

Trust Board – 29th March 2022

Patient and Carer Experience and Involvement (PCEI) Quarterly Report (including Complaints) Quarter 3, 2021/22

Purpose of the report

- To provide an overview and update of the various aspects of the Patient Experience and Involvement team's work.
- To provide an overview and update on the complaint's activity for quarter 3.
- 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

During discussions at the July 2021 Complaints Review Group, it was proposed that the Trust move towards a reduction in the timeframe for investigation of formal complaints from 45 working days to 25 working days, the timeframe pre-Covid-19, by the end of quarter 4 2021/2022. A trajectory of reducing complaint investigation timescales with a quarterly reduction back to 25 working days by the end of quarter 4. At Q3 the investigation timeframe was reduced to 35 working days however, due to the discovery of the Omicron variant and the increased pressures on the services pre-Christmas with staffing levels and sickness, the investigation timeframe was again increased to 45 working days from 22 December 2021. It was subsequently identified that there is no regulation

which requires the Trust to have a 25-working day investigation timeframe and most other local agencies have a similar, if not longer timeframe for investigation. The timeframe for a complaint investigation will be discussed once again when the Trust returns to a pre-Covid-19 status.

In Q3, the Trust formally registered 66 complaints, which is an increase of 3 from the previous quarter and further increase on the 54 registered in Q1. Although the number of complaints received has increased, no complainants got back in touch following the final response on their concerns, to raise outstanding concerns. This has resulted in no complaints being re-opened in Q3 which is the first time this year that this has been achieved. This reduction can be explained by the continuous collaborative work between services and the Corporate Complaints Team. Regular reviews on each case, considering and determining whether a further formal investigation will change the outcome. Furthermore, several meetings between complainants and the services have been organised to ensure that the investigation and outcome could be explained and discussed in a less formal environment.

Q3 again saw a significant increase in District Nursing complaints, however, as was the case in Q2, the team have worked closely with the directorate, bringing back the weekly governance meetings, which provide a place where information can be shared, and any future trends or concerns can be discussed, and a plan put in place before it has time to escalate. The Complaints Manager has also linked in with the Patient Safety Team, where a District Nursing case is being discussed to ensure all parties are present for the decision to be made regarding the route of investigation.

November and December 2021 saw the introduction of the Omicron variant and resulted in a call from the government to attempt to vaccinate as many people as possible before Christmas. In direct correlation to this, the Trust saw an upsurge in contacts made regarding the School Immunisation Service and the cancellation or rescheduling of flu vaccinations in Primary and Secondary schools around Leicester, Leicestershire, and Rutland. As had been the case in Q2, the issue was identified early and based on the established relationships between the service and the team, a plan of action was swiftly agreed. This allowed the issues to be raised, investigated, and responded to in an efficient and effective manner, with only two cases being escalated through to the formal process.

As we moved into Q4 the team continue to work closely with the directorates, having open, honest, and productive conversations with members of staff. We have seen a shift towards a more collaborative way of working between the services and the corporate teams, which has enabled us to react more quickly to increases in contact and resolve matters informally, where possible in the first instance. Whilst there was a slight increase in the registration of formal complaints in Q3 in comparison to Q2, it will remain to be seen, whether the continuing changing attitudes of the public towards the NHS, as the outside world moves back to “normality”, has a continued impact on the number of complaints logged.

Complaints Activity Data – October 2021 – December 2021

| Key Performance Indicator | Q3 21/22 | Q2 21/22 |
|--|----------|----------|
| % Of complaints acknowledged within three working days | 97% | 92% |
| % Of complaints responded to within the date agreed with the complainant | 97% | 97% |
| Number of complaints upheld or partly upheld in quarter | 29 | 21 |
| Number of reopened complaints | 0 | 7 |

| | | |
|---|---|---|
| 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 Q3 totalled 443 (including signposting), this is a 9% increase on the numbers received in Q2 and 45% increase to those received in Q1. There was an increase of 8% (n=45) in the number of concerns and enquiries received compared to Q2, including 6 enquiries received by the CQC on behalf of patients. There was again a high number of contacts received by the Service that related to either UHL or NHS England (GP contacts) amounting to 4% of all contacts received. Despite corrections being made on NHS Choices in Q2, the ongoing number of contacts has necessitated an approach to colleagues within UHL to try to address, this will be progressed in Q4.

Themes from complaints, concerns, and compliments

Q3 shows a clear trend in terms of the number of concerns and enquiries received by the Trust in relation to accessing services (including appointments and delays in treatment) which constitutes 35% of all contacts received. Communication between professionals and patients, carers and families remain a key theme with 22% of all contacts relating to communications followed by 21% in relation to care needs not being adequately met. The deep dive into complaints relating to communications has been delayed in Q3 due to staff capacity and this will be undertaken in Q4 with the results being reported to the Complaints Review Group for further consideration. It will be proposed that a review of all complaints and concerns categories be reviewed in 2022-23 to allow for more accurate reporting.

The Directorate of Mental Health received a total of 119 complaints, concerns, comments and which is like the number received in Q2. The key themes of concerns and complaints for the directorate are in line with those across the Trust with access to services (including appointments and delays in treatment) making up 20% of all contacts received, 22% relating to communication with patients, carers, or families and 16% relating to patient care. Adult Community Mental Health Teams continued to see the highest number of issues with 51 contacts which is in line with the last two quarters. This data has been triangulated with the results from the 2021 Community Mental Health Survey and has been shared with service leads to help them identify any areas for action. The Community Mental Health Survey Report for 2021 will be going to the Directorate Management in February, delayed due to the recent wave of the Omicron variant, where improvements and actions will be discussed.

