Patient Involvement

Patient feedback
listening to you

NHS
Leicestershire Partnership
NHS Trust

Patient Experience and Involvement Annual Report 2019-2020

“I don't think that patient involvement should be seen as "fluffy" anymore - to anyone including the professionals, particularly as involving the service users is paramount to moving the trust forward and driving service improvement”

Service User/Carer Network member

Introduction

Welcome to our first Patient Experience and Involvement Annual Report. Through this report we want to share with you the work that has been undertaken over the last 12 months, in partnership with our staff, patients and carers to improve the experience of those who use or who are impacted by the services we deliver and to increase the number of patients and carers who participate with us, either through their own individual care or through their collective involvement in partnership with the Trust.

We would like to thank everyone who has worked with us over the year: the patients and family members who have brought their fresh eyes, insights and challenge to our work and our colleagues across the Trust who have worked with us to co-design, test and challenge our thinking and approach to patient experience and involvement.

Our ambition for patient experience and involvement is to provide services that *start with the patient* – services that listens to patient and family needs, and then utilises the skills and expertise of both the clinician and patient to design the experience to meet these needs. That's what using patient experience information is all about. Ultimately by consistently asking people whether they are receiving the care they need and then improving things on the basis of what they tell you will help patients feel more supported and better cared for.

Our aim is to work with our patients, service users and carers and partners to deliver our Trust vision of:

'Creating high quality, compassionate care and wellbeing for all'

Development of our Trust Vision and 'STEP up to GREAT' Strategy

The new vision 'Creating high quality, compassionate care and wellbeing for all' was created in 2019 by our staff, patients, service users, carers and volunteers as part of 'Our Future Our Way' programme. This programme aims to make sure our staff, as well as our patients and service users, have a stronger voice within the organisation to help us improve.

During 2019/20, we developed a new strategy called 'STEP up to GREAT'. By working alongside staff, patients, carers and other key stakeholders. This strategy helps us set out our key priorities over the next 3 years to help us improve and ensure our service users and carers receive the care they deserve.

The 2019/20 priorities were chosen as they were relevant across the range of services in the organisation. They also reflected the areas of improvement identified by the CQC and our patient, service users and carers. The priorities related to the 3 quality domains of patient safety, patient experience and effectiveness. Following the development of the 'STEP up to GREAT' Trust Quality Improvement plan the priorities were linked to this.

Leicestershire Partnership NHS Trust

Our Vision "Creating high quality, compassionate care and wellbeing for all"

Our Values WeAreLPT compassion respect integrity trust

Our Strategy STEP up to GREAT

S High Standards
T Transformation
E Environments
P Patient Involvement
G Well-governed
R Single Patient Record
E Equality, Leadership, Culture
A Access to Services
T Trustwide Quality Improvement

Patient Experience

1.Improving patient engagement, listening and involvement

2.Making care plans more personal*

. *The priority relating to care plans was also a priority in 2018/19 and the section includes information on what we have done during 2018/19 and 2019/20.

Patient Safety

3.Reducing avoidable harm

Effectiveness

4. Improving how people access our services (Discharge and Flow)

The follow sections of this report will focus on the work we have undertaken for Priority 1, Patient Experience

Overview and Strategy

By collecting and responding to patient feedback, Leicestershire Partnership NHS Trust (the Trust) aims to embed a culture of continuous improvement within the organisation which will benefit patients, ensure staff feel valued and enhance our reputation with commissioners and stakeholders.

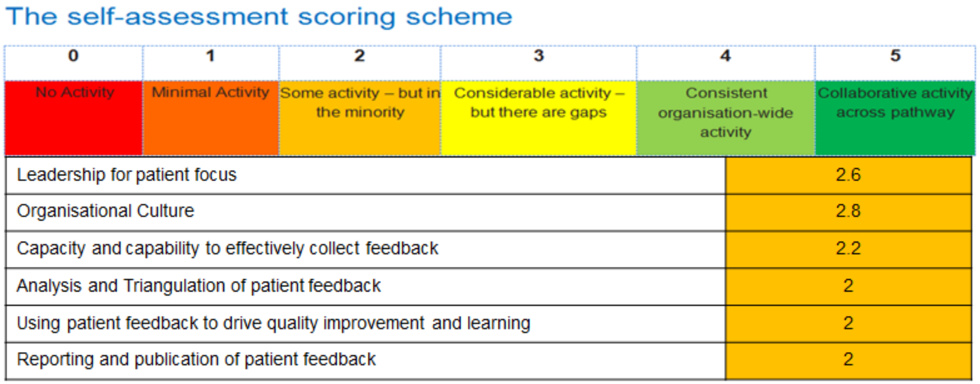
At Board-level, the Trust's Director of Nursing Quality and AHP's has responsibility for patient experience and involvement which includes:

- Delivery of our patient experience and involvement three year delivery plan
- Compliance with the national Friends and Family Test (FFT)
- Reporting and demonstrating that we have used patient experience feedback to improve the experience of care

Patient Experience Self Assessment Improvement Framework

As with every journey, you need to have a strong starting point. In June 2019 we undertook a process of self-assessment using the NHS Improvement Patient Experience Self Assessment Improvement Framework. The CQC developed the framework using the NHS Trust Development Authority (TDA) patient experience development framework (which was co-produced with over 20 trusts) and the National Quality Board (NQB) . The framework helps trusts to focus on the key factors (including the underlying factors) that need to be present in a provider focused on the needs of its patients. It brings together the characteristics of organisations that consistently improve patient experience and enables boards to carry out an organisational diagnostic against a set of indicators. The CQC developed the indicators in response to staff and patients' feedback and using the best bits of existing tools, in particular the TDA patient experience development framework. The CQC review themes enable organisations to identify their performances against:

- leadership
- organisational culture
- collecting feedback: capacity and capability to effectively collect feedback
- analysis and triangulation: the use of quality intelligence systems to make sense of feedback and to triangulate it with other quality measures
- reporting and publication: patient feedback to drive quality improvement and learning: the ability to use feedback effectively and systematically for quality improvement and organisational learning.



The self-assessment scoring scheme

0	1	2	3	4	5
No Activity	Minimal Activity	Some activity – but in the minority	Considerable activity – but there are gaps	Consistent organisation-wide activity	Collaborative activity across pathway

Leadership for patient focus	2.6
Organisational Culture	2.8
Capacity and capability to effectively collect feedback	2.2
Analysis and Triangulation of patient feedback	2
Using patient feedback to drive quality improvement and learning	2
Reporting and publication of patient feedback	2

The self-assessment involved the Trust Chief Executive , Chair and senior leaders. Each directorate also contributed evidence and narrative to support the assessment process and scoring against each theme.

This evidence-based approach has provided a benchmark of where the Trust feels it is in relation to patient experience and involvement.

An annual assessment will now be undertaken using the Framework and will used to measure the progress against each theme.

Our three year delivery plan

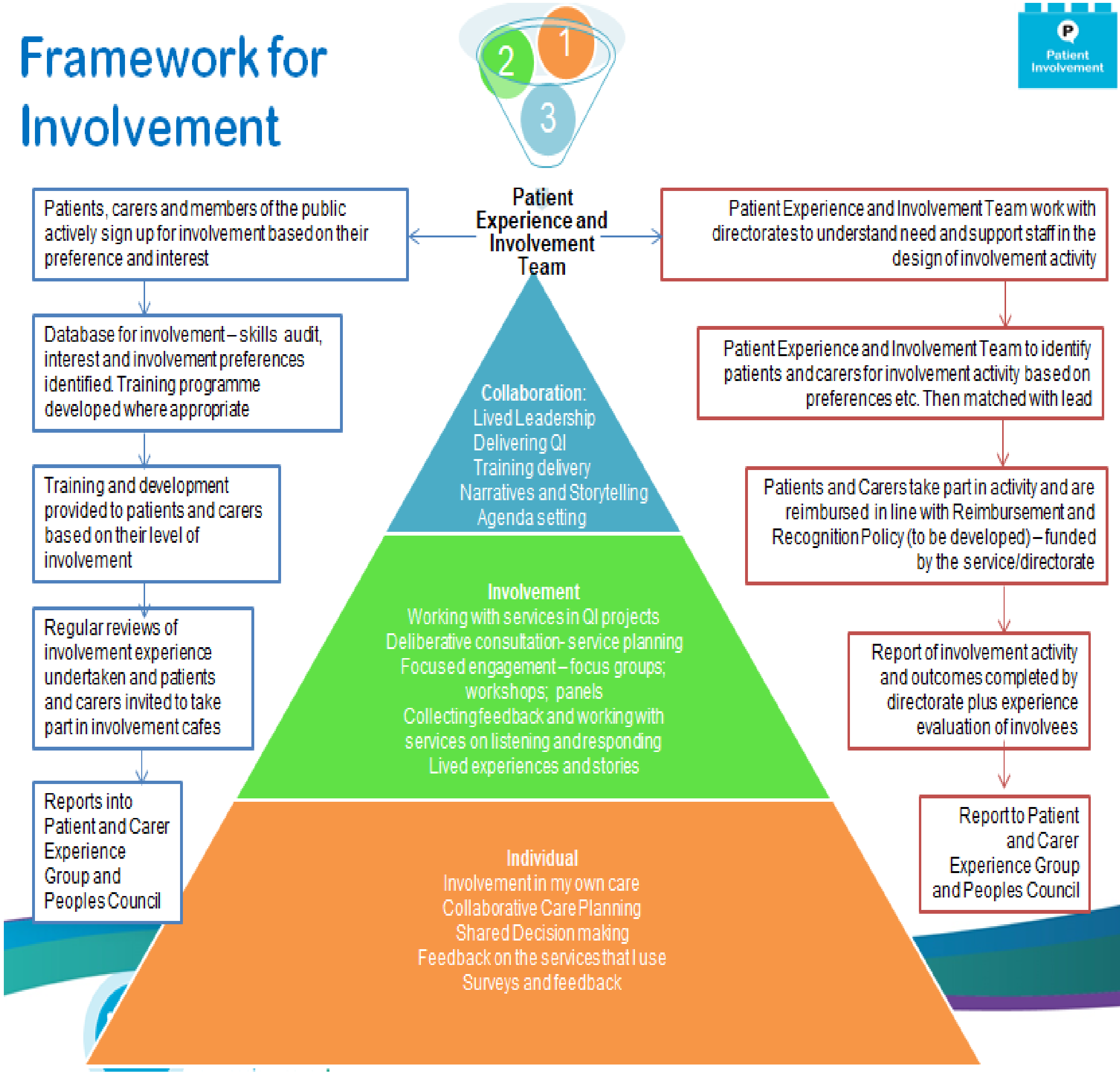
During 2019 we worked with our patients , carers and our staff to develop and design our three-year Step Up to Great Patient Involvement Delivery Plan.

This proactive Patient Experience and Involvement Delivery Plan sets out our approach to delivering our Patient Involvement priority, it is designed to ensure we deliver continuous improvement in patient and carer involvement and experience of care delivered by the Trust over the next three years.

