

Public Trust Board 31 August 2021

Patient and Carer Experience and Involvement (PCEI) Quarterly Report (including Complaints) Quarter 1, 2021/22

Purpose of the report

- To provide an overview and update of the various aspects of the Patient Experience and Involvement teams work.
- To provide an overview and update on the complaints activity for quarter 4.
- To provide assurance to the Quality forum.

Analysis of the issue

The Patient Experience and Involvement 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.

Complaints and Patient Advice and Liaison Service [PALS]

Overview

In quarter 1, the Trust formally registered 54 complaints in total, which is an increase compared to 33 registered in the same period last year and 51 in the previous quarter. 12 complainants got back in touch to raise outstanding concerns compared to 7 in the same period last year.

During quarter 4 of last year, the Trust made a carefully considered decision in light of the ongoing pressures on the services as a result of the Covid-19 pandemic, to extend its investigation timeframes from 25 working days to 45 working days or a date agreed with the complainant. This extension has continued into quarter 1 of 2021/2022 and the Complaints Team have continued to work with anyone wishing to raise concerns to try and seek informal resolution in the first instance and, where this was not possible, their concerns were formally registered.

Due to the extension of investigation timeframes for complaints, we have noted that there are a majority of complaints logged in the first quarter, which are still under investigation and are therefore being carried into the next quarter's figures. Quarter 1 has also seen an increase in multi-agency complaints, however, we are aware that all agencies do not have the same timeframes as LPT and therefore the management of these complaints requires good communication amongst all parties involved, to ensure we get our responses to complainants, without unnecessary delays.

There has also been a significant increase in re-opened complaints during quarter 1, which has been reviewed by the Senior Complaints Officer and is being monitored for any trends, however, we are in regular weekly contact with each directorate to ensure they can bring any pressing issues to our attention and we can provide responses to any concerns they may have.

Complaints Activity Data – April 2021 – June 2021

Key Performance Indicator	Q1 21/22	Q4 20/21
% of complaints acknowledged within three working days	94%	94%
% of complaints responded to within the date agreed with the complainant	100%	58%
Number of complaints upheld or partly upheld in quarter	7	7
Number of reopened complaints	12	7
Number of complaints formally investigated by the PHSO	0	0
Number of complaints upheld or partly upheld by the PHSO	0	0

The Complaints Team are continuing their pilot of front end Ulysses with the Directorate of Mental Health and those with current front end access, can view their directorates' complaints, view their directorate data in graph form and add notes/communications to each complaint. Our aim is to have all directorates providing updates throughout the investigation process via front end by the end of quarter 3, when a new Complaints and PALS Manager is in post. A view of front end Ulysses has been provided to all three directorates and the general consensus is that the system will make not only the complaints process run more efficiently but also provide the data needed for risk and clinical governance reporting in a more user friendly way.

The Complaints Review Group, under the new leadership of Dr Anne Scott, Director of Nursing, Quality and AHP's met during the quarter. The group has reviewed and updated their terms of reference to ensure that there is clinical oversight of complaints within directorates through the Heads/Deputy Heads of Nursing. There is now also attendance by pharmacy to ensure oversight from a prescribing perspective.

Recruitment to the new Complaints and PALS Manger role commenced in the quarter. The new role is a clinical role and aims to provide a higher clinical oversight in the triaging and management of concerns and complaints. The role has been advertised as a 12 month secondment in the first instance to test the approach.

In the quarter 51 complaints were dealt with as informal concerns, this equates to 50% of all contacts that came through the to the complaints team.

The number of PALS contacts received in Q1 were 200, this is an 8% increase on the numbers received in Q4 (166), however the number of concerns, comments and enquiries received is line with the number received in Q3 (153).

The key themes for concerns and complaints received in the quarter were in relation to Communications (59); Access to services and appointments (46); Discharge from services (26) and Failure to provide adequate care (26).

