

Public Trust Board 22nd December 2020

Patient and Carer Experience and Involvement (PCEI) Quarterly Report (including Complaints) Quarter 2, 2020/21

Purpose of the report

The Patient Experience Report aims to present a rounded picture of patient experience and, as such, provides information on all aspects of experience, good and less positive. Where poor experience is reported, actions are then taken to ensure improvements are made and featured in future reports.

The reports present a wide range of information from different sources. Including the following:

- Frequent Feedback – comments, enquiries and concerns
- NHS Choices Feedback
- Friends and Family Test (FFT)
- Complaints
- Compliments
- Patient Surveys
- Patient Engagement and Involvement

It is understood that each method of feedback has its strengths and weaknesses. Using all methods of information available enables the Trust to better understand the patient's experience of the services offered and delivered, and is beneficial to help prioritise where to focus efforts on action planning.


Analysis of the issue

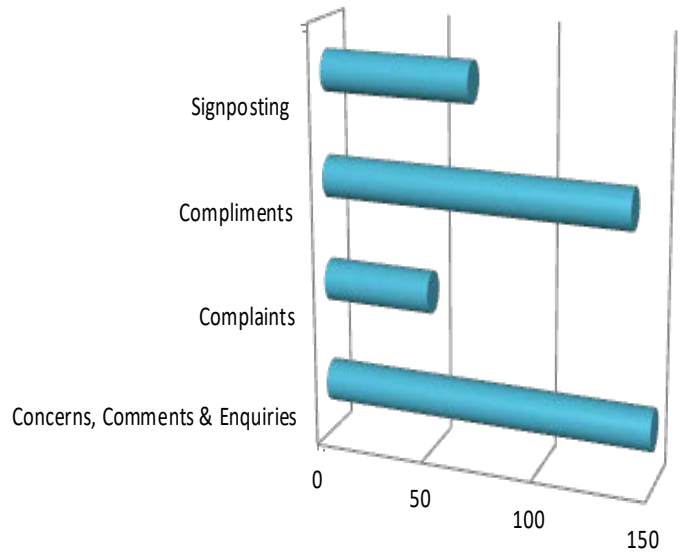
To highlight work taking place Trust-wide to involve and consult with patients and carers and gather feedback on their experiences of our services to ensure robust systems are in place to manage and learn from complaints.

Impact of Covid 19

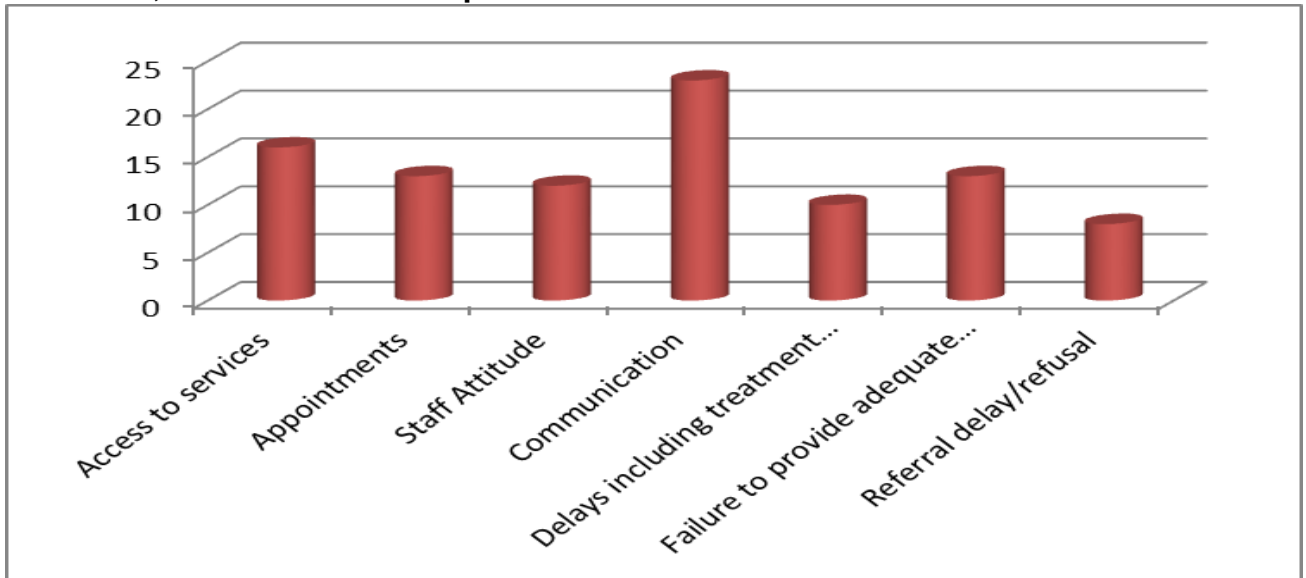
Covid continues to impact the amount of feedback being shared with the Trust in relation to patient experience, concerns and complaints. This is reflected in the figures of feedback received in Quarter 2. The pause on the collection of FFT is still in place during Quarter 2, however work on the implementation continues.

