

## **AGENDA FOR**

### **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE CARE NHS FOUNDATION TRUST**

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**To: All Members of Joint Health Overview and Scrutiny  
Committee for Pennine Care NHS Foundation Trust**

Councillor P. Adams, Councillor John Bell, Councillor Helen Bowden, Councillor, Councillor Chris Gordon, Councillor John Wright, J Grimshaw, Councillor Bernard Judge, Councillor Colin McClaren, Councillor Tom McGee, Councillor Sara Rowbotham, Councillor Julia Turner, R Walker and Councillor Kevin Welsh

Dear Member/Colleague

**Joint Health Overview and Scrutiny Committee for Pennine  
Care NHS Foundation Trust**

You are invited to attend a meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust which will be held as follows:-

<b>Date:</b>	Thursday, 17 September 2015
<b>Place:</b>	Lesser Hall, 1st floor, Dukinfield Town Hall, King Street, Tameside SK16 4LA
<b>Time:</b>	10.00 am
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

Members of the Joint Committee are asked to consider whether they have an interest in any of the matters on the agenda and, if so, to formally declare that interest.

### **3 PUBLIC QUESTIONS**

Members of the public present at the meeting are invited to ask questions on any matter relating to the work or performance of the Pennine Care NHS Foundation Trust. A period of up to 30 minutes will be set aside for public questions.

### **4 MINUTES** (*Pages 1 - 6*)

Minutes of the last meeting held 18<sup>th</sup> June are attached.

### **5 NORTH WEST AMBULANCE SERVICE** (*Pages 7 - 22*)

Dan Smith, Area Consultant Paramedic, North west Ambulance Service will be in attendance to discuss the interaction between the Ambulance Trust and mental health services/service users.

### **6 PENNINE CARE FOUNDATION TRUST COMPLAINTS REPORT** (*Pages 23 - 52*)

Ben Woffenden, Complaints Manager, Pennine Care Foundation Trust will attend the meeting. Report attached.

### **7 URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

**Meeting of:** Joint Health Overview and Scrutiny Committee for Pennine Care Foundation Trust

**Date:** Thursday 18<sup>th</sup> June 2015

**Present:**

Councillor McGee (Stockport MBC) (Chair)  
Councillor Turner (Oldham MBC)  
Councillor Wright (Stockport MBC)  
Councillor McClaren (Oldham MBC)  
Councillor Gartside (Rochdale MBC)  
Councillor Gordon (Stockport MBC)  
Councillor Adams (Bury MBC)  
Councillor Walker (Bury MBC)  
Councillor Bowden (Tameside MBC)  
Councillor Rowbotham (Oldham MBC)

**Apologies:**

Councillor Bell (Tameside MBC)  
Councillor Judge (Oldham MBC)  
Councillor Grimshaw (Bury MBC)  
Councillor Welsh (Tameside MBC)

**In Attendance:**

Stan Boaler – Service Director North and South Division.  
Karen Maneely – Adult Service Line Manager, South Division.  
Jackie Dyson – Royal College of Nursing.  
Julie Gallagher – Joint Health Overview and Scrutiny Officer.

**PC 15/16-01 APPOINTMENT OF CHAIR**

It was agreed:

That Councillor T. McGee be elected as Chair of the Committee for the municipal year 2015/16

**PC 15/16-02 APPOINTMENT OF VICE CHAIR**

It was agreed:

That Councillor C. McClaren be elected as Vice Chair of the Committee for the municipal year 2015/16

**PC 15/16-03 APOLOGIES**

Apologies were detailed above.

**PC 15/16-04 DECLARATIONS OF INTEREST**

Councillors Gordon and Walker declared personal interests in all matters under consideration as they are both members of the Pennine Care Foundation Trust.

**PC 15/16-05 PUBLIC QUESTIONS**

There were no questions from members of the public

## **PC 15/16-06 MINUTES OF THE LAST MEETING**

### **It was agreed:**

The minutes of the meeting held on the 14<sup>th</sup> April 2015 be approved as a correct record.

## **PC 15/16-07 MATTERS ARISING**

There were no matters arising.

## **PC 15/16-08 POLITICAL BALANCE**

### **It was agreed:**

That the necessity, that the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust be politically balanced, be waived for the municipal year 2015.2016.

## **PC 15/16-09 INTRODUCTION FROM THE CHAIR**

The Chair began by welcoming Elected members, Officers and members of the public to the meeting. The Chair remarked that this will be a very challenging year for all those working in public service and in particular the NHS. The Chair reminded Elected Members of the importance of their role within this committee as a critical friend.

## **PC 15/16-10 CHANGES TO SECONDARY MENTAL HEALTH SERVICES A BOROUGH BY BOROUGH UPDATE**

Representatives Stan Boaler; Service Director North and South Division. Karen Maneely; Adult Service Line Manager, South Division; Pennine Care NHS Foundation Trust attended the meeting to provide an update on changes to secondary mental health services in each of the Boroughs within the Pennine Care Trust footprint.

### **Tameside and Glossop CMHT -**

The total Cost Improvement Plan (CIP) saving required for 2013/2014 was £212,000 for 2014/2015 £212,000. It was reported that a decision was made in Tameside and Glossop CMHT to undertake these CIP's together to avoid staff affected having to be involved in two complex HR changes in quick succession.

This consultation focused on a structural change to Tameside & Glossop Secondary Community Mental Health Services. The new structure merged Community Mental Health Teams with Review and Recovery Teams and the new structure comprises of two generic Community Mental Health one for the North of the Borough and one for the South of the borough.

Caseload for the CMHT did sit at approximately 24. Within the new restructured team model the practitioners have a mixture of complex acute need service users with low level review service users. There will be a strong emphasis to

step down service users to primary care and the 3<sup>rd</sup> sector if clinically indicated. It was therefore envisaged the new caseload size would be approximately 13-15 complex acute service users and 20 review service users.

The proposed structure saw the removal of a number of posts, some of which were vacant posts, some of which did have postholders in place.

Members reviewed the proposed service model.

In response to a Member's question; the Adult Service Line Manager reported that the Trust has engaged with the Service User Forum in relation to the Trust's proposed plans for reconfiguration and the feedback has been very positive.

### **Bury CMHT**

In order to manage the demand and capacity within the teams work commenced on new ways of working, case load analysis, discharge planning and asset mapping local resources available outside of PCFT and LA commissioned services in order to support individuals to access appropriate support available within their local community.

2.0 WTE Band 3 Support workers (to be aligned to the wellness and recovery function) will be created from the current vacant posts to ensure that a recovery focused service can be developed with capacity to support individuals to access resources available within their local communities and maximise independence. The occupational therapy posts that are currently aligned with the CMHT's will be realigned to the Wellness and Recovery function of the service.

One of the existing band 5 posts within Review and Recovery was realigned to the Treatment service and Reviewing Officer function (50:50 split), the other existing band 5 post within Review and Recovery has been realigned to the Treatment service.

Due to the retirement of the existing post holder the band 6 post that was aligned to CHOICES will be vacant prior to the implementation of the new service and will be realigned to the active care coordination function.

All substantively employed staff within the existing service will be allocated to a role within the new service structure.

Members reviewed the proposed service model.

In response to a Member's question, the Service Director reported that the reconfiguration in Bury would ensure that patients avoid being "stuck" within the service and that the patients receive the service that is most appropriate to their need/condition.

### **Oldham CMHT**

The new structure was that the Community Mental Health Teams and Review and Recovery team operate on A Borough wide whole service model. This

pathway model is designed to have a greater level of staffing and expertise according to the need of the service user.

There will be improved access with a dedicated Assessment and Short term Intervention team which will deliver interventions. The development of the function to provide Active Care coordination will ensure that service users with the most complex mental health and social care needs have access to dedicated care coordination. Similarly the development of staff providing Clinic and Care Management functions will enable development of expertise and service users will receive input according to their level of need and engage with our partners in the local authority and in primary care. Psychiatry input will remain according to current GP practices therefore this will not impact on their patient group. The Community Psychiatrists will all provide input into the service.

The staff will be slotted into the positions based upon the function of each part of the service. The job roles will be more focused but will still rely upon them having their current skill base.

### Caseload identified for each function

Assessment / Short term intervention: 77

Active Care Coordination: 332

Care management: 145

Treatment: 133

Community Resilience: 94

Members reviewed the proposed service model.

In response to a question from the Chair, the Service Director reported that demand is still continuing to rise and that the Trust could not continue to manage the demand within the current system.

The Trust is working on plans to develop a Recovery College in Oldham; the college will assist with educating service users, providing advice on self management and training.

Members expressed concern about the appropriate size of staff caseloads. The Trust must ensure that as a result of the reconfiguration of the community mental health teams that those in need of assistance can still access the mental health support that they require.

The Service Director reported that a disproportionate amount of NHS spend is spent on hospital care and that care and support must be provided at the earliest stage of a person's condition to prevent further deterioration.

### **Rochdale CMHT**

The Pennine Care target for savings in Rochdale's CMHT were £165,000 for 2015/16. The savings were achieved by the disestablishment of vacant posts; no substantively employed staff within the service were put at risk. Transformation meetings were held to review the mental health care pathway in Rochdale.

In order to manage the demand and capacity within the teams work has commenced on new ways of working, case load analysis, discharge planning, review of paperwork as well as asset mapping.

The Director reported that the current reconfiguration in Sudden has resulted in operational difficulties and it has been necessary to put an interim arrangement in place whilst undergoing the full transformation process. This has been done following staff engagement and with minimum disruption to service users.

Current Caseloads for the borough are indicated below;

Assessment 73

Active Care co ordination 577

Clinic 114

Wellbeing/ Recovery 243

Care Management 27

Total 1034

The wider transformation for the whole of Rochdale borough will continue, reviewing the whole community pathway with continued consultation with staff, service users and key partners.

Further discussions with RMBC highlighted the need to robustly embed the social care agenda. In order to achieve this RMBC would fund Advanced Practitioners in each team

This would provide senior practitioner level of social care across the teams for continuity.

Members reviewed the proposed service model.

Members sought assurances that occupational therapy services would work with the CMHT to provide a holistic support to service users as part of their recovery.

### **Stockport CMHT**

The Director reported that the Trust is currently reviewing their proposals in relation to Stockport CMHT and as of yet a new model of service delivery has not been implemented. The Trust will continue with discussions with staff and relevant stakeholders and will update on progress at a future meeting of the Committee.

In response to a Members question the service director reported that Stockport Local Authority had always invested heavily in lower tier mental health services, staff and service users/carers have been resistant to change.

In response to a member's question the Service Director reported that monies have been made available for mental health services from central government. However, the money is only for very specific projects and specific purposes and cannot be used to subsidise the provision of other services.

### **It was agreed:**

1. Details of the proposed changes to mental health services would be forwarded to each local health overview and scrutiny committee for their consideration.

2. The Joint health overview and scrutiny committee would continue to monitor the impact of the changes to community mental health teams.

### **PC 15/16-11      WORK PROGRAMME DISCUSSION**

Members reviewed the work programme.

#### **It was agreed:**

Subject to the inclusion of the following items: provision for those who have suffered sexual abuse; update on suicide prevention; and the re-tendering of the military veteran service; the Joint Health Overview and Scrutiny Committee approves the work programme 2015.16

### **PC 14/15-13      QUARTERLY COMPLAINTS AND COMPLIMENTS REPORT \*\*\*For Information\*\*\***

#### **It was agreed:**

The report be noted

### **PC 14/15-14      URGENT BUSINESS**

There was no urgent business reported.

### **PC 15/16-15      MEETING DATES FOR 2015/16**

#### **It was agreed:**

The meeting dates for 2015/16 be agreed.





