

Trust Board – 21st December 2021

Patient and Carer Experience and Involvement (PCEI) Quarterly Report (including Complaints) Quarter 2, 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 2.
- To provide assurance to the Trust Board.

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 2, the Trust formally registered 63 complaints in total, which is an increase of 9 from the previous quarter or 54 and an increased compared to 49 registered in the same period last year. 7 complainants got back in touch to raise outstanding concerns compared to 12 in Q1 and 4 in the same period last year.

Following the carefully considered decision made in quarter 4 of 2020/2021, the Complaints Team and Directorates have continued to work on a complaint timeframe of 45 working days or a date agreed with the complainant. As was the case in Q1 and due to the extension of investigation timeframes for complaints, we have noted that the some complaints logged in Q2, which are still under investigation, will be carried into Q3 figures. However, we hope that with the reduced timeframe of 35 working days or a date agreed with the complainant which commenced on 1 October 2021, will help reduce the time formal complaints remain in the system. There will be a

further reduction of complaint timeframe from 35 working days to 30 working days by the end of Q3 and a return to a standard 25 working days, or timescale agreed with the complainant by the end of Q4.

The number of complaints which were responded to within the timescale agreed with the complainant increased in Q2 (31/64) compared to Q1 (13/54). This increase meant that more complaints were being processed within the quarter. It should be noted that as the response timescale for Q was still at 45 days there are a number of complaints that were received in the period but are not completed as their 45 working day timescale will take them into Q3 figures.

Quarter 2 saw a significant increase in District Nursing complaints due to several factors including staffing, however, the Complaints Team have worked closely with the directorate to ensure they are ahead of any possible trends and are now copied into the weekly staffing level communications. Both the Complaints and PALS Teams continue to work collaboratively to resolve concerns informally in the first instance.

In September 2021, following the Trust's rollout of the Covid-19 Booster Vaccination Programme and the 12-15 year old Vaccination Programme, complaints and concerns have increased. The issues were recognised early and an agreement was made between the Vaccination Programme Leads, the Complaints Team and the PALS Team to try to engage with the complainants as early as possible and endeavour to resolve their concerns informally. This ensured that issues being raised due to a short term problem were resolved as efficiently and effectively as possible. Both the PALS Team and the Complaints Team remained in constant contact with one another and shared information with the programme leads, which helped resolve the increased contact within two weeks.

Going into Q3, we continue to implement the phased reduction in complaint timeframes for investigations and continue to work closely with the directorates in respect of any challenges/ pressures they may be facing. By continuing to have open, honest and productive conversations with members of staff, this has enabled us to react quickly to increases in contact and resolve matters informally. The aim for Q3 is that we can continue to work efficiently and effectively with the PALS Team to reduce the need for complaints to be formalised, especially when the issues raised can be resolved with a call or meeting. Whilst in quarter 1 and quarter 2, we saw a reduction of complaints being formalised due to the length of time it would take to investigate, 50% of all complaints in Q2, it will remain to be seen whether the reduced timeframe will change the complainant's attitude towards a formal investigation.

Complaints Activity Data – July 2021 – September 2021

Key Performance Indicator	Q2 21/22	Q1 21/22
% of complaints acknowledged within three working days	92%	94%
% of complaints responded to within the date agreed with the complainant	100%	100%
Number of complaints upheld or partly upheld in quarter	21	7
Number of reopened complaints	7	12
Number of complaints formally investigated by the PHSO	0	0
Number of complaints upheld or partly upheld by the PHSO	0	0

The number of PALS contacts received in Q2 were 405, this is a 49% increase on the numbers received in Q1 (200). This increase is mainly due to the number of signposting enquiries received into the PALS Team which related to University Hospitals of Leicester (UHL) services, up 49% from 104 in Q1 to 213 in Q2. The rise in signposting queries related mainly to contacts seeking information on services relating to University Hospitals Leicester, 140 contacts received in Q2 compared to 53 in Q1. When reviewing the reason for the increase it was found that a combination of GP Practices, NHS Choices and NHS 111 providing contacts with the wrong information when patients wished to contact UHL, they were instead provided with the LPT PALS contact details. This was further impacted by the incorrect contact information being provided on the NHS Choices website. These issues have now been resolved and it is hoped that there will be a reduction in the signposting contacts in Q3.