Our strategic ambitions for patient and carer involvement and experience are:

- We will make is easy and straight forward for people to share their experiences
- We will increase the numbers of people who are positively participating in their care and service improvement
- We will improve the experience of people who use or who are impacted by our services

Our approach is to work collaboratively with our patients, carers and staff , recognising the lived experience, knowledge and skills that individuals can offer. In order to build capacity and capability across the Trust we have developed our Framework for Involvement.



Framework for Involvement

Patient Experience and Involvement Team

Patients, carers and members of the public actively sign up for involvement based on their preference and interest

Database for involvement – skills audit, interest and involvement preferences identified. Training programme developed where appropriate

Training and development provided to patients and carers based on their level of involvement

Regular reviews of involvement experience undertaken and patients and carers invited to take part in involvement cafes

Reports into Patient and Carer Experience Group and Peoples Council

Collaboration:
Lived Leadership
Delivering QI
Training delivery
Narratives and Storytelling
Agenda setting

Involvement
Working with services in QI projects
Deliberative consultation- service planning
Focused engagement – focus groups; workshops; panels
Collecting feedback and working with services on listening and responding
Lived experiences and stories

Individual
Involvement in my own care
Collaborative Care Planning
Shared Decision making
Feedback on the services that I use
Surveys and feedback

Patient Experience and Involvement Team work with directorates to understand need and support staff in the design of involvement activity

Patient Experience and Involvement Team to identify patients and carers for involvement activity based on preferences etc. Then matched with lead

Patients and Carers take part in activity and are reimbursed in line with Reimbursement and Recognition Policy (to be developed) – funded by the service/directorate

Report of involvement activity and outcomes completed by directorate plus experience evaluation of involvees

Report to Patient and Carer Experience Group and Peoples Council

Engaging patients and understanding experience – what is the difference?

Making a commitment to delivering patient-centred care that puts the needs of patients and carers at its heart, is key to delivering a positive patient experience. We all have a complex relationship with our health. Time spent in the health service, or with health professionals, is only a small part of any individual's health journey.

Communication is at the heart of good relationships and health services need to invest, not only in ensuring good face-to-face interactions, but also in the information and technology that can support effective communication between staff and patients and between services.

Getting the basics right is so important. It is often the small things that make the difference between a good or poor experience, for example: surly vs smiling staff; availability of attractive and nutritious food; provision of information that is clear and meaningful; availability of staff, who are trained, confident and empowered to ensure that these important "moments" in care are delivered well.

Engaging with patients and carers in all aspects of our service improvement will provide us with valuable insights. In addition, staff who are engaged, feel valued and are working in an environment where they can act on improving experience on the spot are more likely to ensure positive patient experiences.

ENGAGEMENT VS EXPERIENCE

Effective engagement of patients is the Involvement of patient cohorts (patients with common conditions) to help get the service right for them. It is also about engaging the public in decisions about the buying, planning, design and reconfiguration of health services, either pro-actively as design partners, or re-actively, through effective consultation.

Understanding patient experience can be achieved through a range of activities that capture direct feedback from patients, service users, carers and wider communities, and using it alongside information on clinical outcomes and other intelligence to inform quality improvements, reshaping of local services and contractual arrangements with providers**.**

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Capturing the experience of our patients and carers

Patient experience features as the third element of the Trust's quality improvement strategy by placing it firmly at the heart of the Trust's continuous drive to improve the quality of the services we provide.

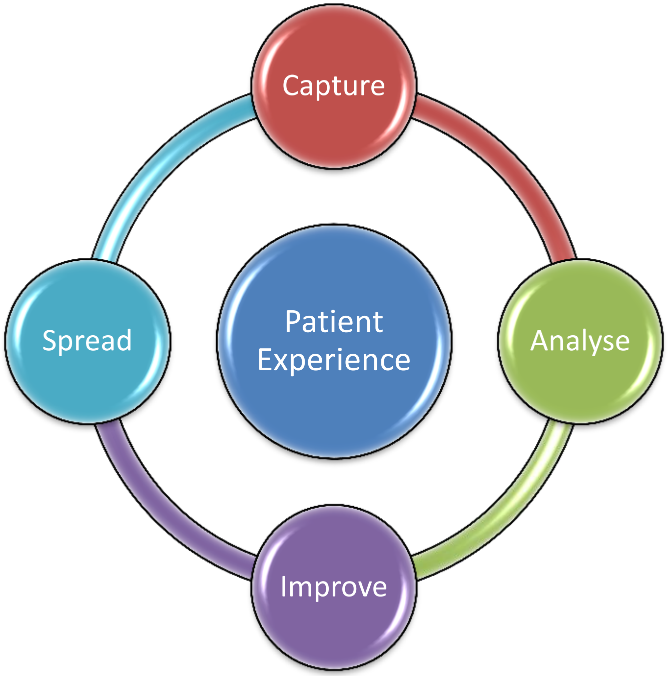
Our approach to capturing and improving patient experience uses the following model.

Capture the experience of patients, carers and staff, using all available and appropriate tools.

Analyse and understand the experience by identifying the 'touch-points' of a service and gaining knowledge on what people feel as they experience our services and when they feel it.

Improve the experience by ensuring the feedback, both positive and negative, is heard and understood by the relevant clinical and managerial teams. Receiving, analysing and presenting feedback and through our Quality Improvement approach involving patients, carers and and staff in developing the solutions to improving patient and carer experience

Spread and Adopt best practice across the Trust by sharing and showcasing where feedback has led to improvement and support staff and services to 'steel with pride' the improvements made.



Analysing the experience of our patients and carers

Patient experience is what the process of receiving care feels like for our patients and carers.

Understanding patient experience can be achieved through a range of activities that capture direct feedback from patients, service users, carers and wider communities. These are used alongside information on clinical outcomes and other intelligence to inform quality improvements, the way local services are designed and reshaped, and contractual arrangements with providers.

We routinely undertaken systematic analysis and triangulation of all forms of patient experience feedback, including complaints, PALS, FFT and survey results in the production of detailed patient experience reports. These reports are provided quarterly to our Commissioners and Trust Board.

Through this systematic analysis and triangulation we are able to develop an understanding of the patient experience by identifying the ‘touch-points’ of a service and gaining knowledge of what people feel when experiencing the Trust’s services and when they feel it is crucial to the process of enabling the Trust to improve the experience of patients in its care.

This process allows the Trust to identify trends and themes, and through analysing patient feedback we can identify where either action needs to be taken or a deep dive instigated to gain further understanding.

The effective analysis, accessibility and use of the large volume of data collected will be facilitated by our new patient experience FFT system. This system enables directorates and services to access their patient experience data in near real-time and to analyse this data at a service level where they can identify themes and collate data to generate insight and discussion and where appropriate service improvement .

Delivering our Objectives

We will make is easy and straight forward for people to share their experiences

We have developed a patient experience programme that covers the majority of services provided by the Trust: inpatient setting, clinics or in the patient's home. Patients are provided with a range of ways to provide their feedback through inpatient surveys, social media and the Trust website, NHS Choices, Care Opinion, postal surveys, national surveys, focus groups, face-to-face engagement, PALS/complaints and, of course, routinely throughout the Trust via the FFT. For the purpose of this report, we will not focus on complaints as we provide an annual complaints report which can be read in partnership with this report and can be accessed here:

Microsoft Word Document

At the start of each board meeting, either a patient story is presented or a member of staff presents a piece of work which has been developed to improve the experience of patient care. Patient stories are obtained either through the PALS or complaints process, service transformation projects, letters to the chief executive or from patients who have approached the Trust. The stories are predominately presented through video or audio, which allows the Board to see and hear the experience first-hand.

FFT results are routinely reported to the Trust Board and our commissioners. Patient experience data is shared and welcomed by clinical and operational teams and is provided as required to directorates. Quarterly patient experience and involvement reports are provided to the Quality Forum and Quality Assurance Group prior to Trust Board.

The Patient and Carer Experience Group (PCEG) meets monthly with representatives from across each directorate as well as from Chaplaincy Services, Volunteer Services and Equalities. There are two groups which report into PCEG, the newly established Equalities, Diversity and Inclusion Patient Experience and Involvement Group and the End of Life Group. PCEG reports directly to the Quality Forum. The purpose of PCEG is the provision of assurance and strategic oversight to the Quality Forum, that, Leicestershire Partnership NHS Trust is delivering and implementing the patient experience and involvement three-year delivery plan.

Patient experience data is also a key component of our quality improvement work in recognition of the importance of patient experience in assessing the quality of NHS services alongside effectiveness and safety.

Patient Involvement

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Between June 2019 and June 2020 the Patient Experience and Involvement Team received 2065 contacts.

Feedback is defined and collated using the following categories:

Complaints: A complaint is an expression of dissatisfaction about any aspect of the Trust and the services we deliver which requires a formal response.

Concerns: Issues regarding services or individual care, which can be quickly resolved by the PALS Team or the relevant service, and may not require a formal response.

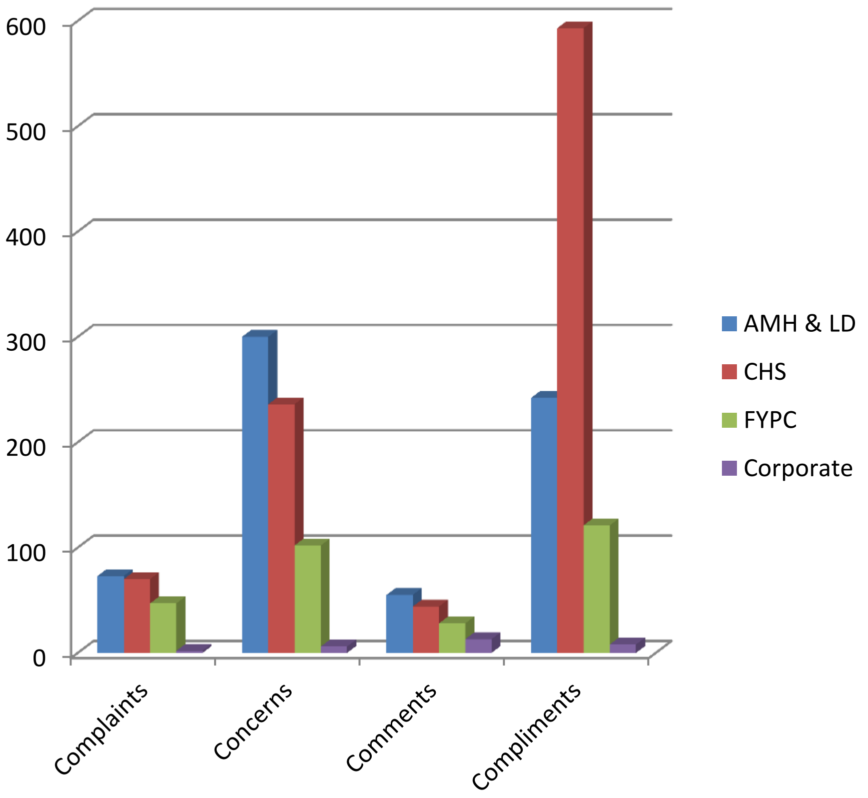
Comments: Comments may be made either verbally or in writing to any member of staff within the Trust. These may be opinions expressed generally regarding NHS services, or may be specific to a particular area of care. Comments may offer observations or suggestions regarding services.

