

# HUMBER COAST AND VALE PROVIDER COLLABORATIVE

**Edition 9**



**Provider Collaborative**  
Humber, Coast and Vale Specialised Mental Health,  
Learning Disability and Autism



**Thank you** to everyone who joined us for our last virtual get together in Humber Coast and Vale in January!

We had an update from the Collaborative Planning and Quality Team on what the Provider Collaborative is currently working on to improve service user and staff experience. Then we went on to hear from you on your vision for the future, looking at what good looks like, how we can achieve this and ideas how to measure success. We then discussed and prioritised key areas we want to feed into the wider Visioning Event

**We hope to see you all at the next meeting!**

**Next meeting:**

**9th March  
2022**

**Time: 2-3**

**THANK YOU**

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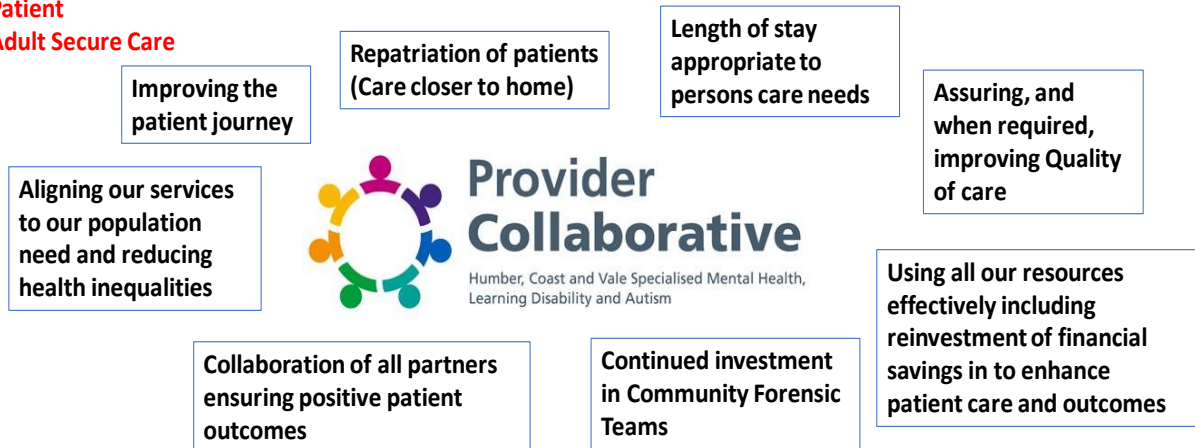
# Collaborative Planning and Quality Team Feedback— January 2022

Live from the 1<sup>st</sup> October 2021

Responsible for:

- CAMHS In-Patient
- Adult Eating Disorders In-Patient
- Adult Secure Care

## Our Adult Secure Care focus



Our core principle is: *Working in partnership with the people who access our services and those who provide care services across HCV - we will deliver best quality outcome-based care close to home through the introduction of meaningful efficiencies into care pathways, within a rigorous governance framework and a culture of learning and evaluation*



In today's event and using the information you have given answering these visioning questions, we intend to use all your feedback to influence wider discussions - so we start to decide where we want to go next as a provider collaborative. Our job is to take your feedback and listen to your experiences and journeys to help guide us and hopefully improve.

In the last year we've managed to bring back 22 patients that were outside of Humber Coast and Vale, back into services locally, which is a huge achievement. It's all about building relationships are working together, so we're continuing to get as many service users back closer to home as we can where it's appropriate, and we want to improve the service user journey. We want to align our service to the need of the population, so we need to work together to develop our services.

We are currently bringing all of our partners together to review the community forensic teams. We are looking at how we can work together to understand what additional investments are needed to get those up to gold star funded services.

Quality is paramount and we are trying to achieve this to have the best services in the country. We work very closely with providers to really focus on quality to make sure your journey is as smooth and least restrictive as possible. One example of this is we are currently trying to improve your experience of access assessments to make sure that you're not repeating your story over and over again to several different clinicians, to minimise frustrations.

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There is some great in reach from community teams into provider services, helping with transitions and making moves are as smooth as possible from inpatient services into the community.