Themes from complaints, concerns and compliments

The key themes for concerns and complaints received in the quarter were in relation to Communications 28% (n=72); Appointments 13% (n=33); Patient Care 13% (n=34). In response to the continuing trends in relation to complaints and concerns in relation to communications, it has been agreed by the Complaints Review Group that a deep dive review of 5 complaints from each directorate be undertaken where communications have been sighted as a primary issue. This deep dive will aim to identify any further detail trends in respect of what communication issues patients and carers are reporting, or if, in fact, there needs to be a review of the communications categorisation. The results of this review will be presented to the Complaints Review Group in December 2021.

The Directorate of Mental Health received 122 complaints, concerns, comments and enquiries in Q2. This was a slight increase from Q1 at 103. Adult Community Mental Health Teams continued to see the highest number of issues with 49 contacts which is in line with Q1 (44). Concerns mainly focused on poor communication between the services and their service users (10) and patient care (10). This data is currently being triangulated with the results from the 2021 Community Mental Health Survey and will be shared with service leads in order to help them identify any areas for action. This will then be presented to the Directorate Management Team for further discussion. The number of concerns and complaints in relation to inpatient wards was slightly higher in Q2 (24) compared to 19 in Q1.

Community Health Services Directorate received 50 concerns and complaints which is a small reduction from Q1 (56). As set out earlier in this report District Nursing continues to receive a high number of concerns, these mainly relate to the provision of poor patient care, sighting catheter and wound care as key areas for concern. There will be a Quality Summit held in early November by the Directorate to look at the concerns within the District Nursing Service. Complaints and concerns will be included in this summit to provide evidence in terms of patient experience.

For Families, Children, Young People and Learning Disabilities the total number of concerns received was 65 which like CHS is a small reduction to those seen in Q1 (71). CAMHS Services, including the Beacon Unit continue to see a majority of the concerns for the directorate, along with Paediatric Medical Services (15). For the Paediatric Medical Service the key theme for concern was in relation to accessing treatment and appointments, whilst in the CAMHS Services communication and access to treatment and drugs were the main concerns. The Beacon Unit held a focus group in October to discuss with the young people in the Unit, to share the feedback that had been provided through a survey. As a result to the feedback provided by the young people, improvements are being made in relation to activities in the Unit, advocacy support and patient property.

17 concerns were received were in relation to Quality and Professional Practice and Corporate Services. Of these 17; 13 contacts resulted in a signposting to another organisation as the concerns

did not relate to LPT, the remaining 8 contacts to access to medical records (2), Covid-19 (1) and policies and procedures (1).

5 MP enquiries were received in the quarter.

Activity data – 1 July 2021 – 30 September 2021

	PALS concerns	Complaints	Compliments
Number	191	63	141
Top 3 Themes	<ul style="list-style-type: none"> • Communications • Appointments • Patient Care 	<ul style="list-style-type: none"> • Patient Care • Communications • Access to Treatment 	<ul style="list-style-type: none"> • Staff Attitude • Customer Service • End of Life Care

Good news story

We received a complaint into CAMHS regarding Care and Treatment. During the investigation and as a result of the contact the complainant had with the staff, the complainant then withdrew the complaint. This was followed this up with a compliment regarding how the staff members involved had dealt with and resolved her complaint, showing her kindness, empathy and respect. She asked for this to be passed on to staff and for us to also let them know they were very grateful for this.

Keys areas of concern

Risks	Mitigations
As we move from a timeframe of 45 working days to 35 working days for complaints management in Q3, there may be a direct impact on those services who are currently experience staff capacity issues to manage their investigations	<ul style="list-style-type: none"> • Weekly one to one meetings to review capacity and monitor live complaints between directorates and the complaints team • Overview and assurance through the Complaints Review Group

Assurance

- The Complaints and PALS work reports into the Complaints Review group which then reports into the Quality Forum, Quality Assurance Committee and Trust board for assurance.

Friends and Family Test

Overview

In Q2 the Trust received 5376 individual responses to the FFT question which equated to a response rate of 6%. Of these responses 78% reported a positive experience of care and a 12% response rate recording negative or poor experience of care. The full breakdown of date received in Q2 is available in Appendix 1.

