

Trust Board 31st May 2022

Patient and Carer Experience and Involvement (PCEI) Quarterly Report (including Complaints) Quarter 4, 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 4.
- 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

As per the agreement made in December 2021, going into Quarter 4, the Trust maintained their 45 working day investigation timeframe due to the continued pressures on the services because of the ongoing Covid-19 pandemic, coupled with issues relating to sickness, annual leave, and general staff shortages. Although the current investigation timeframe is longer than it has been in the Trust for some time, unfortunately, for a variety of reasons, a small number of cases have breached their agreed timeframes, including a timeframe extension. The Complaints Team are working hard with services to ensure the complainant is kept informed in these situations.

In Quarter 4, the Trust formally registered 58 complaints in total, which is an increase compared to 52 registered in the same period last year and a decrease from the 66 registered in Quarter 3. Although Quarter 3 saw no reopened complaints for the first time, Quarter 4 saw a general increase in contact from complainants who remained unhappy with their complaint responses. As was the case in Quarter 3, the Complaints Team continued to work with the service and the complainant to agree a way forward in these situations. This work has again helped the Trust to keep their reopened complaints as low as possible whilst aiming to provide a better journey to resolution for our complainants.

As was the case in Quarter 3, the Trust continued to receive more complaints regarding District Nursing, CAMHs, Community Paediatrics and the Community Mental Health Teams (CMHTs), which has put further pressure on these services. Quarter 4 saw both the PALS and Complaints Teams attending some training/information sessions with CAMHs and Community Paediatrics to help us understand some of the specific pathways and how the services interact with other agencies. These sessions have been invaluable in creating a better working relationship with the services involved and it is hoped that 2022/2023 will allow us to link in with other parts of the Trust to upskill the team in the areas where most complaints are currently coming from. Going forward, this will allow the teams to be more comfortable answering certain simple queries, thus reducing the numbers of concerns, enquiries and formal complaints going to the services and reducing the overall pressure on our bank of investigators.

It has been noted for some time that one of the main reasons for complainants getting back in touch with the Trust, relates to them not receiving a call from the Lead Investigator. Following extensive work in Quarter 4 with the above issue in mind, by both Victoria Clarke, Clinical and Quality Governance Manager, DMH and Mary Mahon, Complaints Manager, a new Complaints Management Document (CMD) has been drafted and sent to key individuals within the Trust to provide comments and feedback. We aim to implement this new Complaints Management Document in 2022/2023 with the hope that the new design is more user-friendly, and this will have an impact on the quality of investigations, as well as reducing the number of complainants who get back in touch.

Moving into the new year, the team will continue to work closely with our colleagues in the directorates, having open, honest, and productive conversations regarding complaints and how we can improve our complainant's journey, as well as easing some of the pressure on our staff. This work has already been vital to the new more collaborative approach in both PALS and Complaints, and we hope that we can continue to grow our relationships and knowledge within the Trust for 2022/2023 and beyond.

Complaints Activity Data – January 2022 – March 2022

| Key Performance Indicator | Q4 21/22 | Q3 21/22 |
|---|-----------------|-----------------|
| % Of complaints acknowledged within three working days | 98% | 97% |
| % Of complaints responded to within the date agreed with the complainant | 99% | 97% |
| Number of complaints upheld or partly upheld in quarter | 21 | 29 |
| Number of reopened complaints | 8 | 0 |

| | | |
|--|---|---|
| Number of complaints formally investigated by the Parliamentary Health Service Ombudsman (PHSO) | 0 | 0 |
| Number of complaints upheld or partly upheld by the PHSO | 0 | 0 |

The number of PALS contacts received in Q4 totalled 232 (including signposting), this is a 49% reduction on the numbers received in Q3 and are in line with those numbers seen in Q1. The reduction is mainly attributable to the reduction in the number of signposting enquiries which has fallen by 186. This reduction follows discussions with University Hospitals Leicester, to which many of the signposting referrals were made, and changes to information made available to patients and carers.