The highest number of concerns and complaints received was within Adult Mental Health Directorate at 103. The main service area where concerns were received within this directorate related to Community Mental Health Services, this is consistent with Q4 for 2020/21 and focused on, ADHD Service (8) and Community Mental Health Teams (46). The number of concerns and complaints in relation to inpatient wards remained the same as Q4 with 19 but there was a small reduction in the numbers received in relation to the Central Access down to 9 from 13.

Community Health Services Directorate received 56 concerns and complaints which is a rise of 57% compared to Q4 but is similar to those seen in Q3 (57). Main service areas where concerns and complaints were raised within the directorate related to Community District Nursing Services (18) which is similar to Q4 and 16 concerns and complaints in relation to inpatient wards.

For Families, Children, Young People and Learning Disabilities the total number of concerns received was 71 which like CHS is an increase of 49% compared to Q4. 20 concerns related to CAMHS Services, both community services (18) and inpatient and crisis services (4), medical paediatrics also saw a large increase in both concerns and complaints with 14 received in the quarter.

12 concerns were received were in relation to Quality and Professional Practice with a breakdown of 9 concerns received in relation to the PALS Team and 2 in relation to Covid 19 and 1 relating to patient safety.

5 MP enquiries were received in the quarter.

The increase in the number of concerns and complaints could be attributed to the continued removal of Covid 19 restrictions. This will be monitored over the next two quarters.

During the quarter the PALS Team also managed 104 signposting requests. These included signposting to other local NHS services and support within primary and the acute care providers. 171 compliments were logged by services onto the Customer Service Platform; this is a similar number to those logged in Q4. Of those reported 101 related to Community Health Services, 24 from Families, Children and Young People's and Learning Disability Services and 44 from Mental Health Services and 2 for corporate services.

Activity data – 1 April 2021 – 30 June 2021

	PALS concerns	Complaints	Compliments
Number	188	54	171
Top 3 Themes	<ul style="list-style-type: none"> • Communications • Access to Services/Apps • Discharge 	<ul style="list-style-type: none"> • Patient Care • Communications • Access to Service/Apps 	<ul style="list-style-type: none"> • Staff Attitude • Customer Service • End of Life Care

Good news story

During the quarter 51 complaints were managed through the informal concerns process. This is 50% of all initial complaints that were received into the Trust. When a complaint or concern is received into the Team the first action taken is to speak with the complainant and to provide them with a range of options as to how their concerns can be managed. This approach continues to have a positive impact on the number of formal complaints that are managed informally which provide a quicker and less formal approach to responding to concerns and provides a better experience for the individual. All complainants are offered the option to progress their concerns through the complaints route if they are not satisfied with their informal concern response.

Keys areas of concern

Risks	Mitigations
Complaints Manager post currently vacant following the post holder leavening in June 2021. This reduced capacity in the team has meant that the Quality Improvement activities set out for Q1 have not been fully met.	<ul style="list-style-type: none"> Review of the job role and requirements resulting in a new PALs and Complaints Manager Post Offer of a 12 month secondment for the post advertised

Assurance

- The Complaints and PALS work reports into Quality Forum, Quality Assurance Committee and Trust board for assurance.

Friends and Family Test

Overview

The focus over Q1 has been on the collection FFT data using the new mandatory questions and response ratings. Services have agreed their preferred options on how they want to collect data e.g. SMS Text or using our iPads. In quarter 1 we have achieved the targets set out in the Quality Account:

-  40% of all community-based services implementing the new FFT system (80% achieved)
-  100% of all inpatient services implementing the new FFT system

The Trust achieved a response rate of 9% with a recommendation score of 83%.

As a result of the Trust receiving more responses using the SMS system this has resulted in a better balance of feedback where patients are reporting both positive and negative experiences. There is a good mix of both positive and negative feedback too, which again is different to the predominately positive feedback received using the previous approach of handing out cards. This has removed the bias and was agreed by the group provides services with much richer feedback which then can use as part of the 'you said, we did' when making improvements and acting on feedback.