Compliments: positive feedback in response to the way in which care and treatment has been delivered or managed.

Figure 1. Breakdown of contacts received

212 Complaints
691 Concerns
169 Comments
993 Compliments

Figure 2. Breakdown of contacts by directorate and type



Of all the contacts made during the period 52% (n=1072) of feedback related to negative experience and 48% (n=993) in relation to positive experience. The following two graphs set out the themes in terms of both negative and positive experience. Through the analysis of this data and the themes that have arisen the feedback demonstrates that patients and carers reported the highest satisfaction on the emotional elements of their care, whereas those who reported poor experience in relation to appointments demonstrated dissatisfaction with the rational elements of care e.g. processes and systems that impacted on their care.

Figure 3. Themes of Negative Feedback

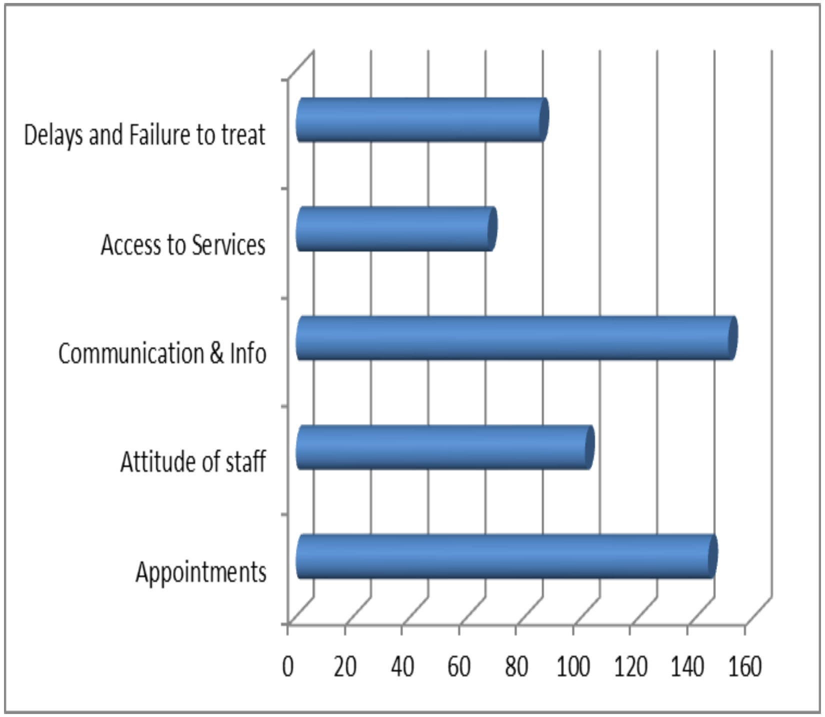
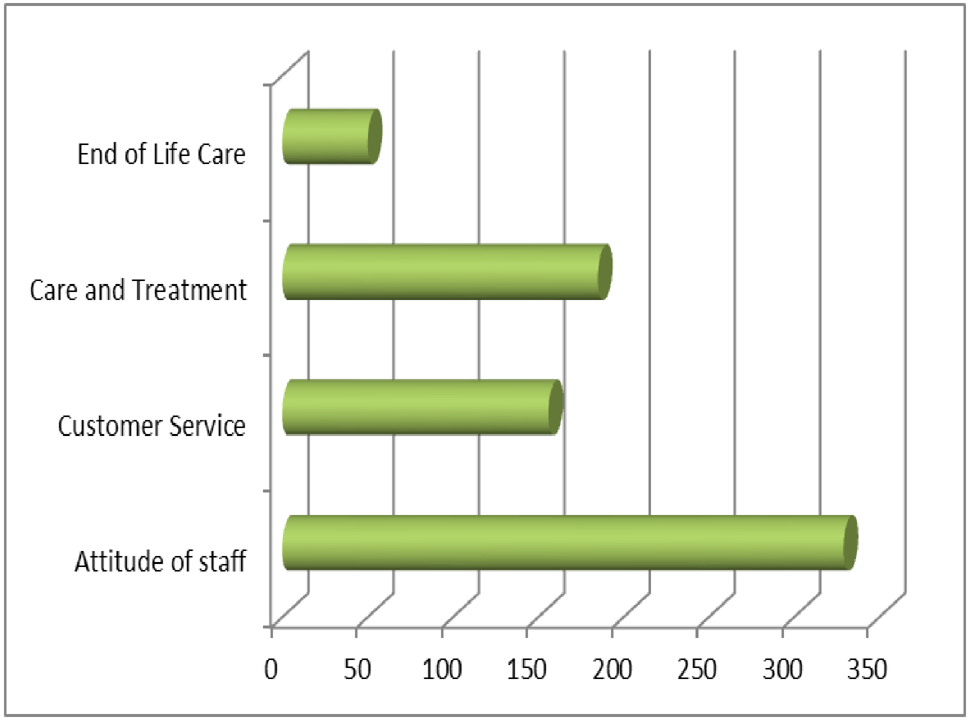


Figure 4. Themes of Positive Feedback



Friends and Family Test (FFT)

The Friends and Family Test (FFT), which was launched in April 2013 is mandatory for all NHS provider organisations. FFT should be seen as an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

The FFT asks people if they would recommend the services they have used and offers a range of responses. From April 2020, the question has changed to invite feedback on people’s overall experience of using the service. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice, there will be a greater focus on using the FFT feedback to deliver service improvements.

During the year the Trust received 13,099 individual pieces of feedback through our FFT approach. This response rate reflects feedback from 2.35% of our patients eligible for FFT. Of this feedback 96% of those who responded said that they are highly likely or likely to recommend LPT services with 1% saying that they highly unlikely or unlikely to recommend our services.

An options appraisal was undertaken in partnership with staff to understand how we can improve on our FFT response rates. Following this appraisal funding has been secured to commission a new automated system which will allow patients to be contacted via text message and individual voice contacts to invite feedback. Along with this approach Trust FFT iPads are being reconfigured and will allow inpatient services and those services where text messaging wont work to collect feedback using the iPads. The new system will go live in the summer of 2020.

The roll out of the new FFT question which was due to be relaunched in April 2020, however due to the Covid 19 pandemic this has been delayed until the summer of 2020. The launch will also include five patient experience questions which have been co-designed with our patients and carers. It is envisaged that all services will ask these questions and through this collection we will be able to provide a benchmark set of data against which our services can apply our model for capturing and using patient experience for improvement.

Patient Experience Questions

Q1. How easy did you find getting into this service?
Q2. How well did the service help you?
Q3. Did you feel you were treated with respect?
Q4. Were you asked to join in the conversation (discussion) about your care?
Q5. Where your family/carer/other people that care for you asked to join in the conversation (discussion) about your care?

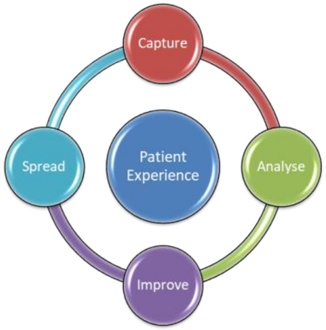
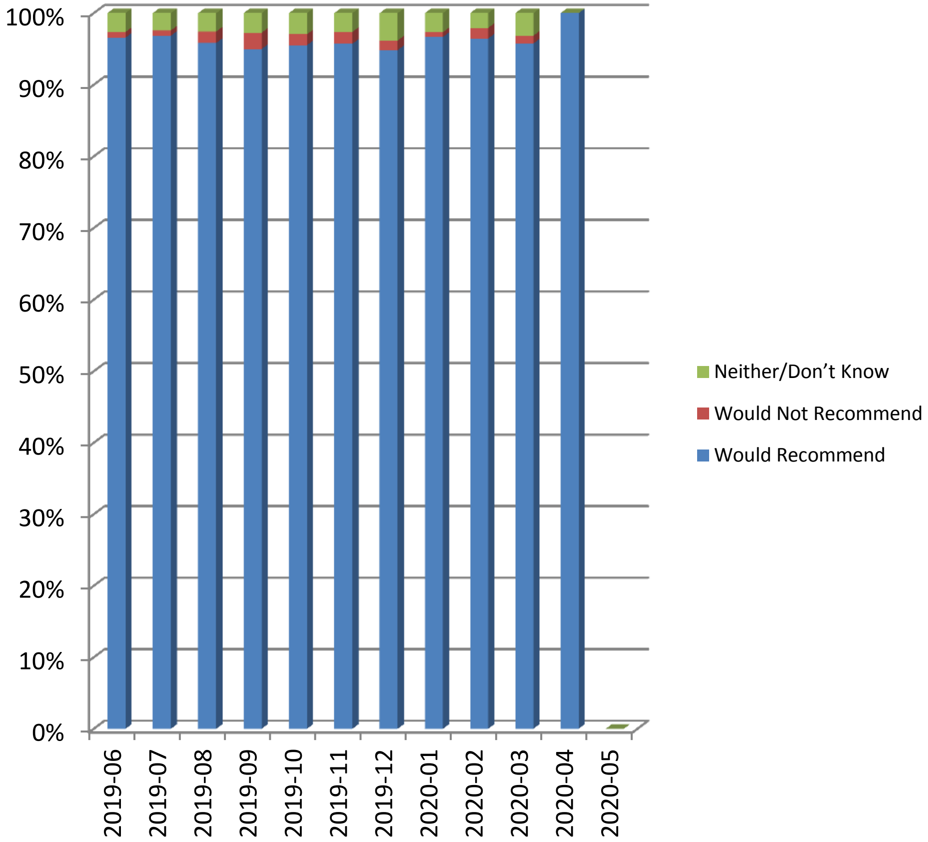
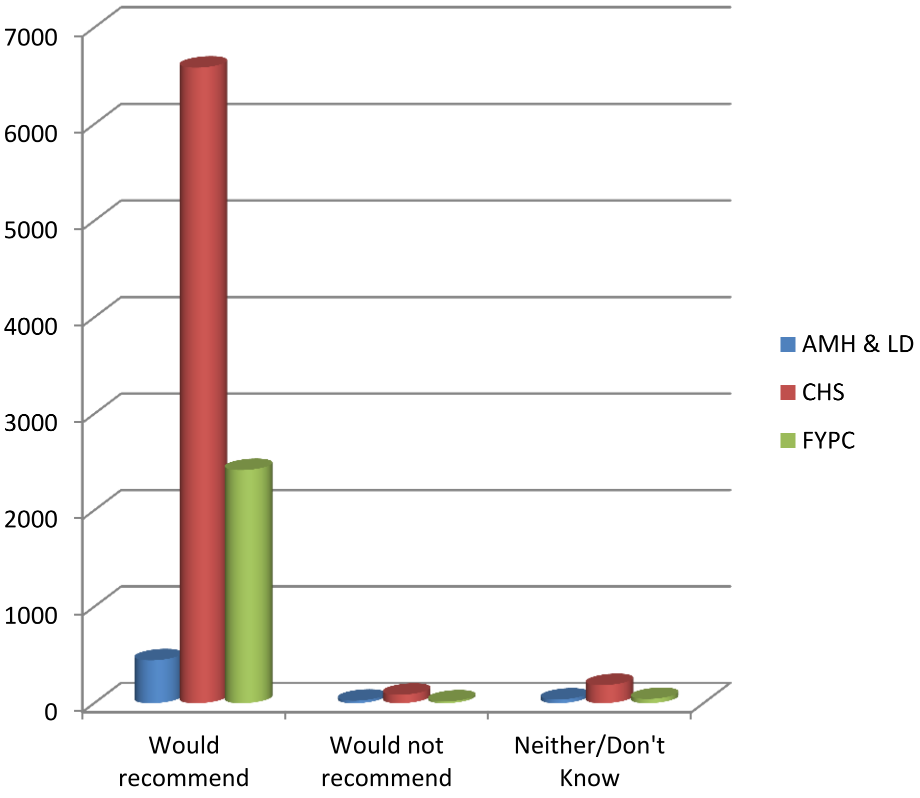


Figure 6. Breakdown of Responses for the year June 2019 to May 2020
*note due to the onset of Covid 19 not FFT responses were collected in April and May 2020

Figure 7. Breakdown of FFT responses for the year June 2019 to May 2020 by directorate





Patient Involvement

Leicestershire Partnership NHS Trust

Community Mental Health Survey

The National Service User Survey is a mandatory survey that the Care Quality Commission requires Mental Health organisations to undertake. The Trust commissioned Quality Health to undertake the Survey. The National Service User Survey was undertaken between February and June 2019. The national response rate for survey was 27% with the Trust achieving a 32% response rate (259 usable responses from a usable sample of 815).