North West Ambulance Service **NHS**  
NHS Trust

Delivering the right care, at the right time, in the right place

# North West Ambulance Service NHS Trust – Presentation to GM Joint Health Scrutiny Committee

## Dan Smith – Consultant Paramedic



# Our Services

**999** Paramedic  
Emergency  
Service

**Secondary**  
Triage

Patient  
**Transport**  
Service  
(Cheshire, Merseyside, Cumbria & Lancashire)

**Major**  
Incident Management

Host the North West NHS  
**111** service



# About NWAS

- Covers the North West footprint = **33 Clinical Commissioning Groups, 1,420 GP practices, 29 Acute Trusts**
- 1.3 million 999 calls per year
- 950,000 patient episodes
- Population of 7m people – growth of 3% by 2017
- Employs approximately 5,000 staff
- Annual income of £260 million
- Three emergency control rooms – virtual call taking



# Performance Standards for 999

- All calls prioritised to determine appropriate level of response
- **Red calls** - immediately life threatening, e.g. cardiac arrests, breathing difficulties
- **75% of these calls within 8 minutes and 95% of these calls within 19 minutes**
- **Green calls** - less serious, and are not immediately life threatening. No national targets set, we endeavour to respond as follows:
  - **Green 1 20 minutes**
  - **Green 2 30 minutes**
  - **Green 3 3 Hours**
  - **Green 4 4 hours**

# Top Five Calls

Excluding HCP &  
NHS 111 calls

Falls

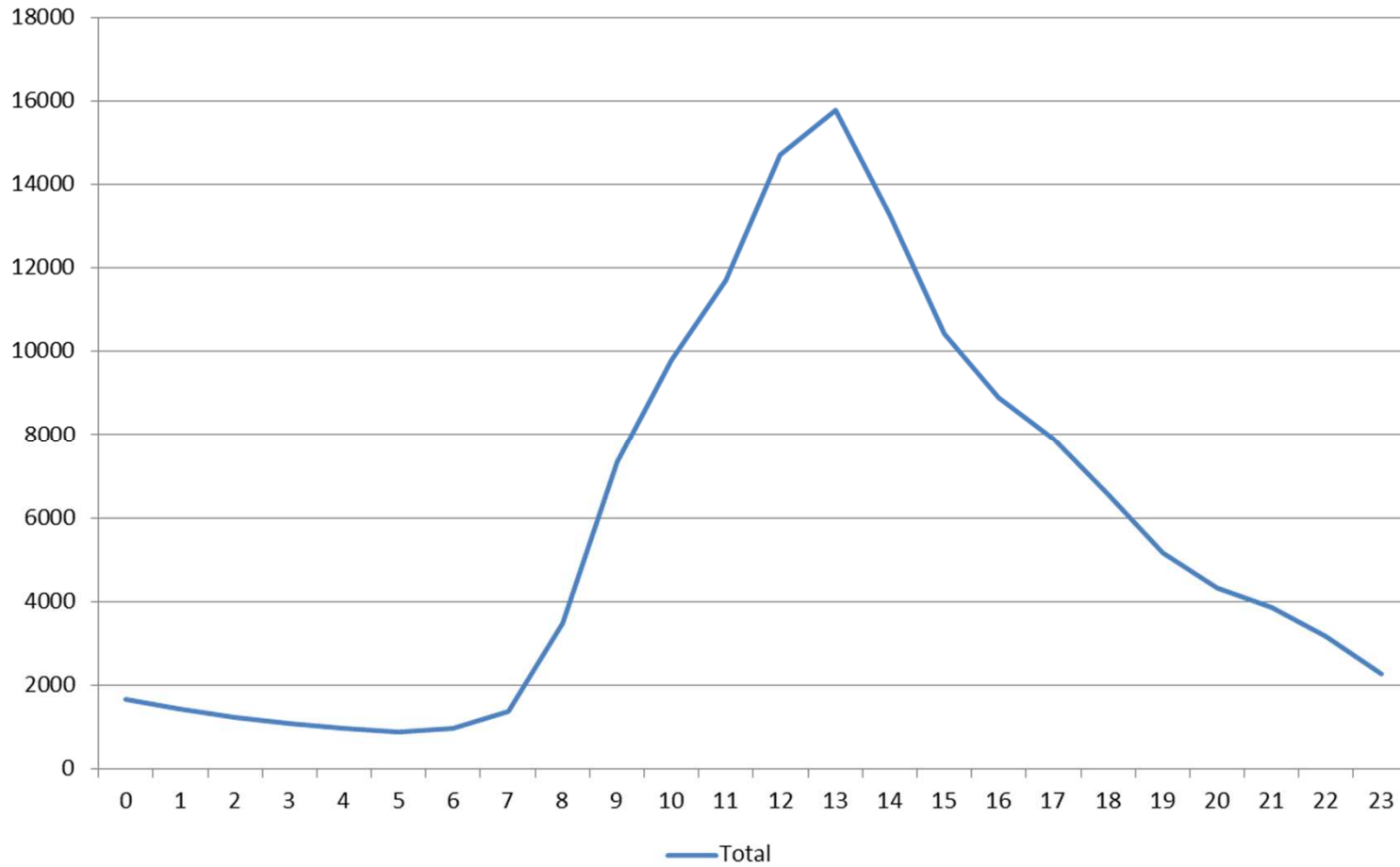
Chest  
Pains

Breathing  
Problems

Unconscious /  
Fainting

Sick  
Person

# Healthcare Professional Activity by hour



# Reality



Managing the demand is **unsustainable** if change doesn't happen



Less than **10%** of incidents are actually **life threatening**



**Fallers** make up **17%** of all 999 activity



**31%** of all PES activity between **12:00 and 15:00** is from HCPs



Patients with known long term conditions call 999 **six times** more often than other service users



**54%** of patients arriving at ED by ambulance end up in a **hospital bed** (75% of admissions over 65 years of age)

# The Ambulance Service Has Changed.....

- Traditional view of '**scoop and run**' changed dramatically
- Case **mix** has changed
- Paramedic role introduced in 1981
- Comprehensive **clinical leadership** structure and model
- Paramedic **skills** now, could only be done 10 years ago in a hospital or by a GP
- **There's more to come.....**





# Changes to Emergency and Urgent Care

## Objectives:

- To provide a robust **urgent care service** for those who call 999 but do not necessarily need an ambulance or to go to hospital
- Deliver a reliable and efficient NHS 111 service
- **Reduce** number of patients who **attend** emergency departments
- Ensure patients receive the right care, at the right time and in the right place
- **£500,000** investment in Urgent Care
- The principles of **‘Hear and Treat’, ‘See and Treat’** and **‘Treat and Convey’**

# Working Differently

- Paramedic Pathfinder
- Community Care Pathways and Plans
- Acute visiting scheme
- Community Paramedics
- Urgent Care Desk
- Clinical Hub
- Frequent Callers Initiative



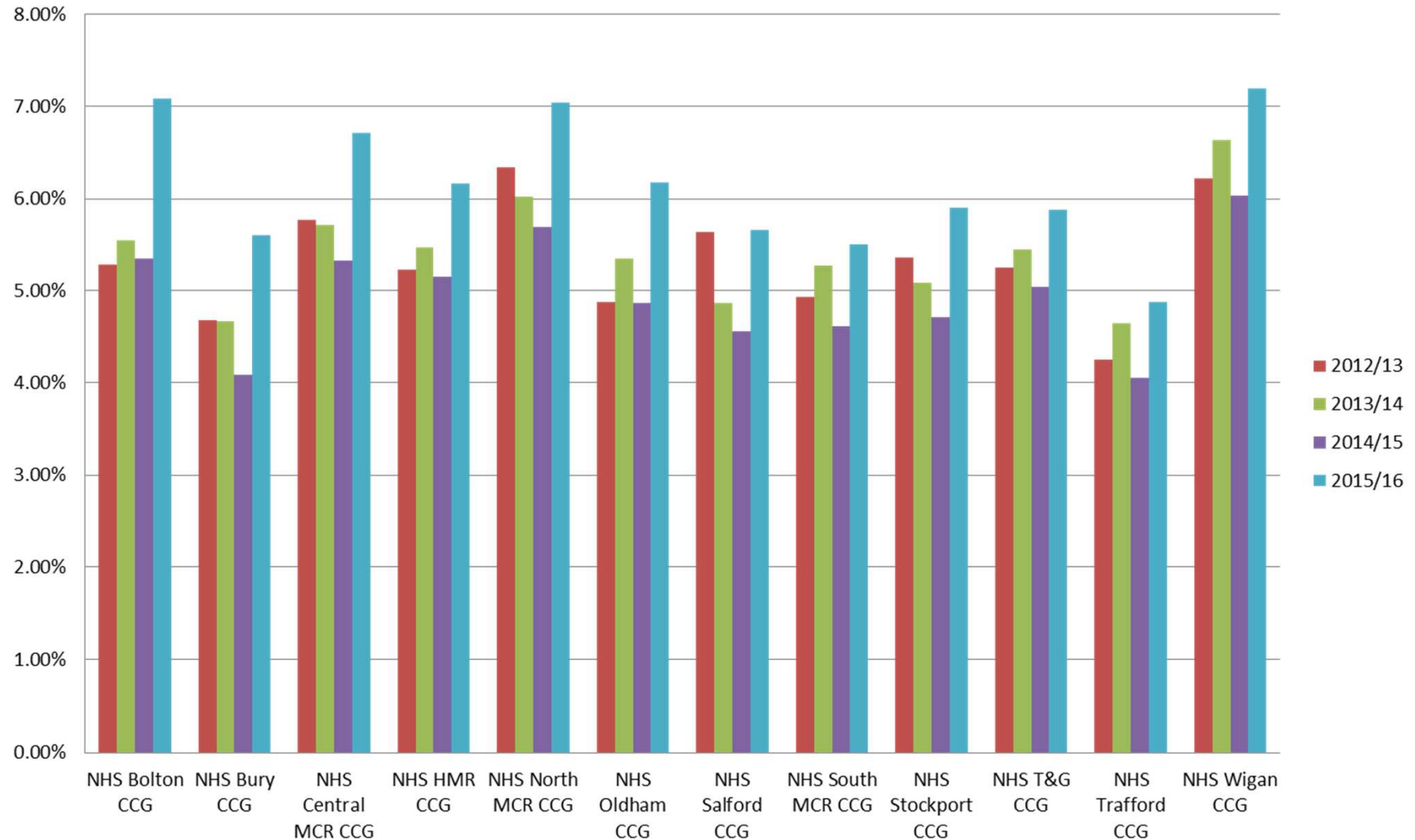
# Evolving Role

- Enhanced treatment role - a community based provider of mobile urgent care and emergency health care
- Safely manage more patients at scene, treating them at home or referring them to a more appropriate community based service
- Further opportunities to assess, prescribe, manage exacerbations of chronic illness
- Working even closer with GPs and community services



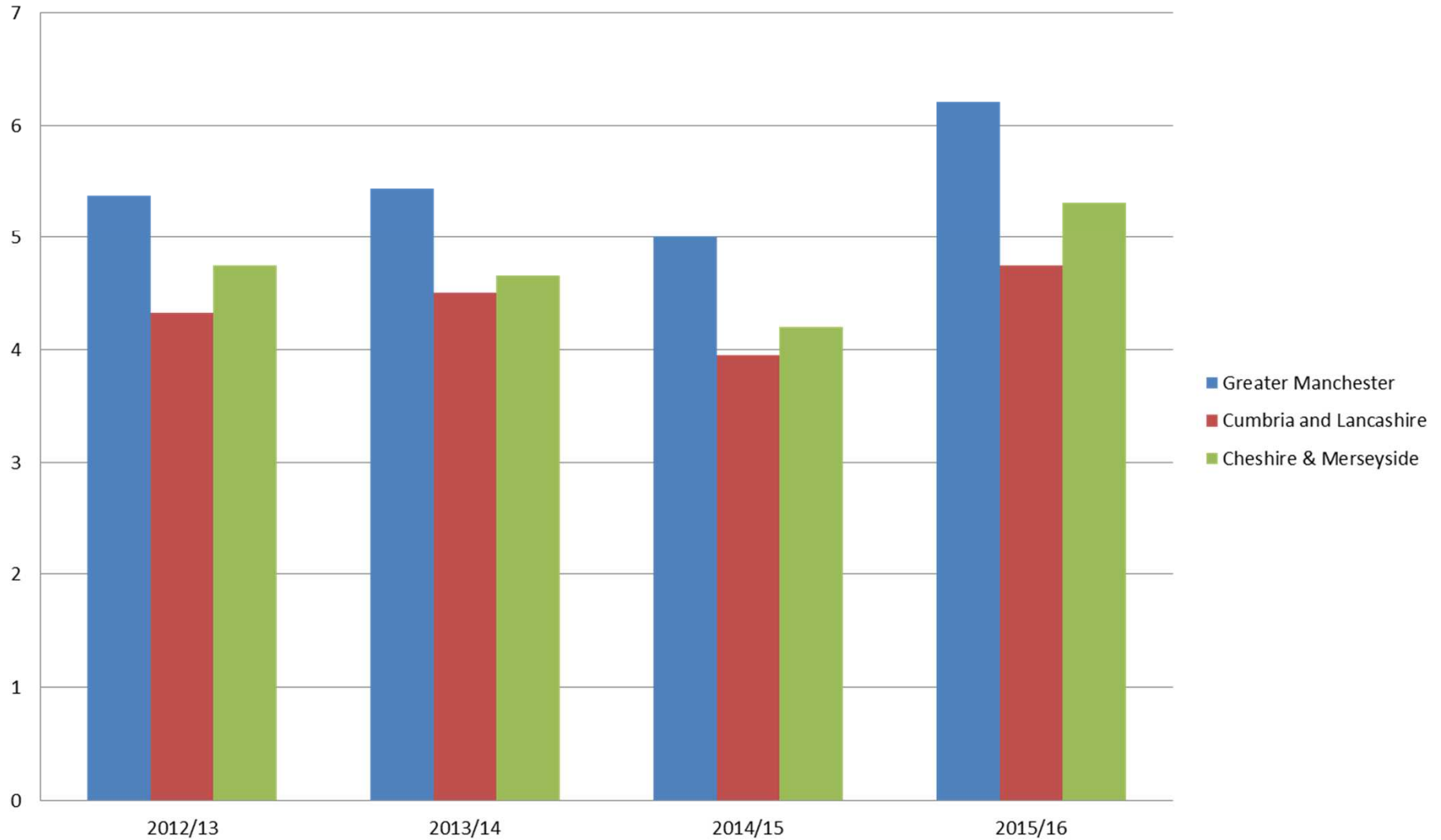
# Mental Health

% of 999 Activity - Coded as Suicide/Self-Harm/Overdose/Mental Health



# Mental Health

% of Overall 999 Activity



# Mental Health Good News

- Sanctuary – Bolton & Central Manchester
- Street Schemes
- GMP Joint Partnership Agreement
- Training & Education
- Joint working....closer than you may think!

