



Patient feedback  
listening to you



Leicestershire Partnership  
NHS Trust

# Patient Experience and Involvement Annual Report 2020-2021



[www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)

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## Introduction

Welcome to our second Patient Experience and Involvement Annual Report. Through this report we will share with you the work that we have undertaken with our staff, patients and carers in the delivery of our Patient Involvement and Experience Delivery Plan during the year 2020-21.

As we enter the final year of our three year delivery plan we will reflect on the successes we have achieved as well as the challenges brought on as a result of the Covid 19 pandemic.

We would like to thank everyone who has worked with us over the past year: the patients, carers 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 listen to patient, carer 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 us 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'***

## 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.



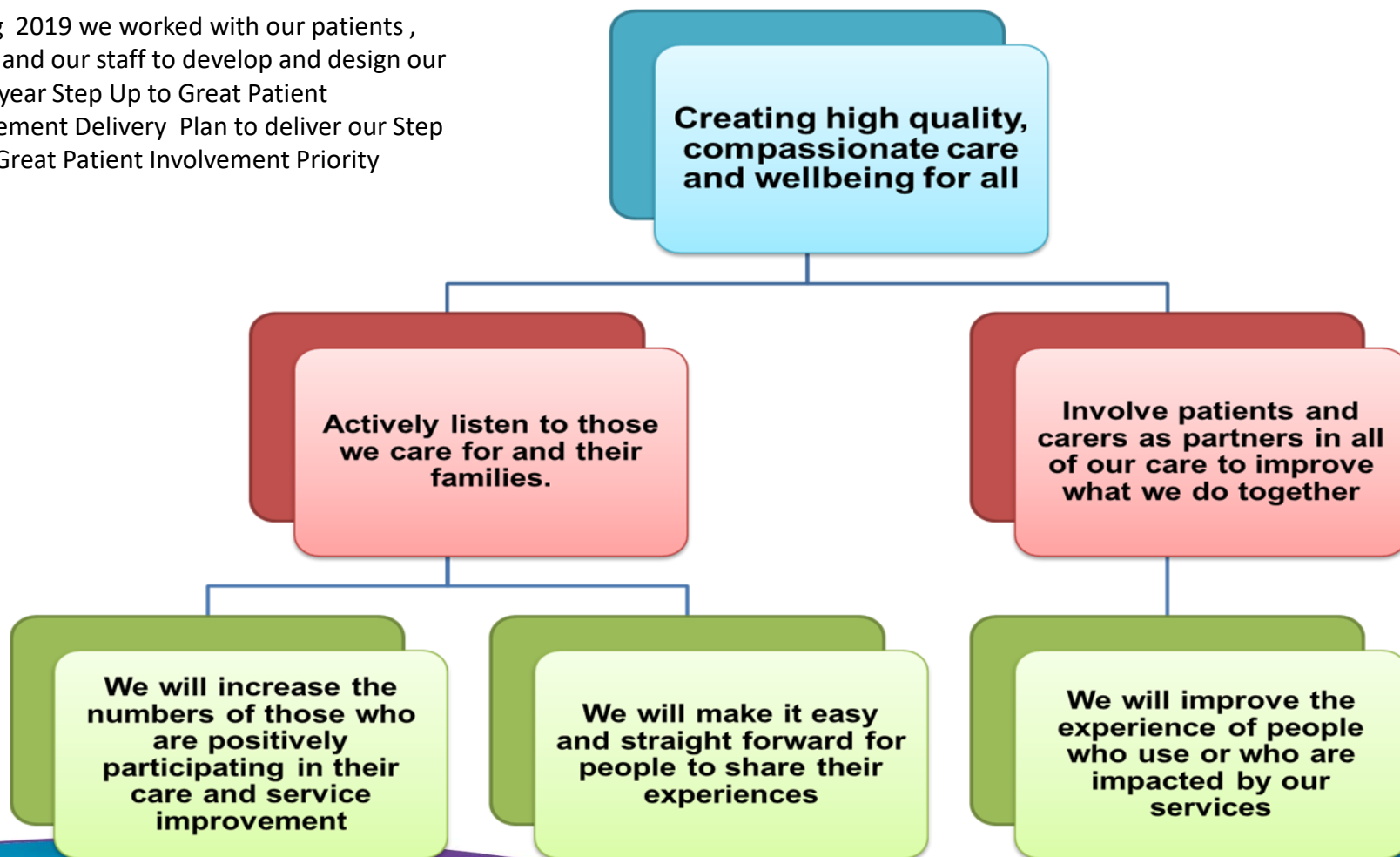
# Patient Involvement 3 Year Delivery Plan

## STEP up to GREAT





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 to deliver our Step up to Great Patient Involvement Priority



## Deliverables in 2020-21

### Priority 1

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

Aim	Outcome & Measurable benefits	Key Deliverables	Delivery against priority
To implement a new Friends and Family Test (FFT) collection system across the Trust	<ul style="list-style-type: none"> <li>Increased patient feedback received</li> <li>improved data for services to review and use for service improvement</li> <li>patients have more ways in which to provide feedback on their experiences of LPT services.</li> </ul>	<ul style="list-style-type: none"> <li>Introduction of iPad for inpatient wards to collect Friends &amp; Family Test (FFT) via digital collection</li> <li>Introduction of SMS/Text and Individual Voice Message (IVM) for community patients (in agreement with directorate/service leads)</li> <li>Introduction of new Envoy survey system for collection of patient experience/feedback via surveys</li> </ul>	<ul style="list-style-type: none"> <li>All inpatient wards collecting FFT feedback via iPads</li> <li>SMS and IVM implemented across 80% of Trust community services</li> <li>Implementation plan in place to deliver FFT to remaining 20% of services (based on patient need/service approach)</li> <li>Envoy system in place and being used across all directorates to capture patient feedback</li> <li><b>Increase of 8% in FFT collection</b> in Quarter 1 in 2021/22 compared to Quarter 1 in 2020/21.</li> </ul>

## Deliverables in 2020-21

### Priority 2

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

Aim	Outcome & Measurable benefits	Key Deliverables	Delivery against priority
Establish a patient involvement framework where we can recruit, support and develop patient and carer involvement across the Trust	<p>More patients will have the opportunity to be involved in decisions about their care</p> <p>Increase in patient and carers involved in Trust service improvement programmes</p>	<ul style="list-style-type: none"> <li>• Develop patient and carer involvement network and recruit to</li> <li>• Establish a Patient and Carer Leadership Programme</li> <li>• Launch the People's Council</li> <li>• Develop training and support programme for staff</li> <li>• Introduction of an engagement planning toolkit</li> </ul>	<ul style="list-style-type: none"> <li>• Patient and Carer Involvement Network <b>established with 130+ members</b></li> <li>• Patient and Carer Leadership Programme delivered with another planned for 2021/22 along with training and development programme</li> <li>• People's Council established and launched with <b>independent chair/leadership team and 15 members</b></li> <li>• QI for Involvement Toolkit launched with training programme for staff</li> </ul>



## Deliverables in 2020-21

### Priority 3

**We will improve the experience of people who use or who are impacted by our services**

Aim	Outcome & Measurable benefits	Key Deliverables	Delivery against priority
To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services.	The Trust will use the experience of patients and carers and the feedback provided through our engagement activities to improve patient experience of those who use or are impacted by our services.	<ul style="list-style-type: none"> <li>To capture the learning from complaints and to share this learning across the Trust</li> <li>To utilise the patient feedback provided through FFT; PALS and engagement and ensure that services have access to feedback in a timely way</li> <li>To support staff to understand their patient experience data and how to use this for quality and service improvement</li> </ul>	<ul style="list-style-type: none"> <li>Complaints satisfaction survey commenced</li> <li>Learning from complaints impacted by Covid 19 pandemic in terms of capacity and resources and national pause in complaints</li> <li>Patient feedback reports routinely provided as part of evidence-base for QI projects and to support services in understanding patient experience</li> <li>Access and training for staff on new Envoy system rolled out with a focus on how to extract and understand feedback</li> </ul>

## How we have responded to the Covid 19 Pandemic

### Priority 1. We will make it easy and straight forward for people to share their experiences

National FFT collection was suspended in March 2020, resumed in September 2020. NHSE suggested looking at other methods of collecting feedback. We introduced local surveys in some service areas during this time to ensure patient experience continued to be collected, this included:

- Virtual Appointments
- Central Access Point
- Mental Health Urgent Care Hub
- Podiatry Service
- Community Nursing Hubs

The Family and Friends Test [FFT] question, “How likely are you to recommend our services to family and friends?” was changed by NHS England in September 2020 to; “Overall, how was your experience of our services?”

National reporting requirements for FFT for Mental Health and Community Trusts commenced in February 2021, with reporting of data collected from December 2020.

All inpatient services were brought online at the beginning of December 2020 and are collecting FFT through an App on iPads allocated to services. By Quarter 4 our FFT response rate had increased to 10% which is an increase of 8% on the average of between 1% and 2.5% compared at this stage in 2019/20. The recommendation rate for the Trust by the end of the year was 88%.



## How we have responded to the Covid 19 Pandemic



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### Priority 2. We will increase the numbers of people who are positively participating in their care and service improvement

In response to the pandemic we moved all of our involvement activities moved to virtual, armchair involvement. Our patient and carers involvement work has continued during the year through adapting our approaches and using digital media and email. This included the introduction of weekly virtual involvement cafes, using both Skype and Microsoft Teams. The virtual cafes were an opportunity for patients and carers to join in discussions and activities in relation to patient engagement

During the year we saw our Patient and Carer Involvement Network membership increase to over 130 members.

Our Patient and Carer Leadership Programme was adapted to an online Programme which saw thirteen patient and carer leaders complete the programme, you can find out more about the Patient Leadership Programme in **Appendix One**.