The returns by directorate were as follows:

FYPC	16
CHS (Mental Health Services for Older People)	89
Adult Mental Health Services	154

Key Headlines from the survey in 2019

- There has been a **general improvement** in results since 2018, although many scores are still in the **lower range** of Trusts surveyed by Quality Health.
- Mental Health Services Of Older People (**MHSOP**) generally scores better than Adult Mental Health (**AMH**).
- The **overall rating of care has improved**, but is still just in the **lower range** of Trusts surveyed by Quality Health.
- **Lowest score achieved** for agreement of care taking service users' personal circumstances into account.

What are we doing in response to the survey

Following the review of the 2018 action plan and in line with the 2019 results following discussions with Heads of Service/Service Leads for CHS MHSOP and AMHLD community based mental health services it was agreed that there is little appetite to create a new set of actions to respond to the survey which could potentially sit outside of the Step Up to Great Improvement Plan for Mental Health. It was agreed that the response to the results for 2019 should be aligned to the three-year delivery plan for the Step Up to Great Mental Health Plan which sets out the Trust's longer term commitment to the improvement of community mental health services. The Community Mental Health Survey Report and Improvement Plan can be accessed here:

Microsoft Word Document

Boardwalks

During the year our Trust Non-Executives, our Chair, Chief Executive and Directors carried out 90 visits to services and teams as part of their Boardwalk programme. The boardwalks covered a wide range of services including District Nursing Services, Volunteer Services, Community Inpatient Wards and Learning Disability Outreach Services. Boardwalks are an opportunity for our non-executive directors to gain an invaluable insight into the work and people across the Trust. Through discussions and observations it is an opportunity to discuss with staff what is working well and what isn't working well for both staff and patients.

Staff are asked to talk about what they are most proud of and a number of these relate directly to the involvement of patients and carers and working to improve patient experience, these have included monthly community meetings held for patients, a Carers event where carers spoke of the high standards of care shown by staff. One service held café meetings with patients and carers and another where patients are involved in care planning. Staff have also used the Boardwalks to feedback when things aren't working so well, during one visit staff reported that staff had highlighted the issue with FFT collection, there were issues with IPad connectivity and as a result the staff on the ward were having to revert to using paper. It was also mentioned that the ward had seen a dip in FFT responses recently due to housekeeper change and not having anyone on the ward prompting completion of cards. These issues were fed back to the Patient Experience and Involvement Team who were then able to work with the ward to resolve the problem.

Examples of feedback from Boardwalks

Good practice identified	Challenges identified
Families and patients involved in care. Ward manger proudly talked of personally talking to every family.	Highlighted issue with FFT iPad connectivity and had reverted to using paper. In addition had seen a dip in FFT feedback recently due to housekeeper change and not prompting completion of FFT.
A recent patient incident around 'End of Life care' had resulted in a very challenging period of reflection by the team. This was shared with other teams through team discussions and Learning Boards.	Whilst on a visit we discussed the barriers created by language differences- not always possible to use interpreters. Takes longer to build a relationship and have influence where there is a language barrier.
Parent fully involved and interest of child is paramount and evident during visit. Good to see the whole family approach in action.	Recent ward disruptions have led to some backward steps on smoking cessation
Strong partnerships with other agencies - Dedicated staff who believe in service model - Passionate about supporting the client group who access the service	The team members visiting patients have lanyards and name badges that reflect and describe their NHS roles i.e. 'Generic Technical Instructor' Should we provide more patient centric titles for any patient facing documentation?

Patient Stories

Stories are a powerful way of engaging staff, including senior leaders. They can be collected in a number of ways. There is considerable value in staff hearing patients' stories directly. It can help staff really understand how patients experience services, helping them to 'own' the data and acting as a motivator to do something about things that aren't working well. Patient stories are used to open every Trust Board meeting, ensuring that the patient is central to all discussions. Following the investigation of a serious incident where a patient in the care of the Trust had committed suicide, the family had asked to tell their story about their experience. The Trust Board are keen to ensure that they hear both positive and negative stories, at a meeting in early 2020 a story was told by the two sons. The story was about their father, who had sadly taken his own life. The sons described their experience of the subsequent investigation process and what lessons should be learnt for future investigations, these included:

- *The Trust seemed compassionate in the beginning; we were told about the investigation but heard nothing after that first meeting, no communication, no updates.*
- *Could not contact the person leading the investigation so ended up calling the Crisis Team to find out what was happening, only to be told the investigation was completed.*
- *Being informed that the report was to be published without the family having sight of the report or being told of the outcomes of the investigation first.*
- *We cannot say that the NHS and learnt anything from our father's death, we have not yet seen any improvements.*
- *The Trust does not want to take any blame for what happened or accept any responsibility, however if it did, this could have made a big difference.*

The story was shown at a staff Empathy Training Conference to set out the importance of learning organisations for patients and staff. The story is also being used by the Patient Safety Team to understand what learning the organisation needs to undertake to improve how it manages its incident investigations for patients and families.

You can access the story here https://youtu.be/--1XU3vxIbo

Patient Experience and Involvement Champions

During the year all three service directorates developed their Patient and Carer Patient Experience and Involvement Champions. The role of the Champion is to be the lead for patient experience and involvement within their respective service area. Our Champions are staff who have volunteered their time and all have an interest in patient experience and involvement. Our Champions cover a wide-range of functions from Housekeepers to Occupational Health Manager and Meaningful Activity Co-ordinators to Lead Nurses.

To support the Champions in their role a programme of training workshops have been set up. During the year 8 separate workshops have been ran by the Patient Experience and Involvement Team and have covered a range of topics including:

- ✓ Introduction to Involvement
- ✓ Getting Ready for the relaunch of the Friends and Family Test
- ✓ Your Time to Shine – Getting ready for Care Quality Commission
- ✓ Using Patient Feedback
- ✓ Creating Patient Surveys
- ✓ Introduction to Always Events
- ✓ Staying Connected

The aim of the workshops are to provide the Champions with the skills, confidence and tools to undertake effective involvement and collect and use patient feedback within their service areas.

The Adult Mental Health and Learning Disabilities Patient and Carer Involvement Group developed their own vision statement during their first workshop which is

'Bringing voices and experiences together to improve services,

side by side, with patients and carers'

Our Community Health Service Champions have joined together with our Meaningful Activity Coordinators and have really welcomed their protected time away from the wards to share ideas and the things that they are doing on their respective wards.

How have we improved the experience of people who use or who are impacted by our services

The involvement of patients and carers has made a difference at different levels across the organisation. For those patients involved in their care planning through the Collaborative Care Planning conversations they are taking part in shared decisions about their own care. For those patients and carers who take part in engagement activities with services or through our transformation work are making a difference in how services are designed and delivered, this includes :

Our Falls Prevention Service who have been working with Patient representatives over the past 12 months in developing a lot of the prevention material currently being used for both service users and the wider community;

Our CAMHS Team have been working with young people to develop a workbook to support young people with ending therapeutic treatment. We know that this is an anxiety provoking time that can sometimes result in relapse, and they were keen to develop a resource which helped young people reflect on their experiences, develop resilience to support recovery and connect them to sources of support. The young people have been involved in all parts of the planning and development of the end product, clearly demonstrating a compassion and collaborative approach in their leadership of this project. The workbook is soon to be published and will be used across CAMHS services.

Our Occupational Therapy team have undertaken a review of their service delivery, incorporating the voices of our service users and colleagues to ensure they can provide the best possible service for our patients. The department decided to take on a new approach to the way they delivered their interventions. The team have altered their delivery holding breakfast groups on the ward. These not only promote independence, but ensure that patients continue to engage in every day ADL tasks, instilling a sense of ownership for their own recovery, but also supporting towards a sustainable discharge. The team have also been responsive by developing more psychological educational groups, due to high demand and popularity. The department now offer these intervention sessions, including a variety of anxiety management, coping skills and self soothe groups, on and off the wards, being inclusive to all. In addition, the off ward time table is centred around the patients core occupational therapy needs, and skill development in the core areas of daily living (function, physical health and meaningful occupations).These support our patients and teach them the vital skills to manage themselves and their mental health condition. The team strives to further develop their interventions for our patients, they actively collect feedback from sessions and this is beginning to form our department ‘recovery tree’.

Case Study

Hynca Lodge, CMHT were struggling to gather feedback from patients and carers, and FFT results were minimal. The team used the Always Event methodology in order to work with patients and carers to make improvements to the service together. Firstly the team created a survey for both staff and service users/carers The team also used there day centre to have a market place afternoon where local support services would showcase what was on offer to staff, service users and carers, and this also provided a space for staff and service users/carers to come together for a cup of tea and biscuit in order to discuss experiences of the service.

The team collected a host of feedback from the surveys and the market place and were able to highlight that what mattered most to patients and carers was being involved in decisions about them and in care planning, and feedback was that the team did this really well. Feedback also shown that the team were not so good at providing real life examples, stories and learning about recovery and this was another area that mattered to patients and carers. The team also discovered that the concept of 'recovery' was a difficult concept for staff, service users and carers and they did not really know what this meant. Therefore for the teams Always event it was decided that the focus would be on care planning and ensuring everyone was involved in collaborative care planning, along with introducing the concept of recovery and a toolkit of patient stories. This formed the below vision and aim statement as created by staff and service users/carers.

I will always be introduced to the concept of recovery and what this means to my journey of living well with my condition.

In addition to the vision statement the team created their aim statement which is:

By November 2019, every service user will be introduced to the concept of 'recovery and living well with their condition' using various resources at their care planning assessments.

The team have finalised resources which they will test through mini PDSA cycles:

- ✓ The team worked with patients and carers to create patient stories that can be introduced at care planning assessments and future appointments.
- ✓ Powerful quotes have been captured from patients and carers and made into a booklet to leave with patients and carers after assessments and appointments
- ✓ A prompt sheet has been co-designed with staff and patients to assist with conversations around recovery and 5 elements of CHIME,
- ✓ A leaflet has also been created from this introducing Recovery, CHIME and the patient story resources.