The first FFT Newsletter has also been launched in the quarter. The newsletter provides information on tips and tools for services to use whilst reviewing their patient experience feedback which includes training and support.

FAQ's and drop in sessions have been established and are available to teams who may be interested in attending, these will cover an overview of the new system, how to extract and review data and will cover any questions that services may have.

Promotional posters have been distributed to all services both within the community and inpatient areas and include easy read posters.

Following feedback a review of the text message used within learning disabilities has been undertaken and changes have been made to ensure that this is now accessible for those service users with a learning disability.

Key Areas of concern

There are no key areas of concern for Friends and Family Test

Assurance

- The FFT Work reports into the Patient and Carer Experience Group, Quality Forum, Quality Assurance Committee and Trust board for assurance.

Patient and Carer Involvement

Overview

Patient and Carer Leaders have now been recruited to the membership of the Patient and Carer Experience Group and the EDI Patient Experience and Involvement Group.

The first Walk and Talk involvement sessions took place in the quarter. This is an opportunity for a small numbers of the involvement network to come together for a walk and to talk about involvement opportunities as well as being an opportunity to have a face to face connection with each other. All walks comply with the current Covid 19 regulations and future walks are planned as lockdown restrictions are released.

Involvement in Quality Improvement

Work is progressing in relation to involving service users and carers in quality improvement projects. Using the Engagement Planning Toolkit and in partnership with a patient leader, projects are reviewed and matched with either insight or involvement opportunities/ resources. To date **50 projects** have some element of involvement or insight identified and matched. In addition to this, and to support staff in relation to involvement, a new QI for Involvement in a Box has been launched. The one hour session has been co-designed and is co-delivered with a service user and is available to staff either through bespoke delivery or booking through ULearn

Quality Improvement case study

Are stroke survivors adequately prepared for discharge? – a co-designed quality improvement project to inform service delivery

Introduction: Current research informs us that comprehensive discharge planning is important for successful transitions from hospital to home after stroke. However, many hospitals do not collect qualitative data informing them of patients/relative's experiences of the discharge process. A recent evaluation of the Stroke Association Connect service also noted that almost 1 in 5 people had a safety concern identified post discharge. These concerns mostly related to follow up plans, medication and managing at home.

The aim of this project was to work collaboratively with stroke survivors, families and the wider multi-disciplinary team to co-design a questionnaire identifying the right questions to ask stroke

survivors/families about their recent discharge experience. The data gathered will be used to facilitate a robust clinically focused review of services to enable improvements through service development.

Methodology: Quality Improvement methodology was used with the model for improvement running 2 main PDSA cycles. The first cycle centered on the co-design of a questionnaire with stroke survivors, families, and staff to identify the right questions to be asked. The second cycle centered on the implementation of the questionnaire, gathering important feedback about when to administer the questionnaire and how the questionnaire was to be delivered.

Results: These will be collected on a system call Envoy which is a database able to produce live reports. These reports will be formally shared on a quarterly basis to provide system-wide feedback across the whole stroke pathway.

Conclusion: It is anticipated that implementation of a co-designed questionnaire will increase both the quantity and quality of feedback received on patients/relative's discharge experiences which will provide qualitative data from which to inform service delivery.

Involvement in Adult Mental Health

Work during the quarter has been focused on supporting to Step up to Great Mental Health consultation. The consultation which runs from 24 May to 15 August 2021 is being led by the CCG with support from the Trust. The Trust is also using this consultation to sign up participants for future involvement work with this Trust.

A small group of service users have been recruited and trained to support the Transformation Team on Mental Health Practitioner roles to help with recruitment. This has involved creating interview questions as well as taking part in recruitment panels.

Introduction to Involvement sessions will be delivered through the Recovery College and will offer the opportunity for service users to sign up for involvement and take part in Recovery Cafes as part of their own recovery

Involvement in Community Health Services

The Single Point of Access Team (SPA) has made improvements to the telephone options following feedback from patients and carers. This has resulted in a reduction in the number options provided, making selection much easier for the caller.