A small group of people from the service user and carer network worked collaboratively with staff in order to co-produce and design LPT's Mental Health and Wellbeing Workbook. The workbook was aimed at those who maybe struggling throughout the pandemic 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>

We relaunched our monthly virtual Recovery and Collaborative Care Planning Cafes The cafes are a shared space for staff, service users, carers, and VCS groups to come together around the collaborative care planning, and the mental health recovery concept of CHIME (Connectedness, Hope, Identity, Meaning and Empowerment), with each café being themed around a CHIME concept, more information about the virtual café relaunch including quotes from attendees can be found in **Appendix Two**.





## How we have responded to the Covid 19 Pandemic



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### Priority 2. We will increase the numbers of people who are positively participating in their care and service improvement

During October 2020 we worked with a small group of involvement network member to co create a pool of value based questions (focusing on the Trust's values and behaviours) which could be taken forward and used at staff interview panels. Recruitment training has also been launched for service users and carers, and a co-developed approach for involvement in recruitment panels. See **Appendix Three** for further details.



The Patient experience and involvement team has been working collaboratively a patient leader in order to develop an approach involve service users and carer at various levels of quality improvement projects, to proving insight, to co-design and coproduction and the involvement of service users and carers in the project team. See **Appendix Four** for further details.

During this period we have continued to utilise virtual involvement, and have been able to involve patient and carers in the feedback of many projects via email, post and telephone conversations. This has been a great way to involve those that were not previously able to physically attend meetings, and those that do not or cannot attend a virtual meeting. Please see **Appendix Five** for an example of some of these projects.

The Patient Experience and Involvement Newsletters have become invaluable when advertising our involvement activities as well as training/workshops available to our network members We also use the monthly newsletter to provide any outcomes to these activities/feedback and how this has made a positive impact on LPT service development and delivery. We have had an increase in interest from LPT services as well as external partners in advertising different events/activities and support available. Our newsletter now reaches further into our LLR community as demand and distribution has increased over 2020/21. You can find the latest version of our newsletter here; <https://www.leicspart.nhs.uk/wp-content/uploads/2021/08/PEI-Newsletter-2.8.21-final.pdf>



## How we have responded to the Covid 19 Pandemic

### Priority 3. We will improve the experience of people who use or who are impacted by our services

In March 2020 we launched our Message to a Loved One Service. In response to the pandemic our inpatient wards ceased visiting on all wards. In order to ensure that patients were able to stay connected with their families and loved ones the trust provided iPads to all wards to allow Facetime and Skype meetings to take place as well as offering a messaging service between patients and their loved ones.

In response to complaints and concerns the Patient Feedback Team appreciated the importance of communication and maintain regular contact with complainants, to update and explain the current situation and offer reassurance and support where needed. In addition to this any key information and updates on the complaints process was provided through our website and social media platforms

In June we commenced a survey to understand the experience of patients who have had either a telephone or video consultation which were introduced in response to the Covid 19 pandemic. The survey was offered from across a number of services who wished to understand the patient experience of using online appointments. In total 130 survey were conducted using telephone interviews and the feedback from patients and carers were fed back to their respective service areas and to the wider trust to help us understand the impact of virtual appointments and how we can improve how we deliver virtual appointment feedback was encouraging with a majority of participants saying the telephone and online consultations were helpful and made an impact.





## Equality, Diversity and Inclusion in Patient Experience and Involvement



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There is a strong link between patient experience and involvement and equality diversity and inclusion across the organisation. Both teams work closely together to ensure that the Trust hears the views and experience from across all the protected characteristic groups as well as working to ensure that the experience of care of is not affected by someone's characteristic. In addition to the Head of Equality, Diversity and Inclusion being a member of the Trust's Patient and Carer Experience Group there are also two joint organisation-wide groups that bring these areas together.

### Equality, Diversity and Inclusion Patient Experience and Involvement Group

The purpose of the Group is to provide the drive and determination to significantly improve under-representation of the reported experience and involvement opportunities of patients and carers who use or are impacted by the services provided by the Trust. The work of this group is future focused, support the Trust's strategic intent, align to our vision and values and position the workforce to achieve greatness through 'excellence in inclusion'. The Group strives to embed a culture of inclusion, engagement and collaboration, where all staff and patients feel valued and recognised as we Step up to Great as well as acting as a vanguard of equality, diversity and inclusion work, leading the way in fostering innovation and high performance. The membership of the group is made up of representatives from each directorate and is chaired by the Director of Mental Health, and also includes membership from chaplaincy there are three carer leader members also.

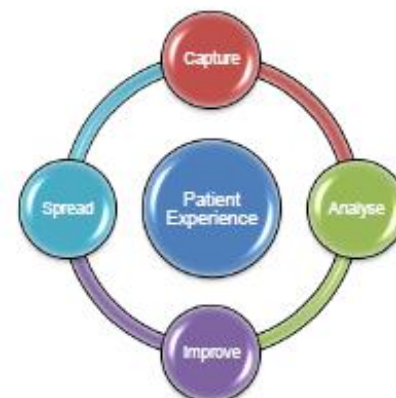
### Inclusive Communications Group

The purpose of this group is to oversee the Trust's implementation and compliance with the Accessible Information Standard, providing practical measures to improve access to information and communication for disabled people and carers accessing Trust services. This group has been responsible for the implementation of the Widgit system which allows staff to access worldwide symbols to support people and help them realise their full potential, and to improve communication and information no matter what their age, ability or background. During 2020-21 over 50 staff were issued with a Widgit licence. During the year translated information was provided in a range of formats and approaches to meet the needs of our service users, these included: translated letters; braille documents; translated workbooks. Languages covered included: BSL, Gujarati, Punjabi, Slovak, Somali, Kurdish as well as braille and spoken interpretation covering over 156 languages.





# Understanding our Patient and Carer Experience



## 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.

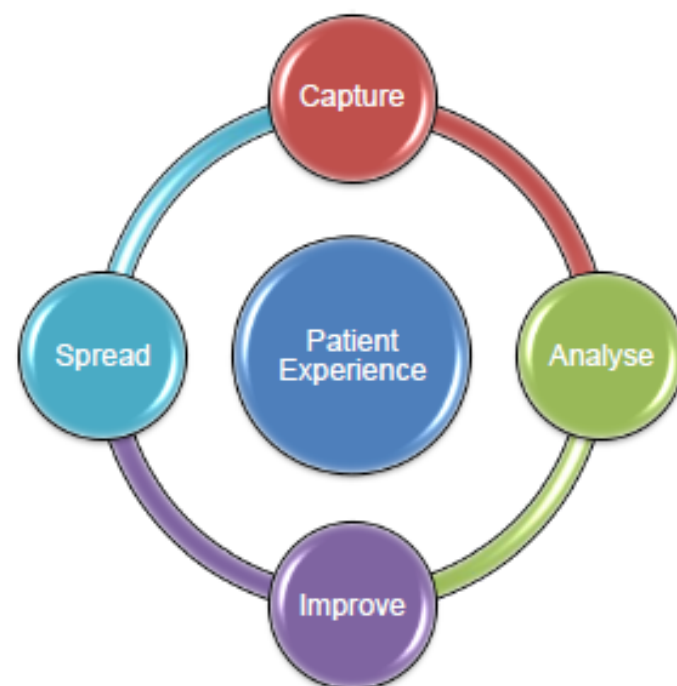
Our approach to capturing and improving patient experience uses the following model.

**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 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



We routinely undertake 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.



## Listening from Board to Ward

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



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, this year the group also saw three Patient Leaders join its membership. This important addition to the meeting provides a unique perspective both in terms of discussion and also through the sharing of lived experience of being a recipient of LPT services.. 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, as with the PCEG Group the EDI group now has three Patient Leader representatives who are also People's Council members join its membership. 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.

## Listening to our Patients and Carers

Between April 2020 and March 2021 the Patient Experience and Involvement Team received 1441 contacts.

Feedback is defined and collated using the following categories:

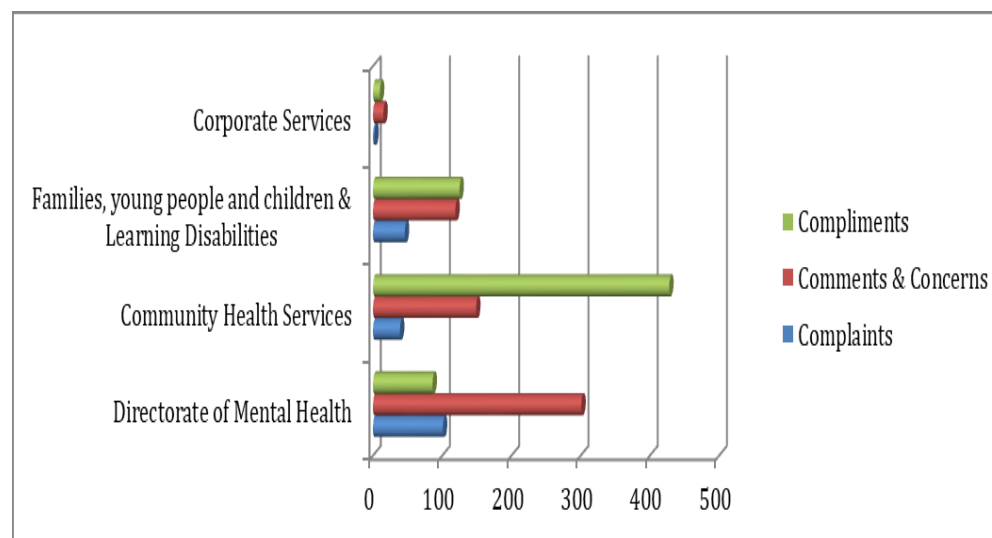
**Complaints:** A complaint is an expression of dissatisfaction about any aspect of the Trust and the services we deliver which requires a formal response.

