

Annual Service User Satisfaction Survey 2019

Executive Summary

Introduction

The annual Service User Satisfaction Survey was completed across April and May 2019, examining service users' experiences of the Personality Disorder Clinical Network ('the Network'). A total of **104** service users were invited to participate which consisted of members of the therapy groups (DBT and Journey) and care co-ordinated service users. **41** service users responded to the survey.

"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"

Findings

Fewer service users responded this year than in 2018 (**19.5%** decrease), most notably there was a **50%** reduction care co-ordinator responses (**n=6**) and online survey responses (**n=9**). **46.7%** of Journey and **46.7%** of DBT service users participated. The majority of respondents had been with the Network for **0-6 months (49%)**, followed by **7-12 (24%)** and **13-18 months (22%)** with **5%** over **19 months**, reflecting the higher proportion of group members taking part.

There was positive feedback in this year's survey; **95%** reported having an opportunity to discuss what the service could provide them. **75.6% (n=31)** felt they were understood by staff "**a lot**" or "**a great deal**". Those who did not feel understood were members of DBT, with comments that a service user consultant may help with this. **61% (n=25)** of respondents said the Network is making "**a lot**" or "**a great deal**" of positive difference in their life, with **100%** of Journey group members giving these responses. **19.5% (n=8)** said they were "**not sure**" and **17.1% (n=7)** felt it was making "**a little**" change to their life. Comments reflected the chance to *understand and reflect on difficulties, learn new skills* and having a *safe and supportive space*. Respondents felt there would be benefit in *additional support* outside what they were offered.

"The leaders of the group are very compassionate, understanding, empathetic and caring"

62% (n=25) of service users had been informed of the complaints procedure and **57%** knew what to do if they needed to make a complaint (+16% on last year). The majority (**87.8%, n=36**) reported letters and reports were "**good**" or "**excellent**" (+8.8% last year). There is a **6%** increase in respondents being informed of involvement opportunities (**77%**). Overall, **90.2%** of service users rated the Network as "**good**" or "**excellent**".

The responses to open ended questions highlighted positive feedback about staff members being *empathetic* and *understanding*, also how the service was *life changing* and *helped with understanding difficulties*. Comments on **what could be improved** gave suggestions of *more support being made available* with *1:1 support outside of groups*. Comments from Journey members expressed they would benefit from *more time discussing personality disorder theory*. One DBT group gave feedback regarding the unexpected changes in rooms and facilitators which felt *inconsistent* and made them feel *unsettled* and *distressed*.

Recommendations

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

- Consider barriers to care co-ordination responses and potentially give SUSS throughout the year
- Recruit up to 3 service user consultants for DBT
- Pilot a new peer support group and liaise with the Recovery College regarding developing support and courses

The next page summarises how we are responding to specific suggestions for change.

"Organisation - a session was cancelled abruptly on the day and rooms were changed which made it confusing, distressing and frustrating"

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.

DBT:

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

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.

Care Coordination:

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

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.