The directorate held their first Equality Diversity and Inclusion group. The aim of the group is to increase Patient Experience and Involvement champions.

The NHSX (digital arm of NHSE) case study has been completed around Digital Pathways with a focus on staff voice and patient voice. This involves two empowering stories about care/reassurance during Covid. The completed case study has been published at national level. NHSX podcast to be published soon

Involvement in Families, Children and Young People and Learning Disabilities

CAMHS

Conversations with Leicester's LGBT centre continue, based on service user feedback a proposal for training provided by the centre is being developed.

Beacon

Patient Focus group session was held as part of a rolling 7 week cycle of sessions.

Asperger Diagnostic Service

Patient feedback survey created to support potential name change for current service. Survey created to understand the views of services users diagnosed with autism currently. Survey will be sent via SMS to inform of service re-name and preferred options choices. Feedback and engagement from wider community groups will also contribute to this decision.

Mental Health in Schools Team (MHST)

Engagement plan and YAB involvement with levels of MHST underway, meetings have taken place to support moving forward on the proposed levels of involvement and engagement of CYP across the programme. Youth Advisory Board to be part of wave 5 recruitment interviews.

0-19 Healthy Together

Leicestershire County Council has developed the public engagement on Health Together services via an online survey for service users, families and professionals. Surveys currently being developed for views from families on 2 years reviews and Attend Anywhere appointments are underway within the Healthy Together Team.

SEND Transitions

Leicester Carers centre support group feedback around transitions within LLR, transitions lead attended group session to discuss journey and pathways with parents/carers. Involvement opportunities shared with Leicester and Leicestershire SEND Parent/carer forums hubs.

Learning Disabilities Agnes Unit

Inpatients continue to work alongside community teams in establishing FFT format, to aid with patients understand of this questionnaire.

Agnes Unit will be participating in the Trust wide independent review of nutrition. This is currently being set up by Helen Walton following feedback on patient meals across LPT In-patient and UHL services.

Learning Disabilities QIP Update

Through the carer survey, we have recruited 5 new engagement partners who are on the Trust involvement register.

The LD Speech and language therapists have all been trained in the Easy read Training package which includes Widgit; the training will be cascaded to teams in June along with access to Widgit online. Licences have been sent to team admin staff.

Friends and Family Test: The LD hierarchy has been agreed, and 6 iPad Pilot sites have been identified. The iPad format of FFT has been designed based on what people with learning disability told us and questions prioritised by the senior leadership team. When the iPads are ready to use, there will be training for the pilot site staff. SMS has been paused temporarily whilst the S1 data integrity paused. We will be co-designing a FFT freepost returnable card with people with a learning disability.

Adult Eating Disorders

Envoy is now being used for inpatient and outpatient experience questionnaires.

Patients and carers have provided input to the Quality Network for Eating Disorders (QED) as part of our outpatient service accreditation process. We have sought involvement from past inpatients, day

patients and their families/carers to be part of a working party looking at models of care as part of the East Midlands Provider Collaborative and have had a great response

We have initiated a Carers newsletter for patients on Langley Ward and are seeking their involvement in suggesting topics for future issues

The annual report of patient experience on Langley Ward 2020/21 has been produced.

Patient involvement/experience projects proposed for June;

- ADOS service user questionnaire survey feedback
- Healthy Together surveys
- FYPC OT DCD Pathway digital workshop parent/carer involvement
- Rutland Disabled Youth Forum (return visit)

Good news story

Three projects were entered into this year's Patient Experience Network National Awards.

-  LPT Mental Health and Wellbeing Workbook – Category - Support for Care Givers, family and friends
-  Recovery and Collaborative Care Planning Cafés – Category – Strengthening the Foundation
-  Youth Advisory Board – Category - Partnership working to improve the experience

Both the LPT Mental Health and Wellbeing Workbook and the Recovery and Collaborative Care Planning Cafes have been shortlisted in their categories for the awards which will take place in September 2021.