Breakdown of responses received:

Question 1. Thinking about your experience with Leicestershire Partnership Trust [x setting, overall, how was your experience of our service

Method of collection	Rating Received	Response Rate
Electronic tablet / kiosk at point of discharge	360	0.040%
Individual Voice Message	764	00.84%
Online Survey Once Patient is home	161	00.18%
Paper Survey	48	00.05%
SMS/Text	4063	04.56%
Total	5376	06.40%

Question 2. Please can you tell us why you gave your answer?

Method of collection	Rating Received	Response Rate
Electronic tablet / kiosk at point of Discharge	297	00.33%
Individual Voice Message	449	00.50%
Online Survey Once Patient is home	32	00.04%
Paper Survey	100	00.11%
SMS/Text	3401	0.3.82%
Total	4276	0.4.80%

The focus for Q2 has been understanding how to analyse FFT data to look at themes and trends, and one- off responses where it highlights a need for improvements.

Joanne Loughlin-Ridley and Terry Morgan from NHS England & NHS Improvement held a Q&A session on 31 August to answer questions from the video they produced. The session offered tips and advice on the different approaches to analysing data

During the quarter we also ran two drop-in clinics and training requests on how to extract FFT reporting data from Envoy, and training on survey building

There were some issues in respect of reporting of data for some services during the quarter. This has now been rectified with the service provider and it is envisaged that all monthly reports from October onwards should be displaying the correct service information and FFT data collected.

Key Areas of concern

Risks	Mitigations
For some of our FYPC Services, due to the sensitivity of sending our SMS messages to some young people, some exclusions have been put in place, meaning those services are currently not collecting their FFT data	<ul style="list-style-type: none"> Colin Purves from our Informatics Team will be reviewing exclusions on SystemOne in November A meeting has been set up with Service Leads affected to look at alternative solutions for collecting their FFT data

Good news story

The quarter also saw the launch of our FFT Board competition where wards and services were invited to share photos of their FFT Board which displays the feedback collected and any improvements made as a result of what patients and carers said.

All entries were judged by our Patient and Carer Leader panel and we are delighted to announce Mill Lodge as the winners who will receive £100 voucher to spend on patient activities.

Here is what Grant and Tasha said about the poster:

‘They have been innovative in presenting their Friends and Family board quite imaginatively! Really felt the use of creativity was there when designing this board and when thinking of their patients and the theme of movies playing on the Ward. Think this board has scope to grow with many fun and interactive comments coming from all.’

‘I choose the movies screen from Mill lodge as I feel that people we take time to look at it and not think it just another boring notice board’



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

Our service user and carer network continues to grow and we now have over 140 people registered on the network working with us at various levels of involvement in order to improve services.

In the quarter we launched our first Involvement Prospectus which included all our training and development opportunities for the involvement network members, in order to better support and equip people to be able to get involved at various levels across the Trust. This also included the opening up of our staff Health and Wellbeing sessions to include our volunteers, and those working on involvement projects with us. Our second cohort of patient leaders also successfully completed Patient Leadership training which included the below modules;

- Understanding patient involvement and leadership in practice
- Diversity in patient involvement and leadership
- Influencing people in meetings
- Sharing patient experiences

We also launched an introduction session on what it means to get involved in partnership with the Recovery College, the session is co-delivered with someone with lived experience who talks about their involvement journey with us. The sessions have been very well received and have been a great approach in registering people to the involvement network, and then matching them to projects.

Two patient involvement initiatives have achieved national recognition as finalists in the annual Patient Experience Network (PENNA) Awards 2021. The Recovery and Collaborative Care Planning Cafes were shortlisted in the “Strengthening the Foundation” award category and the Mental Health

and Wellbeing Workbook in the “Support for Caregivers” award category. The Recovery and Collaborative Care Planning Cafes were runners up in their category.

We now have over 50 projects registered onto the Life QI system with some level of patient involvement including gaining patient/carer insight or patient and carer leaders working collaboratively with staff as part of the project team. We have also developed a weekly involvement huddle where we discuss QI projects and the best approach for involvement, resources available, and have a patient leader attending these to give a lived experience perspective, ensuring that the patient is at the heart of all the improvements we make. I have included an example of a collaborative QI project.