The number of concerns, comments and enquiries remained static with those received in Q3 at 235 contacts. In addition to these 10 concerns were received via CQC, all relating to adult mental health services. 13 MP enquiries/concerns were received in the quarter with 4 relating to services provided by FYPC/LD, 8 provided by DMH and 1 in relation to estates management.

Themes from complaints, concerns, and compliments

Q4 as with 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 24% of all contacts received. Communication between professionals and patients, carers and families remain a key theme with 24% of all contacts relating to communications followed by 18% in relation to patient care.

The deep dive into 15 complaints categorised against the communications category was undertaken in the quarter. The findings from the review demonstrated that although part of each complaint had a communication concern within it, there were also multiple other concerns contained within the complaint. This is resulting in an over-reporting against this category which has been a key theme for concerns and complaints over the last two years. To address this work has been undertaken on the Complaints Management Document which is used to manage the complaint investigation. The new form will allow the investigator to re-categorise the complaint post investigation which will then lead to the amendment on the Ulysses reporting system. Further to this, following discussions at the Complaints Review Group it was recommended that further work is undertaken to review all the categories currently being used on the Ulysses system and to investigate changing primary, secondary and other sub-complaint categories to better reflect and concerns raised in the complaint. It was further recommended that this work is undertake alongside the incident categories used by the Patient Safety Team as this would enable better triangulation of data. This work will commence in Quarter 1.

The Directorate of Mental Health received a total of 152 complaints, concerns, comments which is an increase of 22% compared to Q3. 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 33% of all contacts received, 21% relating to communication with patients, carers, or families and 17% relating to patient care. Adult Community Mental Health Teams continued to see the highest number of issues with 38% of all concerns and 27% of all contacts relating to inpatient care. The directorate also received 10 CQC enquiries. All enquiries related to concerns that had been raised by a service user/patients/carer directly with the CQC. 80% of all contacts were received whilst the patient was admitted on an inpatient ward. 8 MP Enquiries were received, 7 of these enquiries related to accessing services provided by the Community Mental Health Teams.

Community Health Services Directorate received 53 concerns and complaints which is a decrease of 21 compared to those received in Q3. As set out earlier in this report District Nursing continues to receive a high number of concerns at 32% of all concerns and complaints received. The key areas for concern across the directorate have shifted from concerns in relation to access (including appointments and delays in treatment) to a key theme in relation to patient care at 34% of all concerns and complaints and 23% relating to communication concerns between patients, families and carers and staff.

For Families, Children, Young People and Learning Disabilities the total number of concerns received was 78 which is in line with the number received in Q3 (83). CAMHS Services, including both City and County Teams have again seen most of the concerns for the directorate with 32% of all concerns and complaints relating to these services. As with the Trust and other two service directorates, key theme for CAMHS relate to access (including appointments and delays in treatment) at 44%. Across the directorate again the key themes are aligned to those seen in our other two service directorates with concerns and complaints in relation to communications at 26% and patient care 19%.

8 enquiries were received were in relation to Quality and Professional Practice and Corporate Services.

13 MP enquiries were received in the quarter.
10 CQC enquiries were received in the quarter.

Activity data – 1 January 2022 to 31 March 2022

| | PALS concerns (excl'd signposting) | Complaints | Compliments |
|---------------------|--|--|--|
| Number | 223 | 61 | 159 |
| Top 3 Themes | <ul style="list-style-type: none"> • Communications • Patient Care • Access to services | <ul style="list-style-type: none"> • Appointments • Patient care • Clinical treatment | <ul style="list-style-type: none"> • Staff Attitude • Care & Treatment • End of Life Care |

Good news story

Following discussions between University Hospitals Leicester and the Trust there has been a substantial reduction in the number of concerns and enquiries in relation to UHL coming into the Trust in error. This has been a combination of working with new staff and updating communications. The result means that patients and carers who are contacting the Trust are getting through to the appropriate service on their first call and not having to be referred onto another service.