# Mental Health Challenge

- Turning the unknown into known & understood
- Risk
- Why us?

**Thank You and Any Questions?**



**Quarter 1 2015/16 – Community Services**

**Patient Experience**

<b>Section 1.1</b>	Compliments & Complaints
<b>Section 1.2</b>	PALS
<b>Section 1.3</b>	Friends and Family Test

### General Update

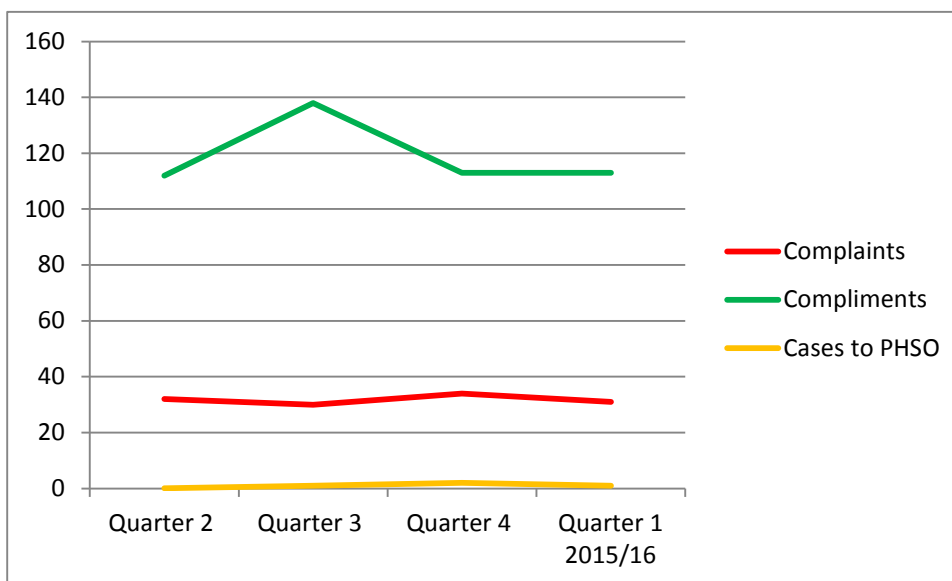
During Quarter 1, the Trust's community healthcare services have received 31 complaints. This represents a decrease of 3 (9%) compared to the previous quarter. Of those complaints, 97% (30 out of 31) were acknowledged within 3 working days.

In the same period, the Trust's community healthcare services responded to 43 compliments. 95% (41 out of 43) of those compliments were responded to within the timescale agreed with the complainant (the KPI is to respond to 95% of compliments within the timescale agreed with the complainant).

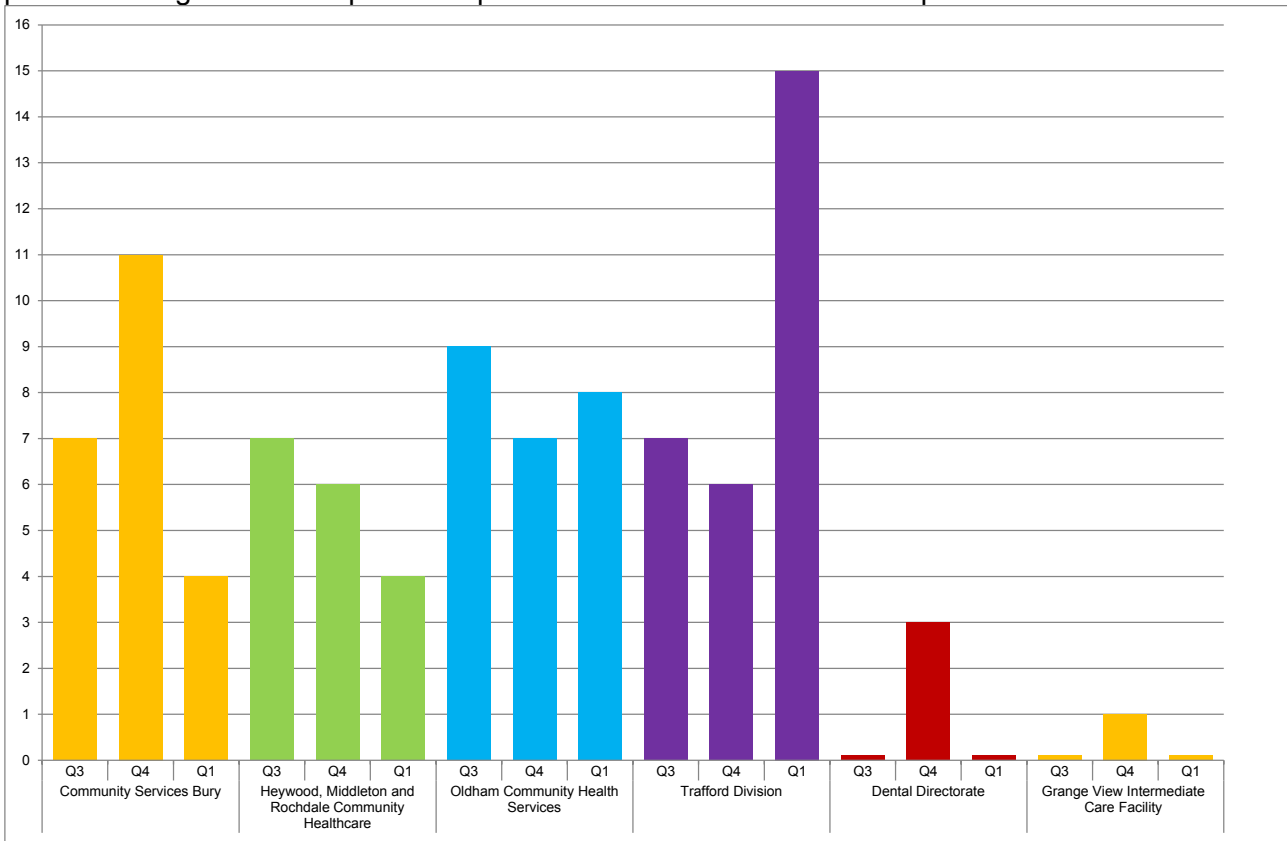
At the start of the quarter, 2 complaints about the Trust's community health services were under consideration by the Parliamentary and Health Service Ombudsman (PHSO). During the quarter, the Ombudsman notified the Trust that it was considering 1 further complaint about its community health services. In the same period, the PHSO reached a decision about 1 complaint involving the Trust's Trafford Division. This means that 2 complaints (one in relation to Oldham Community Health Services and one in relation to Heywood, Middleton & Rochdale Community Healthcare) remained under consideration with the PHSO at the end of the quarter.

### Diagrammatical Evidence – cases received

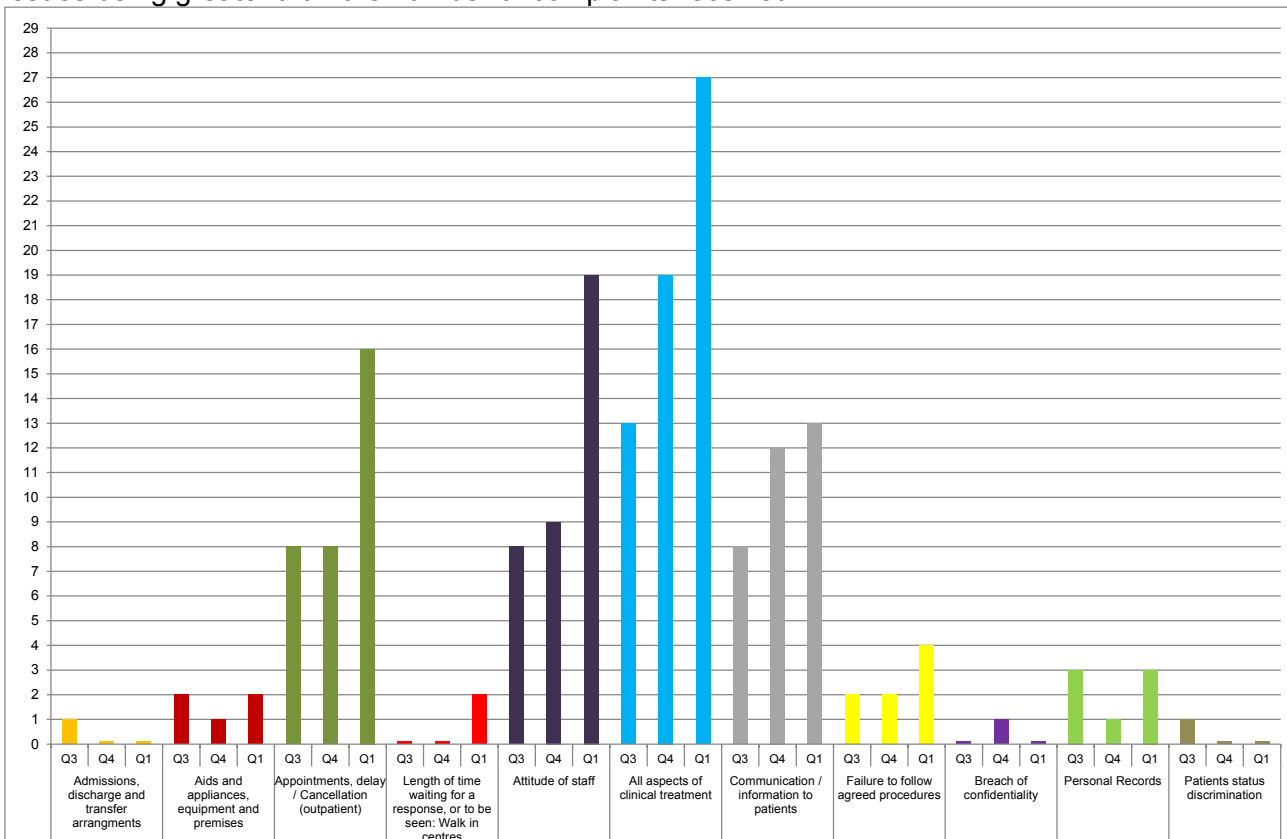
The graph below details the number of complaints, compliments and cases that the PHSO has notified the Trust it is considering during the reportable period:



The graph below details the number of complaints received by borough during the reportable period. The figures for the previous quarter are included to enable comparison.