We work very closely with Jo and Charlotte to try and ensure that we get feedback from staff and service users so that we can then pick out different areas to improve. Currently these areas are personality disorder services and other one is around learning disability and autism pathways.

## 'Scoping and Visioning' event



A 'scoping and visioning' event will be happening in February to develop a co-produced strategic vision across Humber, Coast and Vale provider collaborative. We need to include clear contributions and involvement from service users, carers and staff members. It is an opportunity to consider how and what the collaborative wants to be doing differently now and in the future.

The focus is:

In Humber, Coast and Vale Provider Collaborative;

- What does 'good' look like?
- How do we get there?
- And how do we measure it?

Please discuss with service users, carers and colleagues and write your thoughts on the coloured pages which follow...

## Humber Centre

### What works well?

#### What can we do more of?

- Planned activity
- Recovery college and education opportunities
- Face to face meetings
- Primary care needs and physical health.
- Health training

#### What could we be doing differently?

- More directive communication re expectation of standards and delivery from the collaborative.
- Collection of service user feedback (proposed slot at governance meeting on quarterly basis)
- More education and vocational work/ opportunities
- More resource and accessible facilities.
- Engagement of friends and family



## How do we get there?



### What changes do we want to see?

- More staffing resource and positive recruitment.
- Environment changes
- Education and vocational opportunities.
- Positive engagement of friends and family.
- Service tuck shop to be reviewed.
- E cigarettes to be reviewed
- Collection of service user feedback
- Dining experience

### How can we make these goals happen?

- Recruitment
- Introduction of co produced timetables for activity/ therapy
- Co produced environmental changes in progress.
- Planned open day events.
- Friends and family audit
- Dining experience – project group and a working painting and decorating team.

## How can we measure our successes?



- Service user feedback- you said we did
- Written questionnaires for staff and service users.
- Monitor physical changes to the environment
- Use of recovery college timetable
- Friends and family feedback
- Yorkshire and Humber involvement network discussion and feedback sessions.
- Evidence of co produced policy and work streams.

Our patients have given feedback that they do not like teams meetings and the virtual platform and they much prefer the face to face meetings.

We have a primary care team that sits within our service, they look after physical health needs extremely well. There is health training which some of our patients have been involved in co-producing.

We would like a more direct communication about expectations of standards and delivery from the provider collaborative – for example, meaningful activity standards. We really miss having that kind of framework. It helps focus on quality of care.

One of the difficulties that we're having is with the friends and family test that our Trust uses. The feedback we've had from our patients is that they really don't like that questionnaire. They don't think it's appropriate, and it doesn't give valid feedback around the service, so we are looking at different ways of how we can get live service user feedback.

We've got proposed slots on the governance meeting for patients in the future starting from April.

Our patients want more education and vocational work and opportunities.

Engagement of family and friends within the service is something that we think we can do better on. We're doing a piece of work at the moment asking all of our patients who they would like involved in the care and how we contact that person.

We are looking more creatively at positive staff recruitment and retention initiatives. We are robbing Peter to pay Paul when people are recruited into promotional positions. It's our own staff we're promoting, which then leaves a gap.

We are looking at how we can improve the whole dining experience at the Humber Centre. We are setting up a project group for painting and decorating.

There is a co-produced timetable for all activity and therapy across the service.

## Clifton House

### What works well?



#### What can we do more of?

- Educate Service Users early on about working with the Collaborative. Show them how they can influence the system.

i.e Create a basic accessible poster:

*'Who are We?' 'Help Us Help You'* with concrete examples of change made

- Identify key people S U's will work with later in their pathway. (i.e. Social Worker/ Care Co-ordinator.) Meet with these and have regular conversations around 'preparedness'.

#### What could we be doing differently?

- Teams meetings feel corporate. Representatives of the Provider Collaborative should visit and present information on wards. Service Users would feel more comfortable if the right people came to give informal presentations.
- Reassure patients that they won't be 'fast-tracked' out of hospital if they are taken off section without the most appropriate pathway/accommodation ready.

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## How do we get there?



### What changes do we want to see?

- The Collaborative more accessible, more in tune with Service User language.
- Direct communication with Service Users rather than through Teams Meetings or through ward staff.
- Ex-service users more central giving the Provider Collaborative advice based on their experience.

