Making Our Voice Count

Feedback Report on Inpatient Services in East and West Suffolk (2024/25)

Suffolk user forum

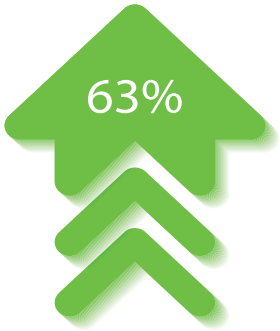
your voice for emotional and mental health
nothing about us, without us

Executive Summary

This report brings together patient feedback from acute and forensic inpatient wards in East and West Suffolk for 2024/25, managed by the Norfolk and Suffolk NHS Foundation Trust (NSFT). It highlights the experiences of patients on the acute wards at Wedgwood (Bury St Edmunds) and Woodlands (Ipswich), alongside those on the forensic ward at Foxhall House.

It combines patient feedback with advocacy data provided by Suffolk User Forum (SUF), an independent mental health charity led by people with lived experience. SUF ensures people's voices are heard and helps mental health service providers respond more effectively to feedback.

The findings show a mixed picture of progress and ongoing challenges:



Positive experiences are rising:
63% of patients reported positive care, up from 51% in 2023/24.

Challenges remain:
33% of patients experienced issues such as poor communication, inconsistent staff behaviour, and limited access to therapeutic activities.

33%
expressed negative sentiment

Advocacy highlights key support needs:
Rights under the Mental Health Act, discharge planning, and protected one-to-one time remain priority areas.

These insights underline the importance of sustained cultural and structural improvements to ensure care is consistently safe, respectful, and recovery-focused.

Positive Experiences: What's Working Well

63% of patients (76 out of 121) reported positive experiences, up from 51% in 2023/24.

Staff were frequently described as helpful, compassionate, empathetic, and kind.

Improvements suggest that efforts to strengthen patient engagement and staff interactions are having a tangible impact.

The input from the psychologist is very good on this ward.
Feedback from a person on Avocet Ward

Challenges: Where Can Care Be Improved

Despite overall progress, one in three patients (33%) reported negative experiences. Key issues include:

Inconsistent staff behaviour: Some consultants were seen as rude or dismissive; night staff were sometimes unhelpful.

Poor communication: Patients felt unheard and noted gaps in information sharing.

Limited activities: Access to meaningful ward activities remained restricted.

Medication and care planning concerns: Patients reported difficulties in understanding or managing their treatment.

I am very worried that if I do complain the Dr will keep me here even longer
Feedback from a person on Poppy Ward

These challenges show that gaps in the system still affect people's wellbeing, recovery, and overall experience. Tackling these gaps is key to providing consistent, person-centred care.

Advocacy: Supporting People's Rights

In 2024/25, 485 people received advocacy support. Advocates helped people:

- Understand rights under the Mental Health Act and the legal basis of their admission.
- Plan for discharge and Section 117 aftercare.
- Access protected one-to-one time with staff.
- Have their entitlements to Section 17 leave
- To make care and treatment decisions

Most Frequent Advocacy Issues

Issue	Number of people reporting this issue
Lack of one-to-one time	36
Discharge & aftercare planning	27
MHA rights (clarity of legal status)	26
MHA rights (contesting a section)	16
Care planning	23
Medication	16
Informal rights	14
Leave arrangements	13
Treatment & care decisions	11
Housing/accommodation	6
Ward rounds participation	5
Challenging clinician decisions	4

This data highlights that legal and rights-based advocacy remains critical for supporting recovery and empowering patients, particularly for those who are informal patients, with no entitlement to statutory advocacy from an Independent mental health Advocate (IMHA).

Overall Insights

The combined feedback from patients and advocacy services shows:

- **Progress**: Positive experiences are increasing, reflecting improvements in staff engagement and patient support.
- **Ongoing challenges:** Inconsistencies in care, communication issues, and limited activities continue to affect patient experience.
- **Priority areas:** Rights under the Mental Health Act, discharge planning, and one-to-one support are crucial for patient wellbeing.

Next steps

Taken together, these findings emphasise the critical importance of maintaining a sustained focus on both cultural and structural change within inpatient services.

Ensuring that everyone receives care that is safe, respectful, and recovery-focused will require ongoing commitment, targeted interventions, and continued listening to patient experiences.

There still remains an opportunity for NSFT inpatient services to work in coproduction with SUF to codesign more effective processes for discharge from inpatient care.

This has been an issue highlighted in a previous SUF Making Our Voice Count Report Focus on Discharge from Mental Health Services, September 2022.

Mental health professionals must understand that discharge is a pivotal point in recovery and that when it is poorly managed it represents a high risk of harm and distress that can result in re-admission and re-referral back to secondary care services.

Any discharge plan must involve the patient and family/parent carer, be effective, safe and supports individuals as well as giving time for all concerned to prepare for the discharge. Making sure there is support that enables them to safely step forward for their ongoing recovery. Service users and family/parent carers are demanding for urgent changes in practitioner behaviour.

On behalf of people who use the wards, their families, and their family/parent carers we make the following calls to action.

1. That NSFT as an organisation ensures that all practitioners use the LISTEN model (see Appendix 1) to underpin discharge planning.

2. To ensure that service users, family and parent carers are genuinely listened to and enabled to be equal participants in their loved one's recovery and discharge planning.

3. Risk assessment and safety planning should be integral to the LISTEN 'N' for 'next steps' together with plans for self-care within people's local communities.

4. Working together with local partners we wish to ensure that the experience of service users and family/parent carers are central to the trust's wider improvement plans.

5. Working with NSFT local leadership we will ensure discharge is identified as a key priority for coproduction, involving other mental health system partners and representatives from newly commissioned services (including the new Connect Service and Crisis Café's) to identify the issues that impact on delivering a safe and effective discharge and to coproduce solutions.

6. To ensure that everyone leaving hospital or being discharged from community mental health services provided by the trust, are fully involved in their own discharge plans, and get the care and support they need, including family/parent carers

Appendix 1 - The coproduced LISTEN model for Crisis Care

LISTEN was developed in coproduction with service users, family/parent carers and clinicians in East Suffolk, following concerns about people's experience of crisis care services.

The model underpins the need for professionals to really listen to service users and family/parent carers, to validate feelings and experiences, building shared understanding and agreeing next steps for support.

Whilst initially created for crisis care, the model has value in all mental health care, including discharge from services.

L	**Listen** and validate concerns. **Look** at crisis/care plan and general options
I	**Involve** and **Inform** the service user and carer of the immediate options available
S	**Shared** understanding achieved and **Safety** issues established
T	**Time.** Be clear about your availability and be aware of your **Tone** of voice
E	**Empathise** and **Encourage** responsibility then **Evaluate** what has been agreed
N	**Next** steps made clear. **Never** end the contact without a plan

To find out more about LISTEN visit our website: LISTEN for suicide prevention

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