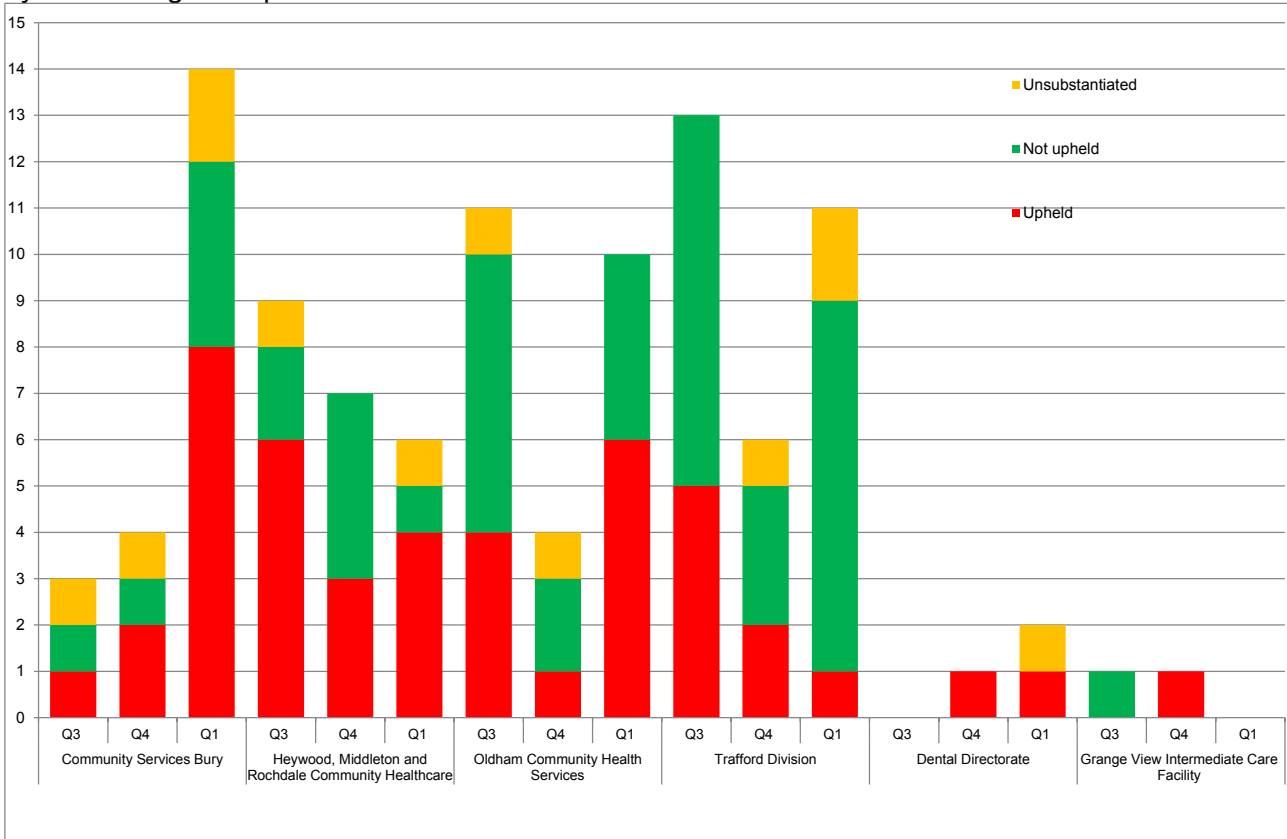


The graph below details the types of issues that have been raised in the complaints received during the reportable period. The figures for the previous quarter are included to enable comparison. Several cases raised more than one issue, which is reflected in the total number of issues being greater than the number of complaints received:

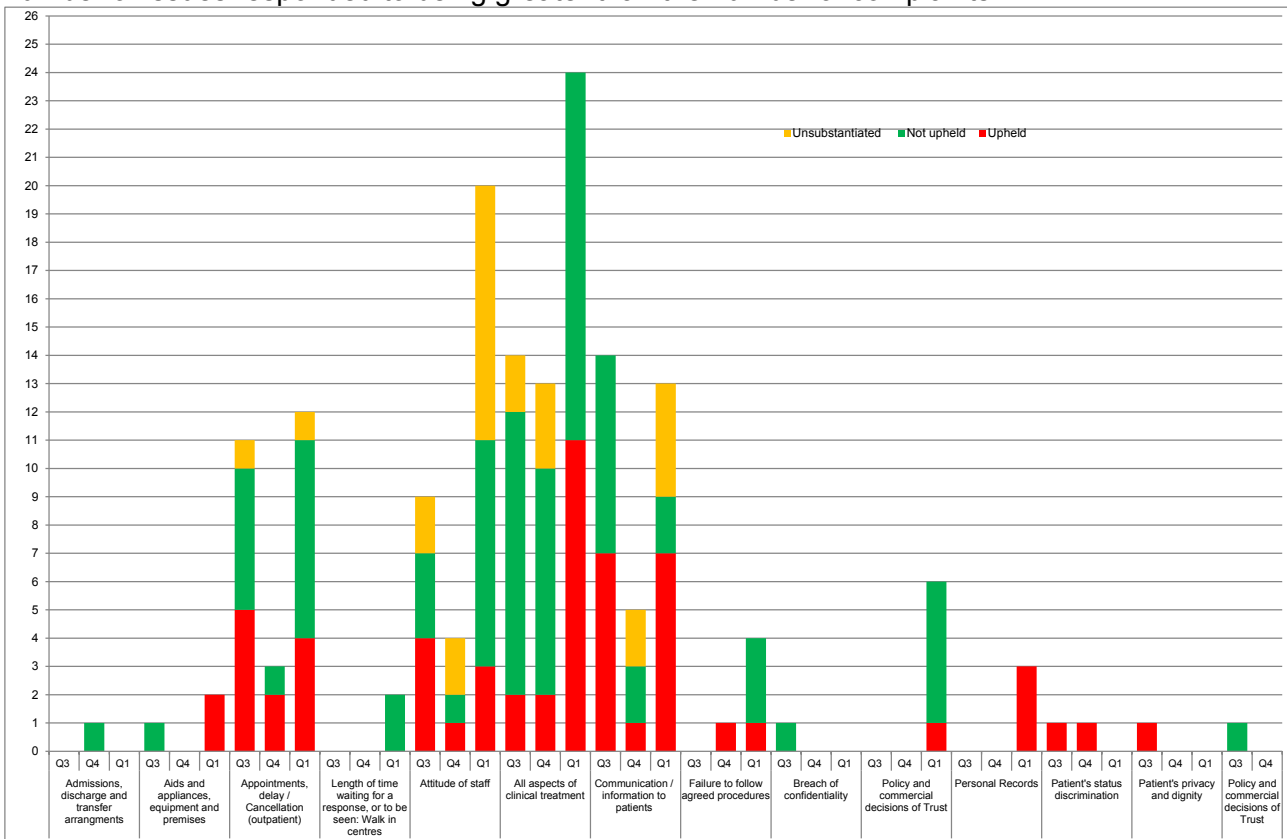


Diagrammatical Evidence – cases responded to

The graph below details the outcome of the complaints responded to during the reportable period by the borough complained about:



The graph below details the outcome of the complaints responded to during the reportable period by the type of issue raised. Several cases raised more than one issue, which is reflected in the number of issues responded to being greater than the number of complaints:



The table below details the timescales in which the complaints have been responded to during the reportable period:

	1 - 10 days in timescale	1 - 10 days out of timescale	11 - 30 days in timescale	11 - 30 out of timescale	31+ days in timescale	31+ days out of timescale
Number of cases	0	0	12	0	29	2

## Exceptions

One complaint involving Heywood, Middleton & Rochdale Community Healthcare was acknowledged just outside the 3 working day timescale as the letter of complaint was received indirectly and liaison with other services was necessary before contact with the complainant was made.

One complaint involving Heywood, Middleton & Rochdale Community Healthcare and one complaint involving Community Services Bury were responded to outside the agreed timescale. Both cases involved more than one organisation and were led by the Trust. The late receipt of comments from a GP practice led to a delayed response to the HMR case. The delays in responding to the Bury case occurred due to its complexity and the number of issues that required discussion with the Local Authority before the response could be finalised

The Ombudsman has notified the Trust that it is considering 1 case relating to Heywood, Middleton & Rochdale's Urgent Community Care Team during the reportable period. The complaint relates to the care provided to the complainant's mother during her admission to Carders Court Intermediate Care Facility and was led by Heywood, Middleton & Rochdale Clinical Commissioning Group. The complaint was exhaustively investigated and a meeting held with the complainant. The Trust has apologised to the complainant for the shortcomings in the handling of his complaint, however the Trust does not agree that the clinical care that the patient received from the Trust was poor. The PHSO has been provided with a copy of the complaint file and clinical records, which it is now considering.

The Parliamentary and Health Service Ombudsman (PHSO) is still considering a complaint that was received by the Trust in April 2014 involving the Health Visiting Service in Oldham.

## Highlights

The PHSO has confirmed its decision not to uphold a complaint that it investigated in relation to Trafford's District Nursing Service.

The Trust's community healthcare services reported 113 compliments during the reportable period. The following comments were included in those compliments:

*'I just wanted to pass my thanks on to your End of Life Team and the Stoma Team who helped my dad over the last months of his life. My mum had nothing but praise for all of the care that my dad received and she couldn't have got through it all without them, she genuinely valued them immensely. I would be really grateful if you could let them know how appreciative my whole family have been for your team's care.'* (End of Life/Stoma Care in Bury)

*'Once again I am indebted to you all, my hearing aids are wonderful. Everything about your service is excellent. Obviously your professional competence and expertise is very important but I particularly appreciate your kindness and courtesy too. Very, very many thanks.'* (Audiology Service)

## Comments

The complaints received about the Trust's community health services have been considered by borough to establish if there are any themes or trends.

There was a significant increase in the number of complaints received in quarter 1 about Trafford Division; however there is no discernible reason for this.

Through the continued analysis of complaints received and responded to across all community health services, it was identified that several complaints involved a particular member of staff within Community Services Bury. The borough has been able to provide assurance that the identified theme has been addressed appropriately via HR procedures.

No other themes have been identified within services. Where there have been multiple concerns raised about a particular team or issue, review indicates that the circumstances relating to each are different. The Complaints Department and boroughs will continue to monitor all complaints to establish if any patterns or trends become apparent.

Learning and actions taken from complaints involving community health services include:

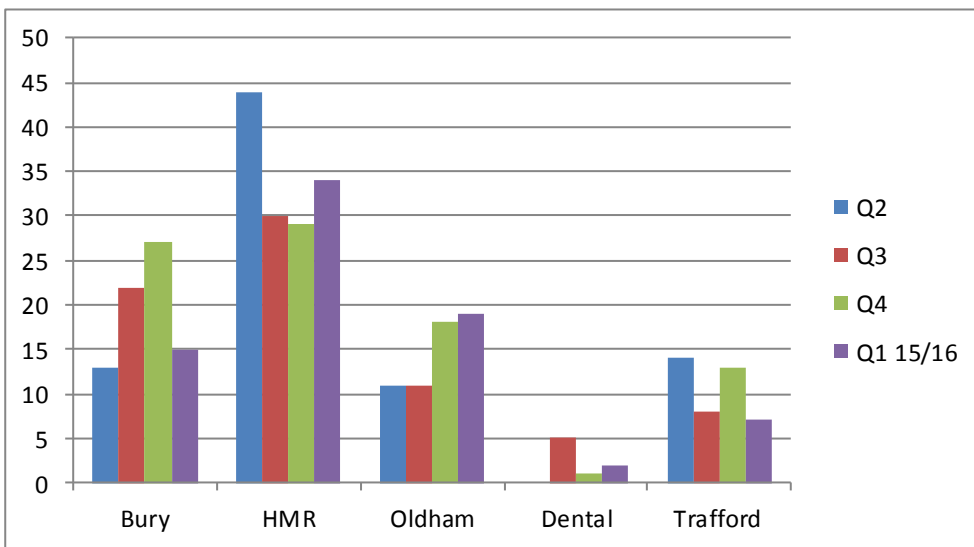
- Two half-day team building and effective communication sessions arranged for District Nursing Team.
- Facilities and equipment at community physiotherapy clinic improved.
- District Nursing Lead to arrange a facilitated teaching session led by Tissue Viability Nursing Service to support the identification, reporting and management of pressure ulcers.
- Lessons learned from a complaint which identified a lack of communication between services to be discussed at End of Life Steering Group and a strategy to be developed to support pathway processes and the sharing of information between services.
- The triage process used by the Dental Access Centre to be reviewed to ensure that staff refer patients back to their General Dental Practitioner when appropriate. In a case where a patient was incorrectly triaged, a refund of dental charges was given.