Once the PDSA cycle was complete the team rolled out the Always Event as everyday business and measures will be put in place to evidence the impact this change has made.

We will increase the numbers of people who are positively participating in their care and service improvement

In the past, although the Trust had areas of good practice around patient involvement, we acknowledge that we did not always get involvement right, and we lacked a standardised approach with consistency, and equity. As mentioned in previous slides following a CQC visit in November 2018 the Patient Experience and Involvement Team (PE&I Team) started a programme of engagement, and self-assessment in order to benchmark ourselves against best practice, to discover the barriers from a patient/carer and staff perspective. Below you will find an overview of what service users, carers and staff told us.

Through a series of café conversations, and Listening Into Action events held with patients, carers, stakeholders, and staff (Mar 2019-Oct 2019) we were told	
Patients and Carers	**Staff**
I want to feel supported when involved, and to be involved in decisions that affect my care	Help & support for staff in undertaking involvement and how to use feedback effectively
Treat us as equals, listen to what we have to say & feedback to me the outcomes	Patient feedback needs to be specific and not generic
Acknowledge & recognise involvement and don't take us for granted	Regular feedback to staff so that we know how we are doing
Create opportunities to get involved from individual care planning, to service improvements, up to policy setting	Staff need improved understanding of how to undertake involvement, to capture and use feedback, would also improve confidence
Recognise my skills, not just my condition	More opportunities for staff to network
Develop involvement cafes in the community and come to us	Workload capacity and time restraints get in the way of carrying out involvement well

Framework for Involvement (as shown in slide 4)

The framework for involvement has been developed in order to address a previous lack of consistency and equity when involving service users and carers, and to enable a more flexible approach in recruiting and supporting in order to suit individual needs. Our approach is to work collaboratively with our patients and carers, in recognising their lived experience, as well as the knowledge and skills that individuals can offer.

The framework has three levels of involvement that range from getting involved in decisions about your own care to attending focus groups, to further development to become a patient leader. We understand that people want flexibility in their involvement, and in offering varying levels, people can take a step back or to drop a level if they become unwell or have other commitments. As well as accessing training and development to further enhance involvement skills to get involved in more strategic involvement work. We hope this framework will help to achieve consistent and equitable involvement opportunities, which are meaningful for those involved.

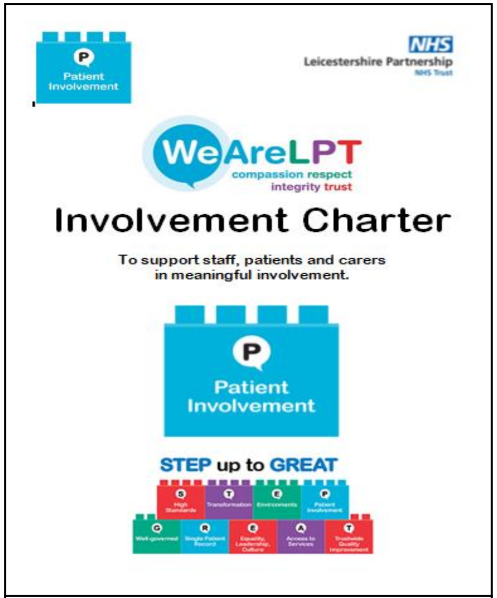
The past 12 months have been about laying the foundations around this framework, through co-designing with service users and carers. We have worked with a core group of service users and carers in order to co-design and implement the Framework for Involvement. The below list provides a highlight of some of the activities the group have worked on:

Framework projects

- Co-designed a **pathway for service user/carer involvement**, which includes an 'Expression of Interest' form, and 'Skills Audit' in order to match people to projects as well as enabling us to get to know people beyond their conditions.
- A **registration process** in order to sign up to our service user/carer network
- Creation of a new **Involvement leaflet** in order to grow the network for involvement purposes
- Patient representatives in **Our Future Our Way** project
- Co-created a **Trust Involvement Charter** which encompasses how staff and service users/carers will work together, as well as a code of conduct which is underpinned by the Trust values of Trust, Respect, Integrity, and Compassion
- Co-creation of an '**Activity Brief and Agreement Form**'. A signed agreement between the service and individual involved, outlining the level of commitment, agreed role description, and type of reward/recognition offered.
- **Reward and Recognition policy** created from best practice and informed by active engagement and individual feedback. Currently in consultation
- Co-design and outline for a training programme, with an "**Introduction to Involvement**" workshop sessions

Other projects;

- Revision of a new Patient Advice Liaison Service (PALS) leaflets
- Real time patient experience survey created from best practice and is evidence based, which will be rolled out across the Trust
- Patient Representatives on Our Future Our Way project, focusing on improvement to how the Trust is led, patient facilitated focus groups, Involvement in creating Trust new vision, and staff behaviour framework
- Various virtual projects



Patient Involvement

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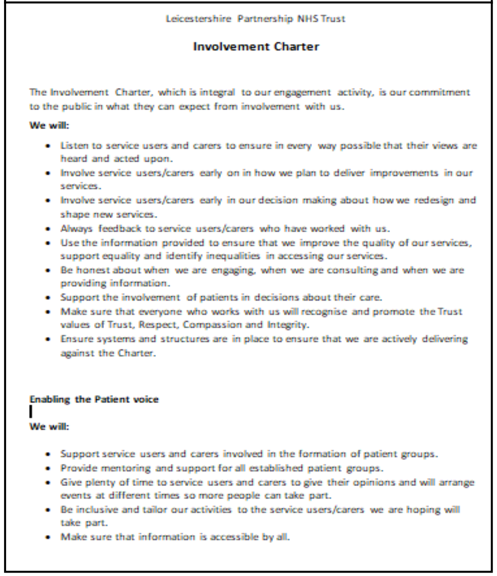
WeAreLPT
compassion respect
integrity trust

Involvement Charter

To support staff, patients and carers
in meaningful involvement.

Patient Involvement

STEP up to GREAT



Leicestershire Partnership NHS Trust

Involvement Charter

The Involvement Charter, which is integral to our engagement activity, is our commitment to the public in what they can expect from involvement with us.

We will:

- Listen to service users and carers to ensure in every way possible that their views are heard and acted upon.
- Involve service users/carers early on in how we plan to deliver improvements in our services.
- Involve service users/carers early in our decision making about how we redesign and shape new services.
- Always feedback to service users/carers who have worked with us.
- Use the information provided to ensure that we improve the quality of our services, support equality and identify inequalities in accessing our services.
- Be honest about when we are engaging, when we are consulting and when we are providing information.
- Support the involvement of patients in decisions about their care.
- Make sure that everyone who works with us will recognise and promote the Trust values of Trust, Respect, Compassion and Integrity.
- Ensure systems and structures are in place to ensure that we are actively delivering against the Charter.

Enabling the Patient voice

We will:

- Support service users and carers involved in the formation of patient groups.
- Provide mentoring and support for all established patient groups.
- Give plenty of time to service users and carers to give their opinions and will arrange events at different times so more people can take part.
- Be inclusive and tailor our activities to the service users/carers we are hoping will take part.
- Make sure that information is accessible by all.

Achievements: Impacts of Involvement

Over the last 12 months patients, carers and their families have been involved in lots of ways, both individually in relation to their own care, and collectively working in partnership with services to influence and improve how we deliver and design our services. Here are just a few examples of how we did this;

Learning Disabilities Talk and Listen Group

The Talk and Listen Group comprises of 15 people with Learning Disabilities who provide advice and consultation to services or individuals on the best ways to involve and provide services for People with Learning Disabilities. They meet monthly and are supported by Speech and Language Therapist Team.

The group have experience and confidence in expressing their views on a range of topics related to health and social care. They give their own lived experience but also, to some extent, represent the views of those they know who are less able to express their own views. They are particularly skilled at giving advice regarding good communication with People with Learning Disabilities and produce a variety of resources including videos and posters to be used in training and information for health and social care staff. The list below gives an overview of just some of the activities the group has been involved with;

- Produced a leaflet explaining why all recruitment in LD services should involve People with a Learning Disability.
- Involved in five staff interviews across the LD service, including speech and language therapists and community nurses
- Consulted on the Leicester City Learning Disability Strategy
- Consulted on Learning Disability Friendly Communities as part of the Safe, Well and Happy initiative
- Produced service user videos to persuade staff to have the flu jab
- Consulted on the Care Programme Approach process
- Provided photos for inclusion in the staff directory
- Consulted on the patient experience questionnaire
- Consulted on transport issues affecting people with Learning Disabilities who travel by bus
- Took part in a research project being led by the University of Leicester looking at the experiences of People with Learning Disabilities of using health services
- Consulted on social opportunities for People with Learning Disabilities as part of a project by Values into Action
- Received training as preparation for being part of the Care Review of services (review did not take place)
- Ongoing project to produce a video of different communication approaches for use in staff training

Patient Involvement

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The Agnes Unit

Learning Disabilities Patient and Carer Facilitator
Within our Learning Disability services, the Trust created a Patient and Carer Facilitator role for a seconded 12 month period in order to raise and promote opportunities for patients with learning disabilities and there carers to have their voices heard, with a view of creating evidence on the impact of the role with a view to funding this permanently. The successful applicant is Kelly-Anne Webster. Please find an overview of activities below;

Adapted ways of working
It was identified that patients required a new format in order to share their views. This has included, but is not extensive to, the implementation of the 'My Voice' document on all pods so that patients are able to organise there thoughts in preparations for meetings, whether that be weekly ward rounds, a review, or as an opportunity to provide general feedback to the service.
Meetings now also start with the patients views at the core of the agenda, if this is not appropriate the families views are included. Previous meetings were organised where patients joined in at the end of the meeting, whereas starting with the patients views at the beginning, generally enables patients to be more involved in the decisions about their care and treatment.

Feedback
Kelly has driven the collection of feedback from patients and families, and has developed a local database in order to monitor real time feedback which is shared across the department, as well as documenting any actions that may have been undertaken. Overall, the feedback received in real time, has resulted in the unit being able to take any necessary actions in a much more timely manner, showcasing to patients and families that they are being listened to. With a new Trust wide feedback system now into place, this will supersede the local database, and increase access to real time feedback across the Trust.

The role has resulted in a single point of contact for families to provide support with any queries/concerns. The role also supports staff to deliver experienced based co-design with service users in order to encourage a user led approach to meaningful activities.

The department has also introduced caring for carers event to create a space for carers to connect, and share any feedback with the service.