Community Health Services Directorate received 74 concerns and complaints which is an increase of 33% compared from Q2. As set out earlier in this report District Nursing continues to receive a high number of concerns, 36% of all concerns and complaints received by the service are in relation to access (including appointments and delays in treatment) and patient care with 19% of concerns and complaints sighting areas for concern in relation to failing to provide adequate care. This patient experience information has been included in the recent Quality Summit held in early November by the Directorate to look at the concerns within the District Nursing Service. A follow up summit is taking place in February 2022. For the directorate the trends for concerns and complaints are in line with those of the Trust and the Directorate of Mental Health with 34% relating to access (including appointments and delays in treatment); communication with patients, carers, and families 18% and patient care 24%.

For Families, Children, Young People and Learning Disabilities the total number of concerns received was 83 which is a 22% increase to those received in Q2 (65). CAMHS Services, including the Eating

Disorder Team have seen most of the concerns for the directorate with 26 concerns and complaints equating to 31% of all contacts for the directorate. As with the Trust and other two service directorates, key themes for both CAMHS and wider services within the directorate relate to access (including appointments and delays in treatment) 47%, communications 13% and patient care 16%. However, it should be noted that concern and complaints relating to access to services (including appointments and delays in treatment) was higher for Families, Young People and Children and Learning Disabilities than other directorates. Drilling down the data shows that School Aged Immunisations Team, having also received a high number of concerns, can be attributed to the reduction in services offered by the Team as they support the ongoing vaccination programme in response to the Covid 19 pandemic. As set out previously in this report the issue was identified early, and a plan of action was swiftly agreed. This allowed the issues to be raised, investigated, and responded to in an efficient and effective manner, with only two cases being escalated through to the formal process.

13 concerns were received were in relation to Quality and Professional Practice and Corporate Services. Of these 13 contacts, 4 related to access; 4 communications; and the remaining 5 in relation to Trust policies and administrative processes.

4 MP enquiries were received in the quarter.
6 CQC enquiries were received in the quarter.

Activity data – 1 October 2021 to 31 December 2021

| | PALS concerns (excl'd signposting) | Complaints | Compliments |
|---------------------|--|--|--|
| Number | 223 | 66 | 138 |
| Top 3 Themes | <ul style="list-style-type: none"> • Communications • Access to services • Patient Care | <ul style="list-style-type: none"> • Patient Care • Communications • Access to services | <ul style="list-style-type: none"> • Staff Attitude • Care & Treatment • End of Life Care |

Good news story

No reopened complaints were received in the quarter. This reduction demonstrates the continuous collaborative work between the service and the Corporate Complaints Team to review each case on their own merits and determine whether a further formal investigation will change the outcome. Furthermore, several meetings between complainants and the services have been organised to ensure that the investigation and outcome could be explained and discussed in a less formal environment.

Keys areas of concern

| Risks | Mitigations |
|--|---|
| Numbers of in appropriate contacts into both PALS and Complaints Service that are not related to LPT Services. Impact on patient experience in being passed around services. | <ul style="list-style-type: none"> • Request to meet with lead for Complaints and PALS within the Trust to agree how to mitigate |

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 Q3 the Trust received 5846 individual responses to the FFT question which equated to a response rate of 7% which is an increase of 1% from Q2. Of these responses 82% (Q1 78%) reported a positive experience of care and a 10% (Q2 12%) response rate recording negative or poor experience of care. The full breakdown of data received in Q3 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 | 252 | 0.029% |
| Individual Voice Message | 667 | 00.76% |
| Online Survey Once Patient is home | 266 | 00.30% |
| Paper Survey | 19 | 00.02% |
| SMS/Text | 4642 | 05.27% |
| Total | 5846 | 06.63% |

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 | 206 | 00.23% |
| Individual Voice Message | 396 | 00.45% |
| Online Survey Once Patient is home | 39 | 00.04% |
| Paper Survey | 201 | 00.23% |
| SMS/Text | 3726 | 0.4.23% |
| Total | 4568 | 0.5.18% |

During the Quarter the Team ran a drop-in masterclass sessions focusing on 'working with patients and carers for improvement'. Due to the ongoing challenges on staff capacity in response to the ongoing pandemic the session was recorded to enable those who could not attend to listen when they had capacity to do so. The recording of the session can be found here: <https://youtu.be/egd3PLwdTws>. There are some useful tips and hints on how to involve patients and carers in any quality improvements.

Due to the ongoing capacity demands on staff responding to the pandemic, planned developments for Q3 were not achieved. These are currently being reviewed and will be discussed with directorates through the Patient and Carer Experience Group.

Key Areas of concern

| Risks | Mitigations |
|--|--|
| Ongoing connection issues on wards are preventing some services from using iPads to collect their FFT data | <ul style="list-style-type: none">Working with LHS on options for connectivity. Working closely with those services and wards affected to adopt different collection approaches in the interim |

Good news story

On 7 December the presentation for the competition winner of the Friends and Family Test board took place. Sim Chopra, ward clerk at Mill Lodge, created the display board. Grant, one of our service users on the judging panel, presented the Unit with £100 of vouchers and a certificate signed by Anne Scott, executive director of nursing, AHP's and quality.

The vouchers will go towards activities planned for Christmas. Well done again Mill Lodge and many thanks to Grant for taking time to present the voucher and certificate.



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

Patient and Carer Involvement in Quality Improvement

The Patient Experience and Involvement team have been working with the Lived Experience Quality Improvement volunteer to co-create an introduction to quality improvement session, which includes:

- Understanding what quality improvement is
- We Improve Q; LPT's QI strategy
- QI approach - Plan, Do, Study, Act (PDSA)
- LPT's involvement approach
- How service users and carers are matched to projects
- Roles in projects

A group of 8 service users and carers with lived experience have now come together as a community of practice to start looking at developing skills around quality improvement and to work more collaboratively with QI projects across the trust from a lived perspective.