Key areas of concern

There are currently no key areas of concern in relation to Patient and Carer Involvement

Assurance

- The Patient and Carer Involvement work reports into the Patient and Carer Experience Group, Quality Forum, Quality Assurance Committee and Trust board for assurance.

The People's Council

Overview

The work of the Council continues at pace and includes:

-  Agreement of the priorities for the Council for the year, these are Step up to Great Mental Health; Equality, Diversity and Inclusion and Personalisation of Care, the Council will also look at other things but these will be the key focus for the year.
-  Agreement has been made with the Trust Board on a set of principles on how the Council will work with the Trust Board.
-  Both vice-chairs have now been aligned to a Patient/Carer leader member of the Council to provide support and advice as needed.
-  The first People's Council to the Trust Board has been produced. The item was at the beginning of the meeting alongside the patient story and discussion which has meant that

Trust Board meetings have a really strong focus on the patient/carer at the beginning of each meeting which is really powerful. Future reports will also include any risks to involvement which have been identified following a request from the Board members.

- ✚ Marking and branding collateral is being developed for the Council and includes a Twitter account - @lptcouncil and a Facebook account which is being developed.
- ✚ A training needs assessment is being undertaken with Council members to help create individual training and development plans.

LPT Youth Advisory Board (YAB)

YAB continue to meet virtually, each week on MS TEAMS.

Members of YAB offered opportunity to write content for LPT health websites and also to signpost local social media influencers to support promotion of site.

CAMHS OT leads attended a YAB session to seek views on a QI 'Play' project. This return to YAB follows on from involving the group last year in the initial stages of the project. Opportunity for YP to be further involved in the project outside of YAB and to be part of interviews for OT roles, dates offered to the group for June interviews to be involved.

Clare Stuart Modern Matron UHL joined YAB to discuss how UHL are working on making the children hospital wards more environmentally friendly. YP engaged with Clare around ideas that could be implemented to reduce the carbon footprint and gave suggestions for Clare to take forward within UHL. Clare will return to YAB in 2 months- time to report the changes and progression of this work.

2 YAB members continue to be part of the LPT Peoples council, feeding back into the YAB.

Good news story

YAB re-met with Digital content creator Alex Mantle. This follow up meeting with Alex showed the changes that have been made to social media Health for Teens posts after YAB shared ideas/suggestions.

A YAB member has written a short paragraph/article for the Health for Teens site and Public Health colleagues to promote vaccine confidence in YP, having had both Covid-19 vaccines.

Key Areas of concern

Risks	Mitigations
A number of members of the Council have stepped down due to other commitments. This will impact of the diversity of the Council members	<ul style="list-style-type: none">• A review of current membership and recruitment campaign is planned by the Council leadership team and it is hoped that new members will be recruited through this process

Assurance

- The People's Council Work reports into the Patient and Carer Experience Group, Quality Forum, Quality Assurance Committee and Trust board for assurance.

Proposal

- The Trust Board is asked to be assured of the work of the Patient Experience and Involvement Team.
- All risks and mitigations have been set out within **key concerns**.

Decision required

- 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:	Public Trust Board 31.8.21	
Paper sponsored by:	Anne Scott, Director of Nursing, AHPs and Quality	
Paper authored by:	Alison Kirk, Head of Patient Experience and Involvement	
Date submitted:	12 August 2021	
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, 12 th August 2021	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	Assured	
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	regular	
STEP up to GREAT strategic alignment*:	High Standards	X
	Transformation	X
	Environments	
	Patient Involvement	X
	Well Governed	X
	Single Patient Record	
	Equality, Leadership, Culture	X
	Access to Services	
	Trust Wide Quality Improvement	X
Organisational Risk Register considerations:	List risk number and title of risk	N/A
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	yes	
Equality considerations:	considered	