**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





## What did our patients and carers tell us?

The tables below set out the top three 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 and communication demonstrated dissatisfaction with the rational elements of care e.g. processes and systems that impacted on their care.



Compliment category	Number received	Percentage of overall compliments
Staff Attitude	187	29%
Care & Treatment	160	25%
Customer Service	128	20%

Concern/comment category	Number received	Percentage of overall concern/comment
Communications	129	22%
Patient Care	106	18%
Appointments	77	13%



## Breakdown of monthly Responses for the April 2020 to March 2021

Figure 6. Breakdown of monthly Responses for the April 2020 to March 2021  
\*note due to the onset of Covid 19 FFT was put on pause until Sept 2020 rating

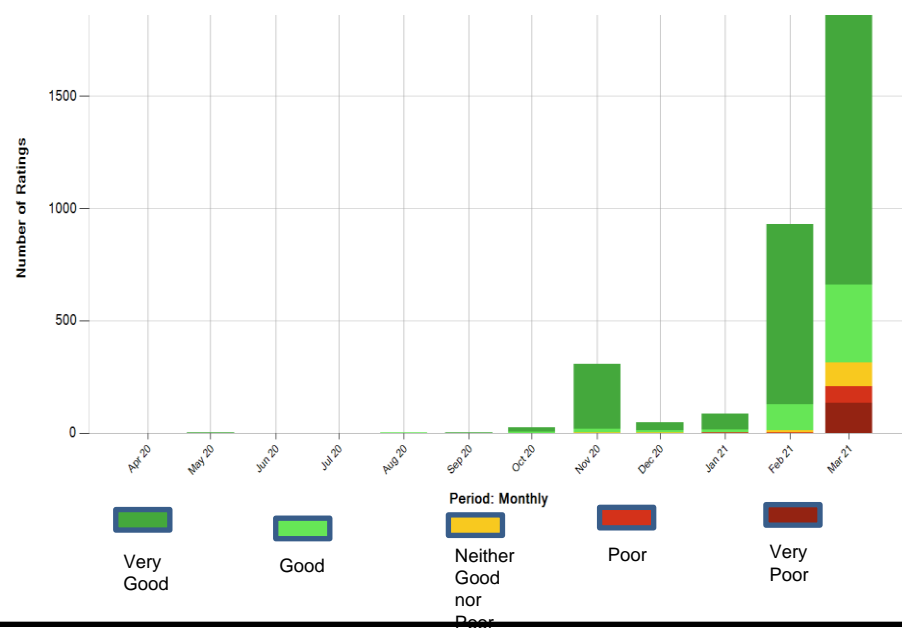
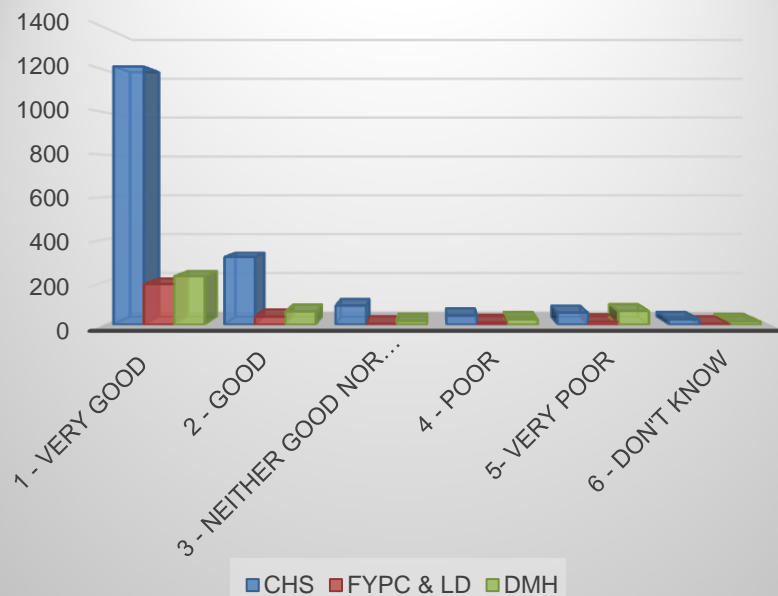


Figure 7. FFT responses for the April 2020 to March 2021 by directorate with new



### Directorate Response Rate



### Breakdown of Directorate Ratings

	Positive	Negative
DMH	70.56%	21.65%
CHS	87.81%	5.67%
FYPC & LD	88.72%	8.95%



## Implementing our new Friends and Family Test System



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The implementation of the new Friends and Family Test system was interrupted due to the Covid 19 pandemic with a complete national pause on collecting feedback via FFT between March and September 2020.

However by December 2020 all inpatient wards were set up to collect their feedback via ward iPads. By the end of Quarter 4 Full roll out of the Friends and Family Test (FFT) SMS/Texting programme had commenced following a data cleanse by our informatics team. This meant that the majority of community services across the Trust commenced their FFT collection through this approach. The **response rate for Q4 was 10%** which is an **increase of 8%** on the average of between 1% and 2.5% compared at this stage in 2019/20.

In January 2021 a Covid 19 vaccination centre was set up at the Peepul Centre to offer members of the public an opportunity to have their vaccination. In order to understand the experience of those having their vaccine we developed a specific FFT survey which was available to those who wished to provide feedback. This was captured through iPads managed by volunteers and posters with a QR code on so that the survey could be accessed online. 998 pieces of feedback were captured between 30 January and 31 March with a satisfaction rate of 99%. The key areas for positive experience were in relation to the efficiency and ease of the vaccination process along with the helpfulness and friendliness of the volunteers and staff at the centre.



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/--1XU3vxlbo>

In January 2021 a mum shared a positive experience of the care her son received from the Children's Occupational Therapy Team during a virtual appointment, you can access the story here; <https://youtu.be/Rhp40-BZUfM>

