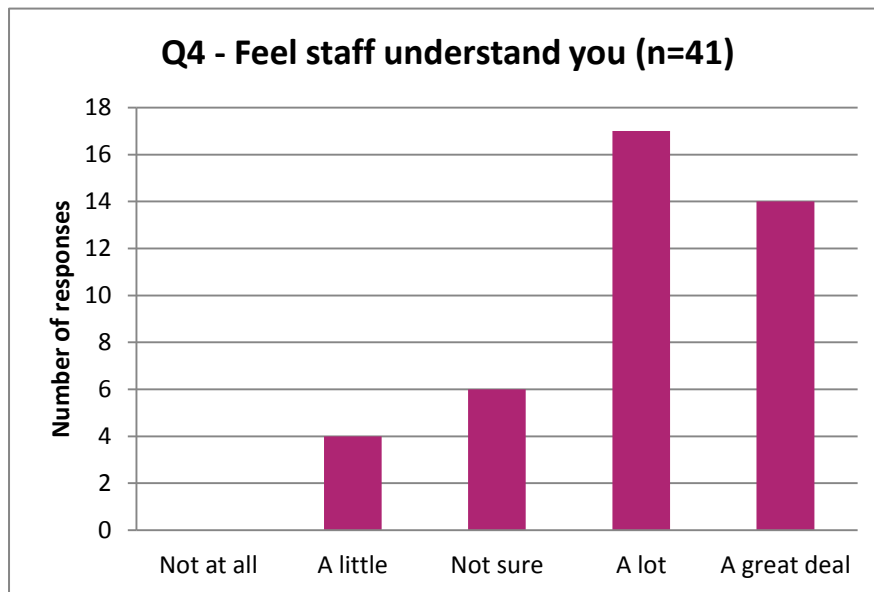
Four service users responded to this question and two commented on their opportunities to discuss the services, reflecting that there was a **limited discussion about their intervention**:

- ***“Kind of”***
- ***“I was only referred for DBT so discussion was only about that, but there was still discussion”***

Question 4

Do you feel staff at the PD Network understand you?

75.6% (n=31) of respondents said that they felt staff understood them “a lot” or “a great deal” at the PD Network. A further 14.6% (n=6) said that they were “not sure”, and 4 service users felt they were only understood “a little”.



The 10 service users who responded “not sure” or “a little” were all members of DBT groups in the Network.

a) If you do not feel understood, please can you explain why?

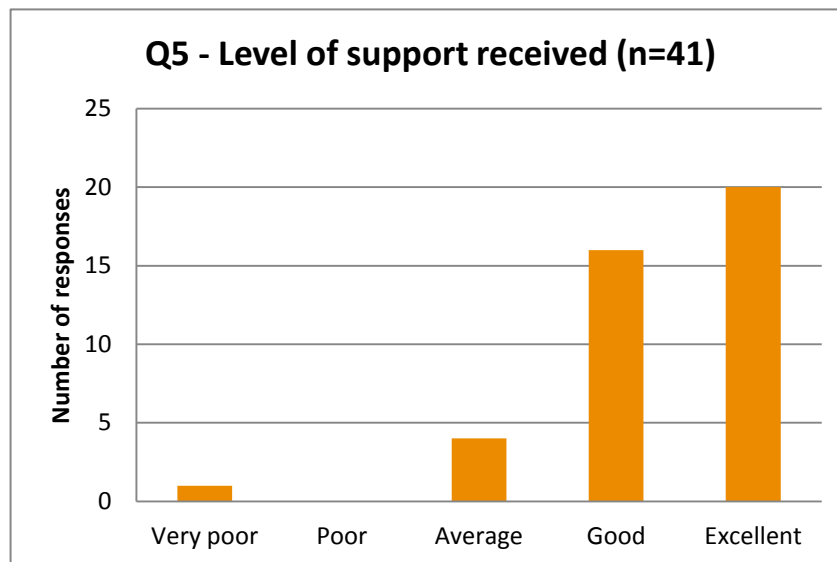
Eight service users responded to this question. The themes which emerged were that the **staff members were limited in their understanding without personal experience**, the **group setting can be difficult to share in** and **there were not enough opportunities to discuss personal emotive experiences**. In one DBT group, member’s experiences with unexpected room and facilitator changes were reflected on and they felt **their suggestions were not put into practice**:

- ***“It’s hard to fully understand when you haven’t been there yourself”***
- ***“A group setting makes it hard to communicate real feelings”***
- ***“I feel like sometimes we could spend more time discussing people’s experiences rather than fake examples”***
- ***“Often feel our voices are listened to but nothing is actually taken on board/changed”***

Question 5

How would you rate the level of support you have received from staff?