Keys areas of concern

| Risks | Mitigations |
|--|--|
| The variation in investigation timescales for complaints across organisations in LLR is causing challenges when there are multi-agency complaints to investigate | A system-wide meeting is taking place in May with representation from all health commissioners and providers and NHS England to discuss and agree a process for better management of multi-agency complaints |

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 and Patient Surveys

Overview

In Q4 the Trust received 5578 individual responses to the FFT question which equated to a response rate of 7% which is the same level as in Q3. Of these responses 83% (Q3 82%) reported a positive experience of care and a 9% (reduction of 1% to Q3) response rate recording negative or poor experience of care. During the year 2021/22 the Trust received a total of 22,572 individual responses in relation to FFT with an overall average response rate of 7%, of this 82% of respondents reported a positive experience of care, with just over 10% reporting a negative experience. The full breakdown of data received in Q4 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 | 119 | 0.14% |
| Individual Voice Message | 284 | 0.69% |
| Online Survey Once Patient is home | 456 | 0.58% |
| Paper Survey | 71 | 0.08% |
| SMS/Text | 4348 | 5.6% |
| Total | 5578 | |

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 | 111 | 0.13% |
| Individual Voice Message | 374 | 0.44% |
| Online Survey Once Patient is home | 25 | 0.03% |
| Paper Survey | 361 | 0.43% |
| SMS/Text | 3489 | 4.4% |
| Total | 4360 | |

Due to the ongoing capacity demands on staff responding to the pandemic, planned developments for Q4 were not achieved. These are currently being reviewed and will be discussed with directorates through the Patient and Carer Experience Group several priorities have been carried forward into 2022/23.

During the Q4 61 separate patient and carer facing surveys and 15 staff facing surveys were live on the Envoy survey system with 1366 completed surveys.

This is broken down in the table below

| | | |
|--|-------------------------|---------------|
| Enabling/HR Directorate | 21 live staff surveys | 90 responses |
| Directorate of Mental Health | 7 live patient surveys | 512 responses |
| Community Health Services | 5 lived patient surveys | 15 responses |
| Families, Young People, Children and Learning Disabilities | 39 live patient surveys | 678 responses |

Key Areas of concern

| Risks | Mitigations |
|--|---|
| Due to the lack of staff capacity and restrictions within services several key priorities for FFT have not been accomplished in the year | <ul style="list-style-type: none"> Those priorities which have not been met have been carried forward into 2022/23 with a focus on providing staff development and training to ensure full utilisation of the Envoy system and access to local patient experience data |

Good news story

Three Listen and Talk Volunteers have now been recruited and trained to support services with the collection of patient and carer feedback/experience. These roles will be offered to those services where traditional collection methods for feedback are not appropriate. These will include community nursing services; older peoples services. Working with the Learning Disabilities Team new FFT cards have been designed and are now available as easy red cards. These will be used to collect FFT feedback in 2022/23.

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

Involvement Framework

Our service user and carer network continue to grow at a steady pace, and we now have almost 150 service users and carers registered on the network working with us at various levels of involvement to improve services.

We have also launched our 2nd Training and Development prospectus for network members, looking to increase their skills and confidence to enable them to get involved with various projects. With a cohort of patient leaders currently attending a programme of sessions on intensive meeting skills which will support the role out of patients and carers on committee meetings across the Trust.

Link to the spring prospectus <https://www.leicspart.nhs.uk/wp-content/uploads/2022/03/Spring-2022-Patient-Experience-and-Involvement-prospectus-22.3.22.pdf>

Quality Improvement

As part of the QI involvement offer the co designed and co delivered session, which introduces staff to looking at patient and carer insight and involvement in their QI projects has now been delivered to over 100 staff members. We have seen an increase of services within directorates working more collaboratively with service users and carers becoming members of QI project teams. Please see below for some examples of ongoing collaborative working.