# Framework for Involvement

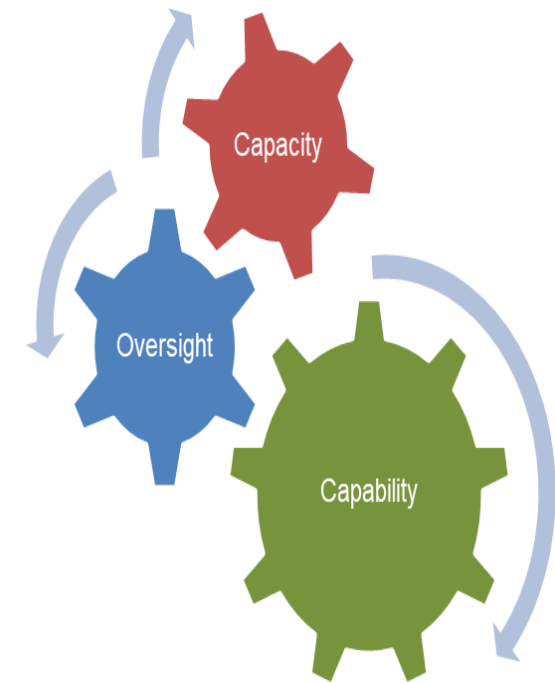


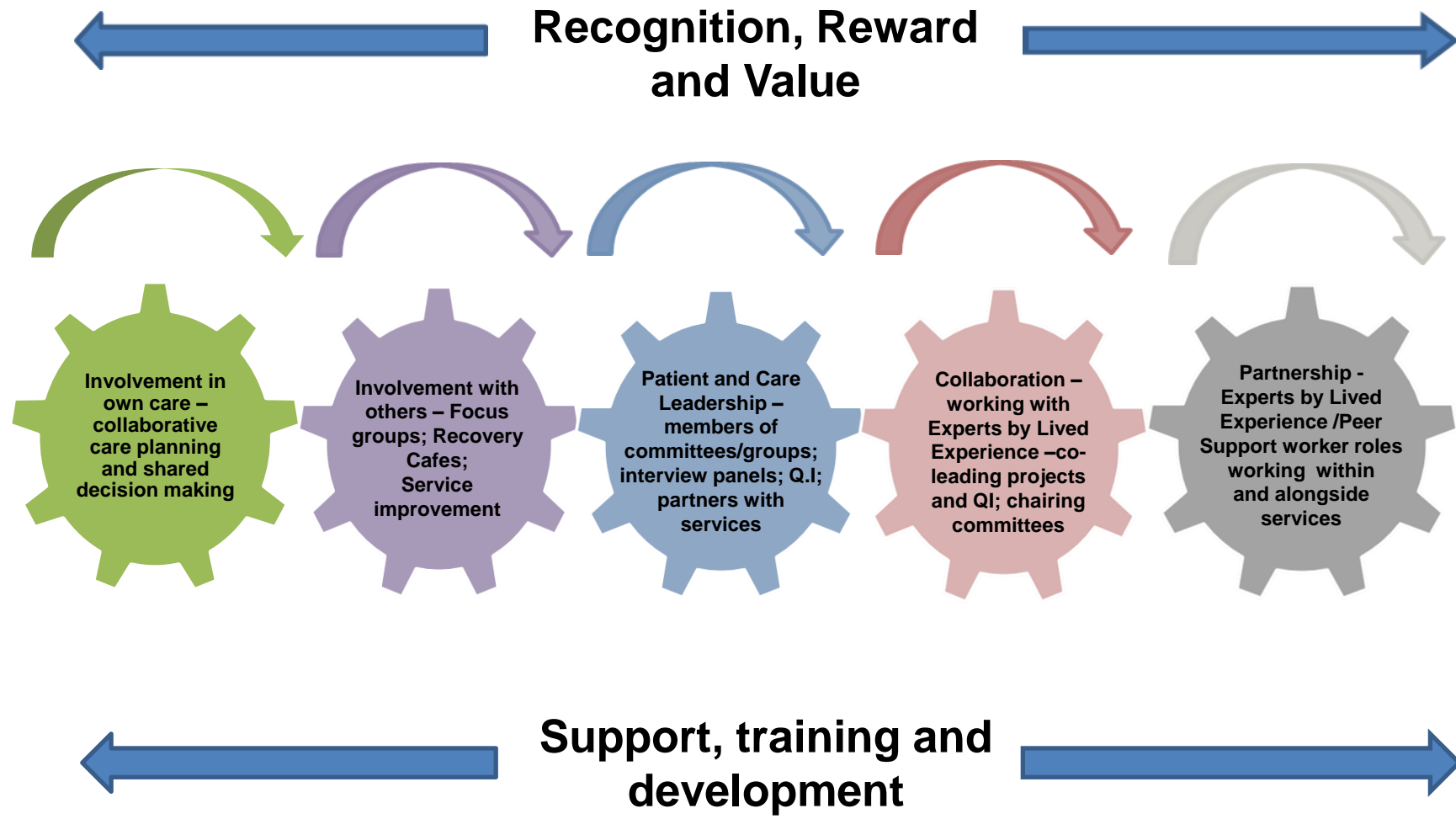
## Framework for Involvement

Over the last 12 months the Corporate Patient Experience and Involvement Team have been working with service users and carers in the development and establishing of their patient involvement framework. This framework aims to provide a structured approach to recruiting, training and developing service users and carers as they sign up for involvement. The framework allows individuals to get involved in things that are meaningful and appropriate to their lived experience or interest, and in a way that meets their needs. It also allows for those signing up for involvement to share their skills, beyond their condition, providing an opportunity for these skills to be used in their involvement work.

Service users and carers are being recruited into our involvement network on a ongoing basis, with currently approximately 130 members. Through the network, those interested in getting involved are invited to induction sessions, undertake a skills audit, state their preferences for involvement and are offered training opportunities such as Patient and Carer leadership programme. Please see **Appendix Six** for further details of the Framework for Involvement developments.

Service users and carers are offered different involvement opportunities, based on their lived experience, skills and interests. This this done through our newly established Framework for Involvement through which those wanting to get involved are supported, trained and developed to ensure that they can get the best out of their involvement experience. This includes setting personal involvement objectives with those who want to progress from individual and low level generic involvement to a more defined role such as a patient or carer leader or Expert by Experience.









## The People's Council



The People's Council is an independent 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.



Providing an independent voice to make LPT services great for all

The aim of the People's Council is to work with the Trust 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 the Trust.

The Council launched in September 2020. The Council currently has 15 members made up of 8 Patient and Carer Leaders and 7 voluntary and community sector reps.

The Council has agreed its behaviours, values and vision, including developing a relationship agreement with the Trust Board. The Council have also designed and agreed their Terms of Reference.

The People's Council vision:

**“Providing an independent voice to make LPT services great for all”**

Three priorities have been by the Council which will be the focus for the forthcoming year, these are:

- Step up to Great Mental Health
- Equality, Diversity and Inclusion
- Personalisation of Care





The Council is Chaired by Mark Farmer, who is also a member of Healthwatch, Leicester and Leicestershire and a lay member of the Trust Board.

Mark is supported by Louise and Tasha in their roles as vice chair and AI who is the chair of the Communications sub group.

The Council meet monthly with regular attendance by various Executive Directors and Trust Leads.

The strength of the Council is it's diverse membership with a range of ethnicities represented as well as LGBTQ+, Physical and Mental disabilities, homelessness and street workers and young people.

During it's first 10 months the Council provided input into the Step up to Great Mental Health consultation, both in the design of materials and discussions on the consultation approach as well as submitting a formal response to the consultation, including all the different views from the Council members.



Louise  
Vice Chair



Mark Farmer  
Chair



Tasha  
Vice Chair



AI  
Patient and  
Carer Leader



Pam  
Patient and  
Carer Leader



David  
Patient and  
Carer Leader



Ramesh  
Patient and  
Carer Leader



Fee  
Patient and  
Carer Leader



Claudia  
Youth  
Advisory Board



Carl  
New Futures  
Project



Sue  
L.A.M.P



Jo  
Leicester LGBT  
Centre



Tracey  
Healthwatch  
Rutland



Christine  
ADHD  
Solutions

**Providing an independent voice to make LPT services great for all**

Integrity • Equality • Advocacy • Compassion


Some of the Council members have also taken up positions on some of the Trust's Corporate Governance meetings including the Patient and Carer Experience Group and the EDI Patient Experience and Involvement Group

The Council have their own Twitter account @LPTCouncil as well as their own pages on the Trust's website and email account to allow them to receive patient feedback about the Trust.



## 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. You can find a highlight of the projects they have influenced below along with a link to the groups annual report 

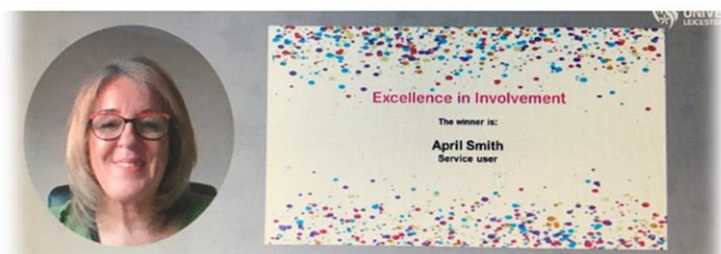
- Inpatient Bosworth Ward Focus session – A Focus group with current inpatients took place on Wednesday 16th September, this session explored the views and experiences of current patients around their care, voice and other topics. The embedded document presents the feedback and views of this session. 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.
- Provided feedback on a range of activities including; CAMHS waiting room environments, Autism booklets, transitioning to adult services,
- Membership at a number of interview panels for the Mental Health in School Teams recruitment as well as 5 members involved in the presentation panel for a senior psychologist post within CAMHS ED. Members scored candidates via their presentation and asked open questions
- Meeting with the Mental Health in Schools Teams (MHST) programme manager and EMHPs. The YAB will be part of elements of co-production within this programme of work as a long standing involvement project.
- Ongoing regular meetings with city Local Authority, Healthwatch and LPT Peoples Council Chair continuing to ensure work together.



## Involvement Good News Story

LPT hold annual Celebrating Excellence awards and we are delighted to announce that two categories were shortlisted for last years awards which were delayed due to Covid. The Trust has since held a virtual awards ceremony with the following winners; April Smith for 'Excellence in Involvement' for her work peer auditing the experiences of those receiving care plans in mental health inpatient wards. and the Recovery Cafes for 'Excellence in Partnership' awards.

A massive congratulations to April and to all involved with the Recovery and Collaborative Care Planning Cafes.





## 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. The below gives a highlight of some of the examples of how we did this, further details can be found in **Appendix seven**;

Families, Young People and Children Services	Directorate of Mental Health – Includes Adult and Older Persons Mental Health Services	Community Health Services
The Speech and Language Therapy service worked with parents to develop an online workshop and a series of resources.	A group of service users are working with our mental health colleagues as part of a Personal Safety Planning working group.	A range of involvement takes place on the wards facilitated by Meaningful Activity Coordinators.
The Beacon unit holds regular focus group sessions in order to give the patients on the ward a space to share experiences.	Bennion Centre virtual carers forum has continued to run during the pandemic, providing support to carers and family members of patients.	A Telehealth pilot was conducted during COVID with patients who are suffering from Heart Failure or Respiratory disease, along with patient interviews to measure experiences and outcomes.
SEND services held discussions with Ruland Disabled Children and Young Peoples forum in order to improve young peoples journeys through services. Communication and information being worked on from recommendations.	A Central Access Point patient and user on-line workshop was held to engage on the merge our 24-hour all-age MHCAP service, with Turning Point's free-phone adult crisis helpline. From this workshop a small group of service users and carers have continued to work alongside this service in order to make improvements	The Tissue Viability Team are working on improvements to pressure ulcer prevention, the team have gathered feedback from service users on carers around pressure ulcer prevention and co-developing resources to support awareness and prevention.
Parents worked with Peadiatrics to develop parent/carers survey to understand views of new pre assessment, and areas for improvement.	An IAPT Patient and user on-line workshop was held to engage on the bid for LPT to deliver these services across LLR, unfortunately this bid was unsuccessful.	Community Nursing Services have undertaken some work in relation to Duty of Candour letters following serious incidents



Leicestershire Partnership  
NHS Trust

# Patient Experience and Involvement Team

## Priorities for 2021-22



[www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)



## Quality Schedule Priorities

<p>PE01</p> <p>Feedback</p>	<p>To actively engage with patients, carers, friends, family, staff and other stakeholders in a variety of ways in order to obtain feedback; providing evidence that this is listened and responded to where possible in order to make quality and performance improvements.</p> <p>To actively engage with LLR system partners, regulators, other external bodies in order to obtain feedback; providing evidence that this is listened and responded to where possible in order to make quality and performance improvements.</p> <p>Demonstrate that sources of feedback are triangulated, and the organisation is listening to and acting upon this in order to make quality and performance improvements.</p>	<p>All requirements of the KPI met with evidence of an ongoing programme of monitoring and improvement in relation to feedback</p>	<p>Limited assurance. Feedback only collected periodically or not shared with CCG when requested or Feedback only collected in a limited ways or feedback collected but only limited quality and performance improvements made as a result</p>	<p>Feedback not regularly collected or shared with CCG or Feedback not listened to and acted upon in order to make quality and performance improvements</p>
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## Quality Account Priorities

### Friends and Family Test (FFT)

Using the feedback collected through the Friends and Family Test to inform service and quality improvement and to continually improve the experience of those who use our services.