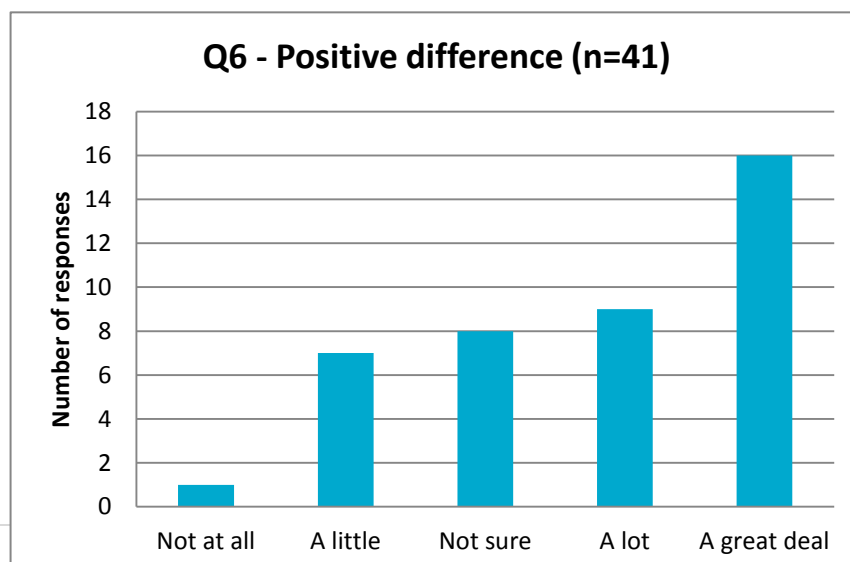
The majority of service users rated the level of support received from staff as “good” or “excellent” (87.8%, n=36). 9.8% (n=4) rated the support as “average”, and 1 service user rated it as “very poor”. Similar to question 4, the service users who rated “average” and “very poor” were from DBT groups, with the “very poor” rating reflecting room and facilitator changes.



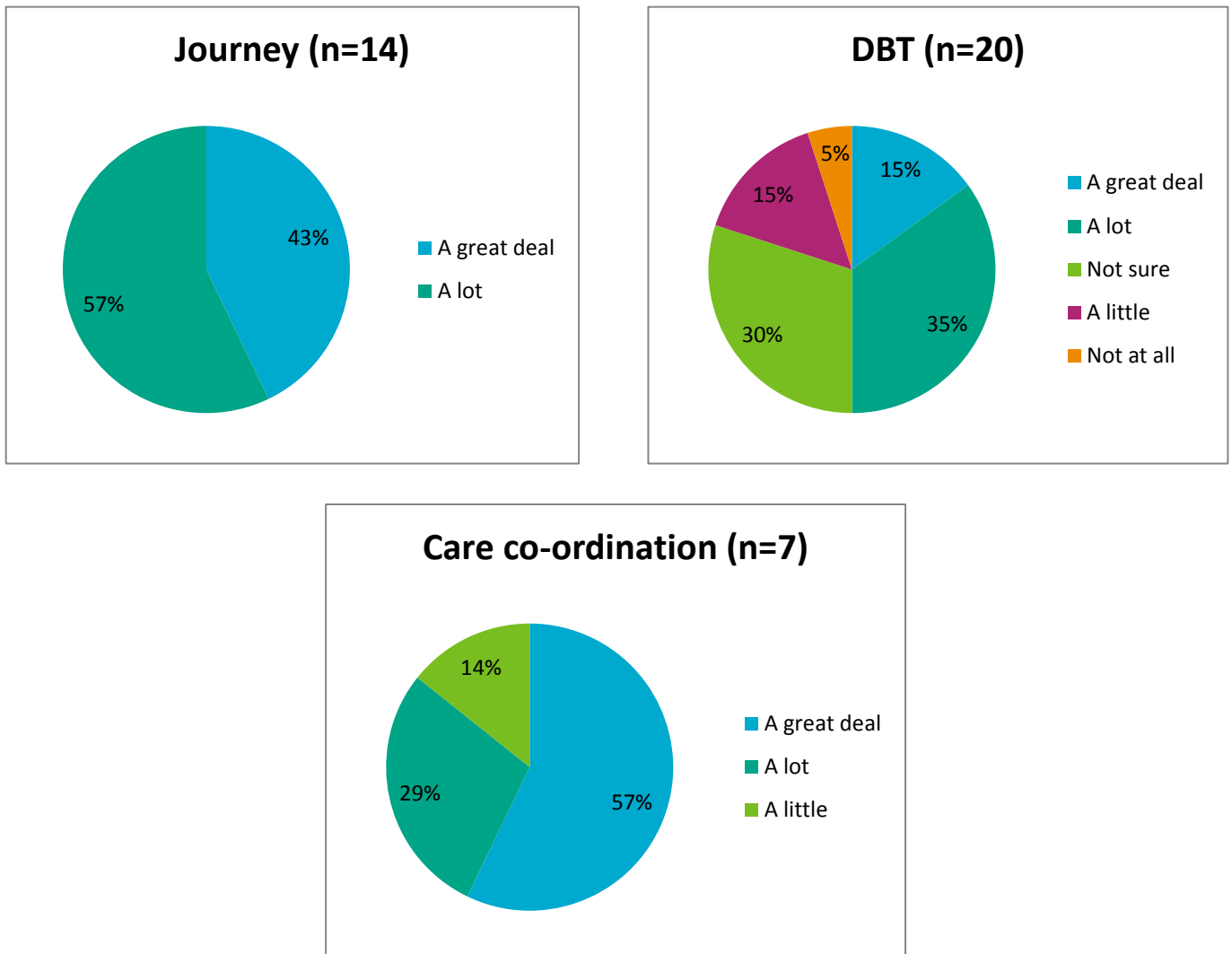
Question 6

Is being in the PD Network making a positive difference to your life?

61% (n=25) of respondents said that being in the PD Network is making “a lot” or “a great deal” of positive difference in their life. 19.5% (n=8) said they were “not sure”, 17.1% (n=7) felt it was making “a little” change to their life and 1 service user in DBT felt being in the Network had not made a positive difference to their life.