- 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 Leicestershire Partnership NHS Trust by one of the mental health pharmacists which is now being developed in an App and web-based format with a working group of staff and 2 service users.
- Learning from Lives and Deaths People with a Learning Disability and autistic people (LeDeR) aims to bring the programme in line with the new 2021 national policy from NHS England via restructuring LPT's current LeDeR programme. The steering group is made up of both staff, and a service user who receives additional support to enable their participation and contributions, and the team have also identified a carer who is currently being inducted to become a member of the steering group. Both bring great lived experience insight to the project.
- Specialist Autism Team are involving service users in the development of setting up a pilot post diagnostic support workshop for adults recently diagnosed with autism. The team have developed a survey to gain insight and have engaged with services users to work collaboratively as part of the project team.

Recruitment

During Q4 12 recruitments via the involvement network have taken place with service users and carers on the panel, these include various Mental Health Practitioner roles, Clinical Psychologist urgent care role, and an adult LD role. 3 service users from the network got involved with the recruitment of peer support roles, there was 10 people on various panels across the day and 80% of these had lived experience.

Developing Lived Experience Leadership

Engagement has continued with directorates on the development of a Lived Experience Leadership Framework across the Trust.

The Framework proposes to adopt the Patient Leadership Triangle created by Sussex Musculoskeletal (MSK) Partnership (Central). It represents the roles of, and relationships between, Patient Director (executive level), Patient and Carer Forum (governance level) and Patient & Carer Partners (improvement level).

The proposed model for the Trust is that each directorate has its own patient leadership triangle which is then overseen by a central governance approach, integrated with patients and carers. The three components of the model are:

Patient Director - Working as part of the Directorate Management Team

Coordination and contribution of lived experience

- Patient and Carer Partners
- Service Users and Carers
- Local communities

Alignment to Quality Improvement

- Coordination of patient and carer partners

Supporting the Shared Decision Making/Collaborative Care implementation

Working directly with services to support and connect Peer Support Workers/Volunteers to opportunities

Working with and facilitating communities of practice

- Lived experience and involvement
- Patient and Carer Involvement Champions

Representing the directorate at corporate assurance meetings e.g., Patient and Carer Experience Group and membership on the People's Council

Patient and Carer Partners

- Design and improvement partners – working alongside services for improvement
- Paid, supported, and trained - each has portfolio of activities
- Drawing on life and condition specific experiences (of living with condition and using services)
- Acting as a critical friend who check assumptions and ask questions, provide insights into reframing issues or identifying problems, change dynamics and model collaborative leadership
- Ensure alignment with other lived experience work such as Peer Support Workers and volunteers to ensure a continuum of opportunity
- Proposal to recruit first cohort (6-8 Patient Partners) in year one with full evaluation on approach to inform spread.

Integrated Governance

Patient and Carer Experience Group

Level 3 assurance group providing integrated governance through lived experience membership (Patient Director/Patient and Carer Partners) including EDI Patient Experience and Involvement Group

Peoples Council

- Providing independent advice and expertise to LPT in relation to lived experience, access, and engagement.
- Receiving assurance in relation to how the Trust is responding to the voices of its patients and carers
- Liaising and responding with services/directorates in relation to patient experience and involvement
- Mixed stakeholders including patients and carers, clinical and support staff, and external organisations (VCSO's)
- Receives Patient Director and Patient Partner reports in relation of lived experience, access, and engagement

Engagement on the proposed framework will continue until the end of May 2022.

Good news story

It has been great to hear that because of their involvement work with LPT some of the involvement network members feel ready and are applying and securing jobs.

Charles has struggled with mental health difficulties most of his life and experienced a mental breakdown 3 years ago. Charles eventually returned to education and started a Psychology degree at open university and joined the Patient Experience and Involvement Team. Charles went on to

become a volunteer working on a project with the PIER team supporting the engagement of other service users, involved in recruitment panels, then trained in peer support to become a peer supporter in PIER, and went on to develop and launch a non-profit organisation called Knus (www.knus.io) to offer peer support and life coaching.