Involvement in Research

PINMED (Patient Involvement in Medication Decisions) is an electronic tool that can help service-users be more involved in decisions about their care. The PINMED project is an outcome of research carried out at the Trust by one of the mental health pharmacists. PINMED is currently being developed in an App and web-based format where service-users will be able to download the App onto their mobile phones or access it via a secure website, and can help service users prepare for their out-patient appointments, provide information about mental health conditions and their treatments to help them make an informed choice and make a valuable contribution to discussions about their care. Two patients with lived experience have been working closely with the pharmacist and app developers in order to develop and provide feedback on the app. More engagement will be sought as the app is tested and the two patients will continue to support the evaluation of the app.

Involvement in Adult Mental Health

For world suicide prevention day in September the Safety Planning service user group, working alongside the LPT Suicide Prevention lead, held a patient led creative workshop focusing on Creating Hope Through Action which was opened up to anyone to attend. It was a great session with many great discussions on what Hope looked, and felt like to different people. Many creative pieces were made, along with poems of Hope which have been sent into the team who are regrouping to plan next steps and how this will feed into resources to support personal safety planning. Two people with lived experience that attended the workshop have now also registered for involvement and joined the patient safety working group.

Involvement in Community Health Services

No update.

Involvement in Families, Children and Young People and Learning Disabilities

Families, Children and Young People Services

- Online surveys developed for CYP with SEND as one approach to receiving feedback around transitions and SEND support within Health. Focus group attendance and session will also take place to support feedback via local SEND groups
- Healthy Together 2.5 year parent/carer questionnaire has been sent out across LLR via S1.
- Feedback from 63 parents attending the “Lets get Talking” attend anywhere appointments has been gained via an envoy survey sent via SystemOne. Draft report has been shared with service leads before wider sharing (to report themes and impact next month)
- Following a meeting with Healthy Together Early Start Health Visitor around patient experiences and digital access a **QI** conversation starter has been submitted by the team to explore digital poverty and a solution to online access.

- SALT Patient experience survey is now live to capture the views of families after accessing the “communicating together” workshop. The workshop is due to go live at the end September/October.
- Similar feedback surveys are underway for SALT signs and symbols workshop
- Work has begun to capture the views of those attending OT early years clinics, feedback questions have been developed to understand the experiences of these clinics, to be delivered via survey/telephone call TBC.

Learning Disabilities

- Meeting taking place with Short Breaks Charge nurse to create a pathway for feedback opportunities, and to ensure that any feedback already received is documented.
- Phoenix charity continues to visit with a variety of animals, for patients to spend time with and learn about. Some patients have been able to visit and help out on the farm also during their S17 leave access.
- Continued representation of people with learning disability in interview panels despite challenges with in the digital offer.
- The service are working with Ellie Pratt from the Community Knowledge Service and established sharing routes for patients, families and staff
- QI to involvement training session in a box was delivered to staff from LD services during September
- Mop up sessions for Easy read widget training is underway.so far 90 staff members have been trained
- LD Talk and Listen patient group have been working on developing the FFT paper version to support those who are unable to access digital feedback options.
- A bid is underway for 2 x staff to work within LD as “community engagement and opportunities officers” who will support Experts by Experience/patient leaders within this role.

Leicestershire Adult Eating Disorders Service

- The service continues the development of stepdown care following inpatient admission with a panel discussion with past service users and holding focus groups with current inpatients.
- A questionnaire has been written to determine peer-support requirements. A link to this (on the ENVOY system) will be sent via System1 to all current patients and carers
- Posters have been produced for the inpatient and outpatient areas highlighting outcomes from the patient experience questionnaires. Example included below

Good news story

During the quarter a discussion paper written in partnership with three patient leaders with lived experience on developing a lived experience framework was presented to the Operational Executive Board. The paper set out the proposal to develop a framework for co-production and developing lived experience roles across the Trust. Following a good discussion the approach to develop lived experience across the Trust was fully endorsed and work develop the framework should commence. A small group including three patient leaders with lived experience will be working closely with the Trust and a national lead for this work over the coming months.

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

The Council continue to meet as a group on a monthly basis and fortnightly with the Leadership Team.