The following charts break down the responses by group. This variation in responses may reflect the SUSS being given out at different time points in individuals involvement with the Network; Journey members complete the SUSS at the end of the program, where the full intervention has been completed, whereas in DBT service users will receive it at different points across the modules, and therefore will not have completed the full group program. Similarly in care co-ordination service users complete the survey at different points in their time with the Network.



a) Please could you explain how, giving examples if possible?

Twenty-nine service users wrote responses to this question. Comments were made on the **significant impact the Network had had on their life, gaining understanding of and reflecting on their difficulties, learning new skills, having a safe and supportive space** and the **benefits of going to a group**.

- ***“Literally lifesaving”***
- ***“It has changed how I think, cope and how I am”***

- *“I have a better understanding of what personality disorder is for me and how it affects my everyday life. This insight is helping make changes for the better”*
- *“The skills I am learning are helping me to cope a lot better each day, especially when I feel I’m in crisis”*
- *“At times I have struggled under CMHT and feel they make no effort to understand your problems whereas with the network there is more time to discuss your thoughts and feelings”*
- *“A safe place with people who understand what [I’m] going through”*
- *“Helped me connect with others, made me feel safer”*
- *“Encouraging [me] to go outside my shell/comfort to better myself”*
- *“Just getting me out of the house and going to a positive place like Journey is very helpful”*

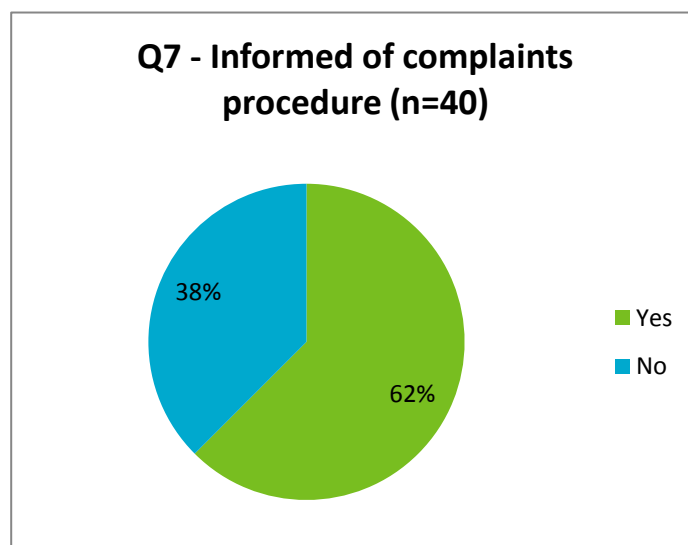
Service users also commented **on the need for more support outside the intervention they were offered** and one service user expressed that they had **struggled to apply what they learnt:**

- *“The service of the Network is brilliant but I haven’t been able to make the changes in my life to apply them so it is my problem and not the service”*
- *“I have felt supported in group - but not outside group. I feel I would have a better support with full DBT package”*

Question 7

Have you been informed about the Network’s complaints procedure?

62% (n=25) of service users reported that they had been informed of the Network’s complaints procedure, which is 3% less than last year.



Question 8

Have you made a complaint to the network?

None of the service users in this year's survey reported that they had made a complaint.

Question 9

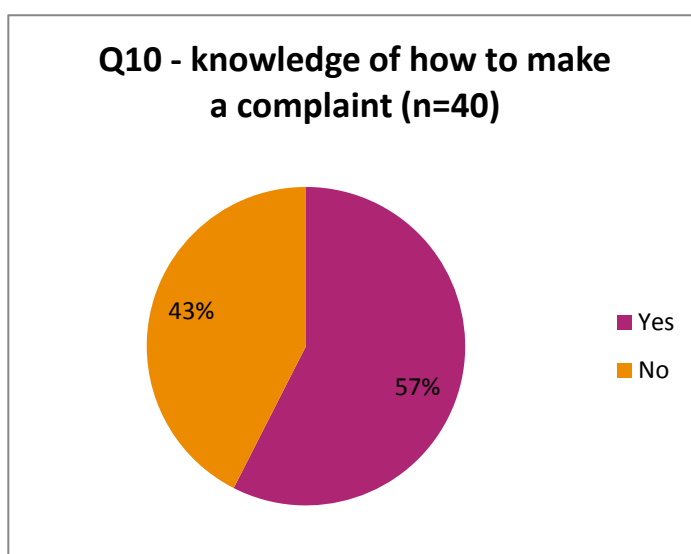
If you have made a complaint, were you supported to do so?

This question was not applicable to the service users who responded.

Question 10

Would you know what to do if you needed to make a complaint?