As the reintroduction of services continues there has been a focus on capturing the experience of patients and carers in relation to accessing services using virtual technologies. This report sets out a number of experience surveys which are being collected and the findings being shared and used by services to further inform service provision.

 **Feedback Overview** shows that the Trust received 406 individual pieces of feedback in relation to complaints, comments, enquires, concerns, signposting and compliments. This is compared to 331 in Q1 of 2020/21 and shows an 18% increase. Of these 406 34% (n=139) were to provide positive feedback captured through compliments. The remaining 66% of feedback received related to comments, concerns and enquiries 56%, complaints 18% and the remaining 26% in relation to signposting to services both internal and external to the Trust.



Concerns, Comments and Enquiries



The key themes for patient and carer concerns consistently involve communication with both patients and carers, access to services and staff attitude. In this quarter we have seen an increase in concerns in relation to delays including delays in treatment and in referrals. This may be due to the fact some services are still not running at full capacity and therefore this has had a knock on effect in timeliness of referrals and access the treatment. Below are examples of the concerns received in the quarter 2 in relation to delays, access and communications:

"Mother unhappy with several issues regarding her daughter's care and treatment with CAMHS regarding her referral, medication and errors in a letter the consultant wrote to GP."

"Can you tell me when you will be reopening podiatry services? My mother attended a clinic at Loughborough in early March and was told she needs to return in 3 months. Obviously this was affected by Covid-19. She is in some discomfort and I think her feet are in quite urgent need of attention."

“Patient has a hearing tomorrow and said he cannot attend. He has been trying to speak with ward staff but said they are not listening to him. He wants a manager to go and speak with him about this.”

Concern Themes by directorate

CHS

The majority of concerns in this quarter relate to District Nursing with issues raised about delays or cancelled appointments and the lack of communication with patients when appointments are either delayed or cancelled. There were also issues raised about catheter and pressure ulcer care.

Concerns were also raised about the delay in accessing the continence service.

Mental Health

Communication was the top theme, shared care plans not being sent to GP's
Reviews – patient feeling these were rushed or not explained in proper detail staff attitude – dismissive or rudeness by staff

FYPC

The majority of concerns related to the CAMHS Service with issues raised about accessing the service and appointment delays

Compliments

The number of compliments recorded continued to fall in quarter 2, and as a result represent just over a quarter of the total feedback received in the quarter. The key themes for positive experiences were consistent with those reported previously and include, staff attitude, customer service and care and treatment.

Compliments by directorate

CHS

The majority of compliments received related to palliative care, district nursing and musculoskeletal services.