Complaint's satisfaction survey review

A person with lived experience of the complaints process is working collaboratively with the Patient Experience and Involvement team to review the current complaints satisfaction survey and to develop a new one. Work has commenced reviewing the survey along with current processes. We are also inviting people with experience of accessing PALS and/or complaints to get further involved with creating a new survey which aims to capture experience of those accessing the complaints

process and to share the experiences with a view for further Quality Improvements across PALS and Complaints.

Involvement those with Lived Experience in Trust recruitment

Over 20 patients, service users and carers, including members from Youth Advisory Board, have now received training in recruitment to enable them to get involved in staff recruitment. This includes the development of values-based questions which can be used in interviews where we have not been able to involve patients, service users and/or carers directly. During Q3 several recruitments have taken place with patients, service users and carers taking part in panels, these include Mental Health Practitioner roles, Quality Improvement Clinical Lead, Complex Trauma Pathway Lead and Peer Support Workers.

Recovery and Collaborative Care Planning Cafes

Cafes continue to take place via MS teams with a regular group of around 15 service users, carers, and staff, we are also starting to see new staff members attend the cafes. We have worked with café attendees to plan for the 2022 programme of cafes, theming them around topic areas and inviting guest speakers. These sessions are being created with patient, service users and carer leaders and they are also leading on these sessions. Some of the upcoming cafes include a focus on collaborative care planning, the care coordination policy, and LGBTQ+ with guest speakers from Trade Sexual health and Victim first.

A member of staff from the café planning team and a patient leader presented at two national Patient Experience Network (PEN) events to share learning from the collaborative approach to the cafes as a result of being runner up for the category of 'Strengthening the Foundations' at the PEN Awards 2021.

Developing a Lived Experience Framework

A small group of people with lived experience and working alongside an external ex Patient Director to develop a Lived Experience Framework. The framework will bring together three key components of lived experience including the People's Council: developing Patient Partners and scoping the role of a Patient Director. Work will include the creation of a discussion paper which will be shared with directorate leads during quarter 4 to facilitate further discussions on the roles of lived experience within directorates at both the strategic and operational level through roles such as patient partners. Feedback from these discussions will then be pulled together in a draft framework for further discussion and agreement with senior leaders on aspects of the framework for implementation in 2022/23.

Involvement in Community Health Services

Community Health Services (CHS) patient leader

CHS has recruited its first patient leader who has been working collaboratively with the Cardi-Respiratory team on the award-winning quality improvement project improving access and uptake of digital technology to support the care of adults with long term conditions in the Cardi-Respiratory services.

The patient leader is now working on a collaborative project with LPT and UHL developing a new integrated asthma pathway. They are also attending various training and development and would like to offer peer support to other service users, as well as offer peer led education session

Involvement in Adult Mental Health

Mental Health Central Access Point Service user/carer group

This group has reconnected after a few months of no meetings and discussed next steps. The group intends to extend the area of focus to also cover mental health urgent care services, with a view to

also expand the members of the group and to meet on a bi-monthly basis moving forward. The team are aligning workplans with those of the mental health step up to great transformation plans to firm up an offer to those expressed a wish to get further involved as a result of attending consultation events.

Developing mental health patient, family, and carer facilitators

A small group of people with lived experience of inpatient mental health services came together with the Patient Experience and Involvement Team to input into the creation a role description for a Patient, Family and Carer Facilitator. The role who be placed within a ward team. The proposed role would be a point of contact for service users, families, and carers whilst on the ward, facilitating communications, supporting both service users, their families, and carers through provision of advice, signposting to support and capturing experience and feedback. The draft role description, which has been based on the current Patient and Care Facilitator role within the Agnes Unit, which was identified as outstanding practice by the CQC, will be shared with the Head of Nursing for Mental Health Services for consideration.

Personal safety planning

This group of service users and carers continue to work on the personal safety planning work with the Trust lead, Ann Jackson. Work has now began creating a draft of personal safety planning principles and guidance, along with a letter of hope. The group are also working alongside the communications team to help create content and ensure patient/carer voice is included in a new staff webpage focusing on support and resources to enable staff.

Involvement in Families, Children and Young People and Learning Disabilities

CAMHS

The LGBT centre led training sessions for staff has been completed all those that attended have received relevant resources and information shared during the sessions. CAMHS staff have received a report sharing the survey feedback gained from participants attending the sessions. The training was positively received from most staff, with 31/34 who completed the survey saying they would recommend the training to colleagues.