Adult Mental Health (AMH) & Mental Health Services for Older People - MHSOP

Recovery and Collaborative Care Planning Café's
The collaborative cafés is a shared space for service users, carers and professionals to come together to have collaborative conversations around care planning and recovery. The cafes have been growing in the Trust over the past two years and are themed around the recovery concepts of CHIME (Connectedness, Hope, Identity, Meaning, and Empowerment). Although currently the cafes are on hold due to Covid-19 there was regular attendance at monthly cafes from staff, service users and carers, and all attendees heard service users and carers share their lived experience of recovery and what matters to them. Service users and carers have been involved with co-designing the development of the cafes , as well as seeing regular attendance and we thank you all for your valued input.
Areas of good practice and new initiatives have come from the cafes; a few are highlighted below:

- Co-produced '**collaborative care planning guidance'** highlighting language to be used, prompts, and collaborative conversations around building therapeutic relationships
- **Recovery prompt sheet** co-designed with patients have been introduced and are being used to support collaborative conversations using the CHIME framework
- The cafes have been a great model for involvement which we are currently exploring to replicate in other service areas, some service user/carer attendees have also gone on to complete further involvement activities within the Trust
- Quality improvement project focusing on **enhancing service user and carer involvement in care planning in mental health services**

Patient Related Outcome Measures (PROM)/EQUIP (Adult Mental Health /MHSOP)
AMH - From August 2019 to February 2020, the Patient Experience and Involvement Team carried out peer review audits with members of our service user/carer network group throughout AMH inpatient units. Using the EQUIP audit tool, we asked six questions in relation to how involved inpatients are in their care planning throughout their inpatient stay. The peer audit team visited The Willows (2-13 August 2019), Stewart House (14-21 August 2019), Bradgate Unit (9-11 December 2019), Hershal Prins (17 December 2019), Belvoir Ward (4 February 2020).
MHSOP – Due to the availability of peer auditors in MHSOP a staff member and Change Agent for Improvement completed the audits by visiting patients receiving care from our Community Mental Health Team in South Leicestershire, and as well as the inpatient wards; Kirby Ward and Welford Ward at the Bennion Centre.

What did we find from the Patient Reported Outcome Measures?

Out of 240 inpatients in AMH (patients had a right to decline to take part in the audit) 62 inpatients completed the audit, with 27 inpatients confirming they had received a copy of their care plan (43.5% of those audited).

23 patients were asked to complete the audit in MHSOP community and inpatient services. Out of 11 patients asked in the community, 9 Completed the audit. Out of the 12 patients asked in inpatient settings, 7 completed the audit.

Although the data shows us that we still have work to do it, it has helped us to learn what has been done well, with further areas to focus on in order to improve collaborative conversations and collaborative care planning even further. The Patient Experience Team are planning to roll out the Peer Audit approach with peer auditors who have formed part of the planning group.

"I was invited to take part in an audit of patients care plans on the Bradgate unit wards...we went into each and every ward and asked if they would like to speak to us about their care plans; if they had one, if they knew what it was, and if they felt it had been useful in there recovery. In most instances about 90% either didn't know what it was or said they hadn't got one. Having said that, when we broke it down...they did have one but were very indifferent to it…I found the atmosphere on the majority of wards very edgy and sometimes a little unpredictable…we engaged in conversation with those patients that wanted or felt like they needed to share...looking back it was a real achievement but tough…I was constantly supported and debriefed…and learnt lots of things about mental health and procedures, it was a real education…could we have gotten the results in a better or more efficient way? I don't believe we could ,everything we gained from this experience was given generously and freely by all patients that took part so a big thank you to them…I found a huge new found respect for the staff on those wards that work in that environment every day, and still keep their patience, and compassion, whatever is going on."

Feedback from a peer auditor.

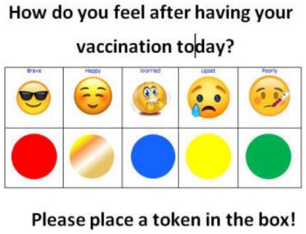
"We were looking though his care plan and reflecting on what a difference it makes and how well it was written and the detail, brother also spoke about one of the ward staff he felt had provided space to talk, care and understanding (they have all been fab)"

Feedback we received from a service user in the Bradgate Mental Health Unit and his sister.

Families, Young People and Children’s Services

Immunisation Team

Following a programme of engagement with children, their families, and schools , our Immunisation Team introduced an opt-out form for immunisation, using the feedback gathered to inform changes in the process of consent and opting out. The service has seen a dramatic increase in the uptake of immunisations since the new process has been introduced.
After struggling to gather feedback from young people about the experience of receiving an immunisation, the team have also introduced coloured counters, green for a positive experience and red for negative experiences resulting in a wealth of counters collected.



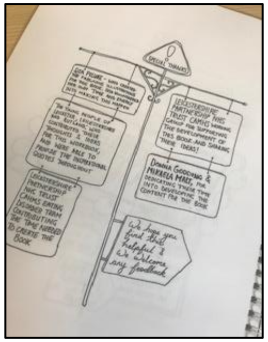
Child and Adolescent Mental Health Services (CAMHS)

Within the CAMHS Service, drop in sessions aimed at children, young people and families have been introduced. The service has made a space available for families to talk to clinicians, school nurses, care navigators, patient experience team, and other professionals to share views about the emotional wellbeing of a child, and feedback on any services received as well as the opportunity to raise concerns.

A Black, Asian and Ethnic Minorities (BAME) focus group took place on 13th February 2020 at the Peepul Centre. The Primary Mental Health Team led the session with five families in attendance. Feedback has been reviewed and actions taken from this will be shared with the families in a “you said we did” format to form an introduction at the next session , which is currently on hold due to Covid 19. The second session will focus on digital support and communications/letters from CAMHS.

The new CAMHS inpatient site is currently under construction and work around shaping the Patient Involvement and Engagement Strategy is being developed and is informed by young people on Ward 3, our children and young peoples inpatient mental health facility.

The **Eating Disorder team** have worked in collaboration with young people from the inpatient unit, along with young people who accessed group work at Artemis House, in order to design a Moving on Booklet, to support young people when being discharged from the service. The booklet will include key information to support safe/smooth discharge, wellbeing and personalised helpful information to reflect on post CAMHS interventions. 70 copies have been professionally printed to trial across CAMHS with various teams to understand how useful they are across the services, with a view to adaption, if required.



Patient Involvement

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YAB
Youth Advisory Board

Youth Advisory Board (YAB)

The YAB was set up in as a result of identifying a gap in involving the participation, views and lived experience of children and young people locally who access services in LPT. The Youth Advisory Board was set up in partnership with Leicester City Council, after a large scale project called Generation X, which saw young people review local Mental Health and Wellbeing Services. The Generation X report was another driver for us in regards to ensuring we react to the advice and recommendations made from young people.. The Boards aim is to support the improvement and development of services that matter to them, to 'youth proof' them, and to ensure they have a voice in services that might be relevant to them throughout their lives. Board members include nominated youth council members, CAMHS peer support workers and service users aged 13-25 for whom this is an opportunity to take part in positive activities. Projects they have influenced include:

- A patient experience audit of CAMHS waiting areas to ensure they are young person friendly
- Reviews of surveys, letters and patient information
- Review of the Health for Teens website
- They have met with and interviewed school nursing colleagues to explore concerns and queries around current service offers
- A successful social media campaign in response to Covid 19, the campaign called #TenSecondTips, offered tips, advice and guidance to other children and young people, with ideas for keeping well during lockdown. The selfie style recorded clips received over 5000 views online an were shared widely
- The group continue to virtually meet weekly

The board has been well received so far with both staff and its members reporting that they feel listened, being heard and taken seriously.

Patient Involvement

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Community Health Services

Falls Prevention Service

Have been working with patient representatives over the past 12 months in developing lots of prevention information and resources which is currently being used for both service users internally and out in the wider community.

Meaningful Activity Co-ordinators (MACs)

The role of the MAC's on the ward has released time for staff to care and spend time with those patients who have increased need, whilst providing patients with a range of activities that enables them to interact with each other. Ellis Town ward MACs carried out a survey with patients that accessed activities , 65% were group work activities in the day room;

- 49% of patients mood before MAC intervention was indifferent with 30% feeling unhappy
- 100% of patients felt happy after MAC intervention with 32% feeling very happy

You Retweeted
CoalvilleWard1strokeunitLPT @LptccH · Feb 29
It was a busy upper limb group! Our wonderful patients had a fab time and so did we. @danvers6 @jotaylor13_OT @LPTnhs @LPTpatientexp @FayLem1 #positiverehab #oneteamonegoal #StepUpToGreat #redcardforcheating #joy #NHS

Let's explain about the
MAC's

These are based on the ward dressed in
pink
To help try and break your boredom.
Whilst sitting in your seat.
We have a trolley full of activities
For you to enjoy.
Get family, friends and visitors help you
explore.

During the day activities will be held
Which maybe creative, movement or
sound.
We hope you will join us and brighten
your stay.

My name is Su by the way.

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Accreditation

Certificate of Achievement

This certificate is awarded by
Leicestershire Partnership NHS Trust
in recognition that:

....

Has been accredited
GOLD STANDARD

For achieving excellent quality in relation to:
Leadership and culture of continuous improvement

Signed:..................................
XXXXXXXXXXXXXXXXXX

Signed ....
XXXXXXXXXXXXXXXXXXXXXXXXXXX

Community Hospitals Ward Accreditation

During 2019/20 a programme of ward accreditation was undertaken across all community hospital inpatient wards.

The Trust's Accreditation Scheme is based on a Patient First initiative that was initially introduced at Salford Royal Hospital in 2016. The Scheme focuses on engaging staff and empowering leaders to improve standards and quality. It is based on the continuous improvement principle of standardisation – recognising, sharing and sticking to best practice in the interests of patient care. LPT have chosen to adopt this approach and have adapted this to meet our needs.

Patient Experience is a key part of the accreditation and proactively asks patients about their experience of their inpatient stay and cover things such as how involved patients are in decisions about their health to do staff treat them with dignity and respect.

A range of activities can be seen in the images below which are organised by the MACS, HCA's and other staff on the wards., these activities are great for service users to socialise, increases feelings of wellbeing, and also great for mobility, hand eye coordination , dexterity, plus many other benefits.

You Retweeted

Swithland Ward @SwithlandWard · Nov 13, 2019

It was eyes down 👀 for today's #wellbeing Wednesday facilitated by lovely Leslie & Mel. Patients enjoyed playing bingo and socialising in the dining room to beat #bedside #boredom - many stayed in there for their lunch too. @LPTpatientexp @CHSInpatientLPT @CathyBooth15 👍 👀 🙌

5 11

You Retweeted

LPT Ward 2 - Coalville Community Hospital @Ellistown3 · Jun 12

Bedside arts & craft activity today helping patients with their wellbeing #patientcentredcare #keepinghandsandmindsbusy. #helpingtomakeadifference #pinklady @leawarden @CMJPeart @CHSInpatientLPT @rachelbilsboro1 @LPTnhs @LPTpatientexp

Lisa farmer @lisafarmer1966 · Feb 26

Okay what are these pair up to??
Steph Nicol and Kelly Wheatley fantastic ward TI's doing their thanggg! Breakfast club and chair base excercises Workout Wednesday guys!

3 22

You Retweeted

Ruth @OTRuthGarner · Dec 24, 2019

North ward are in fine voice this afternoon singing Carols together led my our wonderful meaningful activity coordinator. 6 patients, 4 visitors, 6 staff tapping their feet to the music 🎶 @LPTpatientexp @MrsSBarnett3 @LPTnhs

3 12

Virtual Technology During Covid-19

As a result of the coronavirus outbreak, all face to face involvement activity has been put on hold. The desire to keep members of our service user/carer network at the heart of everything we continue to produce throughout this period became our main focus.