### How can we make these goals happen?

- Representatives come and present to wards.
- Re-vamp the language. It still sounds too corporate and can put Service Users off.
- Provide basic 'You said/We did' information which relates to Service Users.
- Ex-Service Use
- rs create presentations relating to their experience. To be shared with the Provider Collaborative and with wards. (put on website?)
- Ex-Service Users work as advisors to the Collaborative when out of hospital. They have the benefit of hindsight.

## How can we measure our successes?



- Service users/carers being able to describe what the Provider Collaborative is, and how they can influence it.
- Feedback from service users/carers as to how supported they feel.
- Patients confident about moving out of hospital – devise satisfaction scales.
- Presentations of 'success stories': Feedback from inpatients on these.
- Re-hospitalation/re-offending rates decreasing.

When people see the word Provider Collaborative in it they sometimes feel as though it has nothing to do with them. And so when asked to get involved or attend an event about this they say no, I'm not interested. It is a barrier. Could we have a poster using the logo from the Provider Collaborative on? We could also call the name of the meeting with what it is about each time, including key questions on there, instead of just another engagement event what could be about anything.

We need to think about getting the people on board in the service that would not come to a meeting like this because they've got really important stuff to say. But they're not saying it. Someone could come and actually meet with service users and explain who they are rather than it just be through a teams meeting.

We need to use more accessible language that will meet the needs of service users who are less comfortable with corporate words. And yeah we have to do teams meetings at the moment, but direct communication would be lovely when we can do it.

It would be really good to see ex-service users as part of these collaborative meetings too because they've got the benefit of hindsight. They can look and think, hey, that was good about my pathway. That wasn't so good. I'm at this point now. What would I have changed.

Having presentations by ex-service users would also be helpful saying hey, we can make it, these are the things I found helpful in my journey and potentially those sort of presentations to be put on the website.

**Mel said:**

**I'm just wondering about actually coming meeting people, whether it's something we could do, maybe on a quarterly basis. If that's helpful just to pop in? maybe with food? We can introduce ourselves, and just have a chat with people. And there's just listen to what you said about having more visibility from us. Would that be helpful?**

## Stockton Hall

### What works well?

#### What can we do more of?

- Meeting more service users from different hospitals
- More simplified objectives (sometimes the explanations are too broad)
- More attendance from service users from different hospitals
- Show how the meetings are changing the service
- Zoom s a great addition to the meetings



#### What could we be doing differently?

- Meeting face to face
- Meeting in different hospitals
- Further explanations for those that don't understand ( I think zoom doesn't help this)
- Access to some worksheets that could be help people understand the structure/setup of the region (like a history of the service/care) also worksheets for some of the individual topics to help explain what any changes or proposals will mean to service users directly
- Why are all hospitals not equal especially if they are the same level of security

## How do we get there?



### What changes do we want to see?

- More access to computers on wards
- Speed up of the discharge process. Much more transparency.
- To feel less forgotten about.
- Greener hospitals (environmentally)
- Reduction in covid restrictions (visits/masks)
- Wi-fi in the hospital

### How can we make these goals happen?

- Review of the policy and procedures
- Access to money

## How can we measure our successes?



- Reviews on a yearly basis set against the goals we set out to achieve ( a simple yes or no to if they were achieved)
- Questionnaires/feedback
- It's worth noting that there is a general contempt for surveys/questionnaires and the like as there are so many currently in play throughout the year from local to corporate ones.



We could definitely do with more face-to-face meetings, as well as MS Teams, but we'd quite like to meet you and other service users on this call now in person. We don't get to know each other, or have a conversation over a cup of tea. You lose all that kind of interaction and simplified explanations.

There is a lot of jargon. I'm finding myself explaining a lot. Every time I have a conversation with someone, I have to re explain what it is and what we're doing.

There could be more attendance from different hospitals, more service users, and from varied professions.

A summary of what has been achieved by the PC? Just bullet points of what actually happened there last 6-12 months. The progress with an overview of the year, might be a good idea.

Computers are back working, but they have been out of action for 12 months. They now need updates and the policy needs revising, so it takes more time. It is having an impact on discharge process. Wi-Fi is an issue.