The Council are undertaking their annual review of membership alongside a recruitment campaign to attract new members from across local voluntary and community sector organisations and patient and carers with lived experience.

The Council met with Sam Wood, Head of Transformation to discuss the refresh of the Step up to Great Strategy.

The Council have now confirmed their three priorities for 2021-22, these are:

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

Task and finish groups are being established to focus on these three areas and will be lead jointly by a member of the Council from the voluntary and community sector members and a patient/carer leader.

The Council submitted a formal response to the Step up to Great Mental Health consultation.

Lots of marketing and communication activities continue to take place, online via Facebook and Twitter.

LPT Youth Advisory Board (YAB)

YAB contributed to a session with the Mental Health in Schools Team service to support pulling together gender identity FAQs for staff within the service to refer too and use when working with CYP.

YAB contributed and produced the attached presentation below in support of the communication teams across LLR. This is to support the covid-19 vaccination roll out programme for 12-15 year olds. Digital engagement is ongoing with the covid-19 vaccination programme team, next month digital engagement lead Oliver Kyle will join the YAB to discuss developing a new video to support YP who are hesitant in taking up the vaccine.

Sam Wood- LPT Head of Strategy attended YAB to present and engage with YP around their ideas on the Step Up to Great refresh. Sam will be returning to the group to follow up the ideas and suggestions around details YP discussed within each area of the plan.

YAB had contributed to views and ideas for FYPC LD SMT which focused on voice, engagement, participation, and the Lundy model principles. The slides from this session have been shared across the directorate.

Good News Story

YAB have been successfully nominated for an award in the CYP national 2021 awards. The YAB are one of 7 entries within the "working in Partnership" category as a group established between Health and Local Authorities.

The YAB were successful in being nominated within the 'Volunteer of the Year' category for the LPT Covid Hero Awards 2021. 5 YAB members are due to attend the awards held on 1st October. 1 YAB member continues to be part of the LPT Peoples council, feeding back into both groups either way. 2 YAB members have been supported to join the Leicester City Council Health Scrutiny Panel and attended a first meeting in September.

Assurance

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

Equality, Diversity and Inclusion (EDI) Patient Experience and Involvement

The EDI Patient Experience and Involvement Group has been running for 12 months. The group which reports into the Patient and Carer Experience Group has been established 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 Group will strive to embed a culture of inclusion, engagement and collaboration, where all staff and patients feel valued and recognised as we Step up to Great.

The Group will aim to place the Trust at the vanguard of equality, diversity and inclusion work within the public sector, leading the way in fostering innovation and high performance.

The Group has membership from across all directorates of the Trust alongside three Patient and Carers with Lived Experience, chaplaincy and volunteering. It has been proposed that the quarterly patient experience and involvement report provides regular updates on the work of the group.

The work of each directorate through their respective EDI structures is brought to the meeting for assurance, discussion and identification of actions if required. In addition to this the group has identified some key areas of focus over the coming year and these include:

- audit/review of religious and faith materials and space across the Trusts inpatient areas
- Advancing mental health equality collaborative
- Accessible Information Standard (via the Inclusive Communications Group)
- Equalities Data

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 21 st December 2021	
Paper sponsored by:	Anne Scott, Director of Nursing, AHPs and Quality	
Paper authored by:	Alison Kirk, Head of Patient Experience and Involvement	
Date submitted:	21 st December 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):	PCEG 29 th October 2021 Quality Forum 11 th November 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		
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 Q2 – 1 July – 30 September 2021

	Q1	Jul 2021	Aug 2021	Sept 2021	Total Q2	Total 21/22
Mental Health Service	22	14	14	6	34	56
Community Health Services	20	3	9	4	16	36
Families, Young People and Children & LD	12	5	6	2	13	25
Total Received	54	22	29	12	63	117
Complaints vs Patient Activity (Complaints Rate as a %)*	0.05	0.02	0.02	0.01	0.05	0.05
% of complaints acknowledged within three working days	94	100	86	91	92	93
Number of complaints responded to within the date agreed with the complainant****	13	18	13	0	31	44
Number of complaints responded to in 45 working days	13	18	13	0	31	44
Number of complaints responded to in a date agreed with the complainant	3	0	0	0	0	3
Number under investigation at the end of the Quarter	38	2	16	12	30	68
% of complaints responded to within the date agreed with the complainant****	100	90	100	100	97	97
Number of complaints upheld or partly upheld in quarter	7	13	8	0	21	28
Number of complaints ongoing after 3 months**	3	2	2	2	2	5
Number of complaints ongoing after 6 months***	0	0	0	0	0	0
Number of reopened complaints	12	4	1	2	7	19
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