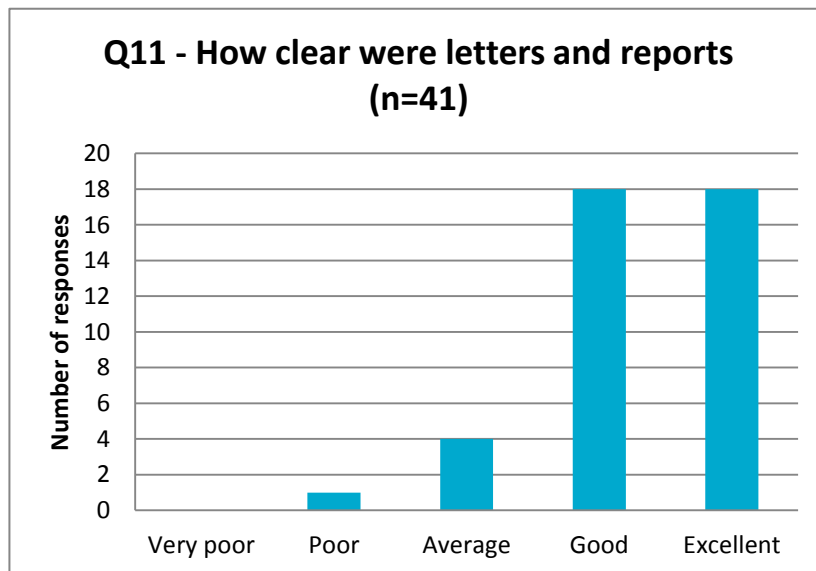
57% (n=23) service users reported that they knew what to do if they needed to make a complaint, which is an improvement on last year's 45%.



Question 11

How clear/easy to understand were the letters and/or reports you've received from the Network?

The majority (87.8%, n=36) of service users responded with "good" or "excellent" for this question. This is an increase on last year's survey, where 79% reported "good" or "excellent", and 21% responded with "average" or "poor" responses. This shows a positive improvement on the feedback the Network received last year regarding letters and reports.



a) Please could you explain what has or has not been clear for you, giving examples if possible?

Eight service users responded to this question. The general comments were that the reports were **clear and easy to understand**:

- ***“When I first received the letter with the results of the Assessment everything was very well explained in a way anyone could understand. The therapy that was offered in the letter was also very clear to understand”***

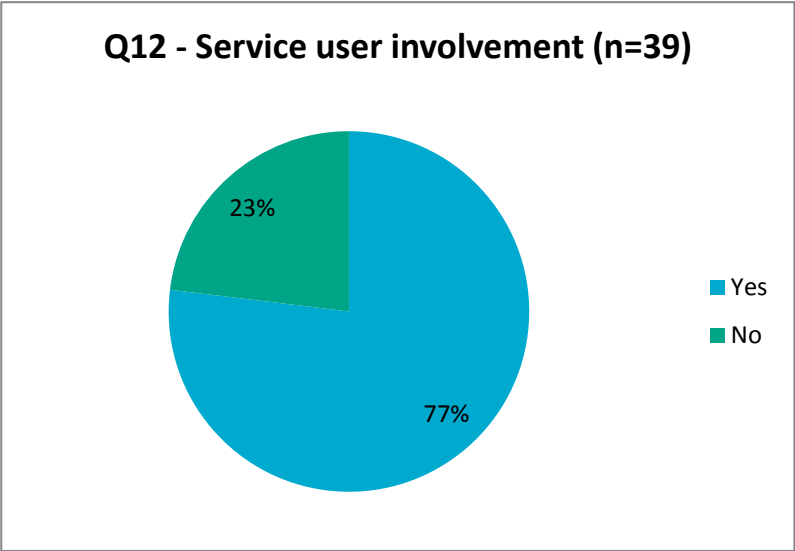
Two service users fed back that there was **not a sufficient explanation of the complaints procedure**, and one service user commented on a **lack of clarity** in their letter/report:

- ***“No explanation of complaints procedure”***
- ***“I wasn’t aware of having 1 to 1 sessions during DBT. I don’t have a crisis plan”***

Question 12

Have you been informed about opportunities for service user involvement?

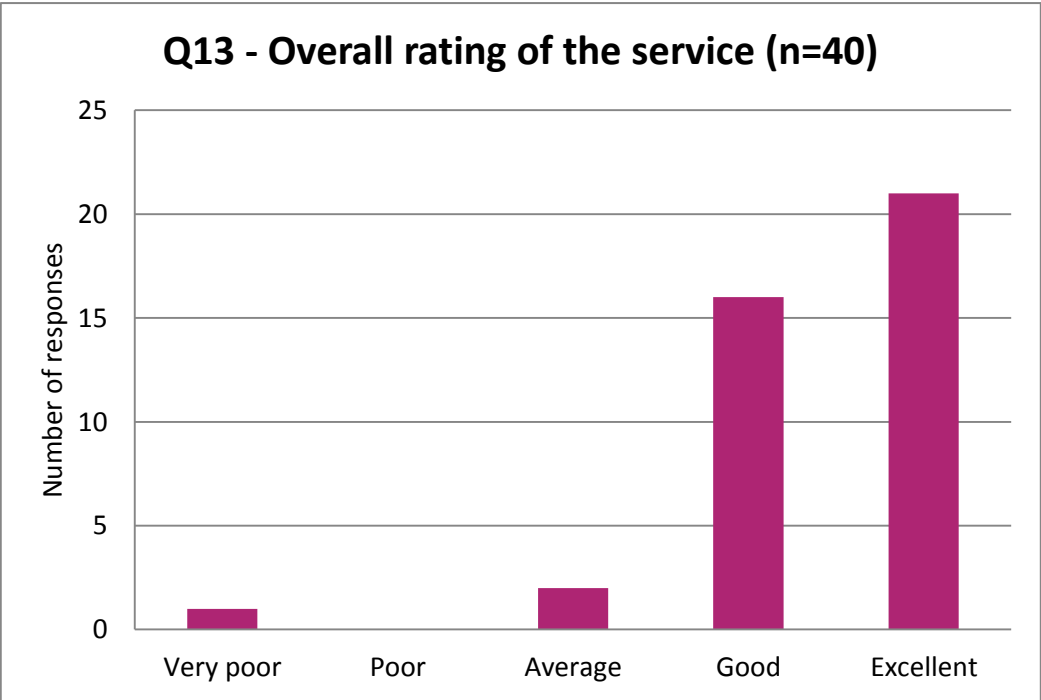
Most service users had been informed of opportunities for service user involvement (77%, n=30) which is a 6% increase on last year’s survey report.