Appendix 1 – Quarter 1 Complaints Breakdown

Complaints Activity for Q1 – 1 April – 30 June 2021

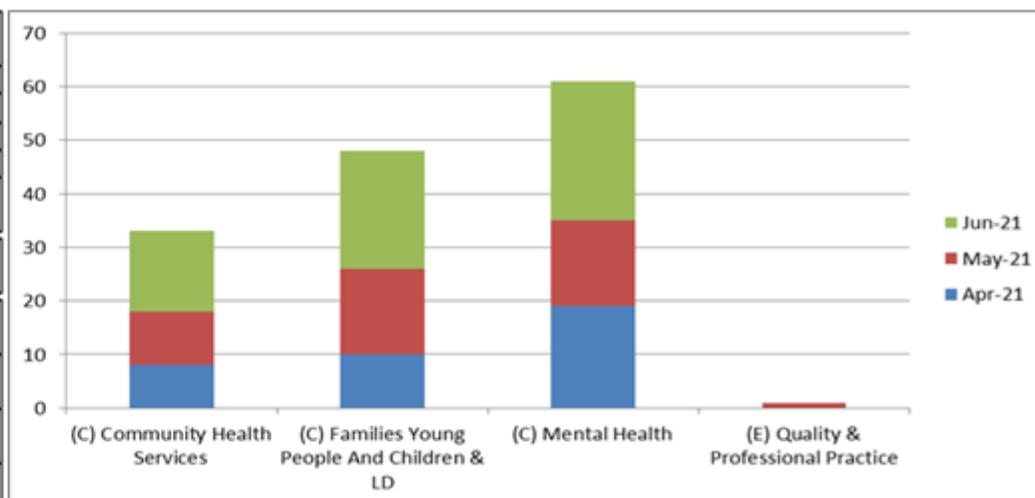
	Apr 2021	May 2021	Jun 2021	Total Q1	Total 21/22
Mental Health Service	5	3	14	22	22
Community Health Services	5	7	8	20	20
Families, Young People and Children & LD	2	5	5	12	12
Total Received	12	15	27	54	54
Complaints vs Patient Activity (Complaints Rate as a %)*	0.02	0.02	0.05	0.05	0.05
% of complaints acknowledged within three working days	83	100	100	94	94
Number of complaints responded to within the date agreed with the complainant****	6	6	1	13	13
Number of complaints responded to in 45 working days	6	6	1	13	13
Number of complaints responded to in a date agreed with the complainant	3	0	0	3	3
Number under investigation at the end of the Quarter	3	9	26	38	38
% of complaints responded to within the date agreed with the complainant ****	100	100	100	100	100
Number of complaints upheld or partly upheld in quarter	2	5	0	7	7
Number of complaints ongoing after 3 months**	3	3	3	3	3
Number of complaints ongoing after 6 months***	0	0	0	0	0
Number of reopened complaints	3	9	3	12	12
Number of complaints formally investigated by the PHSO	0	0	0	0	0
Number of complaints upheld or partly upheld by the PHSO	0	0	0	0	0