- Implementation of the new FFT system across the organisation
- Using feed collected through FFT for service and quality improvement

### Complaints

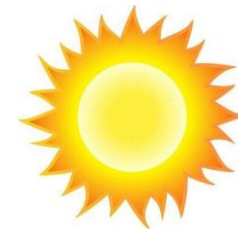
Reduce the amount of time taken to investigate complaints

Improving the satisfaction of those who raise complaints within the Trust

Design and implement new Peer Review approach for complaints for continual improvement



## Complaints Improvement Plan



Peer Review

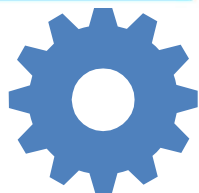
Satisfaction

Use feedback to learn and make continuous improvement

Reduce the amount of time taken to investigate complaints

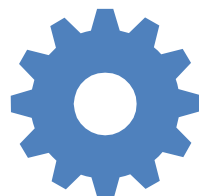
Improve the quality of our complaint investigations and responses





## Improve the quality of our complaint investigations and responses

- Work in collaboration with Trust Staff to understand training needs
- Develop training matrix based on modules
- Pilot training with focus group
- Roll out of programme fully supported by intranet



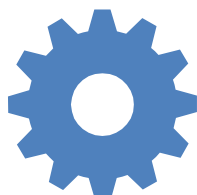
## Reduce the amount of time taken to investigate complaints

- Develop Ulysses Web
- Pilot use of Ulysses Web with DMH
- Review Pilot and roll out to other directorates
- Progress Ulysses Web reporting function to support Governance framework



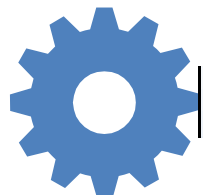
## Use feedback to learn and make continuous improvement Peer Review (PR)

- Independent review of a small number of complaints to identify trends and best practice
- Application of findings and recommendations from the PR process
- Listen, Learn, Act
- Use the information contained in satisfaction surveys in conjunction with the PR process



## Use feedback to learn and make continuous improvement Satisfaction

- Why we do it?
- What will we do to achieve it?
- What will the benefits be?



## General

- PHSO Complaints Standards
- Revision of the Complaints Review Group



# Priorities for the patient involvement work programme 2021-2022



Increasing the members of our Patient and Carer Involvement Network through working with community forums and groups to promote opportunities for involvement

Further growth of our Experts by Experience, through the development of role descriptions and opportunities for providing paid contracts

Enhancing the training and development offer for our Involvement Network including the Patient and Carer Leadership Programmes and developing roles for Experts by Experience to deliver this training

Roll out of involvement cafes based on the Recovery Café model

# Priorities for the patient involvement work programme 2021-2022 includes;



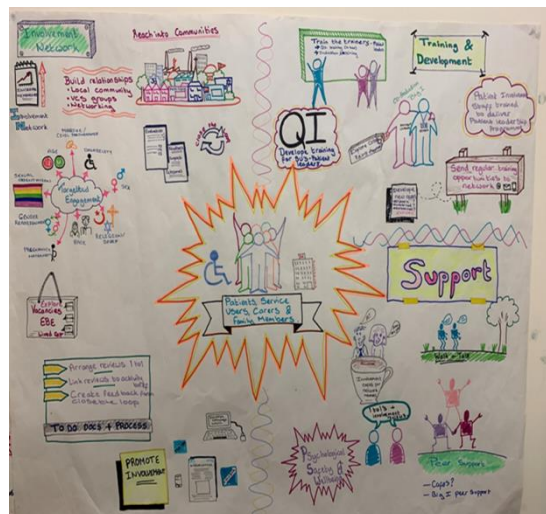
Introduction of Walk and Talk involvement session in line with the lessening of Covid 19 restrictions

Launch of QI Involvement in a box, forming part of the Quality Improvement offer, supporting staff to think about patient and carer involvement in their improvement projects, this is being co-delivered with one of our Experts by Experience

Establishing a Community of Practice for staff who are interested in involvement, building on the network of Patient Experience and Involvement Champions



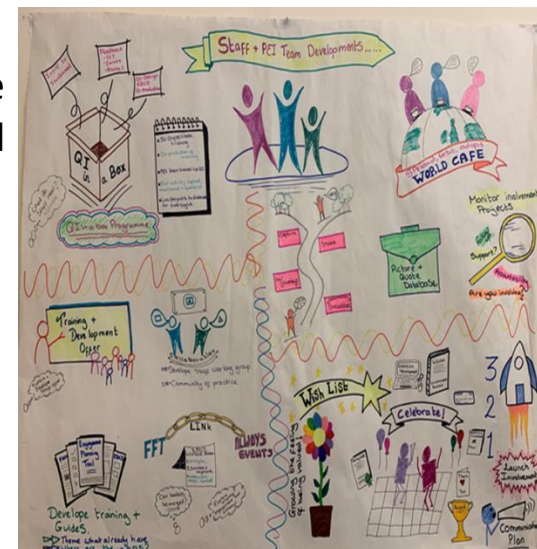
# Priorities for the patient involvement work programme 2021-2022 includes;



Implementing Always Events in response to patient experience feedback collected through FFT

Celebrating and Recognising involvement through events and rewards

Formal launch of the Patient Involvement Framework



## FFT Quarter 1 Priorities

### Implementation of the new FFT system across the organisation

#### Measures:

- 40% of all community-based services implementing the new FFT system by end of Q1
- 100% of all inpatient services implementing the new FFT system by end of Q1

All services implementing FFT Capture the experience of patients, carers and staff, using all available and appropriate tools.

- Measure - number of FFT feedback by service

### Actions/deliverables

Disseminate materials and posters

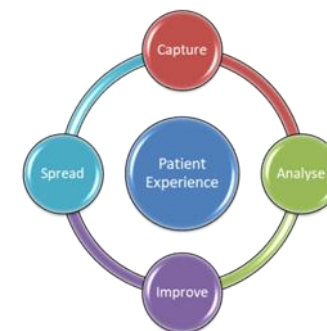
Launch via internal comms and through PCEG etc.

Run three drop in clinics/training for staff on Envoy and introduce reports

10 min introduction to FFT

20 min FFT/Envoy training

30 option for wider Envoy survey training



### Implementation of the new FFT system across the organisation

#### Measures:

- 60% of all community-based services implementing the new FFT system by end of Q2

### Using feed collected through FFT for service and quality improvement

All services implementing FFT 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.

- Measure – thematic report on the trends of feedback received by service

### Actions/Deliverables

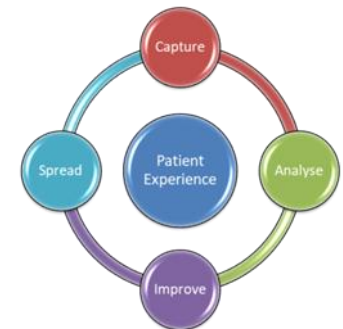
Launch FFT newsletter

Identify and celebrate/recognise three services with high data collection

Delivery three masterclasses on using and understanding data for improvement (to be identified) bring in case study and quest speakers

Delivery drop in clinics on reporting and accessing data from system

Launch competition for best 'you said, we did' boards



### Implementation of the new FFT system across the organisation

#### Measures:

- 100% of all community-based services implementing the new FFT system by end of Q3

### Using feed collected through FFT for service and quality improvement

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 staff in developing the solutions to improving patient and carer experience.

- Measure – report detailing a range of improvement projects being implemented on the back of the themes identified in Q2

### Actions/Deliverables

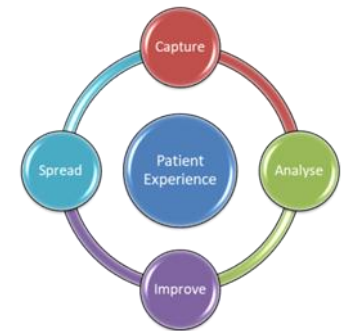
Celebrate and communicate the winner for the best 'you said, we did' boards

Send out quarterly newsletter

Delivery three masterclasses on working with patients and carers for improvement (partner with Haley and team on this to design content and delivery)

Delivery drop in clinics on reporting and accessing data from the system

Launch competition for improvement from feedback projects





### Implementation of the new FFT system across the organisation

#### Measures:

- 100% of all LPT services implementing the new FFT system

### Using feed collected through FFT for service and quality improvement

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.

- Measure – Case studies of improvement projects and evidence of how the improvement has improved patient experience against agreed benchmark identified in Q3.