Question 13

Overall, how would you rate the service you have received from the Network?

90.2% of service users rated the Network as “good” or “excellent”. This is a 6.2% improvement from last year’s SUSS and an 8.2% improvement from the 2017 survey. Two service users rated the service as “average” and one as “very poor”; these group members were part of the DBT group with facilitator and room changes as discussed earlier in this report.



Question 14

What has been good about the service you received?

There were 34 responses to this question from service users. The major theme which emerged was **positive feedback about staff**, with reflections on staff members being **empathetic, understanding, knowledgeable** and **supportive**. There were 15 comments from respondents including:

- *“The staff are so encouraging and supportive. How they facilitate the groups is excellent, everyone is involved and made to feel like equals”*
- *“The knowledge and experience some of the staff had was excellent”*
- *“It was good to know that they was there for me when I needed them”*
- *“The leaders of the group are very compassionate, understanding, empathetic and caring”*
- *“Being validated, believed, understood, feeling safe, and them showing me that they have my best interests at heart”*
- *“[Staff member] is a great care coordinator with plenty of compassion and empathy and will go the extra mile to help you”*

Other themes included how the service was **life changing, helped with understanding difficulties**, the **structure** and **content of the group**.

- *“It has changed my life I cannot thank you guys enough”*
- *“To understand PD”*
- *“The time and use of lunch breaks to allow us to breath and to discuss and reflect”*
- *“The content of the therapy it is very good and clear to understand”*

Question 15

What could be improved?

There were 24 responses with feedback to what could be improved, with six of these responses commenting that there was nothing to improve on. For the remaining 18 comments, the main themes were around having **more support available** and **accessing one-to-one support**:

- *“Having access to duty worker before 1.30 as ifs not always possible to contact your care coordinator and if in crisis feel it could be very useful to speak to someone before doing something stupid”*
- *“Support after the group has finished/completed. Not a lot of follow up support”*
- *“More time”*

- ***“The service should be on going for everybody not just for so long and the care stopes”***
- ***“More 1-1 support and involvement”***
- ***“Support one to one and a not stick to the book approach”***
- ***“Therapy e.g. art therapy or trauma therapy in community”***

Service users also commented on **wait times** and **funding**

- ***“Only the waiting time, but obviously not much can be done about that”***
- ***“Taxi service would be great, costs me a lot to get here from the other side of Leeds”***
- ***“Extra funding”***

There were also specific comments on the **content of sessions** from Journey group members:

- ***“A bit more time to discuss what BPD is and to reflect openly how it relates to us.”***
- ***“I would have liked the opportunity to do more of the exploration of how personality disorder affects my everyday thinking and choice making”***

For one DBT group, a session was cancelled and the room changed due to unexpected maintenance and building work causing significant noise and disruption, and affecting session confidentiality. Further to this, both group facilitators had planned endings with one leaving earlier than expected, meaning a module began unexpectedly with two new facilitators. The comments for this question from group members commented on the **lack of consistency** and the **distress** as a result:

- ***“Consistency - group time has changed, location has changed twice, skills trainers kept changing, sessions have been missed”***
- ***“There were staff changes during the course, this was unsettling during an already difficult situation”***
- ***“Organisation - a session was cancelled abruptly on the day and rooms were changed which made it confusing, distressing and frustrating for me as well as other group members”***
- ***“More funding needed - more external support. Group leaders need to care”***

Question 16

Do you have any other general comments related to your experience with the Network?

Twenty-seven service users responded to this question with 9 responses of having no further comments. Out of these 18 responses, the themes reflected a **positive and meaningful experience with the Network** and **expressing thanks to staff:**

- ***“The DBT group has made a huge positive impact on my life. It's the first time I've enjoyed going to therapy and found it so helpful”***
- ***“So far I have found my experience here as worthwhile - it is teaching me things I didn't know and the group is exactly what I need to grow in experience and personal awareness and effectiveness”***
- ***“Overall I have had a very positive experience. The sessions are well thought out, I could see that each one had the end goal in mind”***
- ***“Just to turn up to every session be honest and journey can 100% change your life”***
- ***“It is a fantastic service and has got me through a really difficult period with having caring and dedicated staff”***
- ***“Life changing, I can see a future now”***
- ***“Thank you so much”***

Further comments gave feedback on ways to improve, similar to question 15 these themes were around having **one-to-one support**, **more funding** and **further support**, as well as further reflections on the **consistency of the DBT group**:

- ***“Individual sessions would be beneficial, even just a few. I have done a group before with some individual sessions with YCED and I found it helped to be able to reflect on what was said in the group, as I often find it hard to communicate how I feel especially in large groups, which can sometimes make things worse”***
- ***“More funding”***
- ***“I think having full DBT package would be more useful for better support, or having a care coordinator”***
- ***“I was very disappointed we weren't offered an extra session after one week was cancelled last minute”***

Discussion

Overall, this year's SUSS shows commendable feedback for the PD Network. 87.8% of service users felt the level of support received from staff was "good" or "excellent", and 61% of respondents said that being in the Network was making "a lot" or "a great deal" of positive difference in their life. Service user's comments highlighted how the support they received had taught them new skills, helped them to understand their difficulties and changed how they view themselves.