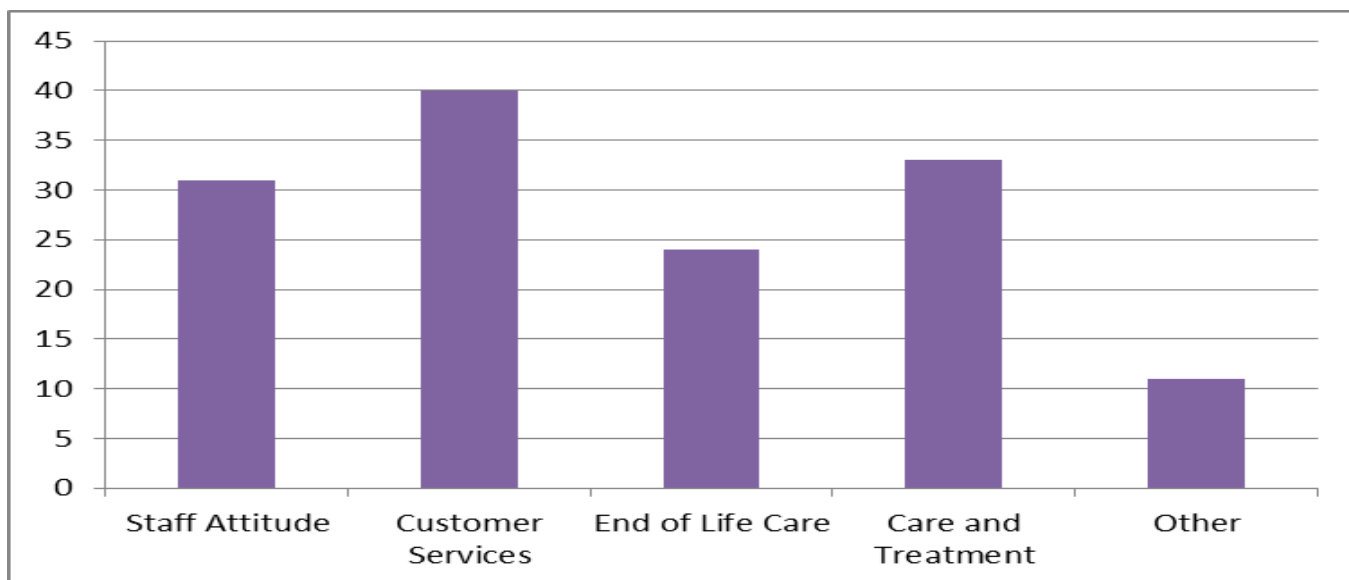
Mental Health

The majority of compliments were in received by Mental Health Services of Older People and Community Mental Health services.

FYPC

The majority of compliments captured were in relation to Learning Disability services with people happy with care and treatment received.

The following graph sets out the categories against compliments were reported:



➔ NHS Choices patient feedback

During the quarter one comment was received via NHS Choices feedback in respect of the Bradgate Unit.

➔ Complaints

In quarter 2, the Complaints Team continued with practice adopted during the onset of the pandemic. Anyone who wished to raise concerns was contacted to discuss their issues in the first instance to see how best we could help and if swift resolution could be achieved. Where more formal means were required, the Complaints Team would fully explain the process and have an initial discussion to seek any expectations from the complaint and how the process could be tailored to the individual so their needs and requirements were at the forefront of our investigation.

The Trust formally registered 49 formal complaints which is a reduction compared to 61 registered in same quarter the previous year and 131 registered in 2018-19. 8 complainants got back in touch with the Trust unhappy with their response which is a reduction compared to 11 in the same period in 2019-20 and appears to be testament to the work the Trust has undertaken to improve the quality of our complaint responses. Further work was undertaken in September to support the development of our complaint responses with a Complaint Clinic. The clinic was facilitated by the Interim Director of Nursing, Quality and AHP's and supported by the Lead Nurse for Patient Safety and Complaints Manager. The Clinic was very well received by staff and a further two dates are scheduled in quarter 3.

At the end of September, the Trust had responded to 76 percent of all complaints within the timeframe which is a significant improvement compared to 39 percent at the same time the previous year. Further work to improve the response rate remains the focus of the Complaints Team in cooperation with each directorate.

In the quarter the Trust did see the Parliamentary and Health Service Ombudsman share their intentions to investigate two complaints. The complaints were cases that were registered by the Trust in October 2017 and April 2019 and had been fully explored through the Trust process. The Trust will support the Parliamentary and Health Service Ombudsman with any of their enquiries and explore any recommendations they may highlight as part of their findings.

Friends and Family Test

The collection of FFT continued to be paused in line with national guidance. Implementation for inpatient services now planned to be completed by end of September 2020 using iPads for collection. Community services planned to come on line during October and November and will be captured using SMS/Text and individual voice messaging. Plans are in line with the national recommencement of FFT collection which will commence with feedback collection commencing in December 2020 and the first data reporting requirements in January 2021. Feedback will also be able to be provided using the Attend Anywhere function. National reporting on FFT will commence in January 2021 with all Trusts required to commence collecting FFT from December 2020.

Patient Involvement

Our service user and carer network continues to grow and we now have over 60 people on the network working with us at various levels of involvement in order to improve services. Thirteen of these network members have joined the Patient Leadership Programme which commenced in September 2020, and will be running weekly over the next three months.

A small group of people from the service user and carer network have worked collaboratively with staff in order to co-produce and design LPT's Mental Health and Wellbeing Workbook. The workbook is aimed at those who maybe struggling throughout this period and to support LPT service users/carers and people in Leicester, Leicestershire and Rutland communities during these exceptional times. The working group hope the workbook provides its readers with helpful distraction activities/practical guidance as well as signposting readers to local and national organisations. <https://www.leicspart.nhs.uk/wp-content/uploads/2020/09/MH-and-Wellbeing-Workbook.pdf>

The involvement team have also developed and launched an Engagement Toolkit in order to support staff when engaging and involving service users, carers and family members in their quality improvement projects. The toolkit can be used to understand the scope and size of a project in order to see how and when to involve, the level of involvement required and via which method. This toolkit has been aligned to the Trusts Quality Improvement agenda, as well as our Involvement Framework to ensure meaningful engagement which is representative of the communities that we serve.