### Actions/Deliverables

Celebrate and communicate the improvement projects using patient feedback

Send out quarterly newsletter

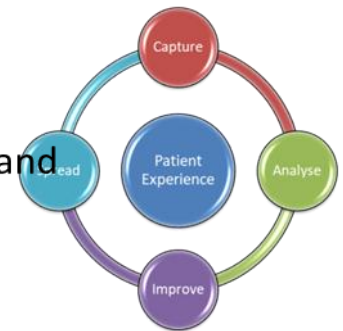
Delivery three masterclasses on working with patients and carers for improvement and

Spreading and adopting approaches (asking teams to present their projects)

(partner with Haley and team on this to design content and delivery)

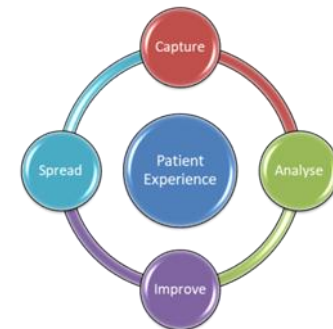
Delivery drop in clinics for the sharing of case studies with teams

FFT Annual awards



## PALS and Patient Experience Reports

- Review of categories – for all enquiries utilise the Ulysses System (as per the complaints module) to create alerts for enquiries
- Review and update PMD for managing concerns in line with the web-based Ulysses System
- Develop front-end web based reports using the Ulysses system and train team on reporting requirements to support feedback and patient involvement
- Utilise the Envoy system for survey creation and capturing patient feedback including reporting on feedback



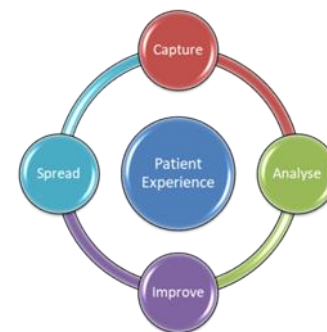
## Digital Stories

Develop and roll out training package for all staff in the use and capturing of digital stories

Create an online library of digital stories which can be accessed through the Trust website

Develop communications plan (with Haley) to promote digital stories and the sharing of stories

Create a library of images for use in stories – linking to those currently available via Comms and also via Widget (Di Graham)



# APPENDICIES

1. Patient Leadership Programme
2. Relaunch of the monthly virtual Recovery and Collaborative Care Planning Cafes
3. Service Users and Carer Involvement in Recruitment
4. Quality Improvement
5. Involvement Network Feedback from 2020-21
6. Framework Development in 2020-21
7. Achievements: Impacts of Involvement
8. Patient Involvement and Experience Newsletter

### Introduction Workshops

In order to further strengthen our Involvement Framework, from December 2021 we launched two workshops offered to new and existing network members which was co-designed with a small working group made up of founder network members. Once a person signs up to our Involvement network, they are offered to attend the following bi monthly workshops:

- **Introduction to the NHS**

This is more of a strategic workshop session, facilitated by Alison Kirk and Cathy Ellis and provides more of an overview on how the NHS works nationally, the Integrated Care System, what the Trust's "Step up to Great" means and how involvement fits into this strategy along with training and support available for network members.

- **Introduction to Involvement – Practical session**

This is a more of a practical session, looking at any paperwork that needs completing as well as providing a more personalised perspective with regards to involvement, breaking down different areas of individual interest, needs, time commitment as well as training and development opportunities available as a network member. An involvement welcome pack is also sent to every new member prior to the workshop taking place which includes, our Involvement Framework, Involvement Charter, relevant forms for completion, contact details, space for completion/achievement certificates/presentations, a pad and personalised pen.

- **Introduction to Involvement – Recovery College**

We have delivered one session so far this year to students with a view to offering a session on a quarterly basis. The session covers involvement in general and how this differs from patient experience, training and development available and the benefits of becoming involved in LPT's service improvement and delivery. We also have a service user attend and talk about their experience of being a network member at this session.

We aim to increase the number of attendance over 2021/22.

### Forms and Processes

We have continued to refine our processes throughout 2020-21 with the following developments:

- **Skills, Needs and Interest Form**

We co created and introduced a Skills, Needs and Interest Form to capture information beyond the persons condition. This form has been invaluable when matching network members to the right type of involvement activity that meets their particular needs and interest. This form is introduced at our Introductory workshop with 1:1 sessions offered to explore this area individually.

- **Confidentiality agreements**

We have developed two confidentiality agreements, one generic agreement introduced at our Introductory workshop and a recruitment panel specific version to ensure our members adhere to their duty to maintain confidentiality whilst conducting involvement activities throughout the organisation.

- **Involvement Leaflets**

In September 2020 we secured funding to have our Involvement Leaflets professionally printed and have distributed out to LPT services as and when requested. Due to Covid, electronic versions are used more widely as well as being available to download by accessing our “Involving You” webpage. Downloadable PDF versions are also available on the LPT staff internet.

- **Activity briefs**

In October 2020 we introduced Involvement Activity Brief and Agreement forms. This is an written agreement between the specific LPT service and network member, setting out the expectation/type of involvement activity/time commitment/reward offered and whether the network members needs to have a CRC in place. This also confirms who will be the point of contact and support in the service area the network member will be working. We have successfully embedded the activity briefs as standard practice when services make an initial request for service user involvement.

- **Role Descriptions**

Role descriptions have been developed during 2020-21 for longer term rather than one off involvement projects. E.g. service user committee members for PCEG, EDI Directorate meetings, QI projects, which sets out more detail on the longer term role, expectations as well as pre and post meetings to support with committee papers/document understanding.



### Enhancing/revising our existing offer

Over 2020-21 we have continued to enhance how we advertise our involvement offers by focusing on accessibility/closing the loop (outcomes) and revision by continuing to listen and learn from our network members;

- **More accessibility in signing up to our work (making an expression of interest)**

In 2020-21 we introduced more accessibility to access and sign up to our network by providing an on line Expression of Interest form on our “Involving You” webpage, which is now the preferred method members of the public use when signing up, which is delivered directly into our generic inbox once submitted.

- **Further developing our “Involving You” Webpage**

We have continued to develop our “Involving You” webpage over 2020-21 in providing more detail and breakdown of the involvement activities available to our network members once they have signed up. We also use the webpage to signpost any interested persons as and when an enquiry has been received. We also use the webpage as an information resource, providing previous editions of our newsletters/slide sets from our Recovery Cafes as well as links to our Mental Health and Wellbeing Workshop in different languages. E.g. We received over 500 hits on our webpage during October 2020.

- **Revised Involvement Charter**

As part of the co creation and development in Personal Safety Planning, the service user working group working on this project suggested we create a section in our Involvement Charter specifically relating to psychological safety. As a result of this work, we have revised our Involvement Charter to ensure psychological safety is considered in all involvement projects.

To support our patient and carers leaders to develop their skills and confidence in their involvement roles we have designed our patient and carer leader programme. The programme commenced in September 2020 with 13 network members going onto complete the programme, this was delivered online through an external provider Lived Experience Matters.

## ONLINE PATIENT LEADERSHIP PROGRAMME

### Q&A SESSION TO FIND OUT MORE

Thursday 16<sup>th</sup> July, 1 – 2pm

### DEADLINE FOR APPLICATIONS

Monday 10<sup>th</sup> August 2020

### PROGRAMME STARTS

Thursday 3<sup>rd</sup> September 2020

### TO FIND OUT MORE AND REGISTER YOUR INTEREST

Contact Angela on 07919 096 494  
[angela@livedexperiencematters.org.uk](mailto:angela@livedexperiencematters.org.uk)

### Who's it for?

Patients who access adult services at Leicestershire Partnership NHS Trust (LPT).

### Aims

The Programme support patients to develop their strategic influencing, leadership and decision-making skills.

It focuses on strengthening your abilities, knowledge and confidence to drive, design, deliver, improve, review and support change across LPT services.

## PROGRAMME OVERVIEW

### Introduction to the Programme

Thurs 3 Sept, 12.45 – 3.00pm

### Challenges and Resolutions

Thurs 10 Sept, 12.45 – 3.00pm

### Patient Diversity

Thurs 17 Sept, 12.45 – 3.00pm

### Break / Self-Directed Learning

Thurs 24 Sept, 12.45 – 3.00pm

### Break / Self-Directed Learning

Thurs 1 Oct, 12.45 – 3.00pm

### Representing and reaching out

Thurs 8 Oct, 12.45 – 3.00pm

### Influencing skills

Thurs 15 Oct, 12.45 – 3.00pm

### Break / Self-Directed Learning

Thurs 22 Oct, 12.45 – 3.00pm

### Break / Self-Directed Learning

Thurs 29 Oct, 12.45 – 3.00pm

### Putting it into Practice I

Thurs 5 Nov, 12.45 – 3.00pm

### Putting it into Practice II

Thurs 12 Nov, 12.45 – 3.00pm

### Personal Development

Thurs 19 Nov, 12.45 – 3.00pm

### Celebration Session

To be confirmed

**All sessions will take place via Zoom, with a short break half way through. You are required to attend at least 6 out of the 8 sessions, and will be expected to complete some self directed learning during the break weeks as and when it best suits.**






## Relaunch of the monthly virtual Recovery and Collaborative Care Planning Cafes



The Recovery Cafes are shared space for staff, service users, carers, and VCS groups to come together to share and learn around collaborative care planning, and the mental health recovery concept of CHIME (Connectedness, Hope, Identity, Meaning and Empowerment). Each café is themed around a CHIME concept. You can find out about the history of the cafes via this link; <https://www.leicspart.nhs.uk/wp-content/uploads/2020/11/What-are-the-Recovery-Cafes.pdf>.

Covid 19 meant that face to face cafes were put on hold although working with staff service users and carers we were able to relaunch the cafes virtually via MS Teams in October 2020. The cafes have been well attended averaging around 20-25 attendees, more than half being service users and carers.

Following the success of the relaunch of the virtual recovery cafes the team Stepped Up the cafes to offer a 9 week programme during the second lock down period. This programme focused on the 5 elements of CHIME, and the 5 ways to wellbeing, promoting conversations around CHIME followed by introduction to the 5 ways to wellbeing, including various taster activities people to try, including mindfulness, chair-based exercise, crafts etc.



**Recovery & Collaborative Care Planning Café**  
**9 Week Programme**  
An invitation to LPT staff, service users/patients, and carers to come along to our special wellbeing focused cafes





## Relaunch of the monthly virtual Recovery and Collaborative Care Planning Cafes



**Leicestershire Partnership**  
NHS Trust

### Link with Recovery college

We have formed links with the Recovery College and the team have joined the café planning team, we also now advertise through the Recovery College prospectus, as well as now offering an Introduction to Involvement session to students. Feedback from Recovery College staff;



"I have attended the Recovery Café's as a mental health professional from the outset and seen them grow and develop. The relationship between service user and professional changes and there is connection on a different level. It feels very equal – learning from one another, a real sense of being part of a community develops when you attend regularly. I work for the LPT Recovery College and the pathway we have established has been a very beneficial one for the students. We sign post to the Recovery Café and really encourage students to 'get involved' and we have seen students make that connection and grow in confidence, self-esteem, build on hope and make some really meaningful connections. Attending the Recovery Café for professionals and service users is inspiring for both".