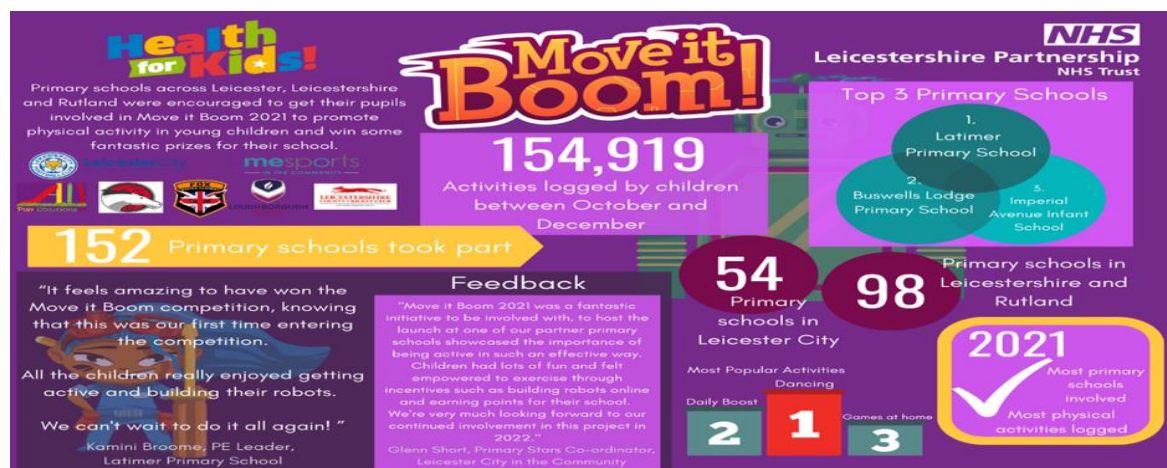
The Governance team have supported CAMHS staff cultural awareness surveys for clinical and non-clinical staff, these were developed by psychologists Andy Bracket and Alison Smith as part of the CAMHS BAME steering group. The survey has been extended into January 2022 to ensure further staff engagement and increase uptake. Training has been offered to staff based on YP feedback and experiences with their gender and identify when accessing CAMHS services. To improve the experience of YP across the LGBTQ community when accessing services

A programme of 8 sessions with Rob Gee have been undertaken at the Beacon on Tuesday evenings. The interactive creative sessions have involved both staff and young people taking part in group poems, short story telling and other group work word games. Feedback is being received via a short 4 question paper survey and collected at each session to form the evaluation of the 8-week intervention. Feedback from staff and YP so far is 100% positive, YP have engaged well with the sessions and are reluctant for the sessions to finish in January.

0-19 Healthy Together

Information gathering for Rutland Healthwatch is underway as they propose to be focusing on project to understand family's experiences of maternity and health visiting (6 months post birth) for a project starting in 2022.

Impact and engagement below shared from the Move it Boom campaign this year, which saw the biggest rise in the engagement of this programme since starting.



Learning Disabilities - Agnes Unit

The Phoenix Charity visited the Agnes with George the Reindeer and Chester the Dog over the festive period and patients enjoyed the visit along with turkey and stuffing cobs, hot chocolates, non-alcoholic mulled wine, and mince pies.

The Unit now have new user-friendly signage up, which supports patients and families to navigate the building.



Every patient is having a review of their timetables which includes evening and weekend activities for them to support their needs and preferences in engaging with meaningful activities

Learning Disabilities - Community Update

One of the nursing team is undertaking research into discharge from the service. Easy read information has been developed to gather feedback directly from people with learning disabilities about how they feel about discharge and leaving services.

Adult Eating Disorders Service

- Inpatients have been actively involved in the training for staff on Langley Ward
- Inpatients have been on the interview panels for new Langley Ward staff during November & December 2021
- Outpatients were involved in the development of a 'virtual' group which will offer psychoeducation on eating disorders for patients on the waiting list for therapy
- A clinical psychology student is conducting a qualitative research study within LAEDS: 'A service evaluation exploring the experience of adults from a South Asian background within an eating disorders service'

Good news story



The Learning Disability Service were able to secure Charitable funds to buy Christmas boxes for the Talk and listen group members to thank them for being involved and codesigning virtually all this year. The service recognise that it has been extremely difficult all year to involve and engage on-line but are grateful for the support and patience.

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

During the quarter the People's Council have been undertaking a review as they come to their first year of establishment.

The independent review, included a review of the activity of the Council over the last year, interviews with members of the Council and a review of the Terms of Reference. The review recommended that:

- Expanding the membership of The People's Council to provide a wider viewpoint of LPT services
- Consider moving to face to face meetings to ensure better interaction with members
- Improve the impact of the Council
- Reform the Council to:
 - Speed up decision making
 - Provide more welfare support to members of the Council

These recommendations are now being considered by the Council and will be discussed in February 2022.

LPT Youth Advisory Board (YAB)

YAB continue to meet virtually, each week on MS TEAMS. The group celebrated Christmas with a virtual quiz hosted by Peer support worker Leanne during the last meeting of the year.

YAB members, their families, LPT staff and the local community including LCFC successfully supported the 2021 YAB Christmas Campaign.

Over 60 shoe box parcels were put together for Children and Young People (CYP) aged 13+ which included self-care items, sensory gifts, Christmas treats, and scarfs donated by LCFC. These were given out at clinicians/staff discretion to young people accessing CAMHS services across LLR. All young people at the Beacon, and those supported by YPT CAMHS were the majority of those to receive boxes.



During December the YAB met with colleagues from the CCG to discuss their ideas and suggestions for promoting the help and support available for young people across schools and colleges, the group met the new CCG commissioner and shared discussions around future involvement for the group next year.

The YAB met with the 0-19 Healthy Together service group manager and school nursing lead to help support the service understand how young people feel the school nursing service should be promoted and communicated to them. The group supported helpful discussion and gave ideas to the service, the team have agreed to meet with YAB on a rolling 3 monthly basis to ensure that feedback, actions and improvements are being achieved based on feedback and to create a partnership relationship to all improvement work.

Bez Martin who has been supporting the YAB from the LA has left her role and working for the Local Authority during the quarter. Two Youth Workers from the City Council will be supporting meetings until further notice.

The group supported a session with the CAMHS Eating Disorder team to shape service evaluation and feedback forms that young people who access the service are asked to complete following treatment. The group offered an insightful young people view to this and have created the survey to become more user friendly. The group will be reviewing the feedback in 3-4 months time with the service to understand what YP are sharing around their experiences.