Another fabulous network member has been volunteering with the ECT team for quite a few years now after accessing the service some years ago themselves. They use their lived experience to support patients and their carers/families through their ECT treatment; before, during and afterwards to allow them to reflect on their experience of treatment. They have now successfully secured a Health Care supporter role at the Bradgate Unit, and intend to gather other experiences, and insight to try to find new ways to improve the service for other patients and their families.

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 has been discussing the outcome of the independent evaluation and the recommendations made. This has been done in partnership with the proposals within the proposed Lived Experience Leadership Framework which some of the Council members have been working on.

LPT Youth Advisory Board (YAB)

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

YAB met with EDI Specialist Roisin Ryan to input into the new Patient Transgender policy, adding in the perspective and considerations from a young person's perspective.

Healthy Together School Nurse Lead attended a session with YAB to follow on from previous engagements, updates included progression of improving access and communication to the SN service. This included project SN students are working on to share in assemblies with Young People in school settings.

YAB completed a mystery shop/scoping of locally recommended online MH support virtual platforms; Togetherall and Kooth. This is due to be presented and shared with CCG Lead Sam Mirandi at the end of March (29th March).

Assurance

- Both the People's Council and Youth Advisory Board's 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 once in the quarter, in February 2022.

Work has commenced on the new Care of Transgender Patients Policy which is being developed in partnership with Northamptonshire Healthcare Trust. The new policy will focus on the specific needs of patients and will be available from June 2022.

Concerns in relation to the combined impact of austerity and COVID on vulnerable service users have been raised and were discussed by the Group. These are parents of young children, predominantly female patients that need a lot of support. The lack of being able to access or use digital services has caused vulnerable clients to be discharged from services. Discussion highlighted areas of concern such as digital poverty, those who don't have access to the equipment and those patients / parents who find digital services difficult to use. Similar concerns have been raised in the Community Mental Health Services. This links into the digital strategy, there are opportunities both nationally and locally to develop digital offers with significant funding available. We need to think about how we use that offer consistently across all services and how to use it in a bespoke way to address individual needs. It was agreed that this would be raised with the Digital Committee.

Work has begun, working with a group of data analysts, looking at better understanding patient data, what digital templates are being used to capture protected characteristics and what gaps do we have that need to be improved. One area identified was sexual orientation monitoring and the issue of capturing that for under 16s. This needs a further discussion in how we progress that in the future which will also include obtaining the perspective/feedback from young people.

Good progress has been made in raising awareness of the Accessible Information Standard. The Head of EDI and the Patient Information Specialist have ran a session as part of Black history Disability Month. A video was produced and is available on the Staff Intranet and Trust website to help staff complete the accessible information standard template, to record it on SystemOne and how to find information.

During the Quarter three hours of deaf awareness training has been delivered free, by Science for Life. The evaluation report will be reviewed by the Group in quarter 1. It has been identified that clinical staff want further training in BSL.

Community Mental Health Survey 2021/22

The National Service User Survey (NPS) programme was introduced in 2001 by the Department of Health, and subsequently moved to the Healthcare Commission, and then to the Care Quality Commission.

The question content of the National Service User Surveys is determined nationally, as is the content of the covering letters that are sent to service users.

The survey is run on paper only. Survey fieldwork took place between February and June 2021. The sample for the survey was generated at random on the agreed national protocol from all clients on the CPA and Non-CPA Register seen between 1st September and 30th November 2020.

A small number of people were included in some samples who said that they had not been in contact with mental health services for a number of years, or that they had never been in contact with these services.

In Leicestershire Partnership NHS Trust, 3% of respondents said that they had never seen anyone from NHS mental health services. The response rate was 31% (371 usable responses from a usable sample of 1205).

The majority of scores within Leicestershire Partnership NHS Trust sit in the bottom 20% of the Trusts surveyed by Quality Health. There are 7 scores in the intermediate 60% range and no scores in the top 20% range. Despite this, the Trust does perform fairly well on the score for service users knowing how to contact the person in charge of organising their care if they have a concern.