# PALS

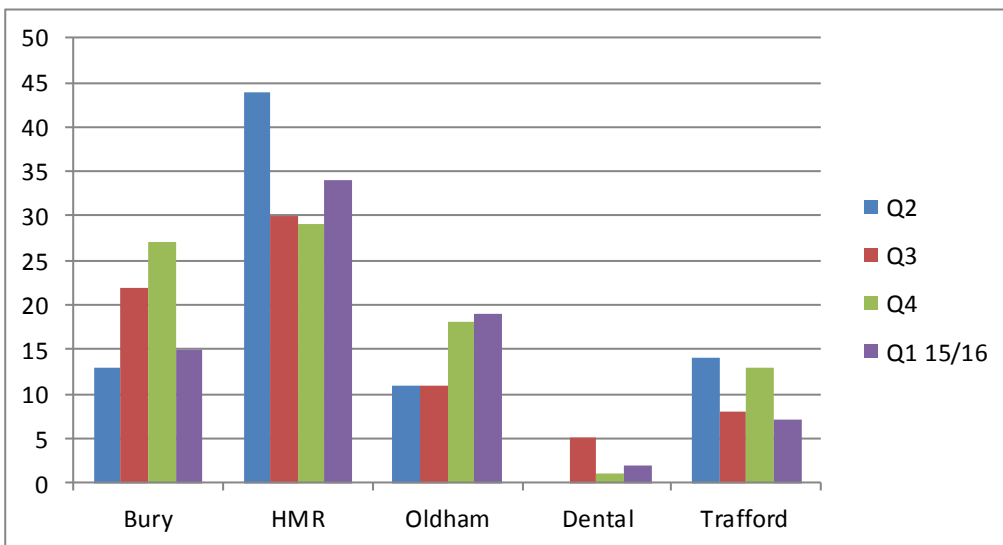
## General Update

This quarter, the PALS service has received 77 PALS cases relating to Community services across the Trust. This compares to 88 in Quarter 4 showing a 12% decrease

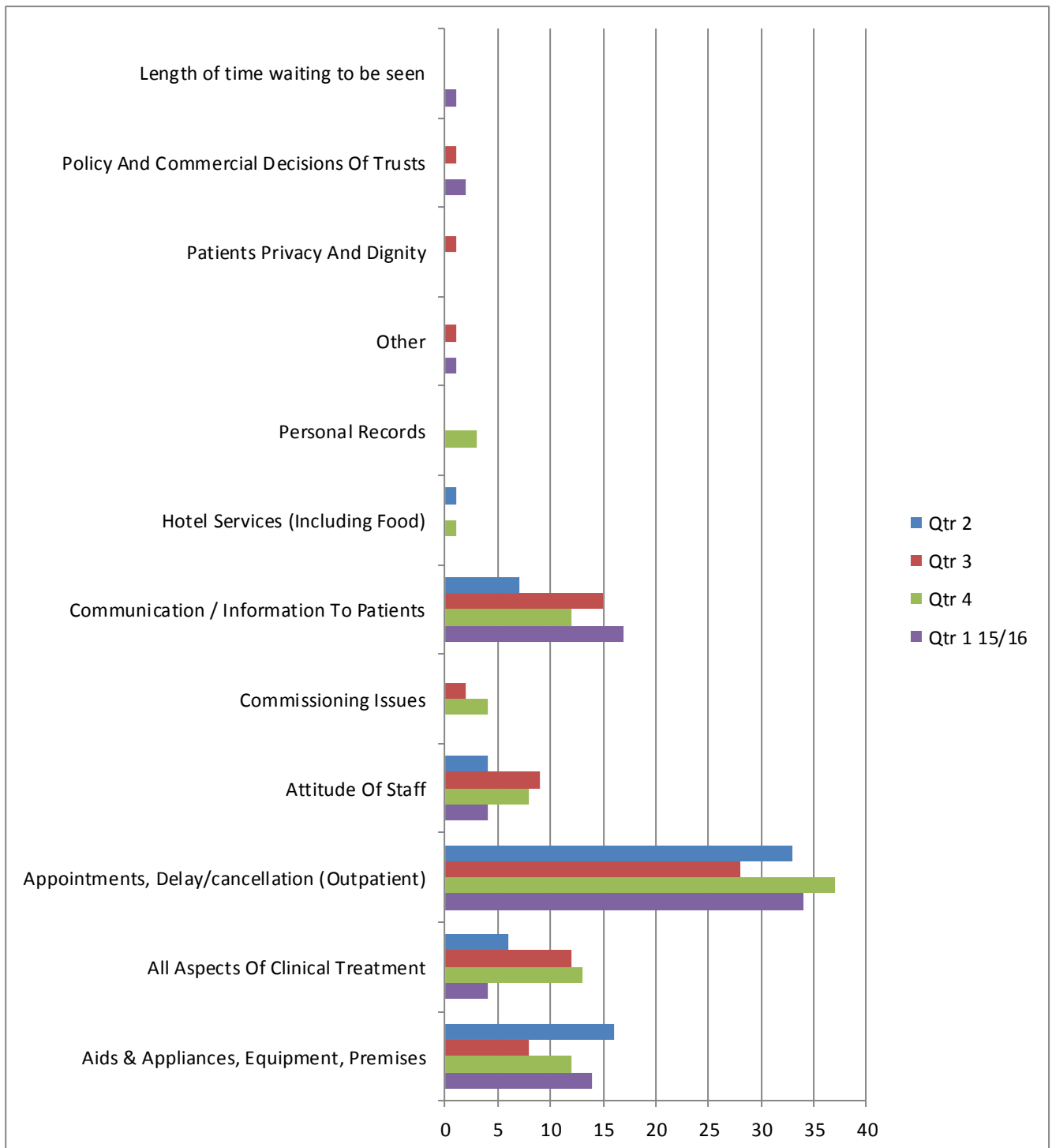
### No of PALS cases received this quarter with Q2/Q3/Q4 comparative data



### No of PALS cases closed per Borough in this quarter with Q2/Q3/Q4 Comparative data

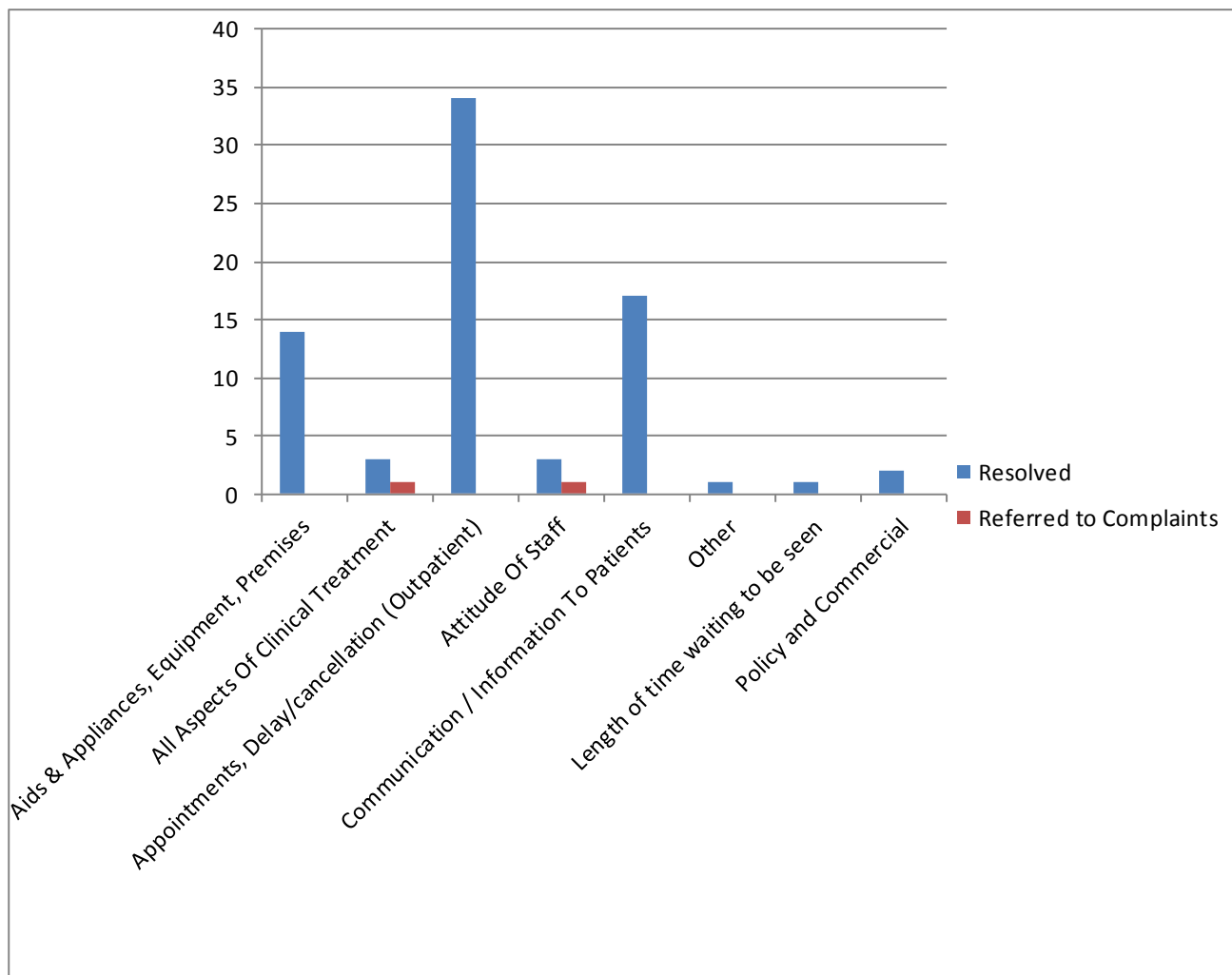


Number of cases closed by issue in this quarter with Q2/Q3/Q4 comparative data





**Resolution outcome by issue for this Quarter**



**Exceptions**

**Bury**

PALS Officer was contacted by staff at Bealey community hospital regarding burial of a patient with no next of kin. PALS liaised with Community Services Integrated Governance Lead and Manager of Intermediate Care Services, Bury who will take relevant action to resolve this issue.

**Oldham**

Physiotherapy received the highest number of PALS issues, service users were unable to contact the service using the contact number provided. PALS informed service manager who arranged for admin staff to contact service users directly. PALS highlighted this issue at the recent Oldham HIGG.

**HMR**

There have been a variety of contacts for Treatment room with regard to appointments, these range from service users being unable to contact central booking, arriving late for appointment, service user with appointment confirmation but not confirmed on PARIS system resulting in patient not seen, waiting time at appointment and length of wait for ear syringing appointment.

**Highlights**

Highest number of PALS contacts for this quarter relate to Appointments, Delay or cancellation. This covers a variety of services in Bury, Oldham and HMR. PALS resolved all but two of these issues which were referred to the complaints department.

**Comments**

None this quarter

**VOLUNTEERING**

Number of Community Services Volunteers		
<b>Bury</b>	<b>HMR</b>	<b>Total</b>
18	37	
<b>Oldham</b>	<b>Trafford</b>	<b>106</b>
16	35	
<b>Average number of hours given by Volunteers in Quarter 1 = 5,151</b>		

## Service User and Carer Involvement and Engagement Activity in Quarter 1

The following shows the work undertaken by PALS Involvement Coordinators to support services in the planning or actual engagement and involvement of service users and carers in the business and service development of Community Services.

Borough	Activity/Name of project/initiative	Purpose	Outcome	Who was involved i.e. service users, carers public, governors
<b>Bury</b>	Health Visitor initial involvement planning meeting	Bury Health Visitors are planning a piece of work to engage with carers and asses the effectiveness of baby clinics including opening times, venue and wait times	Initial meeting to understand the service offered across the borough. Discussed use of focus groups and waiting room engagement to garner feedback. Health visitors to recruit 2 carers per area for focus group. Venue/date TBC	Staff
<b>Bury</b>	Patient Experience Champions meeting	Meeting with Patient experience champions identified from Heather Bell's recent scoping work in the borough	Support offered in familiarising Patient Experience champions with different involvement options available through the involvement team	Staff
<b>HMR</b>	Pressure ulcer leaflet	To produce a pressure ulcer leaflet for use by the Trust	Initial meeting – first leaflet content draft	Service user/ carer groups to be involved once outline of leaflet is mocked up
<b>HMR</b>	Carders court Patient Experience meeting	To meet with Service Users and carers to hear their experiences of the Urgent Care Team service	Met with 1 carer, experience shared. Experienced typed up and will be used to support further training within the team. Future engagement events to be planned	Carer
<b>HMR</b>	Anti-stigma campaign-Rochdale Mind	Planning meeting to discuss World Mental Health day and plan event in Rochdale Town Centre	Support offered for event. Link in to PCFT services as required (to be confirmed at next planning meeting)	Staff
<b>Oldham</b>	Foundation year 2 Doctors training	Induction delivered to Foundation year 2 doctors with co trainers on importance of including carers and customer service skills with Service Users	Training co designed with Service users and carers  Session delivered to 40 FY2 Doctors	Service User Carer

<b>Oldham</b>	Oldham Community Stroke Team initial engagement meeting	Oldham Community stroke team are planning a Service User and carer engagement event for Autumn 2015	Support offered for this event. Including Waiting room engagement prior to event to produce themes to be discussed at event. Further planning meeting to be organised for August 2015 to begin preparation for this.	Staff
<b>Oldham</b>	Oldham Provider Trade Fair meeting	Provider fair to showcase services in Oldham	Involvement stand at event, including PALS and Volunteering information to promote the service	Staff
<b>Trustwide</b>	Triangle of Care steering group - community	To plan and deliver the Triangle of Care training	Ongoing	Carers
<b>Trustwide</b>	Learning disabilities Service User Experience group	To support involvement and engagement with Services users and Carers in LD Services	Support offered for upcoming involvement project across the Trust	Service User
<b>Trustwide</b>	My Health My Community steering group	To plan and implement the My Health My Community agenda and launch	Support provided in terms of supporting carer representatives at the meeting, providing contact information for local groups, advertising launch date to involvement database and groups we are linked with.	Carers
<b>Trustwide</b>	My Health My Community Launch	To officially launch the My Health My Community website and sugar cubed app	PALS promotional stand	Cares, Service Users and Governors

# Friends and Family Test

## General Update

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience and that the feedback should be used to improve services for patients.