The group have started to plan a mystery shop of online MH support, this will begin with scoping the accessibility of "online offers" and feature specific mystery shopping of the "Kooth" service available to young people.

Good News Story

YAB were pleased to be shared and see the below covid vaccination video that they supported co-designing with the digital engagement team at the end of last year. An example of their co-production in action!

<https://www.healthforteens.co.uk/health/coronavirus/covid-19-vaccination-information/>

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 Group met in October and December during Q3.

Following the concerns raised by Mark Burleigh, Chaplain in respect of the Gideon Bibles, it was agreed by the group that a targeted piece of work needs to be undertaken in the form of an audit/review around religious and faith materials and spaces available through the Trust estate. Further work will include agreement of questions for the audit, identification on who can support doing this work e.g., volunteers and timescales. This will be picked up in Q4

EDI Groups have now been established in the Directorate of Mental Health and Community Health Services.

Work has commenced within Community Health Services with the creation of a dashboard, which outlines protected characteristics, against services and localities. The directorate are looking at establishing EDI ambassadors within services. There is also research being undertaken in relation to End of Life which will be reported back to the group once completed.

In the Directorate of Mental Health working groups have been established to focus on:

1. Supporting staff, including career progression
2. Equality data, EIAs
3. Coproduction and codesign of services to meet diverse patient needs
4. Maximising access to service and sharing good practice

Key areas of focus for the directorate groups will be to align to organisational priorities. These will be set out in the new EDI Strategy.

In December the group received a presentation by CAMHS staff, Dr Andrew Brackett, Clinical Psychologist and CPN Nyasha Mupfukudzwa on the work of the CAMHS BAME Strategy Group. The group is a group led by 14 CAMHS clinicians and admin staff with support from FYPC LD Governance lead. The group was pulled together by Parvinder Baines who works within the Primary Mental Health Team in June 2020 following the tragic killing of George Floyd. The group meet monthly and feed in to the CAMHS Improvement meeting, which is led by Jeanette Bowlay-Williams.

The overall goal is to support and implement the anti-racism strategy within CAMHS and to make it an equitable and meaningful service for the diverse population of Leicestershire. The structure of racism, the systems, social forces, institution, ideology, and processes that interact with one another to generate and reinforce inequalities among racial ethnic groups. Ongoing challenges of the group are changing membership, dynamics of new people coming in, time between meetings to get the work done, time to process if talking about emotive topics.

Data for the group is set up and led by Allison Smith who is working with data analysts, to make it meaningful and used to inform service provision. Allison is also leading on the staff experience side, upskilling, training and engagement, shared folders for teams, and pooling resources.

The project is based on the IAPT BAME Positive Practice Guide. The project is trying to understand the cultural responsiveness of CAMHS. To design systems to reflect and accommodate differences and then engage in an ongoing process of reflection. Three overarching aims are:

- Highlight areas for improvement.
- Provide recommendations to the CAMHS service.
- Have a baseline of how we're doing to be able to measure against in future years about progress, and whether we're heading in the right direction.

The strands around the project are:

- Understanding our existing data and gaps in data.
- 2. Understanding staff experience, there's a staff survey asking about experiences of and confidence with talking about racial, ethnic, and cultural difference.
- Conducting team lead interviews within CAMHS to understand their perceptions of experiences with and confidence around issues of racial, ethnic, cultural diversity.

The group will report back on its work in early 2022 so this can be shared across each directorate.

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: | Trust Board 29.3.22 | |
| Paper sponsored by: | Anne Scott, Director of Nursing, AHPs and Quality | |
| Paper authored by: | Alison Kirk, Head of Patient Experience, and Involvement | |
| Date submitted: | 8 February 2022 | |
| State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s): | Quality Forum, 10 th February 2022 | |
| 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 |
| | Reaching Out | X |
| | 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: | | |
| False and misleading information (FOMI) considerations: | | |
| Positive confirmation that the content does not risk the safety of patients or the public | | |
| Equality considerations: | | |

Appendix 1 – Quarter 3 Complaints Breakdown

Complaints Activity for Q3 – 1 October – 31 December 2021

| | Q1 | Q2 | Oct 2021 | Nov 2021 | Dec 2021 | Total Q3 | Total 21/22 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-------------|
| Mental Health Service | 22 | 34 | 13 | 10 | 7 | 30 | 88 |
| Community Health Services | 20 | 16 | 8 | 7 | 5 | 13 | 54 |
| Families, Young People and Children & LD | 12 | 13 | 5 | 9 | 4 | 18 | 43 |
| Total Received | 54 | 63 | 24 | 26 | 16 | 66 | 183 |
| Complaints vs Patient Activity (Complaints Rate as a %)* | 0.05 | 0.05 | 0.03 | 0.04 | 0.02 | 0.04 | 0.04 |
| % of complaints acknowledged within three working days | 94 | 92 | 100 | 81 | 94 | 97 | 94 |
| Number of complaints responded to within the date agreed with the complainant**** | 13 | 31 | 12 | 15 | 3 | 30 | 74 |
| Number of complaints responded to in 45 working days | 13 | 31 | 11 | 10 | 2 | 23 | 67 |
| Number of complaints responded to in a date agreed with the complainant | 3 | 0 | 0 | 0 | 0 | 3 | 3 |
| Number under investigation at the end of the Quarter | 38 | 30 | 1 | 1 | 11 | 13 | 81 |
| % of complaints responded to within the date agreed with the complainant **** | 100 | 97 | 96 | 98 | 100 | 97 | 98 |
| Number of complaints upheld or partly upheld in quarter | 7 | 28 | 12 | 18 | 1 | 29 | 64 |
| Number of complaints ongoing after 3 months** | 3 | 2 | 0 | 0 | 0 | 0 | 5 |
| Number of complaints ongoing after 6 months*** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of reopened complaints | 12 | 7 | 0 | 0 | 0 | 0 | 19 |
| Number of complaints formally investigated by the PHSO | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of complaints upheld or partly upheld by the PHSO | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Patients attended and seen

*Complaints ongoing after 3 months at the end of Q3.