Furthermore, 90.2% of respondents rated the overall service received as "good" or "excellent" which is an improvement on the last 2 year's surveys (2018 84%; 2017 82%). Service user's encouraging feedback of the staff stood out as a major theme, with comments around staff being empathetic, supportive, understanding and knowledgeable. Other feedback highlighted that the service had been life changing, helped service users understand their difficulties, and there was specific positive feedback on the group structures and content.

There was a notable reduction in response rate to this year's survey. The SUSS was given to 42.5% more service users this year (n=104) than last (n=73), however the overall response rate dropped from 58.9% to 39.4%. There was a reduced response rate for group therapies (Journey 18%; DBT 20%) and care co-ordination (23.6%). There was also a 50% decrease in the number of responses received online via Survey Monkey. Care co-ordination had the lowest response rate (22.6%, n=6). The team at the Network have discussed how in 2018 the effort to improve care co-ordination responses was prioritised, however due to other priorities this has not been managed as successfully this year. The team agreed to re-visit this in the 2020 survey and make plans to boost survey responses.

The majority of respondents had been in the service for 0-6 months (49%) with only a minority involved for 19-24 months (n=2), which is a change from 2018 where there was more variation. This may show the higher proportion of service users who were accessing group therapies compared to care co-ordination, where the length of the intervention is shorter. All service users apart from two said that they had an opportunity to discuss what the service can provide them, with feedback that the discussion was limited to the intervention they received.

This year's survey showed a difference in responses between Journey and DBT groups. 100% of Journey group members felt staff understood them "a great deal" or "a lot", compared to 50% of DBT group members. This could reflect the timing of when the survey is given to service users, as in Journey feedback is taken during the last session of the group program, whereas for DBT surveys are given to all current group members in April, therefore members will be at different stages of the program. Furthermore, there was a specific reflection that the facilitators do not have personal experience to relate to, which may highlight the impact of the service user consultant co-facilitating the Journey groups but not DBT. 100% of care co-ordinator respondents felt they were understood "a great deal" or "a lot", possibly highlighting the important therapeutic relationship which is developed with care co-ordinators.

Slightly fewer service users reported that they were informed about the Network's complaint procedure than last year (65% 2018; 62% 2019) and 57% of respondents felt they would know what to do if they needed to make a complaint, which is a 12% increase from 2018. Following service user feedback, this question has been changed this year from ***"If you haven't made a complaint but needed to, would you know what to do"*** to ***"Would you know what to do if you needed to make a complaint"*** and also removed the N/A option. Rewording this question seems to have captured a more accurate reflection of service user experience. No respondents had made a complaint so there was no feedback available on the process itself.

Following last year's action plan to improve letters and reports to make them easier to understand, this survey has reflected an increase in positive responses and there were no comments on language being too complex. 77% of service users had been informed of opportunities for involvement, which is 6% more than the 2018 SUSS.

The main themes reported for question 15 "What could be improved?" were having more support available, for example follow up and 1:1 support, improved wait times, more funding and more time in Journey to discuss and reflect on the Personality Disorder diagnosis. There was clear feedback from members of one DBT group regarding the unexpected changes in rooms and facilitators which felt inconsistent and made them feel unsettled and distressed. The DBT team have been managing these changes and the issues were escalated to management and Clinical Governance, formal apologies were sent to group members and stable rooms and group facilitators are now in place.

Reflection from the PiA Involvement Group

The *Personalities in Action* involvement group met to discuss the findings from the survey and provide recommendations. The group consisted of 3 members and the involvement lead.

The group reflected on the generally positive nature of responses and in particular the comments about how helpful, supportive and caring staff have been. The group noted that there has been an increase in service users reporting that they are aware of the complaints procedure over the last two years, although perhaps more clarity is still required. The group also noted the significant impact of staff and venue changes for the DBT group members, and were pleased to note that this has already been responded to, but identified the importance for the service users of consistency and continuity. There was also an important theme identified about the role of experts-by-experience within the groups, and the potential value of having Service User Consultants in all DBT groups.

The group also discussed the significant decrease in responses across the three services, but in particularly from care coordinated clients, and that it will be important to address this to ensure that the feedback is representative.

Recommendations and Action Plan

The following recommendations were made in response to the survey by the *Personalities in Action* Involvement Group members and at Clinical Governance:

- It is unclear why the response rates have fallen so significantly this year. It would be useful to better understand the barriers for these service users in completing the survey and to develop ways to support them in providing helpful feedback about their experience of the service
 - **ACTION:** To discuss with care coordinators to consider barriers (e.g. clinical issues, hospital admissions, language issues, etc?) and consider alternative methods (e.g. Service User Consultant might meet with them to complete the survey rather than the care coordinator?)
 - **ACTION:** To explore the feasibility of a text message based system for the survey, as takes place with other health services such as GP practices.
 - **ACTION:** To ensure that the process is held in mind through line management and governance structures throughout the year.
- Question 3 may be unclear to service users; it is important to ensure we are asking a meaningful question.
 - **ACTION:** To adapt question 3 to “Did you receive good quality information about the service you are accessing?” (wording checked with PIA)
- The role of Service User Consultants in the group program is clearly very valuable. SUCs are involved in all Journey cohorts, but this has only been piloted in one DBT group so far.
 - **ACTION:** To aim to recruit up to three Service User Consultants for the DBT service
- A number of service users described finding it difficult to put their learning into practice. Other community based groups might be helpful in supporting service users to use their skills after leaving the Network, such as MIND groups, peer support groups, or the Recovery College.
 - **ACTION:** To pilot a new peer support group in partnership with LSLCS
 - **ACTION:** To ensure service users have access to information about other support services they can access after leaving the Network
 - **ACTION:** To liaise with the new Recovery College regarding the development of appropriate support / courses
- It is good that more service users report awareness of complaints processes, however this may still require further accessibility/clarity
 - **ACTION:** To ensure complaints information is available on website

- A number of service users described a need for more 1:1 support during/after their attendance in the group program. It may not be clear what support is available to individuals as part of the Journey and DBT groups.
 - **ACTION:** To ensure service users are given clear information at the start of their group programme about what support they will receive during it
 - **ACTION:** Pilot new peer support group (as above)

- A number of service users described finding reports and letters difficult to read/understand, with 21% reporting that they are average or poor. This issue was also raised in the 2019 SUSS.
 - **ACTION:** To review letters and reports to ensure they are as accessible as possible.

- All Network staff should be informed of the positive feedback and encouraged to continue their excellent work with service users
 - **ACTION:** Report to be circulated to all Network staff

References

- Braun, V & Clarke, V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 2, 77-101.

- Harrop, C. & Prince, S., (2007) Service User Experiences of a New Personality Disorder Service. University of Leeds and The Leeds Teaching Hospitals NHS Trust, unpublished research paper

How we are responding to suggestions for change in the Network

You said:	What we are doing:
<p>General comments:</p> <ol style="list-style-type: none"> 1. You want more funding for the Network and more availability of the services it provides 2. You said you can find it hard to put learning into practice and feel unsupported outside of the Network 3. Some of you felt letters and reports are hard to read and understand 	<ol style="list-style-type: none"> 1. The service has been in discussion with commissioners with the intention of attracting additional investment. Additional funding has not been secured for 2019/20 although we will continue to engage with commissioners and colleagues within the organisation to maintain, develop and increase where possible the availability of the service 2. An important part of our work is to support service users to put their learning into practice in a variety of ways. We would encourage service users who are struggling with this to speak to their care coordinator or group facilitator to think about ways that might help you. Additionally, we are developing a new peer support group with Leeds Survivor Led Crisis Services which we hope will be starting in Autumn 2019, to provide additional support to service users. 3. The Network team have met to discuss our reports and to consider ways in which they can be more accessible for service users. We will seek further feedback from service users about planned changes.
<p>Journey:</p> <ol style="list-style-type: none"> 1. You wanted more time to discuss personality disorder theory and reflect on how it relates to you 2. For one group you found the staff changes in the course unsettling 3. You suggested a free transport/taxi service to get to Journey 4. You identified the waiting time as an ongoing issue 	<ol style="list-style-type: none"> 1. We are glad that you found the personality disorder theory session helpful. Unfortunately we don't currently have capacity to extend the programme – to extend this session we would have to lose one of the other sessions. We acknowledge that this session can bring up a lot that people want to talk about. We work hard to create opportunities within the group for questions and encourage group members to use their support calls to ask further questions and to talk about things they have not had the opportunity to share during the group. The support calls are also an opportunity to explore things in more detail on a 1:1 basis. Staff will try to ask more explicitly during the support calls about whether there are any issues which the session raised which group members would like to talk about. 2. We now aim to carry out the phase 2 1:1s with the same member of staff. Unexpected situations such as staff sickness may mean that this isn't always possible, but we will try to avoid staff changes wherever possible. We also aim to keep staff changes in groups sessions to a minimum, however where it is unavoidable we try to ensure that at least one member of staff is consistent. We also let group members know in advance when staff are going to be away, and during the summer months when there are more holidays, at the start of the programme we give group members a list of which staff are going to be present at each of the sessions. 3. We recognize that transport costs can present a challenge to people accessing the group, however unfortunately we are not able to offer a free taxi service. We do offer group members in receipt of ESA and those with no income up to the cost of a day rider ticket (£4.50) for each of the group sessions and 1:1 sessions they attend. 4. We acknowledge that having to wait such a long time can be very hard and frustrating, and we have been working hard over recent months to address this. We have increased the number of groups we run over the course of the year; this has involved slightly shortening the programme. We have just implemented this change so we will continue to monitor and review it to ensure that the programme is still being effective and people still get what they need from it.