*Patients attended and seen

**Complaints ongoing after 3 months at the end of Q1

***Complaints ongoing after 6 months at the end of Q1. These do not include those complaints

Complaints by Directorate for Quarter 1



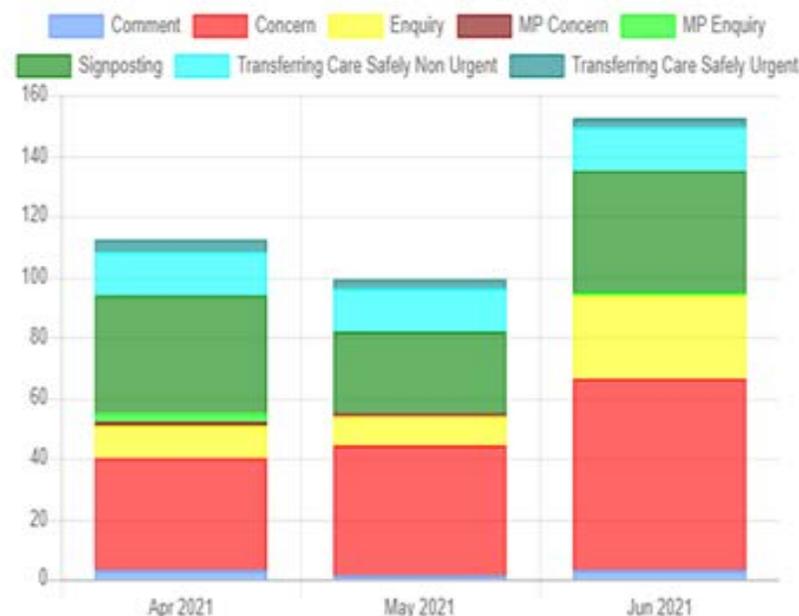
Complaints Received by Top 10 Primary Categories (Quarter)



Complaints and PALS received by Service area:

		Complaints	Concerns	
Directorate of Adult Mental Health	ADHD Service	0	8	
	CMHT's City	1	18	
	CMHT's County	7	20	
	Crisis Resolution Team	2	3	
	Central Access Point	1	8	
	Mental Health Triage	2	0	
	Assertive Outreach	1	1	
	DMH Management Team	0	0	
	Place of Safety	0	0	
	Perinatal Mental Health	0	0	
	Inpatient Wards	5	15	
	Bradgate Outpatients	0	0	
	Dynamic Psychology	0	0	
	Forensic CMHT	0	0	
	Francis Dixon Lodge	0	1	
	CBT	1	0	
	Memory Service East	1	1	
	Mental Health Liaison	0	1	
	Mental Health Urgent Care	0	3	
	Mill Lodge	0	1	
	Pier	0	1	
	MHSOP CMHT County	1	0	
	Community Health Services	District Nursing – City	3	8
		District Nursing – County	1	4
		District Nursing – Wards	2	0
		Community Therapies	2	2
		Community Integrated Neurology	0	2
		SPA	2	1
		SALT – Adult	1	0
		Heart Failure Team	1	0
Phlebotomy		1	0	
MSK Physiotherapy (LH)		0	1	
Podiatry		0	5	
Falls Service		0	1	
Continence		0	3	
Families, Children and Young People and Learning Disabilities		Inpatient Wards	7	9
		CAMHS – City	0	1
		CAMHS Beacon	0	2
		CAMHS – County	4	13
		CAMHS Crisis	0	2
		Children's Therapies	0	2
		FYPC Area 1	1	0
	Healthy Together Administration	0	3	
	Nutrition and Dietetics	0	2	
	FYPC Blaby	0	3	
	FYPC Oadby and Wigston	0	2	
	FYPC Harborough	0	1	
	FYPC Hinckley and Bosworth	0	2	
	FYPC North West Leicestershire	1	2	
	FYPC Melton, Rutland & Harborough	0	1	
	FYPC South Charnwood	0	1	
	Health Visiting for additional needs	1	0	
	LD Psychiatry	1	0	
	Pod 2	0	1	
	Primary mental health team	0	1	
School Immunisations	0	1		
	Paediatrics Medical Servicing	2	12	
	Paediatrics Admin	0	1	
	Paediatrics Phlebotomy	0	1	
	SALT – Children's	2	3	
	Langley Ward	0	1	
Corporate and Enabling	Audiology	0	1	
	Quality and professional practice	0	12	
	Covid 19	0	2	
	PALS	0	9	
	Patient Safety	0	1	

Breakdown of PALS contacts by type for Q1



FFT Responses – April – June 2021

8%
Response Rate

Positive: 82.81%
Negative: 9.70%

Ratings

Response and Ratings by Directorate

	Response Rate	Positive	Negative
Directorate of Mental Health	7%	58%	28%
Community Health Services	9%	89%	5%
Families, Children, Young People & Learning Disabilities	5%	83%	11%