An Improving Access to Psychological Therapies (IAPT) Patient and user on-line workshop was held to engage on the bid for LPT to deliver these services across LLR. The workshop was well attended with 25 participants including voluntary and community sector partners, patients with lived experience of using IAPT services and representatives from both Leicester Universities. The discussion and feedback from the workshop has been used to inform the bid as we well signing up some of the attendees to work continue to work with the Trust if we are to be successful in being awarded the contract.

In September 2020 we launched our People's Council. The first meeting was held on the 16th September. The aim of the People's Council will be to act as an advisory body for the Trust. Membership is 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 Council will be chaired by Mark Farmer from Healthwatch and lay board member.

LPT Youth Advisory Board (YAB)

YAB are continuing to meet virtually each week on Tuesdays at 5pm via Microsoft TEAMS.

A further new member joined YAB this month this young person is currently a looked after child and was referred to the group by a staff member at LPT.

YAB have developed a recruitment poster which has been shared across the trust, on social media and within waiting areas at bases as applicable.

Due to high demand for the group the group on request have also developed a brief request tool for those attending meetings to complete, this will support managing the expectation of the attendee and YAB.

This month the group have met with Health Watch and reviewed the report into CAMHS services, the group have explored links/awareness of the LPT Peoples council and spent time reviewing and supporting SALT services with feedback, the Beacon project and CAMHS services.

YAB continue to provide virtual feedback to any service developments and patient facing information throughout the week.

Engagement continues as part of the development of the Beacon Project, this has involved planning of the Beacon video tours and children and young people's involvement of this is underway along with filming, photography and communications for the new ward. YAB have been involved in the Beacon logo design along with children and young people on the ward.

Inpatient Bosworth Ward Focus session – A Focus group with current inpatients took place on Wednesday 16th September, this session explored the views and experiences of current patients around their care, voice and other topics. The embedded document presents the feedback and views of this session. The feedback from this will need to be embedded in improvements, planning and design moving forward. A letter has been sent to inpatients to summarise their views, and acknowledge what we will do with this information.



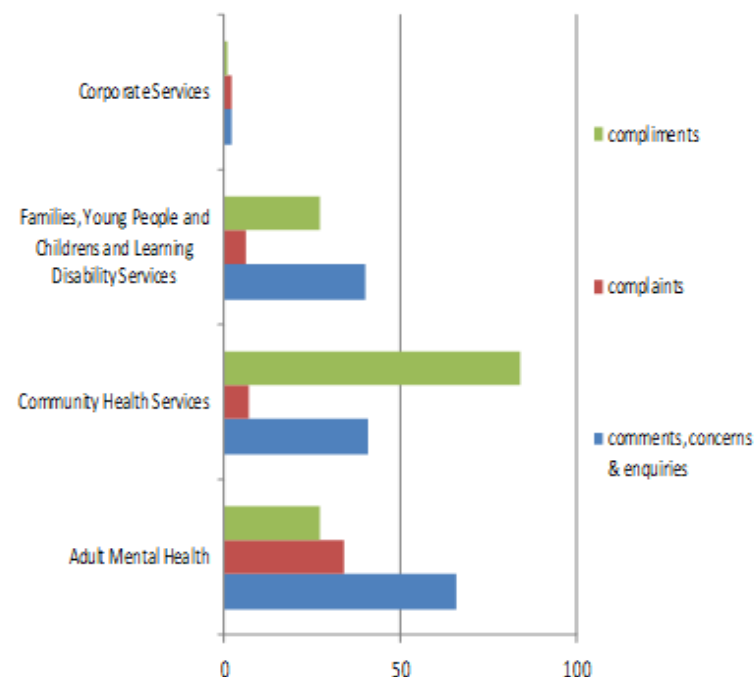
Evaluating the impact of Covid

Patient Experience Team are continuing to carry out patient interviews in relation to experiences of using online and virtual technologies. To date over 120 interviews have been undertaken and a report on the findings so far has been written. Feedback on online appointments is extremely positive from those who have taken part, mainly from service users of Children's and Families Services. The interim report is attached as appendix one.