Reduction of COVID restrictions - a lot of people have had enough. We have staff who have worked here for a couple of years and have never taken their masks off. Service users don't know what they look like. They feel it is ridiculous.

We do a lot of questionnaires and we do a lot of feedback. We do a lot of asking patients and staff what their feelings and thoughts are throughout the year. I think people feel their opinions are ignored and so a lot of stuff that comes around now they just give standard answers. I don't think people sit down and think about it sometimes.



### Humber Coast and Vale (HCV)

This is the geographical area that you are currently in and the name of your Provider Collaborative. HCV is responsible for your pathway.

### Provider Collaborative

A group of providers, in this case Humber Centre, Stockton Hall and Clifton House, working together to improve your care pathway to the community. They are responsible for local people and a budget.

The Provider Collaborative also looks after people who need:

Adult Eating Disorder Services  
Children's and Young People's services, as well as adult low and mediums secure services.

### Lead Provider

Lots of experienced people and services are working together within the Provider Collaborative, but one NHS service must take overall Lead- they are responsible to NHS England and for the quality of the pathway in HCV.

Your Lead Provider is:

**Humber Teaching NHS Foundation Trust**

**Out of area** means that HCV is your home area but you are getting care elsewhere. HCV would like to bring you to your home area if that is your choice. Or that you are in HCV but you consider home to be a different area and HCV will support your move back.

What Jargon do you want busting?

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## Discussion and key priorities



- More access to vocational activities and qualifications
- Importance of physical health parity in mental health services
- Involvement of families and friends more
- Greater visibility from the PC Team and the Y&H Involvement leads – making sure information, the teams and projects/improvements made are communicated in meaningful ways
- Better involvement of service users who have left hospital and want to get involved whilst in the community
- Quality improvement – needs to be specific when involving people, like goals and standards to work towards being meaningful and useful
- Interaction – face to face better and in the future to have both options of face to face and MS Teams. People want to have the social aspects available and building relationships and asking informal questions are important to everyone. Using MS Teams involvement better 1-1 rather than the larger groups
- Jargon buster for what certain terms used are understood by all

Steve:

The plan is to take this feedback into our other visioning events to make sure that we've really got this staff and service user feedback at these meetings, which will then help us to inform us and how we how we move forward.

We are really interested in what we have heard so I think it is just to reassure everybody, that these meetings don't stop here. We don't just take this information and stick it on the bookshelf. We do actually take the feedback and we really want to weave it into our future aspirations and plans as the provider collaborative.

Our clinical director, David and myself will be out and about a lot more as soon as we can. It's been a real shame - due to COVID - because I used to be out and about a lot more and I used to enjoy it as well. Being able to get face to face feedback by speaking to everybody on the wards and within services is invaluable. And that is when we get some really honest feedback, and sometimes it's painful to hear, but at the same time we can't make positive change without it. And this is what we're really keen on doing, making sure that we are getting every little bit of feedback that we can, to make sure the changes that we have made within services are the right changes for staff and for service users.

# Feedback Form



If you would like to answer any of the questions asked in this newsletter or provide any feedback then please contact us through the Network email, contact us through our website or ask a member of staff to email us your responses! We can also pass on queries directly to the Humber Coast and Vale Provider Collaborative too.

[www.yorkshireandhumberinvolvementnetwork.nhs.uk](http://www.yorkshireandhumberinvolvementnetwork.nhs.uk)

What has gone well today and why?

What could have gone better and why?

What would you like to hear about in the future?

Have you enjoyed it today and will you come again?

Thank you for your feedback as it is really useful in helping us improve





We are Holly, Jo and Charlotte working with the Humber Coast and Vale Provider Collaborative

Get In Touch with us on:  
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Next Event Date:  
**9th March 2022**  
**2-3pm**

Come along and find out what is happening in your area, help us plan for the future and have your say!



Contact Jo, Charlotte or Holly for more information:  
[Hnf-tr.involvement.network@nhs.net](mailto:Hnf-tr.involvement.network@nhs.net) [www.yorkshireandhumberinvolvementnetwork.nhs.uk](http://www.yorkshireandhumberinvolvementnetwork.nhs.uk)