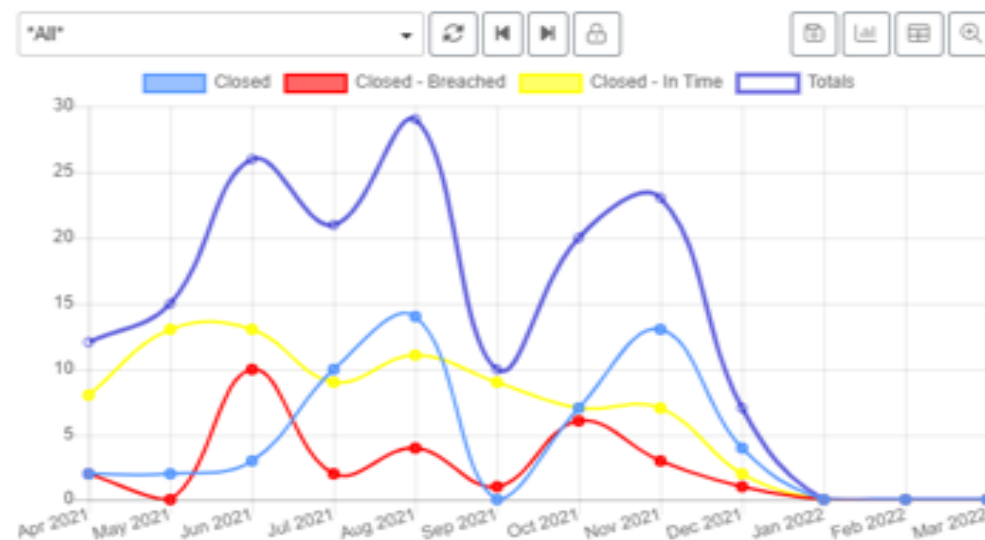
**Complaints ongoing after 6 months at the end of Q3. These do not include those complaints included in the ongoing after 3 months section.

***Position statement as responses still under investigation.

Complaints Received by Directorate (Financial year)



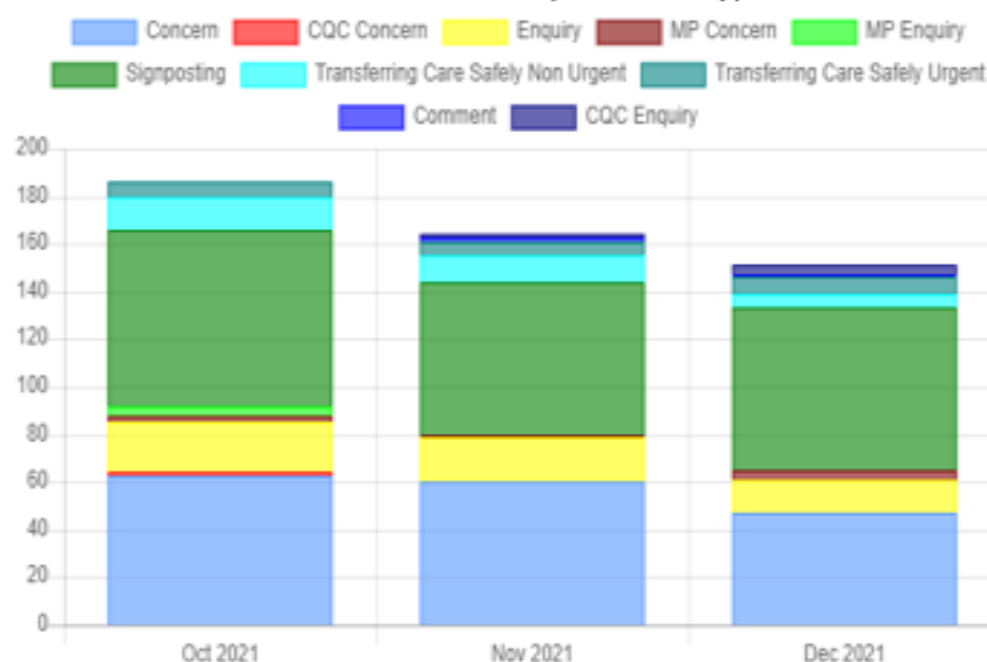
Complaint Performance (Financial year)



Complaints and PALS received by Service area:

| | Complaints | Concerns | |
|--|----------------------------------|--------------------------------|----|
| Directorate of Adult Mental Health | ADHD Service | 3 | |
| | CMHT's City | 13 | |
| | CMHT's County | 18 | |
| | Crisis Resolution Teams | 4 | |
| | Central Access Point | 9 | |
| | Arts in Health | 3 | |
| | Inpatient Wards | 27 | |
| | Neuro Psychology | 3 | |
| | Medical Psychology | 3 | |
| | Francis Dixon Lodge | 2 | |
| | Perinatal Mental Health | 3 | |
| | Memory Service West | 3 | |
| | Recovery College | 3 | |
| | Pier | 3 | |
| | NRI Liaison Team | 1 | |
| | NRI Practitioner | 1 | |
| | Urgent Care | 1 | |
| | NRISOP CMHT County | 1 | |
| | 2 | 2 | |
| | Community Health Services | District Nursing – City | 24 |
| District Nursing – County | | 7 | |
| District Nursing – Wards | | 2 | |
| Community Therapies | | 4 | |
| Integrated Specialist Palliative Care | | 2 | |
| SPA | | 2 | |
| Advanced Nurse Practitioner | | 3 | |
| NRE Physiotherapy | | 4 | |
| Contraception | | 2 | |
| Podiatry | | 3 | |
| SALT | | 3 | |
| Inpatient Wards | | 8 | |
| Families, Children and Young People and Learning Disabilities | | CAMHS – City | 4 |
| | | CAMHS Crisis | 3 |
| | | CAMHS – Early Onset | 4 |
| | CAMHS – County | 13 | |
| | Children's Health | 3 | |
| | Clone Service | 3 | |
| | FYPC Area 1 | 3 | |
| | FYPC Area 2 | 2 | |
| | FYPC Area 6 | 3 | |
| | Health Together Administration | 3 | |
| | Health Improvement Service | 1 | |
| | Nutrition and Dietetics | 3 | |
| | FYPC Baby | 2 | |
| | FYPC Paediatrics | 3 | |
| | FYPC Hinckley and Bosworth | 3 | |
| | LD Administration | 3 | |
| | LD Access Team | 1 | |
| | LD Forensics | 3 | |
| | LD Physiotherapy | 3 | |
| | Perinatal Health Support Team | 3 | |
| | Eating Disorders Outpatients | 2 | |
| | Specialist Autism Services | 2 | |
| | School Immunisations | 10 | |
| | Paediatric Medical Services | 6 | |
| | Neurodevelopmental Team | 2 | |
| Corporate Services | SALT – Children's | 3 | |
| | Covid Vaccination Loughborough | 4 | |
| | Estates Facilities Management | 3 | |
| | PALS | 4 | |
| | Patient Safety | 2 | |


Breakdown of PALS Contacts by Contact Type

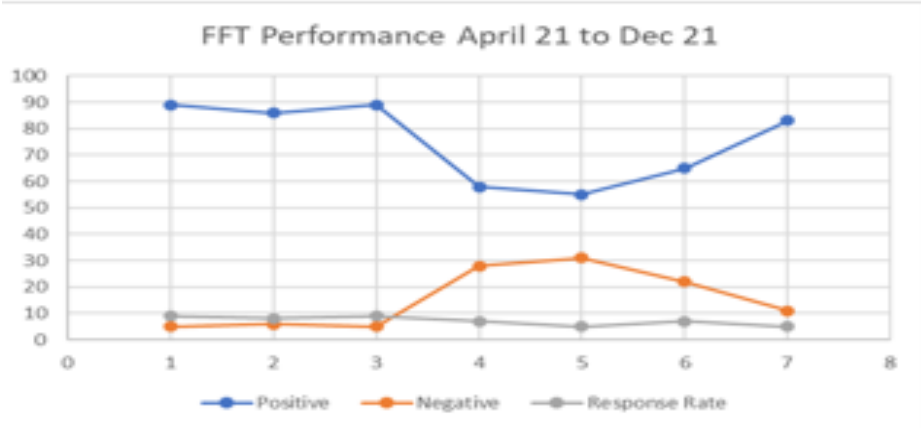


FFT Responses – October to December 2021

7%
Response Rate

Positive: 82.07%
Negative: 10.21%

Ratings 




Top 10 Words

| + Positive | | - Negative | |
|-----------------|-----|----------------|-----|
| 1. Good | 756 | 1. Time | 115 |
| 2. Service | 439 | 2. Help | 108 |
| 3. Helpful | 373 | 3. Appointment | 104 |
| 4. Staff | 338 | 4. Call | 88 |
| 5. Time | 255 | 5. Waiting | 86 |
| 6. Friendly | 236 | 6. Phone | 85 |
| 7. Care | 232 | 7. Service | 72 |
| 8. Excellent | 215 | 8. Feel | 66 |
| 9. Professional | 200 | 9. Poor | 59 |
| 10. Received | 185 | 10. Care | 58 |

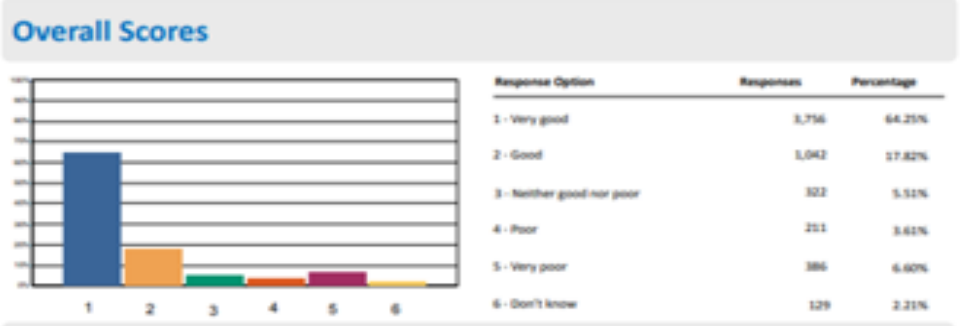
Top 10 Themes

| + Positive | | - Negative | |
|---------------------------|------|---------------------------|-----|
| 1. Staff attitude | 1791 | 1. Staff attitude | 330 |
| 2. Implementation of care | 1194 | 2. Implementation of care | 287 |
| 3. Environment | 802 | 3. Environment | 273 |
| 4. Communication | | 4. Communication | |
| 5. Patient Mood/Feeling | 548 | 5. Patient Mood/Feeling | 188 |
| 6. Clinical Treatment | | 6. Waiting time | 165 |
| 7. Waiting time | 392 | 7. Clinical Treatment | |
| 8. Admission | 218 | 8. Admission | 102 |
| 9. Staffing levels | 78 | 9. Staffing levels | 37 |
| 10. Catering | 33 | 10. Catering | 19 |