Despite improvements in some scores, overall, there has been a downward trend in results across the survey between 2020 and 2021 with an **average drop of 2%** across all questions apart from **Crisis Care** which has seen an **increase in satisfaction of 4%**. However, the unique nature of care provision during the Covid-19 pandemic will have significantly affected scores and the Trust should take this into account. As the majority of scores are in the lower range, the Trust should particularly look at those among the lowest of Trusts surveyed, including possible side effects of medicines being discussed and being signposted towards support for finding or keeping work.

Top 5 and Bottom 5 questions

| Top 5 Questions | | Score |
|-----------------|--|-------|
| 12. | Do you know how to contact this person if you have a concern about your care? | 97.2% |
| 37. | Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? | 81.4% |
| 13. | How well does this person organise the care and services you need? | 81.0% |
| 18. | Did you feel that decisions were made together by you and the person you saw during this discussion? | 77.0% |
| 28. | Were these NHS talking therapies explained to you in a way you could understand? | 76.9% |

| Bottom 5 Questions | | Score |
|--------------------|--|-------|
| 38. | Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care? | 13.5% |
| 34. | In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)? | 22.9% |
| 33. | In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits? | 26.7% |
| 32. | In the last 12 months, did NHS mental health services support you with your physical health needs? | 39.5% |
| 23. | Have the possible side effects of your medicines ever been discussed with you? | 51.8% |

Summary of responses (average score of all questions in each category)

| | | 2020 | 2021 |
|-----------------------------------|-----------------------------|-------|------|
| Health and Social Care Workers | 5% drop in satisfaction | 88% | 83% |
| Organisation of Care | 1% drop in satisfaction | 96% | 95% |
| Planning of Care | 2% drop in satisfaction | 84% | 82% |
| Reviewing of Care | .05% drop in satisfaction | 92.5% | 92% |
| Crisis Care | 4% increase in satisfaction | 56% | 62% |
| Medicines Management | 1% drop in satisfaction | 87% | 86% |
| Support and Wellbeing | 8% drop in satisfaction | 58% | 50% |
| Overall experience (top 3 scores) | 1% drop in satisfaction | 46% | 43% |
| Treated with Dignity and Respect | 4% drop in satisfaction | 94% | 90% |

The results of the survey were formally published on 1 December 2021. Alongside the publication of the results from across the country. However, the CQC intend to publish a separate report which focuses on variation in results at trust level. Leicestershire Partnership NHS Trust has been identified as performing '**worse than expected**'. This is because the proportion of respondents who answered negatively to questions about their care, across the entire survey, was significantly above the trust average. The CQC have informed the Trust that they will continue to reflect the trust's performance on this survey within their Insight products as part of the information we have on how trusts are performing. CQC inspectors will be looking for evidence from the survey and following these issues up through our regular contacts. They will focus on the survey results that suggest that people's experiences were worse than expected and look for reassurance that the Trust is taking appropriate action. The Trust have been recommended to focus on

The Trust are encouraged to look at our benchmark report, to identify aspects of care that can be improved. To do this the survey provider, Quality Health, have facilitated a feedback session with service leads from across Community Mental Health Services to present and discuss the results for the year. On the back of this session all services were asked to consider the results within their own service areas and agree any relevant actions for improvement.

SUPPORT AND WELLBEING

- Scores in this section are low across the board.
- Focus on support for physical health needs, involving family members in the service users' care, and access to advice and support around employment.

Employment Support:

Within Adult Community we have an Employment Support service which was TUPE'd into LPT in 2019. ESS will be recruiting an additional 12.7 WTE employment specialists, making a total of 17 WTE. We will also be recruiting 2 Senior employment specialists to line manage with half their time working a caseload.

There is funding from NHSE to expand the team and thus employment support for adult CMHT patients.