Scoping

The PE&I Team took steps to run a scoping exercise in the first few weeks of the lockdown to establish the needs and wants of our existing network members in asking a series of questions around preferred contact methods, accessibility to technology, virtual catch ups, types of information required, sharing information, and if they would like to continue to be involved in projects.

The scoping exercise proved invaluable in informing the team on how best to connect with the service user/carer network members during this period. Over half the network members provided feedback on the scoping questions as follows:

56% of those responded would like the creation of weekly virtual catch ups

75% of those responded would like to receive updates in Newsletters

25% of those responded wanted to support creating a Health & Wellbeing Workbook

50% of those responded would like welfare checks via phone & texts

44% of those responded would like to provide feedback on patient facing documents virtually

Virtual Catch ups

From 29th April 2020 to date, the PE&I team have provided weekly virtual catch up sessions using both Skype and Microsoft Teams . These sessions have proved very successful., and although uptake has been in small numbers, it has provided a safe space for our service user/carer network to meet on line each week for hourly sessions. Conversations have ranged from sharing personal experiences during lockdown to how LPT will take forward co-production within the organisation as well as engaging interest in future involvement opportunities. Our aim is to develop these sessions further to form a service user led involvement cafés on a weekly basis, face to face and virtually, with the attendees developing their own agenda on subject material. Feedback from some of the virtual café's attendees;

"It has been nice to get to know people more personally and I would like the virtual coffee catch-ups to continue!"
Service user/carer network member

"the virtual coffee catch-up… the discussion showed that in the past we have both spent time and energy working with LPT and not felt our voices heard or our ideas valued but it feels different this time as the current team seem keen to work alongside users in the co-create, co-production, co-evaluate model which is pleasing to hear."
Service user/carer network member

Patient Involvement

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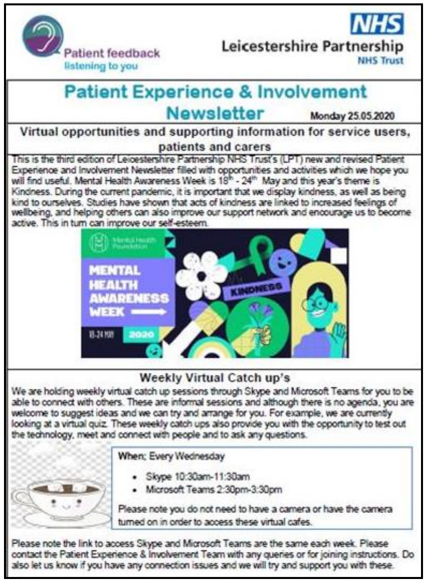
Patient Experience and Involvement Newsletters

On 27th April 2020, the PE&I Team published a revised edition of their Patient Experience and Involvement Newsletter. Published on a fortnightly basis the newsletters have provided a platform to help inform and support our service users/carer network and their families throughout the Coronavirus outbreak. Due to the current climate, the team adapted the Newsletter to include sections relating to supporting information (both internal and external), education and learning items, activity suggestions, useful contact details, upcoming virtual involvement opportunities as well as the offer to share service user/carer stories , feedback and involvement outcomes.

We are proud to announce that we are now on our 6th edition, have a growing distribution list for sharing the Newsletter with external agencies as well as throughout relevant internal departments including Trust membership, Trust volunteers, research participants, The Recovery College, and the METT centre. We have received some wonderful feedback on the Newsletter so far as well as increasing our service user/network membership throughout this period.



Patient feedback
listening to you

NHS
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Patient Experience & Involvement Newsletter

Monday 25.05.2020

Virtual opportunities and supporting information for service users, patients and carers

This is the third edition of Leicestershire Partnership NHS Trust's (LPT) new and revised Patient Experience and Involvement Newsletter filled with opportunities and activities which we hope you will find useful. Mental Health Awareness Week is 18th - 24th May and this year's theme is Kindness. During the current pandemic, it is important that we display kindness, as well as being kind to ourselves. Studies have shown that acts of kindness are linked to increased feelings of wellbeing, and helping others can also improve our support network and encourage us to become active. This in turn can improve our self-esteem.

Weekly Virtual Catch up's

We are holding weekly virtual catch up sessions through Skype and Microsoft Teams for you to be able to connect with others. These are informal sessions and although there is no agenda, you are welcome to suggest ideas and we can try and arrange for you. For example, we are currently looking at a virtual quiz. These weekly catch ups also provide you with the opportunity to test out the technology, meet and connect with people and to ask any questions.

When: Every Wednesday

- Skype 10:30am-11:30am
- Microsoft Teams 2:30pm-3:30pm

Please note you do not need to have a camera or have the camera turned on in order to access these virtual cafes.

Please note the link to access Skype and Microsoft Teams are the same each week. Please contact the Patient Experience & Involvement Team with any queries or for joining instructions. Do also let us know if you have any connection issues and we will try and support you with these.

Patient feedback
listening to you

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Patient Experience & Involvement Newsletter

Monday 08.06.2020

Virtual opportunities and supporting information for service users, patients and carers

This is the fourth edition of Leicestershire Partnership NHS Trust's (LPT) new and revised Patient Experience and Involvement Newsletter filled with opportunities and activities which we hope you will find useful. This week marks Volunteers' week and we have just under 500 volunteers across LPT! A huge thank you to our volunteers who give up their time to support both our staff and patients, and a big thank you to those of you that get involved with sharing your experiences, and working with us to improve services. Like all of us, our volunteers have also had to change their way of working due to the Covid-19 pandemic. Below, you can see how they have supported us at this time:

Our volunteers' support in response to Covid-19 so far...

515 medication parcels delivered to patients to ensure that they receive the medication they need

60 food deliveries and collections managed, equal to 200 hours

15 volunteers redeployed to support elsewhere

110 books delivered for staff wellbeing

4 garden activities to support patient and staff wellbeing equal to 10 hours

15,500 sandwiches delivered to support staff health and wellbeing

For Mental Health Awareness week, we had the privilege of including the following extract written by a member of our service user/carer network:

As #MentalHealthAwarenessWeek begins I have been reflecting on my mental health journey. 10 years ago I became unwell and very rapidly descended into a place so dark that I didn't know if I would ever get out. It was a place devoid of colours and meaning, like being behind a sheet of glass, I could see life going on around me but I was not part of that life anymore. The only things my mind allowed through were shame, guilt, worthlessness, despair. I thought my family would be better off without me. Diagnosed with major depressive disorder, anxiety and PTSD I spent the next 4 years in and out of hospital as the next suicidal crisis hit. Finally in 2014 things culminated in me being admitted into hospital under the mental health act with psychotic depression and I stayed there for a year. I've had numerous medications, Electroconvulsive therapy (ECT) and over 2 years of therapy and I now consider myself to be in recovery, something I used to believe would never happen but I am not complacent. Life is different for me now but life is good. Without the unending love and support of my fantastic family and some amazing friends and also the huge input from professionals I truly wouldn't be here now. So please speak up and speak out, start conversations, check in on your friends and family. Mental health problems affect 1:4 people, it doesn't distinguish, it can be anyone. Be aware of mental health every day, not just for one week….Talk about it….Break the stigma"

Welfare Calls

From 23rd March 2020 to date, the PE&I Team have provided welfare calls to members of our service user/carer network who expressed an interest in requiring check in and chat type calls. Some were up to three times a week/weekly or fortnightly by telephone and the use of WhatsApp messages.

During the outbreak, we offered practical advice on such things as NHS Responders, CAP service, and other local community support networks available. We also offered a listening ear as well as "virtual walks" when total lockdown was in place. We asked these members to provide feedback on how helpful these calls have been during this period:

"I found lockdown very difficult; I struggled with the isolation even though I pretty much lived in it anyway. I was becoming desperately lonely, and very self-judgemental and not really good to myself at all: a couple of things saved me literally and they were the regular phone calls that you blessed me with, they became a constant to me and gave me something to look forward too and on those days things felt normal and I didn't feel alone. I don't know if you realised how important those calls were but I DID, and as a result of them I didn't spend time looking at the negatives or sitting in the pity pit, they gave me the faith in people and myself and the courage to change things"

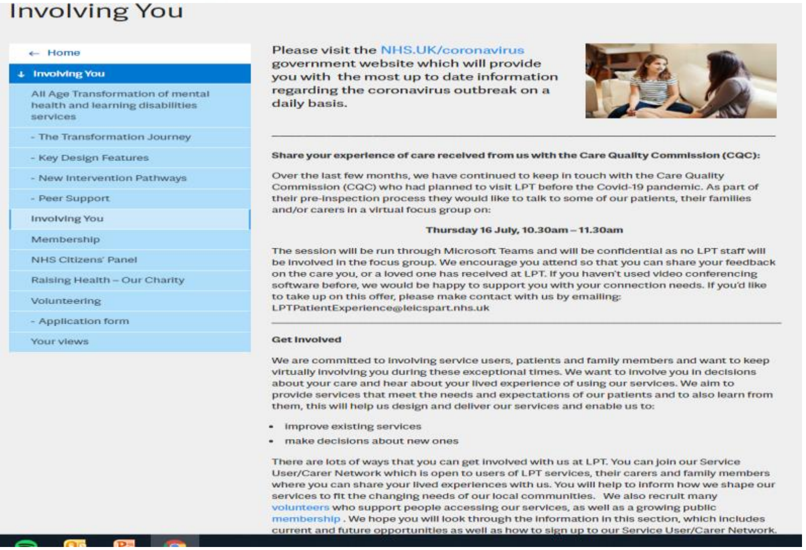
Service user/carer network member

"It felt like someone cares. The calls have been useful and important to me. The virtual walk helped me to calm down and I could do my shopping and collect my medication as having someone on the phone talking to me whilst I walked made me felt less anxious"

Service user/carer network member

Patient Involvement

NHS
Leicestershire Partnership
NHS Trust



Involving You

Please visit the NHS.UK/coronavirus government website which will provide you with the most up to date information regarding the coronavirus outbreak on a daily basis.