<p>DBT:</p> <ol style="list-style-type: none"> 1. You felt that the staff are understanding of your difficulties however are limited without their own personal experience to relate to 2. It can be hard to communicate feelings in a group setting and you wanted 1:1 sessions, either face to face or over the phone, as part of the full DBT package 3. You felt there wasn't enough space in group to talk about your own experiences and emotions 4. You wanted information about how to make a complaint to be sent out via post, as the information can be hard to take in during group when there has been a lot to process 5. You were understandably frustrated with the inconsistency of room and facilitator changes, and a group session being cancelled, and felt this was not managed well. You wanted consistency with the group and a catch up session 	<ol style="list-style-type: none"> 1. Central to the DBT model is that team members practice mindfulness in their weekly DBT team meeting to help them deliver skills training. Team members also practice DBT skills in their everyday lives too and this personal practice enables them to be understanding of the needs of group members. 2. The service is not currently commissioned to offer individual sessions. However, we offer individual reviews, telephone support and coaching goals in response to service user need wherever possible. 3. The aim of the skills training groups is to focus upon the teaching and learning of skills rather than opportunity to reflect upon or explore emotions in any depth. The group provides some opportunity for personal experience in the re-capping of each group and homework practice and in the teaching too. However, ongoing personal reflection within group is not expected as part of the DBT skills group model, this may need to be sought elsewhere if felt needed. 4. We are sorry that need to make a complaint was felt. We encourage group members to bring their concerns about the experience of the group to the skills trainers before they build to feel too much. We do agree that there is a lot of information to manage and we hope that the workbooks provided also help with this. 5. The group cancellation and room booking problems experienced by group members attending at The Mount during the year were unacceptable and we again apologise unreservedly for the distress experienced which were escalated in the organisation. We can assure that weekly group plans were carefully considered and the material taught was not compromised. However, we do understand that planned and unplanned staff changes are hard to manage and this in addition was not helpful.
<p>Care Coordination:</p> <ol style="list-style-type: none"> 1. You felt during your time at the service you were well supported however have been unable to get the support you need after discharge 2. You wanted access to a duty worker before 1.30pm 	<ol style="list-style-type: none"> 1. The service works together with its service users to develop discharge plans which meet each individual's needs. We will start talking to you about your discharge from the service several months before your discharge date to give as much opportunity as possible to think about any plans that may need to be in place to support you. Every service user should have a discharge report that is shared with them and anyone professional who will be providing further care. We hope that this process supports service users after their period of care with ourselves has ended. In addition, we are developing a new peer support group with Leeds Survivor Led Crisis Services for service users leaving the Network which we hope will be starting in Autumn 2019. 2. Unfortunately the structure of the service and resource of the team means we are unable to offer access to a duty worker before 1:30. However, we remain committed to providing access to a duty worker each day, Monday to Friday, from 1:30 until 5pm. You can expect your care co-ordinator to work with you on developing a crisis plan. This crisis plan should support you to be able to think about sources of support as well as skills and coping strategies you find help. The aim of these crisis plans is to support you to 'get through' difficult times. You can use your crisis plan at any time. If you know your care co-ordinator is going to be away from work for a period of time (for a planned period of annual leave, for example) you should know who your 'associate worker' is. This is another care coordinator in the team who can be available to support you if your usual care co-ordinator is not available for a period of time.

If you have concerns about the service you are receiving, you can contact the Clinical Team Manager on 0113 8557950. Alternatively, you can contact the Patient Advice and Liaison Team (PALS) on 0800 052 5790 or by email: pals.lypft@nhs.net. If you wish to make a complaint, please see <https://www.leedsandYorkpft.nhs.uk/advice-support/making-a-complaint/>

Appendix 1:
**Personality Disorder Clinical Network
 Service User Satisfaction Survey 2019**

Please answer each of the questions by circling the appropriate option. The blank lines at the end of the questions can be used to tell us where you think our service is performing well or how it could be better. Please write comments so they are clearly readable. If you need any assistance in completing this survey please ask Network staff for support

1) First of all, please tell us which part of the service your feedback is about. If you use more than one service, we will give you a separate form for each service.

Journey Care co-ordination DBT

2) Approximately how long have you been involved with the service?

0-6months 7-12months 13-18months 19-24months

3) Have you been given an opportunity to discuss what the service you receive can provide for you? ☹️ **No** 😊 **Yes**

3a) If no, please can you tell us more about your experience?

4) Do you feel staff at the PD Network understand you? ☹️ **Not at all** 😐 **A little** 😊 **Not sure** 😄 **A lot** 😁 **A great deal**

4a) If you did not feel understood, please can you explain why?

5) How would you rate the level of support you have received from staff? ☹️ **Very Poor** 😐 **Poor** 😊 **Average** 😄 **Good** 😁 **Excellent**

6) Is being in the PD Network making a positive difference to your life? ☹️ **Not at All** 😐 **A little** 😊 **Not sure** 😄 **A lot** 😁 **A great deal**

6(a) Please could you explain how, giving examples if possible?

- 7) Have you been informed about the Network's complaints procedure? ☹️ No ☺️ Yes
- 8) Have you made a complaint to the Network? No Yes
- 9) If you have made a complaint, were you supported to do so? N/A ☹️ Not at all A little ☹️ Not sure Mostly ☺️ A great deal
- 10) Would you know what to do if you needed to make a complaint? ☹️ No ☺️ Yes
- 11) How clear/easy to understand were the letters and/or reports you've received from the Network? ☹️ Very Poor Poor ☹️ Average Good ☺️ Excellent

11(a) Please could you explain what has or has not been clear for you, giving examples if possible?

12) Have you been informed about opportunities for service user involvement? ☹️ No ☺️ Yes

13) Overall, how would you rate the service you have received from the Network?

Very Poor **Poor** **Average** **Good** **Excellent**

14) What has been good about the service you received?

15) What could be improved?

16) Do you have any other general comments related to your experience with the Network?