### Recruitment to involvement network

The cafés have been a great model for involvement and improvement which we are currently exploring to replicate in other service areas. Some attendees from the cafes have gone on to register to the service user/carers network and complete further involvement activities and training within the Trust.



## Appendix Four

### Relaunch of the monthly virtual Recovery and Collaborative Care Planning Cafes

#### Recovery Café images and feedback quotes from staff and service users/carers

Great session everyone, and I keep smiling when I reflect on the singing ☺

From a personal perspective – and I say this as I have not been able to come along so much recently, that I thoroughly love the conversation between service users, patients, carers and staff. I think there is such a richness to the discussion and it truly grounds me back to why I do the job I do in putting patients and carers central to everything. I hope to be able to come along to more sessions in the future.

It was lovely connecting with you all today at your Virtual Recovery Café... I would like to take the opportunity to feedback to say how nice and welcoming this Recovery Cafe was for newcomers to join (particularly for me as this was my first ever time) and I very much felt the warmth and welcoming you all gave, it was a very friendly and amicable cafe created!"

Looking at this and our last session that took place on Friday where we had more service users and Carers than staff and even better the ending where a service user spoke with us and shared the Microsoft Team stage with us giving us live feedback that the 2 sessions she has attended so far has emboldened her to be involved. It filled my heart that our talk on Empowerment was so instrumental in her giving us some great feedback.

I hope the cafes continue as it's been great to learn from patients sharing their recovery journey, and I've seen an increase in the number of conversations around collaborative care planning within my teams.





### Value Based Questions/In house Recruitment Panel Training

We recognise that providing a patient perspective as part on a LPT staff recruitment panel is an integral part of the recruitment process. During October 2020 we worked with a small group of network member to co create a pool of value based questions (focusing on the Trust's values and behaviours) which could be taken forward and used at staff interview panels. Patient Involvement in interview panels was sporadic at this time, so we wanted to create a more supportive approach to ensure network members felt more confident when attending an interview panel in person and providing a patient perspective.

### Development of In House Recruitment Panel Training

In November 2020 we set about co creating in house recruitment panel training to help to inform network members on the NHS recruitment process; what is a job description and person specification, Interview questions-scenario's, types of involvement in the recruitment process, confidentiality, Do's and Don't when interviewing and how you record/score at interviews. We deliver this in house training on a quarterly basis and now have a pool of network members trained for this type of involvement.

### Recruitment Panels during 2020-21

Assistant Practitioner (CAMHS) - Nov 2020

Deputy Director (AMH) Nov 2020

Complaint Manager (AMH) – Nov 2020

Head of Nursing (FYPC LD) – Dec 2020

Community Manager (MHSOP) – December 2020

Associate Director for AHP (AMH) – December 2020

Clinical Lead Psychology (MHSOP)– January 2021

Complaints Facilitator (Corp)- March 2021

YAB have also supported the Mental Health in Teams schools Team to recruit various staff including teams leads, and youth workers.

**Network member:** *"I felt the recruitment/interviews went well and the recruitment lead was very supportive and helpful throughout...the panel members were all great and supportive...I enjoyed being part of the panel"*

**Chair of interview panel:** *"X did a great job and asked some really incisive questions – it really gave a rounded feel as a panel".*

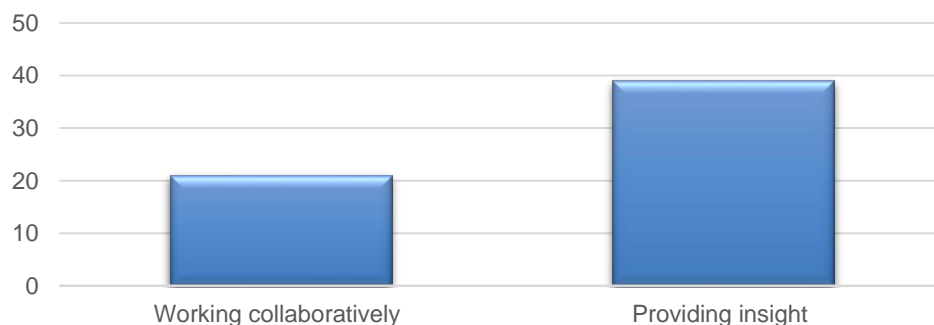




The Patient experience and involvement team has been working collaboratively a patient leader in order to develop an approach involve service users and carer at various levels of quality improvement projects, to proving insight, to co-design and coproduction and the involvement of service users and carers in the project team. We now have a weekly meeting to discuss quality improvement projects and advise and support on the involvement approach, and identify potential service users and carers to get involved with the project.

Early in the year we developed and launched an Engagement Planning Toolkit to support staff when engaging and involving 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. Following its launch the engagement planning toolkit is working well and being used to support new projects that come through the QI process. This includes the matching up of patients and carers with projects based in skills, interest and lived experience.

### Service User and Carer Involvement in Quality Improvement Projects



All QI projects that come through this route are managed via the Life QI system, to which there is now 60 projects with service user involvement, ranging from them providing feedback and insight, to working with the project teams more collaboratively.

### Quality Improvement in A Box – Training

The trust has a series of QI training called 'QI in a box' and we have worked with a patient leader to co-design an introduction to involvement in order to support staff when they are looking to involve in their QI projects. This session is also co-delivered with the patient leader and is now offered as part of the QI in a box series, and we have also delivered a few bespoke sessions to teams/services.

### QI In A Box – An Introduction To Involvement

This session includes meaningful involvement of patients, service users and carers in QI projects, explores the different approaches to involvement and introduces resources and tools available to support projects, the session also includes;

- Introduction to what we mean by patient and carer involvement
- Different levels of involvement
- LPT's Involvement Framework – Big I and Little I
- Why involve patients and carers
- Explore our engagement zones
- An introduction to the Engagement Planning Tool
- An introduction to resources and support available; ie LPT's Service User/Carer network, Arm Chair Involvement



### Involvement in Research and Development

Work is also progressing with the Research and Development Team to resurrect their EPIC network of patients and carers who are involved in research projects, and a steering group has been formed including previous research partners (service users and carers).

## Involvement Network Feedback from 2020-21

During 2020- 21 we asked our network members for their feedback on a range of projects via email. Below we give a few examples of these:

- **Telehealth evaluation questionnaire, focus on questions – May 2020**

Network were asked to feedback on draft questions to be used for evaluation service changes.

**Outcome:** Service revised the set of question to reflect the feedback received.

- **Mental Health and Wellbeing Workbook Cover – May 2020**

Overall feedback felt the cover should be gender neutral .

**Outcome:** the cover was changed to reflect the feedback received.

- **Draft Mental Health Survey Questions – June 2020**

Network were asked to feedback on the content (right type of information) and questions (easy to understand).

**Outcome:** All comments have been considered and adaptations have been made to the survey.

- **Caring Confidentiality Leaflet – Nov 2020**

Network members were asked if the leaflet was easy to understand and did it consider both mental health and physical needs.

**Outcome:** A revised version was taken forward and considered comments made by the network

- **Involvement Evaluation Survey feedback – March 2021**

Network members made suggestions to make the draft survey more accessible.

**Outcome:** the survey was changed to reflect the suggestions made.

- **Video Consultation Draft Survey feedback – August 2020**

Network members were asked if they liked the layout and design/if the questions are easy to understand.

**Outcome:** All smiley face answers will include a number scale along with the worded response. Questions include the phrase “Video Call” or “Video Consultation” to help focus answers. Clear labelling is attached where multiple answers can be selected to ensure anyone completing the survey will be able to tell they can pick as many options as they feel are applicable. An “Unsure” smiley face equivalent will be sourced and added to ensure consistency References to “the patient” are modified to be inclusive of carers, family and anyone who may be supporting the patient. The term ‘Service User’ has been proposed in the feedback, which we will be considering.



## Achievements: Impacts of Involvement Adult Learning Disability (LD) Services

The LD service is continuing its quality improvement project as part of the Every Voice Counts initiative across Leicester, Leicestershire and Rutland, work includes:

- Service user, family and carer surveys have been sent out in order to evaluate the use of Telehealth during covid to inform how we offer and in order to help start to build an involvement network.
- Mind the Gap project are loaning tablets to carers to enable them to feedback their views, as well as working with patients with Autism to gain feedback on experiences.
- The Specialist Autism team are working with LLR and experts by experience to research people's post-diagnostic experience and looking at how to improve it for people

### Learning Disabilities Talk and Listen Group

- The Talk and Listen group has been successfully reinstated through virtual platform of Attend Anywhere, although challenging it has been great to be able to bring this group together again and to hear their voices.
- The group have looked at patient journeys and what was important at different points in the pathway. This was quite abstract for the people who had not been through an intervention recently and highlighted the need to approach those who had recently used the service.
- The Talk and Listen group are co-designing the easy read paper version of the Friends and Family Test to enable service users to provide feedback on their experiences of care and treatment at LPT.
- Supporting the clinical pathway leads to implement involvement and codesign in their pathways and service review and improvement. Participation in a National Health Service England codesign project alongside 5 other projects and sharing our learning in the national forum.





After two years of development the Patient and Carer Facilitator role in the in patient service has become permanent. In addition to this the service now also has a new Discharge Coordinator in post, over their first four months they have reviewed our discharge packs as well as working closely with the Patient and Carer Facilitator to ensure that families/carers and patients are involved in all aspects of transition.