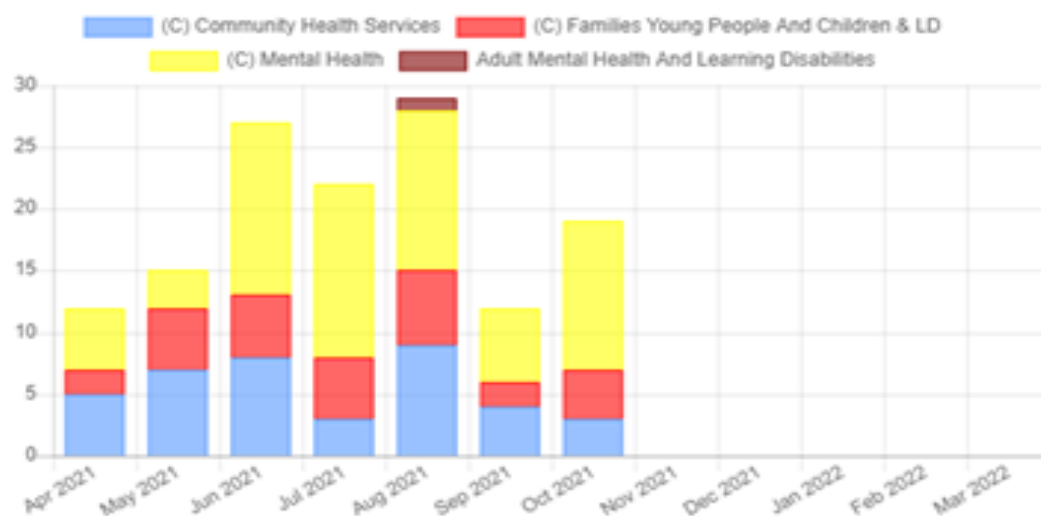
*Patients attended and seen

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

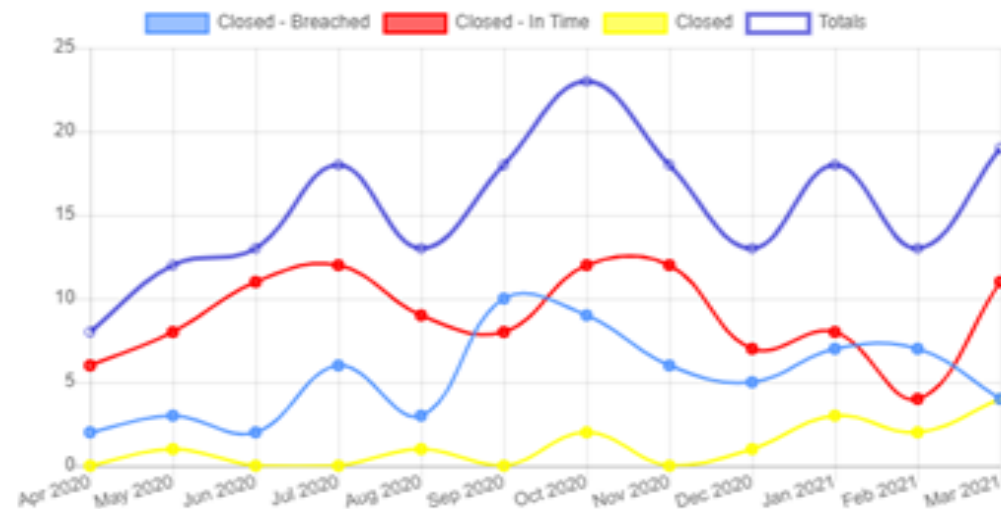
***Complaints ongoing after 6 months at the end of Q2. These do not include those complaints included in the ongoing after 3 months section.