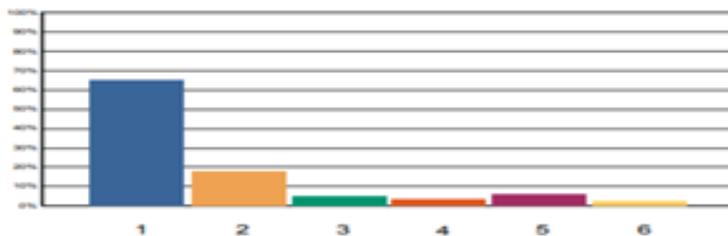
Top 10 Themes

+ Positive		- Negative	
1. Staff attitude	1748	1. Staff attitude	336
2. Implementation of care	1251	2. Implementation of care	272
3. Environment	755	3. Communication	260
4. Communication	606	4. Environment	258
5. Patient Mood/Feeling	519	5. Patient Mood/Feeling	180
6. Clinical Treatment	235	6. Clinical Treatment	144
7. Waiting time	414	7. Waiting time	179
8. Admission	193	8. Admission	78
9. Staffing levels	70	9. Staffing levels	35
10. Catering	61	10. Catering	14

Top 10 Words

+ Positive		- Negative	
1. Good	777	1. Help	122
2. Service	463	2. Call	82
3. Staff	406	3. Time	79
4. Helpful	316	4. Waiting	74
5. Care	290	5. Service	71
6. Excellent	252	6. Phone	71
7. Received	246	7. Feel	63
8. Friendly	232	8. Appointment	62
9. Time	214	9. Care	60
10. Professional	165	10. Face	57

Overall Scores



Response Option	Responses	Percentage
1 - Very good	3,688	64.80%
2 - Good	1,025	18.01%
3 - Neither good nor poor	302	5.31%
4 - Poor	199	3.50%
5 - Very poor	353	6.20%
6 - Don't know	124	2.18%

Breakdown

No Gender Breakdown Available

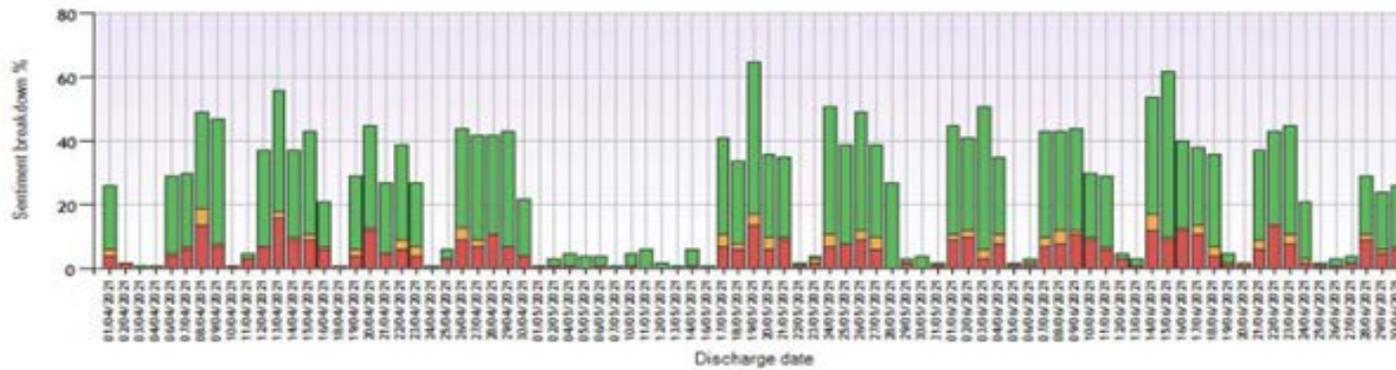
Total Responses

5691

FFT Sentiment Analysis – all Services April – June 2021



Staff Attitude



Implementation of Care