Share your experience of care received from us with the Care Quality Commission (CQC):

Over the last few months, we have continued to keep in touch with the Care Quality Commission (CQC) who had planned to visit LPT before the Covid-19 pandemic. As part of their pre-inspection process they would like to talk to some of our patients, their families and/or carers in a virtual focus group on:

Thursday 16 July, 10.30am – 11.30am

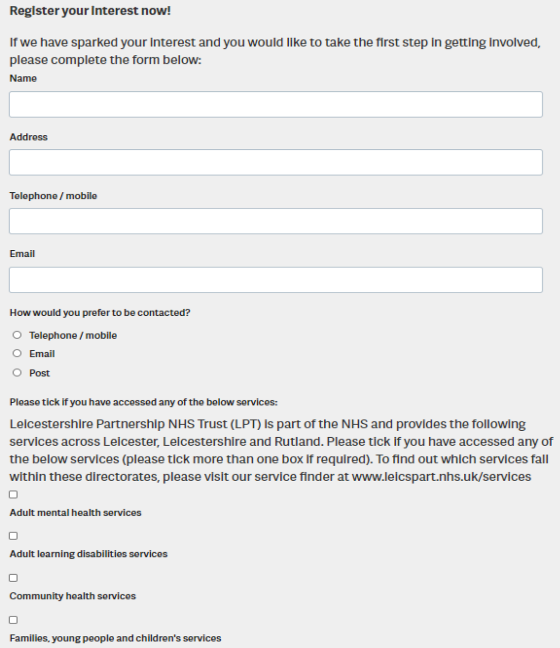
The session will be run through Microsoft Teams and will be confidential as no LPT staff will be involved in the focus group. We encourage you attend so that you can share your feedback on the care you, or a loved one has received at LPT. If you haven't used video conferencing software before, we would be happy to support you with your connection needs. If you'd like to take up on this offer, please make contact with us by emailing: LPTPatientExperience@leicspart.nhs.uk

Get involved

We are committed to involving service users, patients and family members and want to keep virtually involving you during these exceptional times. We want to involve you in decisions about your care and hear about your lived experience of using our services. We aim to provide services that meet the needs and expectations of our patients and to also learn from them, this will help us design and deliver our services and enable us to:

- improve existing services
- make decisions about new ones

There are lots of ways that you can get involved with us at LPT. You can join our Service User/Carer Network which is open to users of LPT services, their carers and family members where you can share your lived experiences with us. You will help to inform how we shape our services to fit the changing needs of our local communities. We also recruit many volunteers who support people accessing our services, as well as a growing public membership . We hope you will look through the information in this section, which includes current and future opportunities as well as how to sign up to our Service User/Carer Network.



Register your interest now!

If we have sparked your interest and you would like to take the first step in getting involved, please complete the form below:

Name

Address

Telephone / mobile

Email

How would you prefer to be contacted?

○ Telephone / mobile
○ Email
○ Post

Please tick if you have accessed any of the below services:

Leicestershire Partnership NHS Trust (LPT) is part of the NHS and provides the following services across Leicester, Leicestershire and Rutland. Please tick if you have accessed any of the below services (please tick more than one box if required). To find out which services fall within these directorates, please visit our service finder at www.leicspart.nhs.uk/services

☐ Adult mental health services

☐ Adult learning disabilities services

☐ Community health services

☐ Families, young people and children's services

Involving You - Website development

Over the last year we have focused on developing our presence on the Trust website.

This work has included the introduction of a online sign up for involvement form where anyone interested in getting involved can sign up and tell us about themselves and their interests.

During the recent Covid 19 pandemic , we have also further developed our webpage in order to continue to grow our service user/carer network by signposting our enquirers to our “Involving you” webpage. We have populated the page to include the Patient Experience and Involvement 3 year delivery plan, information about getting involved and sharing your lived experiences, who can apply and what is in it for you, giving your time from home, involvement opportunities including information about the Patient Leadership Programme, and Peoples Council, as well as links to newsletters, other useful documents, and an online expression of interest form.

In using this approach, we have managed to successfully recruit six new members to the service users and carer network throughout the coronavirus outbreak, taking our total membership to 34.

You can visit the Involving You webpage here:
www.leicspart.nhs.uk/involving-you/involving-you/

Patient Involvement

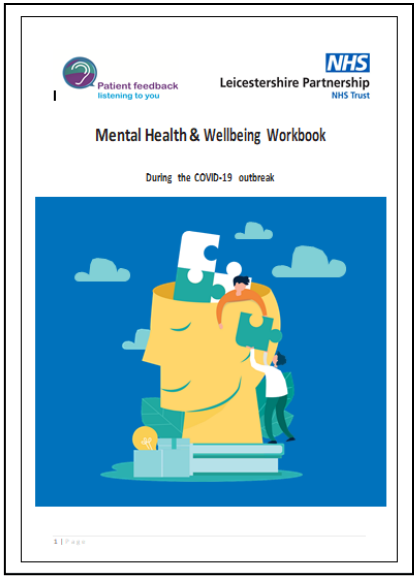
NHS
Leicestershire Partnership
NHS Trust

Service User/Carer Network Virtual Involvement Feedback and Projects During Covid-19

During this period the service user/carer network continued to work with the team, providing feedback on patient facing documentation/staff approaches during the outbreak as well as the branding of a new service. The team also developed working groups in order to co-produce work alongside members of the network, details of these along with the outcomes are displayed in our newsletters. An overview can be found below;

Virtual Working Group – Health & Wellbeing Workbook

The team have been working with a small group of service user/carers network members on the co-creation of a Health and Wellbeing Workbook. We have also had the pleasure of involving one member who has graphic design expertise and supported the development of the workbook front cover. The remaining members are either currently accessing or have recently accessed LPT crisis services over this period, so feel their input in this particular project was invaluable when considering the content and style of information provided. The initial idea was to provide supporting information as well as suggested activities during the Coronavirus outbreak. However we aim to revise the workbook further to be adapted and offered out to newly discharged patients who are reintegrating back into the community setting. The workbook is due to be published shortly.



Patient feedback
listening to you

NHS
Leicestershire Partnership
NHS Trust

Mental Health & Wellbeing Workbook

During the COVID-19 outbreak

Virtual Working Group – Values Based Recruitment Questions & Scenarios

We have also been working with the same group on developing a bank of values based recruitment questions and scenarios based from a patient/carer perspective. This will enable patient voice to be included in recruitment of all members of staff when a service user/carer is unable to be on the panel. Some recruitment questions have started to be suggested by the network members and the working group are co-designing the question bank, and format for these questions along with expectations of how the candidate should respond along with prompts. This work is evidence based and based on good practice, working widely across all levels of staff recruitment and is currently ongoing.

PPE Aprons: We asked our network to feedback on how they felt for front line staff to adopt the approach of using photos of staff on aprons when they are required to wear PPE, when treating patients where Covid-19 is present.
Outcome: Out of the six pieces of feedback received, 100% favoured this approach. Due to infection control issues relating to pictures and name tags, the ICC Centre felt staff would benefit more in writing their name onto PPE equipment as this needed to be frequently changed during each shift. This approach was also taken by other NHS organisations.

CAP service logo: We asked our network to feedback on options set regarding a new logo and name/branding for the new service, along with any new ideas for consideration.
Outcome: Out of the ten pieces of feedback received, six network members favoured the Option 2 brand logo. However issues have been raised relating to the “listening ear” logo, which is currently being revised due to feedback received independently from the deaf and hard of hearing communities.

Telehealth patient experience evaluation questions: We asked our network members as well as the Youth Advisory Board to consider a set of evaluation questions.
Outcome: Out of the nine pieces of feedback received, six service users accessed AMH services, one CHS, one LD and one overall piece of feedback received from the YAB. Samples of the revised survey have been shared with the network via our "involving you" webpage.

Mental Health Survey draft questionnaire: We asked our network to consider a set of draft survey questions with particular focus on the content and suggested questions.
Outcome: Six network members provided feedback. *The team are awaiting feedback from the service involved.*

Health and Wellbeing Workbook cover design: We asked our network to consider three options on a cover design (designed by a member of our service user/carer network)
Outcome: Out of the nine pieces of feedback received, option three was favoured with the caveat that the people illustrated in the design needed to be more diverse and inclusive. This is currently with the network member and Communications team for finalisation.

We asked this group to provide feedback on how they have found their experience working with the PE&I team throughout this time:

"I have felt very involved at all stages of producing the workbook. My voice has been included and any ideas or concerns I have expressed have been taken into account. I feel that the group has worked well together to pool ideas and implement suggestions for the workbook. It has been rewarding to see the document take shape and evolve over the course of the group meetings…I have enjoyed being part of the group as it has given me a purpose and something to focus on during a very difficult and unsettling time. It has also allowed me to make new connections with people I wouldn't otherwise have met."

Service user/carer network member

"It's been a very good experience to co-produce something that will help others to manage their mental health during this Covid19 pandemic. It's been so good too to use some of my skills again, and my insights and experiences of mental illness, and to be valued for all that…I'm delighted to have been a part of it, it's given me a huge sense of worth…It's been an important experience for me, especially as I've been going through a very difficult time health-wise. Thank you so much for inviting me to be a part of this."

Service user/carer network member

What's next, future plans. Continuing to STEP UP to GREAT

As we move into a new year, we know that we are entering a new world of healthcare provision. We know that patient and carer voice and experience will be key to ensuring that our services continue to place patients at the heart of everything we do. Looking back over the last 12 months we are able to reflect on the things we have achieved in partnership with our patients, carers and staff, looking forward we are excited to take this work and build upon it. Our plans to enable us to continue to STEP Up to GREAT Patient Involvement and Experience include:

Relaunch of the Friends and Family Test and implementing our new automated patient feedback system

Increasing the ways in which our patients and carers can share their experiences, utilising SMS text messaging and technologies. We will be launching our 5 patient experience survey questions in line with our FFT and will provide near to real time feedback to services on the experiences of their patients.

Launch our People's Council

The People's Council willbe an advisory body for the Trust made up of individuals with a lived experience of receiving healthcare services from Leicestershire Partnership NHS Trust (LPT), through our Patient and Carer Leaders and Voluntary and Community Sector organisations and groups who work with different communities across Leicester, Leicestershire and Rutland. The People's Council will work with LPT to help to shape our approach to engagement and improving patient experience by advising on the best ways to reach the communities and individuals and to feedback and review the experience of those who use or who are impacted by the services delivered by LPT.

Launch our Patient and Carer Leadership Programme

The Programme support patients to develop their strategic influencing, leadership and decision-making skills. It will focus on strengthening abilities, knowledge and confidence to drive, design, deliver, improve, review and support change across LPT services.

What’s next, future plans. Continuing to STEP UP to GREAT

Commit to working in partnership with our Commissioners and Acute Care providers across Leicester, Leicestershire and Rutland
To support excellence in service delivery and in partnership with local authorities, the NHS organisations will work together to ensure that patients, the public and our stakeholders are active partners in empowering the collective voice to improve, review, enhance and develop proposed new models of care.

Grow our partnership with our local Healthwatch organisations
Building on the foundations already in place we will work towards partnership working where we can discuss and share health related organisational engagement and patient experience activity, share business intelligence and insights from engagement and patient experience activity, work together on shared priorities to reduce duplication and avoid engagement fatigue where possible and encourage partnership working opportunities

Virtual working groups
Due to the success of our existing virtual working group, we will to develop this offer further as we have gained more understanding in listening to the needs of our network members who would not normally engage in this type of involvement, but are now able to contribute through this approach

Virtual Recovery and Collaborative Care Planning Café’s
As mentioned previously in this report the Recovery cafes were put on hold due to the current pandemic, they are greatly missed by service users/carers and staff and we are currently exploring how we can deliver these virtually. We have set up a planning group consisting of service users, the Recovery College staff, and staff that were involved in the setting up of the original cafes, in order to truly co-produce the cafes from the beginning. To start with we plan to review the face to face cafes, and conduct a small survey with previous attendees including service users, carers, VCS groups and staff to gain insight and ideas for the virtual cafes, this insight will then inform our planning. We hope the cafes will be a virtual shared space for health professionals and service users to come together, to have collaborative conversations around the recovery concept of CHIME, and for our service users to support in the facilitation of this.