The FFT question asks if patients would be likely to recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT question provides a mechanism to highlight both good and poor patient experience.

During Quarter 1 (April – June ) a total of 4030 service users have participated in the national friends and family test within community services affording the Trust with an overall score of 96 % which highlights the high quality care which is provided across community services.

The data captured is submitted to UNIFY and NHS England on a Monthly basis in accordance with the national guidance.

## Diagrammatical Evidence (e.g. Charts, tables, graphs etc.)

**Table 1: FFT Data**

Time Period	Overall FFT	Overall completed	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know
Q1 2015/16	<b>96%</b>	N=4030	<b>83%</b>	<b>13%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>

## Exceptions

There are no exceptions to report this quarter.

## Highlights

Following the introduction of the Patient Experience Volunteers at the end of quarter four, the role has seen the volunteers enhance the patient experience offer across the Trusts footprint.

During quarter one the 13 patient experience volunteers who have been recruited have captured the experiences of 408 patients attending a variety of Pennine Care health appointments, which has provided the Trust with a wealth of additional information

## Comments

Within the various modes used to capture the National Friends and Family test, patients are asked to further expand on why they had provided their given response.

Detailed below are some of the patient comments which have been received via the various modes used to capture patient feedback.

They are all such lovely people, they are always there if I want to speak to them and they give me confidence and support  
**(One Stop Resource Centre Trafford)**

I was treated at the appointed time and in a caring manner by a very pleasant nurse  
**(Treatment Room HMR)**

The nurse who dealt with me on my appointment was very professional and friendly. A really good personality and very knowledgeable regarding my condition and what support I should access  
**(Six Month Stroke Review HMR)**

Excellent service,. Detailed explanation of why symptoms exist. Excellent advice for after- care. Polite and sympathetic  
**(MSK Service Trafford)**

The people we have met have been so helpful, kind and interested in the problems we have been having  
**Adult SLT – Bury**

Clear instructions about how to get better. Made sure I fully understood before moving on. The physio who cared to me really cared and wanted to help me get better. No bad experiences.

**(Community Physio - Oldham)**

Very friendly, easy to talk to and patient  
**Health Visiting –**

Good department, staff on the ball, very helpful and full of information, T who saw to us was brilliant helped us quite a lot in understanding things about our aids.  
**Audiology Service – Oldham**

J F is compassionate, knowledgeable. She is very approachable and nothing is too much trouble  
**(Cardiac Team Bury)**

G has been great with my daughter and spoken directly to her about her recovery in a way that she understands.  
**Children's Physio – HMR**

Excellent standard, very approachable, great communicator has high skills, very understanding. Thank you for an excellent service  
**(CRT Service Trafford)**

# Grange View FFT

## General Update

Within Grange View Enhanced Intermediate Care setting patients are asked on a quarterly basis to complete a patient questionnaire relating to their experiences whilst accessing care within Grange View.

Included within the current patient questionnaire is the National Friends and Family Test which asks patients if they would recommend the service they have received at Grange View to friends and family should they require similar care or treatment.

During Quarter one 95% of respondents indicated that they would be either extremely likely or likely to recommend Grange View to friends and family which is highlighted in the chart below.

## Diagrammatical Evidence (e.g. Charts, tables, graphs etc.)

**Table 3: Grange View**

Time Period	Overall FFT	Overall completed	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know
Q1 2015/16	95%	N=68	71%	24%	4%	0%	0%	1%

## Exceptions

Within the FFT requirements patients are asked if they are happy for the comments to be made public, during this reporting period seven respondents chose not to have their comments made public although the comments received were of a positive nature.

## Highlights

Detailed below are some of the National Friends and Family patient comments which have been received during this reporting period highlighting positive patient experience.

Because they are good with patients' needs and good nurses that attend to your needs.

The staff are very kind and good. The room is airy, clean light & beautiful. The garden is nice to look at. The food is good. There is always someone to talk to.

All staff have a great sense of humour and make us feel happy and cared about

Helpful staff, facilities are appropriate for rehab to be completed

Friendly, cheerful & helpful staff despite the problems that some patients present them with, willing to help nothing is too much trouble

The treatment was second to none the staff was very friendly

# Dental FFT

The National Friends and Family Test came into effect from the 1<sup>st</sup> April 2015 for Dental services; this included the community and emergency dental care services which Pennine Care provides within HMR, Bury and Oldham.

Nationally dental services are required to submit the findings from the FFT to NHS England on a monthly basis. As the service already had the friends and family test fully embedded in their processes they were prepared for the implementation of this initiative.

During Quarter 1 pleasingly 99% of respondents would be either extremely likely or likely to recommend Pennine Care Dental Services to friends or family should they require similar care or treatment which is highlighted in the table below.

**Table 4: Dental**

Time Period	Overall FFT	Overall completed	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know
Q1 2015/16	99%	N=1367	93%	6%	0%	0%	0%	1%

## Exceptions

There are no exceptions to report this quarter.

## Highlights

Part of the Friends and Family Test requirement is to allow patients to elaborate on the reason for the response they have provided to the initial FFT question in the form of free text follow question.

Detailed below are some of the comments which have been received this quarter highlighting positive patient experience.

Best treatment I have ever had,  
many thanks  
**Bury Dental Feedback**

The dental staff were extremely  
kind & confident. The way they  
with my daughter was angelic.  
**Oldham Dental Feedback**

Dentist was fantastic, kept me informed  
the whole time & put my mind at ease  
nervous patient!  
**Bury Dental Feedback**

Everyone friendly and helpful  
really made me feel comfortable  
and helped me with my fear of  
dentists.  
**Oldham Dental Feedback**

I am so grateful to both the dentist and her assistant. I am phobic about dentist and have not attended for 33 years. They both did their best and utmost to settle my tears and nerves and explained everything with clear and concise words and actions, therefore allaying my fear it is a great sadness that the dentist unable to take on private patients and if ever she gets into practice I would dearly love to be one of her patients. Also many thanks to all the staff on reception too, for their understanding.

**HMR Dental Feedback**



## Quarter 1 2015/2016 – Mental Health Services

# Patient Experience

<b>Section 1.1</b>	Compliments & Complaints
<b>Section 1.2</b>	PALS
<b>Section 1.3</b>	Friends and Family Test

# Compliments & Complaints

## General Update

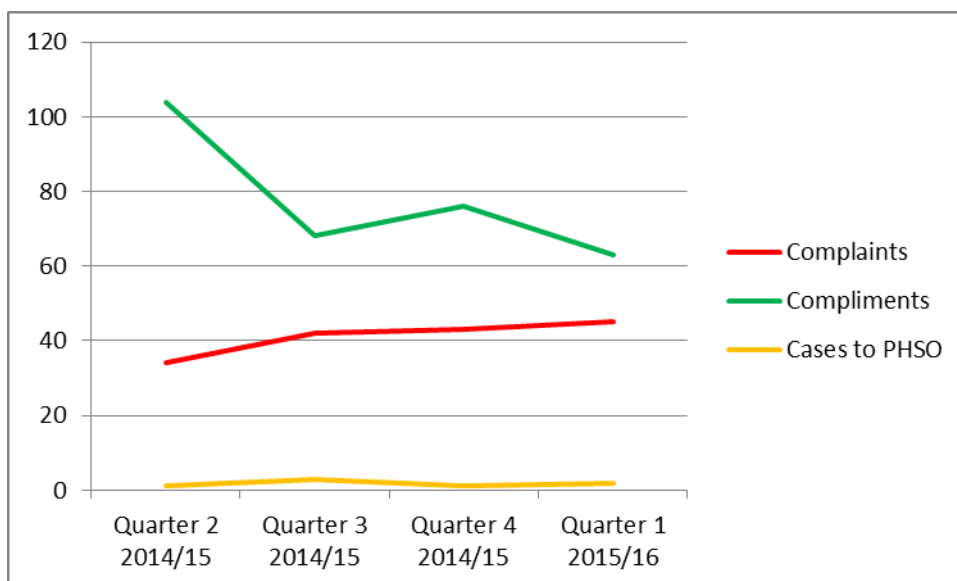
This quarter, the Trust’s mental health services have received 45 complaints. This represents an increase of 2 (5%) compared to the previous quarter. Of those complaints, 100% were acknowledged within 3 working days.

In the same period, the Trust’s mental health services responded to 46 complaints. 93% (43 out of 46) of those complaints were responded to within the timescale agreed with the complainant (the KPI is to respond to 95% of complaints within the timescale agreed with the complainant).

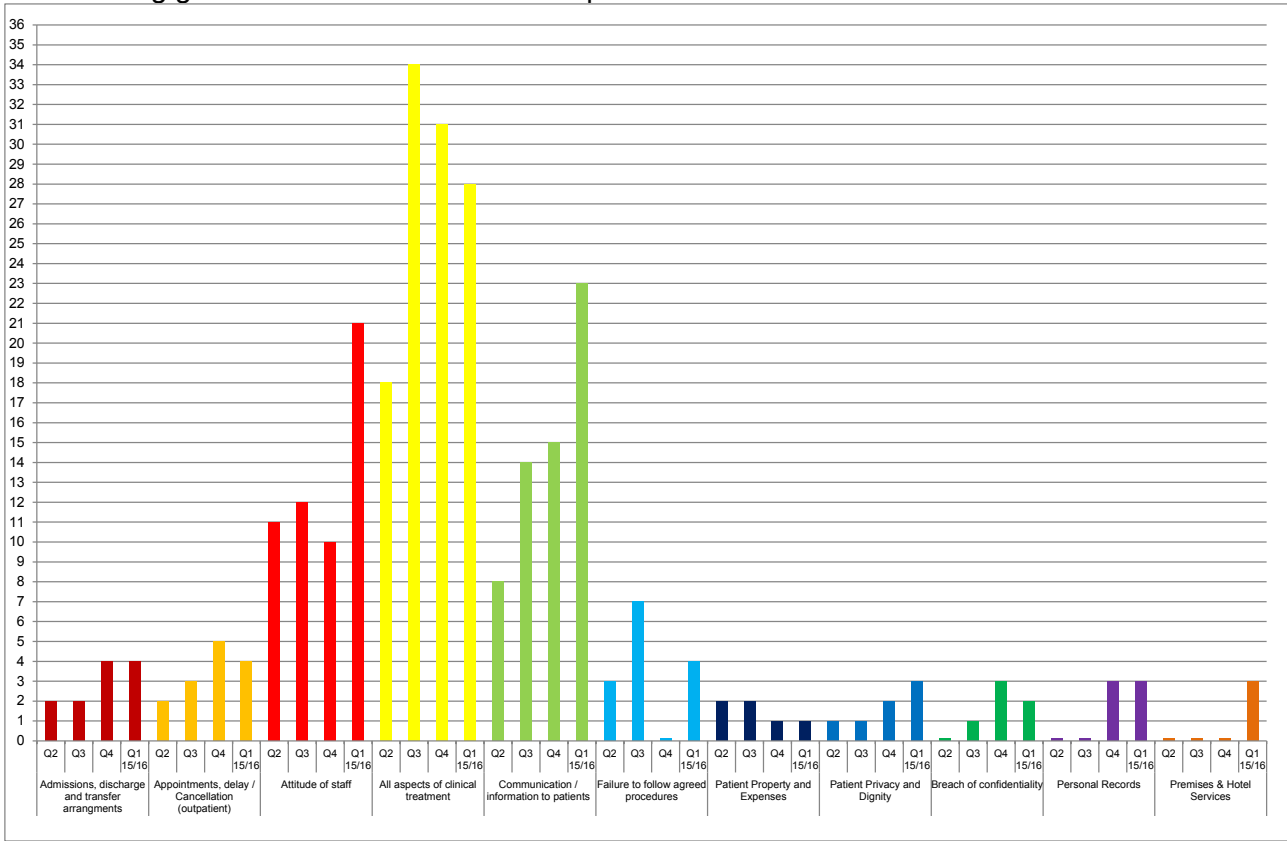
At the start of the quarter, 3 complaints about the Trust’s mental health services were under consideration by the Parliamentary and Health Service Ombudsman (PHSO). During the quarter, the Ombudsman notified the Trust that they were considering a further 2 complaints about its mental health services. In the same period, the PHSO reached a decision about 1 complaint. This means that 4 complaints remained under consideration with the PHSO at the end of the quarter.