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

Complaints Received by Directorate (financial year)



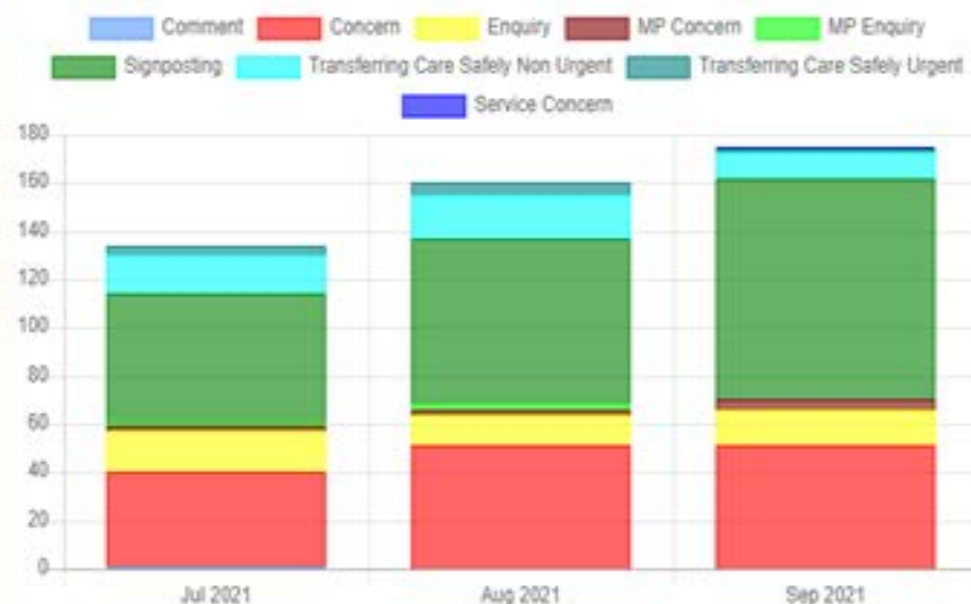
Complaints Performance (financial year)



Complaints and PALS received by Service area:

	Complaints	Concerns		
Directorate of Adult Mental Health	ADHD Service	2	3	
	CAMHS - City	3	13	
	CAMHS - County	7	27	
	Crisis Resolution Team	6	4	
	Central Access Point	3	14	
	Risk Management Team	3	1	
	Inpatient Wards	8	16	
	Dynamic Psychology	3	1	
	Forensic CAMHS	3	3	
	Francis Green Lodge	3	3	
	CBI	3	3	
	Mentory Service West		3	
	Mental Health Urgent Care Hub	3		
	MSL Lodge		3	
	Peer		3	
	SHOOP CAMHS County	3	3	
	Community Health Services	District Nursing - City	7	12
		District Nursing - County		4
		District Nursing - Wards	2	3
Community Therapy		2	2	
Integrated Specialist Palliative Care		2	2	
SPA		3	3	
CRS Management			3	
Advanced Nurse Practitioner			3	
Physiotherapy		3	3	
MSL Physiotherapy			2	
Conscience			3	
Inpatient Wards		2	4	
Families, Children and Young People and Learning Disabilities		CAMHS - City		5
	CAMHS - Swain		2	
	CAMHS - County	4	5	
	Children's Therapy	3	3	
	FPPC Area 1		2	
	FPPC Area 2		3	
	Healthy Together Administration	3	2	
	Nutrition and Dietetics	3	3	
	FPPC Blaby		2	
	FPPC Chaffoy and Wigston		3	
	FPPC Harborough		3	
	FPPC Heckby and Bosworth		3	
	FPPC North West Leicestershire		2	
	FPPC Milton, Rutland & Harborough		2	
	FPPC South Charnwood	3		
	FPPC North Charnwood		3	
	Learning Difficulties Outpatients		3	
	LD Psychiatry	2		
	Nonusers Families Service		3	
	LD Community Services		3	
	School Immunisations		3	
	Paediatric Medical Services	2	13	
	Paediatric Admin		3	
	Neurodevelopmental Team		3	
	SALT - Children's	3	2	

Breakdown of PALS Contacts by Contact Type



FFT Responses – July – September 2021

Response and Ratings by Directorate

Directorate	Response Rate	Positive	Negative
Directorate of Mental Health	5%	55%	31%
Community Health Services	8%	86%	6%
Families, Children, Young People & Learning Disabilities	4%	76%	15%