“Hear Me” is at the forefront of every meeting. With agendas starting with the patient feedback, in what ever format this may be. The My Voice document continues to be offered to patients on a weekly basis in preparation for any upcoming meetings. This allows patients the opportunity to organise their thoughts, either with staff support or independently, so that they feel more prepared for meetings. This has proved to be a valuable tool across multiple forums including; weekly ward rounds, Care Programme Approach meetings, and Clinical Treatment Reviews.

- Person centred Positive Behaviour Management (PBS) training has been offered to both Agnes Unit and future care provider teams, ensuring that consistent and accurate information is shared across teams, so that they can work collaboratively in order to deliver the best care to each individual.
- All care providers are now offered workshops and insight training prior to them directly beginning to support an individual. This has been introduced with the aim of maintaining consistent responses or routines for individuals. Keeping in mind that meeting new people can be scary enough, let alone when they do not know the answer I need.
- Following receipt of positive feedback a range of sessions will continue throughout the year, these include: musicians visits, Chaplin services and Phoenix Charity Animal visits. Patients and staff have been supported to access these in the safest way possible during the pandemic.
- Signage around the unit – Staff, Patients and Carers have informed us that previous signage has been minimal and confusing. Therefore, new accessible signage is being developed and will be displayed shortly.



## Speech and Language Therapy (SALT) Services

Parent/carer feedback for digital workshop and leaflets has been sought and filming began for online workshops incorporating the views and ideas of parents and carers. The SALT service has also facilitated online team learning and training with patients their parents/carers and other clinicians around dysphagia. Feedback from parents and carers around pre assessment ASD questionnaire has supported making changes to the survey tool to ease parents and carers to complete pre appointment/assessment.

## Child and Adolescent Mental Health Services (CAMHS)

Leicester's LGBT online youth group took part in a feedback discussion in March, this feedback on CAMHS services has been written up and will be shared once the LGBT group have signed the report off for accuracy.

## Beacon

Inpatient focus group sessions have been taking place with patients in the Beacon Unit. These sessions focus on patient feedback and experience of incident debrief, advocacy and general environment experience.



## DCD Pathway

Telephone call feedback with families has been completed during January for experience and views whilst on the DCD Pathway the Parent/carer feedback has been drawn into an action plan for the service and team to support improvements as part of a QI project.

## LLR Neurodevelopmental Project

Feedback collected across LLR including variety of internal, external voluntary and involuntary partner organisations. A thematic review using data has been completed and this will be compared with review completed on data system Envivo. Themes will be compared, shared and written into a report for the wider programme to inform the parent/carer and CYP views for the pathway focus group sessions.





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



**Leicestershire Partnership**  
NHS Trust

### Improving Access to Psychological Therapies (IAPT)

An 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 continue to work with the Trust in service improvements. Unfortunately we were not successful in securing this contract.

### Mental Health Central Access Point (MHCAP)

A Central Access Point patient and user on-line workshop was held to engage on the merge our 24-hour all-age MHCAP service, with Turning Point's free-phone adult crisis helpline, which we have commissioned (along with our crisis house) since 2017. From this workshop a small group of service users and carers agreed to work alongside this service in order to make improvements. To date they have worked on the name of the service, the branding and launch, the questionnaire that's used on the calls, and are currently working on reviewing and theming Friends and Family Test feedback in order to inform changes within the service.

### Personal Safety and Suicide Prevention

A group of service users are working with our mental health colleagues as part of a Personal Safety Planning working group. The group is currently looking at preferences for materials which have been produced nationally to take forward to adapt and co-create LPT personal safety plans along with information leaflets/a letter of hope. The group meet on a monthly basis with some individuals working with the lead for the work on a one and one basis due to the sensitive nature of the topic.



### Community Nursing Services

Community Nursing Services have undertaken some work in relation to Duty of Candour letters following serious incidents. This important work has included looking at the timeliness of letters following the incident and the use of the language used in letters, with a focus to making them more patient-friendly and empathetic.

### Pressure Ulcer Prevention

The Tissue Viability Team are working on improvements to pressure ulcer prevention, the team have gathered feedback from service users on carers around pressure ulcer prevention and co-developing resources to support awareness and prevention. Over 30 service users and carers have responded to the survey and of those, 5 have registered to the involvement network and are working with the service to develop the resources, and 2 have developed patient stories to be included on web pages and leaflets.

Health care support workers are now also holding additional conversations with patients/carers around self care and prevention, with one patient feeding back he scored his knowledge on self care as a 1 before the support and now scoring himself as a 9. The patient is now also using his iPad to set reminders to reposition and to go for walks.

### Virtual Ward

Involvement work has been undertaken with some patients who were referred to the virtual ward. This was in response to the pandemic, where patients who have been admitted into hospital with Covid were stepped down to the virtual ward as part of their discharge if appropriate. To date approximately 140 patients have been treated through the virtual ward with only 5 readmissions into hospital. The team were invited to present their work at a national conference and were joined by a patient who has experienced the virtual ward to talk about their experience. The national case study has now been published with lots of interest nationally in relation to the 4 digital pathways. The lead for the work said that listening to the stories of our patients has been incredibly moving and has demonstrated some clear gaps in terms of demographics. This will lead onto a further piece of work looking at language and equalities.

## Meaningful Activity Coordinators (MAC's)

The Trust has MAC's on most inpatient wards in community and mental health services and their role is to create meaningful activities for patients to take part in if they wish. These activities contribute to a range of outcomes for example getting people up and dressed out of pyjamas, hand coordination, independence, routine etc, the below images show a range of activities on the wards;

You Retweeted



**Helen Dell** @dingley133 · May 29

Our lovely MAC Sharon spent time getting to know a patient's interests & discovering his love of gardening helped him plant some lobelia, brightening up his window and his smile @lisafarmer1966 @HansaVaria @LPTnhs @LPTpatientexp #meaningfulactivities



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You Retweeted



**LPT Ward 2 - Coalville Community Hospital** @Ellistown3 · May 13

@Ellistown3 celebrated Nurses week by reflecting on all the changes in nursing over the years the whole team make a positive difference to the patient's whilst enjoying a socially distanced high tea & drink @CHSInpatientLPT @LPTnhs @Michaelalrelan4 @NikkiBeacher @LPTpatientexp



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You Retweeted



**Bradgate Mental Health Unit, LPT NHS** @BradgateUnit · May 22

Fantastic art work created by a patient on @WardAston. This is part of their eco garden project, we cannot wait to see the finished results 🌱

#MentalHealth #MentalHealthServices #Arts #MeaningfulActivity #Leicester #Leicestershire #ArtistOnTwitter #Artist



You and 9 others

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19





You Retweeted

**Geeta Chauhan** @GeetaChauhan16 · Mar 31  
Meaningful activities on Beechwood - Patients got creative with paint to celebrate the religious festival Holi 🌈 @LPT\_Activities @LPTpatientexp @LPTnhs @ClaireTurvey @WardBeechwood



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You Retweeted

**Stewart House** @LPTStewartHouse · Nov 19, 2020  
A little cold? ❄️ Need warming up? 🍲 Here at #StewartHouse the patients did just that with homemade Chapatis and a vegetable curry.  
#OccupationalTherapy #Cooking #smeltamazing! 🌟



2 11

You Retweeted

**Clarendon Ward** @ClarendonWard · Mar 18  
Our new display to promote meaningful activities on the ward 🌈 @LPT\_Activities @patsy\_huband @LPTnhs @LPTpatientexp @CHSInpatientLPT



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You Retweeted

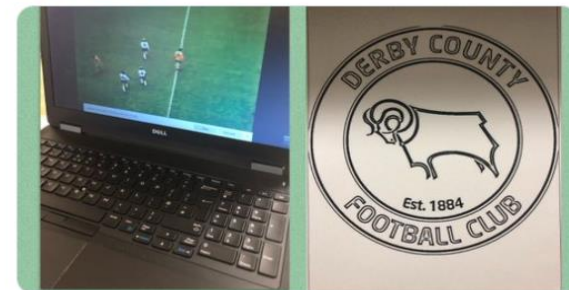
**LPT Ward 2 - Coalville Community Hospital** @Ellist... · Nov 4, 2020  
Ward 2 patients have been busy creating poppies for our remembrance display  
Lots of colouring ,painting & memories shared about what Armistice Day means to them  
#iwasinthegrenadierguards  
#iwaremypoopywithpride @CHSInpatientLPT @LPTnhs @CMJPearl @leawarden @AngelaHillery



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You Retweeted

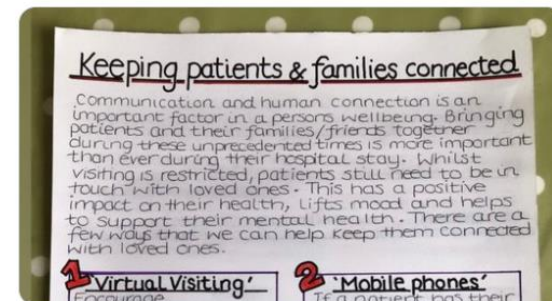
**Helen Dell** @dingley133 · Oct 3, 2020  
A @DalgleishWard patient, who is a lifelong Derby County fan has enjoyed an afternoon of old game highlights! He usually needs encouragement with fluid intake, but just whilst watching he's drank 450mls! Amazing!!  
@lisafarmer1966 @LPTnhs @HansaVaria @LPTpatientexp @CHSInpatientLPT



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You Retweeted

**Helen Dell** @dingley133 · Oct 2, 2020  
Communication poster for @DalgleishWard 📞 📺 📱 📧 📖 📝  
#stayconnected #communication #patientwellbeing #nhs  
@lisafarmer1966 @LPTpatientexp @LPTnhs @CHSInpatientLPT @HansaVaria @NHSEngland @NHSEastEngland



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