## Diagrammatical Evidence – cases received

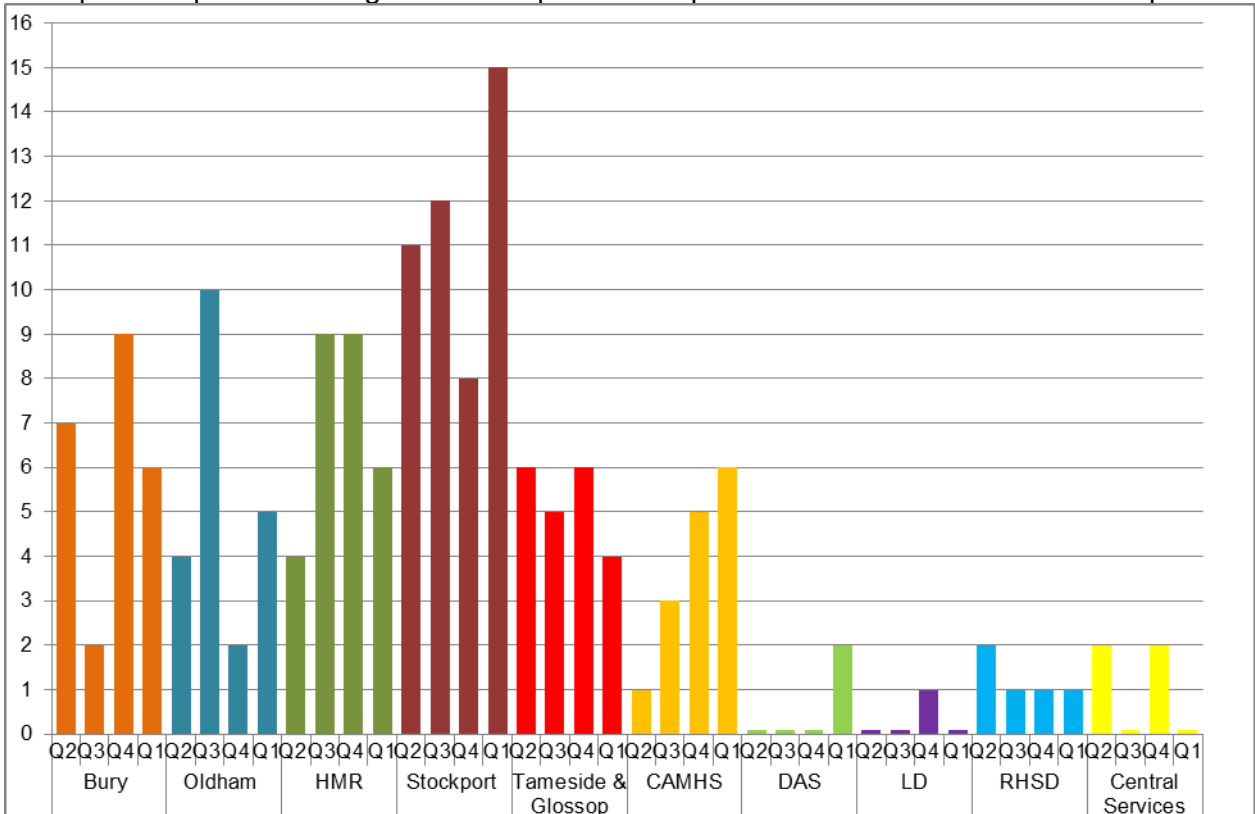
The graph below details the number of complaints, compliments and cases that the PHSO has notified the Trust it is considering during the reportable period. The figures for the previous 3 quarters are included to enable comparison.



The graph below details the types of issues that have been raised in the complaints received during the reportable period. The figures for the previous 3 quarters are included to enable comparison. Many cases raise more than one issue, which is reflected in the total number of issues being greater than the number of complaints received:



The graph below details the number of complaints received by each mental health borough during the reportable period. The figures for the previous 3 quarters are included to enable comparison.





The table below details the timescales in which the complaints have been responded to during the reportable period:

	1 - 10 days in timescale	1 - 10 days out of timescale	11 - 30 days in timescale	11 - 30 out of timescale	31+ days in timescale	31+ days out of timescale
Number of cases	0	0	10	0	33	3

## Exceptions

There was one case relating to both RHSD and HMR services which was responded to outside the timescale agreed with the complainant. The delays occurred due to the complexity of the cases, which related to a number of different services and divisions within the Trust. The delay was also due in part to unexpected staff absence. The complainants were updated through the investigation process.

In addition to the above, there was one case in HMR and one case in Bury responded to outside the timescale agreed with the complainant. In the HMR case, the delay occurred due to the complexity of the cases, which related to care delivered a number of years ago and in which the applicable law had changed since the events complained of. The complainants were updated through the investigation process. In the Bury case, it was not possible to respond to the complaint within the agreed timescale as it was necessary for the Trust to address concerns about the complainant's mental health and threats she had made prior to sending the response letter to her. In doing so, it was not appropriate to discuss those concerns in the context of the complaints process and so the timescale could not be renegotiated.

The Ombudsman has notified the Trust that it is considering 1 case relating to mental health services in Bury during the reportable period. It is the same as the above case, which related to an allegation that the complainant was assaulted when whilst in the s.136 suite. The complaint was exhaustively investigated and there was CCTV footage to evidence that the alleged assault did not take place and the complainant's account of events was inaccurate. The PHSO has been provided with a copy of the CCTV footage, which they are now considering.

The Parliamentary and Health Service Ombudsman (PHSO) has notified the Trust that they are considering 1 complaint that related to both Stockport and CAMHS mental health services. The complaint made to the PHSO relates to three separate complaints made by the same individual to the Trust, which were made from 2012 onwards. The Trust has exhaustively responded to those complaints and did not find any shortcomings in the care provided.

## Highlights

The Trust's mental health services reported 65 compliments during the reportable period. The following comments were included in those compliments:

*'You all do an amazing job and for that I am very grateful to you. From the staff who gave me my meds to serving our meals to the cleaners who go beyond their duty'*  
South Ward

*Thank you so much for always being there and treating me with respect and dignity when others didn't care. I know without your input, there is not doubt, been back and forward to the Unit but you sorted me out.'*  
CMHT Worker

## Comments

There has been analysis of the complaints received and responded to within the quarter, to establish if there are any themes or trends:

### Bury

There was a 33% reduction in the number of complaints raised about mental health services in Bury during the reportable quarter in comparison to the previous quarter. Given the fluctuation experienced quarter on quarter over the past year, it is helpful to compare the number of complaints received this quarter with an average taken over the past year; 6 complaints on average have been received per quarter and 6 were received this quarter.

Of the complaints received, there were three received about the Department of Psychiatry (in comparison for none received in the previous three quarters). That increase has been analysed and it is apparent that all three relate to different staff and issues. There is no trend apparent from the complaints responded to in the Quarter.

The PHSO concluded its consideration of one case relation to mental health services in Bury; following discussion with the PHSO, the complainant accepted the Trust's previously offered invite to meet to discuss the case and therefore the PHSO ended their consideration as attempts to resolve locally were ongoing.

### Heywood, Middleton and Rochdale

There was a 33% reduction in the number of complaints raised about mental health services in Heywood, Middleton and Rochdale during the reportable quarter in comparison to the previous quarter. Given the fluctuation experienced quarter on quarter over the past year, it is helpful to compare the number of complaints received this quarter with an average taken over the past year; 7 complaints on average have been received per quarter and 6 were received this quarter.

There have been three complaints this quarter and also last quarter received about the Department of Psychiatry. These have been considered to establish if there is a trend, which there is not; the cases relate to different members of staff and different issues.

In terms of the complaints responded to, significantly more have been responded to than had been received, reflecting the number received in the previous quarter. The two most commonly upheld issues in this quarter have been communication and all aspects of clinical care. These have been analysed and it is apparent that three of the complaints about communication and two about clinical care were about the Rochdale CMHT. In these cases, the complaints resulted in recommendations for action to address the issues arising. The Complaints Department will continue to monitor the complaints received and responded to and raise with the Division any concern that the issues continue to be of concern.

### Oldham

This quarter, Oldham mental health services have received 5 complaints. This was 3 more than received in the previous quarter. Whilst a significant percentage increase, it is notable that there has been quarter-on-quarter fluctuation in the number of complaints received in Oldham for the past 12 months. There is no discernable reason for the increase of 3 complaints; despite that increase, the total of 5 received this quarter is below the average of 6 received per quarter in the preceding 12 months.

The complaints received and responded to within the quarter have been reviewed and there is no theme indicated in either.

## Stockport

There was a significant increase in the number of complaints received by the Trust regarding its mental health services in Stockport during this quarter. The majority of these were received in May 2015.

There has been an analysis of those complaints received. In terms of the 3 cases received about Norbury Ward, 2 were from different members of the same family regarding the same matters. All three have now been investigated and there are no common issues regarding the care of the two different patients.

There have been 4 cases regarding The Meadows (three about Davenport and one about Saffron), with common issues around communication, premises and attitude of staff. These remain under investigation.

The spike of complaints in May was considered alongside other sources of feedback (for example PALS contacts, incidents and Coroner's Inquests and there was no apparent theme). The Division discussed the complaints at the Divisional Integrated Governance Group and both the Division and Complaints Department continue to monitor the complaints received. It is relevant to note that the number of complaints reduced significantly in June and further again in July to date, with no further complaints having been received about The Meadows.

Over the quarter, there were three complaints received about the Department of Psychiatry; these related to different matters and staff and were not indicative of an issue with a particular member of staff or practice.

In terms of the complaints responded to, it was notable that there were two complaints about privacy and dignity upheld. However, these were both complaints about the same matter, raised by different members of the same family and so highlighted one matter of concern rather than a pattern.

## Tameside

There was no theme or trend apparent from the complaints received or responded to relating to Tameside mental health services during the applicable period. The borough has received a consistent number of complaints over the past year with a maximum of two complaints difference quarter on quarter.

## Specialist Services

There is no underlying theme or trend to the complaints received or responded to about the Trust's Specialist Services during the reportable period.

In reaching this conclusion, consideration has been given to the significant increase in complaints received about communication. These are recorded across five different services. Stockport CAMHS and Oldham CAMHS each received two separate complaints about communication, however, these were related to different issues and different members of staff.

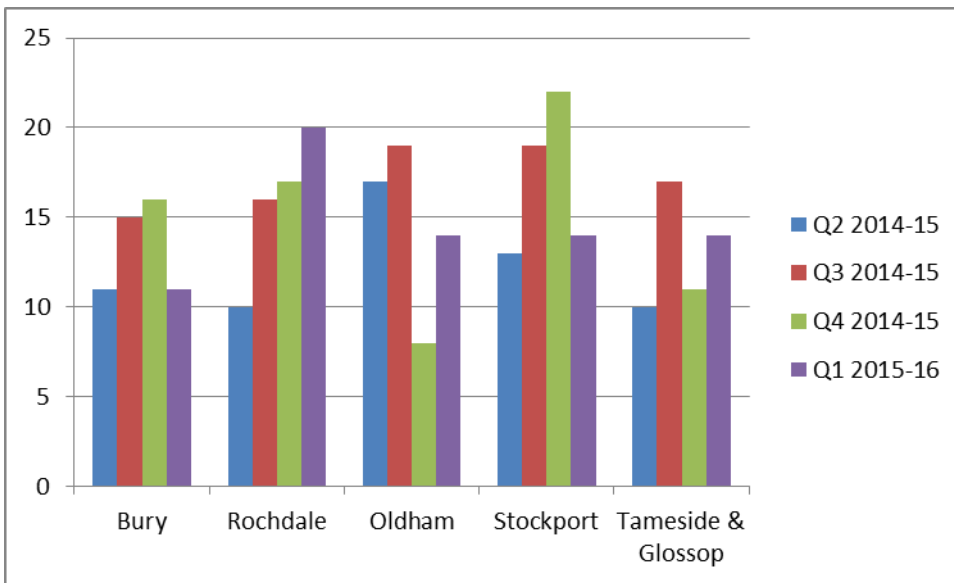
Consideration has also been given to the three upheld complaints regarding communication. These were all complaints about CAMHS, but related to three different CAMHS services (Bury, Rochdale and Stockport) and related to different matters.