Directorate Feedback Breakdown Individual Feedback Received Across All Directorates

		Complaints	Concerns	
Directorate of Adult Mental Health	ADHD Service	1	5	
	CMHT's City	5	14	
	CMHT's County	15	10	
	Crisis Services	4	5	
	Central Access Point	1	1	
	Mental Health Urgent Care Hub	1	6	
	Inpatient Wards	5	12	
	Bradgate Unit Outpatients		1	
	ECT Suite		1	
	Francis Dixon Lodge		3	
	Medical Psychology		1	
	MHSOP CMHT City		1	
	MHSOP CMHT County	1	2	
	Perinatal Mental Health		1	
	Prison In Reach		1	
	PIER (MVHSCC)		1	
	Liaison Psychology	1		
	Psycho Oncology		1	
	Community Health Services	Inpatient Wards	2	3
		District Nursing – City		10
District Nursing – County		2	10	
District Nursing – Wards			5	
Community Therapies - City			1	
Community Therapies – County		1	1	
Continence Services – City			4	
Continence Services – County			1	
Podiatry Services – City			2	
Podiatry Services – County		1	2	
SPA			2	
MSK Physiotherapy (LH)		1		
CAMHS – Bosworth Ward		1	2	
CAMHS – County (VC)		2	9	
Families, Children and Young People and Learning Disabilities Services		CAMHS Crisis		3
	CAMHS Eating Disorders		1	
	CAMHS Learning Disabilities		3	
	Audiology		1	
	Children's Therapies		7	
	Eating Disorders Outpatients		2	
	LD Psychology	1		
	LD Speech and Language		1	
	LD Inpatients		2	
	Nutrition and Dietetics	2	1	
	Healthy Together		7	
	Diana Service – City		1	
	Corporate Services	2	1	
	Signposting		1	

During Q2 266 comments, concerns, complaints and enquiries were received which resulted in 66% of all feedback. The table opposite provides a breakdown of feedback against each directorate and service. 34% of feedback was in the form of compliments. The graph sets out all feedback received against each directorate:



Complaints Activity for Q2 – 1 July – 30 September 2020

	Q1	Jul 2020	Aug 2020	Sept 2020	Total Q2	Total 20/21
Mental Health Service	14	15	7	11	34	48
Community Health Services	11	1	2	5	8	19
Families, Young People and Children & LD	8	2	3	1	6	14
Finance, Business and Enabling	0	0	1	1	2	2
Total Received	33	18	13	18	49	82
Complaints vs Patient Activity (Complaints Rate as a %)*	0.03	0.03	0.03	0.03	0.03	0.03
% of complaints acknowledged within three working days	92	100	100	89	96	94
Number of complaints responded to within the timeframe****	25	13	9	1	23	48
Number of complaints responded to in 25 working days	7	8	6	1	15	22
Number of complaints responded to in a date agreed with the complainant	18	5	3	0	8	26
Number under investigation at the end of the Quarter	2	0	2	15	17	19
% of complaints responded to within the date agreed with the complainant ****	81	72	82	33	72	76
Number of complaints upheld or partly upheld in quarter	25	13	6	3	22	47
Number of complaints ongoing after 3 months**	6	7	5	4	4	
Number of complaints ongoing after 6 months***	1	1	1	0	0	
Number of reopened complaints	7	2	4	2	4	4
Number of complaints formally investigated by the PHSO	0	1	1	0	2	2
Number of complaints upheld or partly upheld by the PHSO	0	0	0	0	0	0

* Patients attended and seen

** Complaints ongoing after 3 months at the end of Q2

*** Complaints ongoing after 6 months at the end of Q2. These do not include those complaints included in the ongoing after 3 months section.

**** Position statement as responses may still be under investigation.

Decision required

The Trust Board is recommended to:-

- Receive assurance that work is being undertaken to improve how the Trust hears the voices and improves the experience of those who use our services, and their carers.
- Receive assurance that robust systems and processes are in place to ensure that complaints are being managed effectively in accordance with both the Trust and regulatory requirements.

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Anne Scott	
Paper authored by:	Alison Kirk	
Date submitted:	15 th December 2020	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Quality Forum	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	High	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Quarterly	
STEP up to GREAT strategic alignment*:	High Standards	x
	Transformation	
	Environments	
	Patient Involvement	x
	Well Governed	
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	x
	Trustwide Quality Improvement	x
Organisational Risk Register considerations:	List risk number and title of risk	1, 2, 3
Is the decision required consistent with LPT's risk appetite:	NA	
False and misleading information (FOMI) considerations:	NA	
Positive confirmation that the content does not risk the safety of patients or the public	Y	
Equality considerations:	NA	