6%
Response Rate

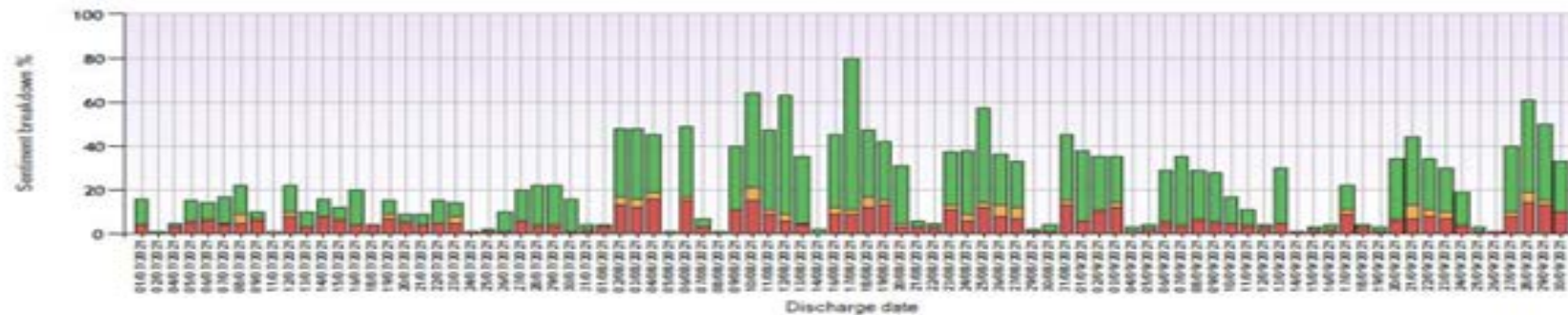
Positive: 78.47%
Negative: 12.47%



Legend

- Positive
- Neutral
- Negative

FFT Sentiment Analysis – all Services July – September 2021

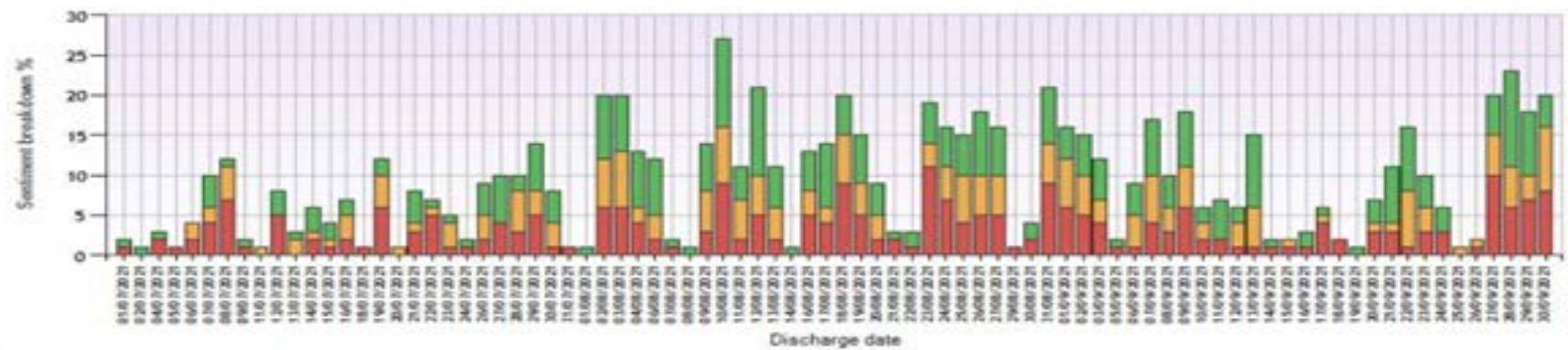
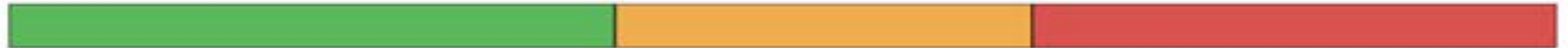


FFT Sentiment Analysis – all Services July – September 2021

Legend

- Positive
- Neutral
- Negative

Environment



Implementation of Care