# PALS

## GENERAL UPDATE

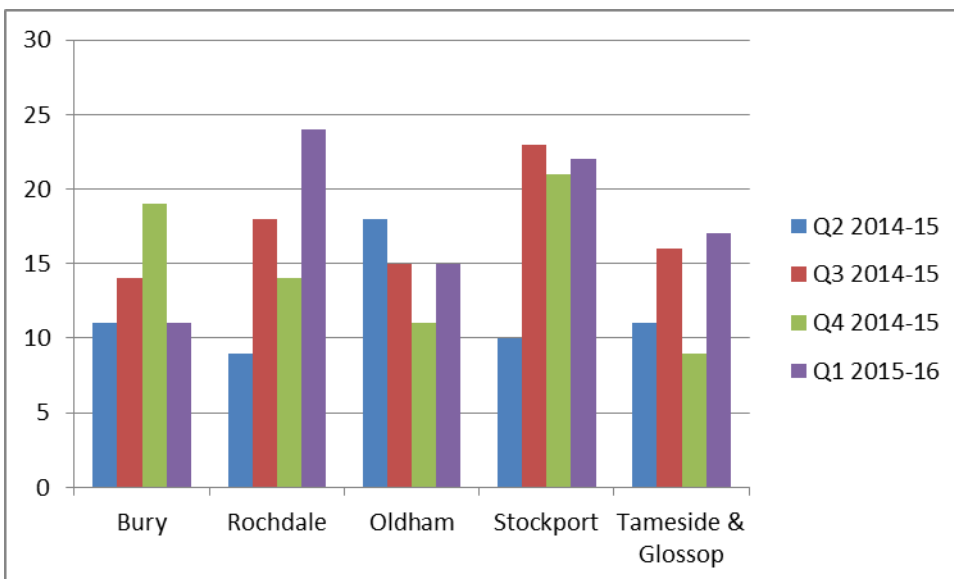
In quarter Q1 2015-16, the PAL service has received 84 cases relating to mental health service across the Trust. This compares to 74 in quarter 3 2014-15, showing a 13.5% increase

### PALS Cases received in Quarter 1



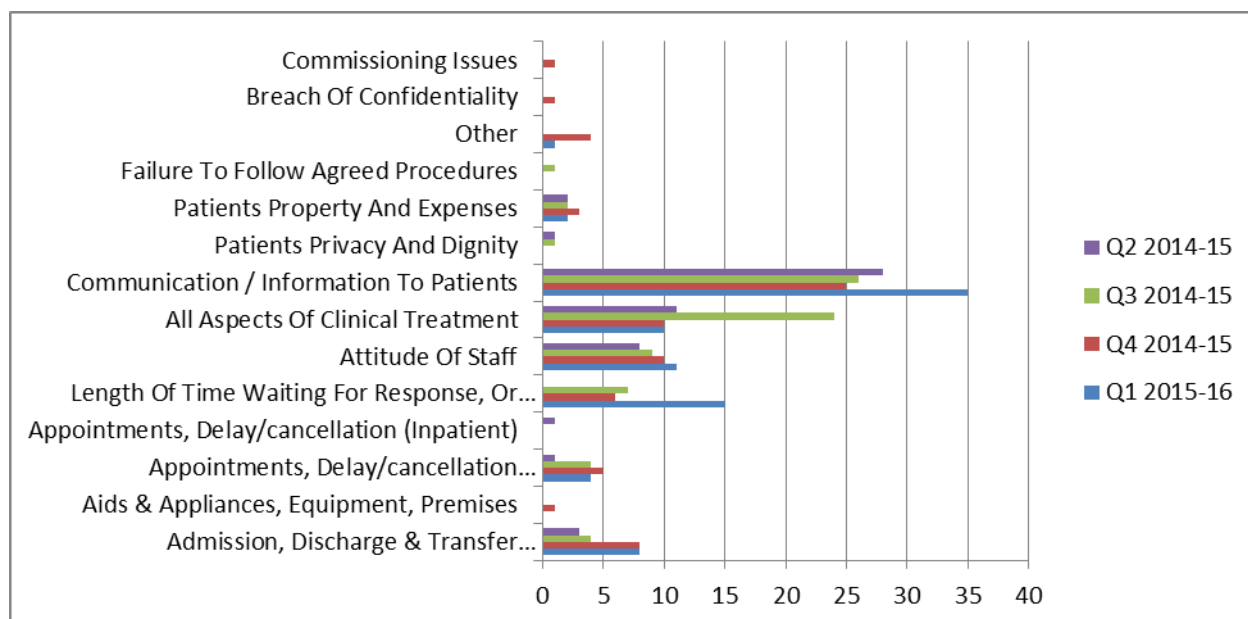
79 cases relating to mental health services have been closed in Quarter 1 2015-16. The following information relates to those cases.

### Number of cases closed per Borough with Comparative Data





**Number of Cases received this Quarter by Issue with comparative Data**



**Resolution outcome by issue**

	Resolved	Partially Resolved	Unresolved	Withdrawn	Referred to complaint
Admission, Discharge & Transfer Arrangements	4	1		2	1
Appointments, Delay/cancellation (Outpatient)	2	1			
Length Of Time Waiting For Response, Or Be Seen	8	3			1
Attitude Of Staff	7	1		1	1
All Aspects Of Clinical Treatment	4			2	
Communication / Information To Patients	30	3	2	1	
Patients Property And Expenses		1			1
Other			1		

**Exceptions**

None this quarter

**Highlights**

None this quarter.

**Comments**

None this quarter.

## Service User and Carer Involvement and Engagement Activity

Borough	Activity/project/initiative	Purpose	Outcome	Who was involved i.e. service users, carers public, governors
<b>Bury</b>	Bury CMHT changes	Initial Meeting with CMHT Manager – Ongoing	Set up peer support group and help engage SU/Carer within CMHT	Staff
<b>HMR, Bury, Oldham</b>	Patient Experience Volunteer Meeting	Support PE volunteers	First initial meeting with the PE Volunteers – discussion on how they feel the role is going.	Volunteers
<b>Rochdale</b>	Multi Media Arts and Culture Centre	PALS Stand – promoting involvement	Signed up su and carer on involvement Database	Staff, Governors
<b>Rochdale</b>	Public Event for Mental Health	Arrange a public Mental Health Event for MH awareness week in partnership with Rochdale CCG	Arranged date and venue	Staff
<b>Rochdale</b>	Multi Media Arts and Culture Centre Youth Help	Making links with other services for a NHS England project	Linking CAMHS within this project. Possibility of running anti stigma training	Staff
<b>Rochdale</b>	Public Event for Mental Health	PALS Stand – promoting involvement	Signed up service users and carers to involvement Database	Staff
<b>Rochdale</b>	RBUF Meeting	Information sharing	Information sharing from all the RBUF reps	Service users
<b>Rochdale</b>	Rochdale Diversity Awards	PALS Stand – promoting involvement	Signed up service user and carer to involvement Database	Chairman and Governor
<b>Rochdale</b>	Carer’s Week Event	PALS Stand – promoting involvement	Signed up service user and carer to involvement Database	Carers
<b>Rochdale</b>	Multi Media Arts and Culture Centre Youth Help	Promoting involvement	Linked the project in with services to help deliver modules on the programme	Service users
<b>Trustwide</b>	Recovery College	To Plan and produce a Recovery college Model following on from “My Health , My	Established membership for steering group, set dates for	2 Service Users and 1 Carer

		community”	future meetings.	
<b>Trustwide</b>	Mental Health involvement Forum	Information sharing from all boroughs	PLACE assessment presentation, Crisis Concordat presentation	Service User & Carers
<b>Trustwide</b>	Triangle of Care steering group - community	To plan and deliver the Triangle of Care training	Self-Assessment planning, date of regional meeting, self-assessment toolkit draft	Carers
<b>Trustwide</b>	Consultant Development Programme	To plan and co-produce training programme for new consultants	Arranged further meeting, event planning	Staff
<b>Trustwide</b>	Learning Disabilities Service User experience group	To support involvement and engagement with Services users and Carers in LD Services	Support offered for upcoming involvement project across the Trust	Service User
<b>Trustwide</b>	Triangle of Care steering group - Inpatient	To plan and deliver the Triangle of Care training	Review of carer training course and all self-assessments completed.	Carers
<b>Trustwide</b>	Psychology Champion Service User Group	Setting up Service User group	Setting up future dates and role of the Champion	Staff and SU
<b>Trustwide</b>	Mental Health involvement Forum	Information sharing from all boroughs	Update presentation from The Manchester University PSSRU	Service User & Carers
<b>Trustwide</b>	Consultant Development Programme	To plan and co-produce training programme for new consultants	Event put on hold till september	Staff
<b>Trustwide</b>	Recovery College	To Plan and produce a Recovery college Model following on from “My Health , My community”	Terms of reference, structure of the way we want the college to look like, discussion on access of the college	Service Users and Carers
<b>Trustwide</b>	Triangle of Care steering group - Inpatient	To plan and deliver the Triangle of Care training	Finalised Carer leaflet for printing, planning of next self assessments	Carers
<b>Trustwide</b>	Greater Manchester Youth Network	Initial meeting on working with youth	Invited to do involvement stand on Youth event in Rochdale	
<b>Trustwide</b>	Restraint Project	Initial meeting with CEST manager	Recruit SU/Carer for a patient panel. Produce training video for the Trust.	

**Volunteering**

<b>Number of Mental Health Services Volunteers excl. Specialist Services</b>			
<b>BURY</b>	<b>ROCHDALE</b>	<b>OLDHAM</b>	
12	3	8	<b>TOTAL</b>
<b>STOCKPORT</b>	<b>TAMESIDE</b>	<b>CORPORATE</b>	65
21	17	4	
<b>Average number of hours given by Volunteers in Quarter 1 = 4,188</b>			

# Friends and Family Test

## General Update

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience and that the feedback should be used to improve services for patients.

The FFT question asks if patients would be likely to recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT question provides a mechanism to highlight both good and poor patient experience.

During Quarter 1 (April – June ) a total of 893 service users have participated in the national friends and family test within mental health services affording the Trust with an overall FFT score of 89% which highlights the high quality care which is provided across HMR, Bury ,Oldham Tameside and Stockport mental health services.

The data captured is submitted to UNIFY and NHS England on a Monthly basis in accordance with the national guidance.

## Diagrammatical Evidence (e.g. Charts, tables, graphs etc.)

Time Period	Overall FFT	Overall completed	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know
Q1 2015/16	89%	N=893	67%	22%	4%	2%	3%	2%

## Exceptions

No exceptions to be reported during this quarter

## Highlights

During Q1 the data captured via the variety of modes available positively highlights that 89% of respondents would be either extremely likely or likely to recommend Pennine Care Mental Health Services, to friends or family should they require similar care or treatment which is highlighted in table 1 above. This equates to a 1% increase on the previous quarter.

During this reporting period the majority of completed FFT returns have been completed by postcard, seeing an increase from 375 completed in Q4 to 518 completed in Q1.

Within the various modes used to capture the National Friends and Family test patients are asked to further expand on why they had provided their given response.

Detailed below are some of the patient comments which have been received via the various modes used to capture patient feedback.

Comments received to accompany the national FFT

I have been coming to Cherrywood clinic for a number of years and the staff are brilliant, caring and kind. You do not feel like you are attending a mental health unit. Thank you  
**Cherrywood Clinic  
Oldham**

Friendly, polite, efficient professional service and treatment.  
**Outpatient Department  
Stockport**

More than happy with the service provided  
**RAID  
Rochdale**

The clean safe atmosphere and pleasant surroundings, not to mention the professional dedication staff and doctors. A big thanks you all been a life saver  
**Taylor Ward  
Tameside**

I'm a lady who self harms and has many mental health problems. And feel very safe in their care knowing they are there  
**Memory Clinic  
Oldham**

Helped me to put my own life into perspective and also the value of my own life  
**Southside Ward  
Oldham**

very good one to one from m/h practitioner-made me feel safe able to communicate my concerns  
**HMR Access and Crisis  
Team**

I have received very good support right from the start. All the staff I have talked to have been very supportive and helped me to feel positive about life again  
**CMHT Tameside**

The nurses go out of their way to help you and there great at their job and deserve all the praise  
**Hollingworth Ward Rochdale**

great staff, ward manager very helpful. Nice welcoming ward  
**South Ward Bury**

listening ear from staff. Someone to talk to about your problems. There's activities- gives me something purposeful to do. It helps being with other people  
**Whittaker Day Unit  
Tameside**

the care and support I received up to now has been very good and I've been made to feel safe and as if I'm valued as a person  
**Arden Ward  
Stockport**

Everyone has been above and beyond the call of duty  
**Saxon Ward Tameside**

Felt welcome, invited and cared for when there's a reason for me to want to end it  
**North Ward  
Bury**