All Departments

Star Rating 

| Positive | Negative |
|---------------|---------------|
| 82.07% | 10.21% |

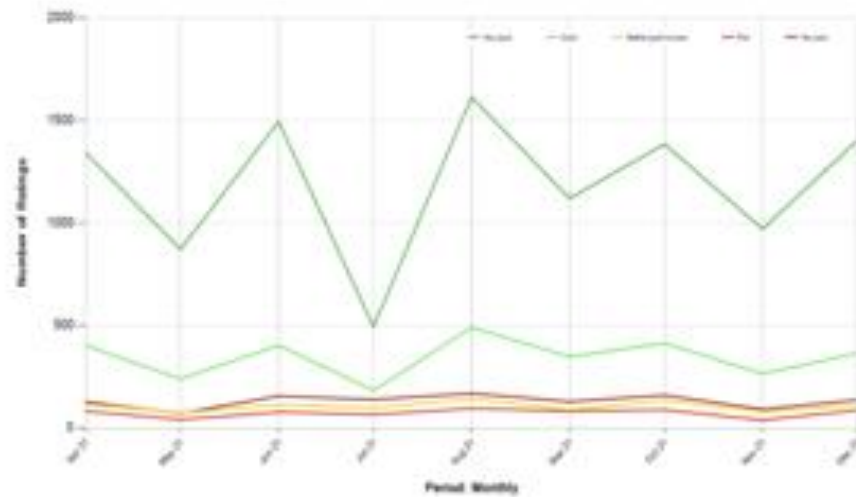


Breakdown

No Gender Breakdown Available

| | | | |
|-------------------|--------------|---------------|-------------|
| Eligible Patients | 88143 | Response Rate | 6.6% |
| Total Responses | | 5846 | |

Rating Trend – Year to date



Directorate of Mental Health Service Report

Service

Adult Mental Health and Learning Disability

Star Rating



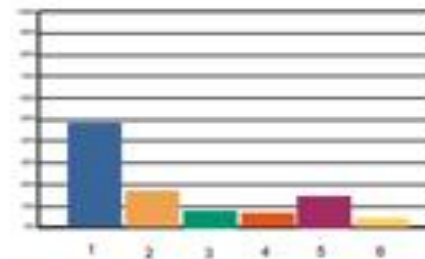
Positive

65.36%

Negative

22.31%

Overall Scores



| Response Option | Responses | Percentage |
|---------------------------|-----------|------------|
| 1 - Very good | 180 | 44.29% |
| 2 - Good | 205 | 17.07% |
| 3 - Neither good nor poor | 97 | 8.08% |
| 4 - Poor | 86 | 7.16% |
| 5 - Very poor | 182 | 15.13% |
| 6 - Don't know | 53 | 4.25% |

Breakdown

No Gender Breakdown Available

Eligible Patients

24204

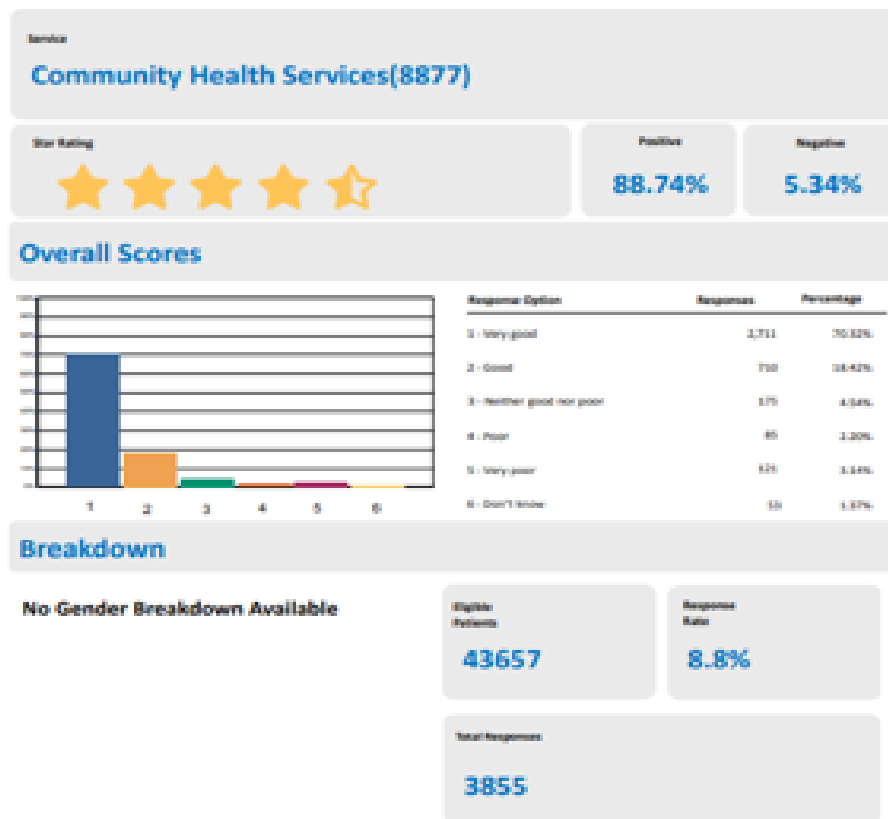
Response Rate

5.0%

Total Responses

1201

Community Health Services Service Report



Families, Children and Young People and Learning Disability Service Report