The service is currently monitored via the IPS Grow Partnership Fidelity Review Action Plan and areas of focus will be around:

- Improved benefits planning and welfare advice
- In work coaching and support
- Increased employer engagement
- Long term follow-up
- Increased face to face appointments
- Increased working with locality MH teams to support zero exclusions
- Working with the Trust's Equality Lead to identify the local BAME population for each CMHT to monitor whether people accessing the service and gaining outcomes reflect the clinical team population

Physical Health:

The Mental Health Facilitator service (MHF) provided by LPT assist GP surgeries predominantly with annual physical and mental health reviews and the monitoring and management of the Serious Mental Illness (SMI) register. A system oversight group is in place to monitor Physical Health Checks carried out for people on the SMI register. There is a system wide action plan which aims to achieve a target of 65% of patient on the SMI register having had their annual physical health checks. LPT provide assistance with the SMI register to GP practices. A number of actions are underway by LPT to help meet this target which include:

- Training all staff to carry out blood which will ensure that all 6 physical health checks can be carried out by the MHF
- Resuming face to face appointments where clinically safe to do so with support from GP practices to accommodate clinic space
- Increased focus on and increased working with PCNs where physical health checks are significantly below expected levels
- Coding and data issues: to work through with HIS to ensure correct data is pulled through on the right systems. This will help to avoid any duplication within the system around physical health checks.
- Develop an outreach plan to engage with those who DNA their appointments with the MHF.

Community Mental Health Teams

Some Community Mental Health Teams currently provide Physical health clinics. The aim of this to carry out baseline checks for those going onto antipsychotic drugs.

There following plans/actions are in place to strengthen this within CMHTs

1. To scope out current resources and requirements to ensure all CMHT's can provide these.
Short term Action
2. Develop SOP and scope key training for new staff
3. As part of the SUTG the plan is to align physical health screening as part of the first assessment. Template is already on S1 which asks additional questions around Physical Health which aims to start having conversations of other aspects of physical health care and needs that we know service users don't address (e.g dentist, screening services etc). Long term – Long term action In line with SUTG.

Action to date:

1. Task and finish group has been set up which includes reps from MHSOP to scope out secondary care responsibilities. There has also been a discussion at the Physical Health Steering Group about ECG monitoring and training of doctors and training of nurses and non-registered staff. There has also been a meeting with one of the MHF leads to ensure that checks are not being duplicated, there are issues with LPT not being able to see the templates that the MHFs use which needs resolving, Tracy is looking into this. The 2 S1 systems don't currently speak to each other.
2. Development of draft SOP in progress.
3. This will be part of the SOP. Need to establish what can be offered for those pts currently held on out-patient caseloads who at the moment get no physical health assessment.

Psychological Therapies

Essentially all service users should be involved in decisions about their psychological therapy, this should be part of the assessment and formulation process, and there should be regular reviews throughout the intervention / therapy about the progress made and the goals, so that it is an ongoing collaborative process.

At present we have large numbers of service users waiting for psychological therapy, which may contribute to the sense of not being involved in decisions at present. We are working hard to reduce these lists, have clear plans in place and are working according to trajectories that have been set. This is gradually reducing waiting times, which should improve the sense of involvement in decisions about therapy over time.

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 31.5.22 | |
| Paper sponsored by: | Anne Scott, Director of Nursing, AHPs and Quality | |
| Paper authored by: | Alison Kirk, Head of Patient Experience, and Involvement | |
| Date submitted: | 21 April 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): | Patient and Carer Experience Group – 27 April 2022 Quality Forum 12 th March 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 | Quarterly Report | |
| STEP up to GREAT strategic alignment*: | High Standards | X |
| | Transformation | X |
| | Environments | |
| | Patient Involvement | X |
| | Well Governed | X |
| | Reaching Out | |
| | 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 4 Complaints Breakdown

Complaints Activity for Q4 – 1 January – 31 March 2022

| | Q1 | Q2 | Q3 | Jan 2022 | Feb 2022 | Mar 2022 | Total Q4 | Total 21/22 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|
| Mental Health Service | 22 | 34 | 30 | 13 | 5 | 18 | 34 | 120 |
| Community Health Services | 20 | 19 | 18 | 8 | 3 | 1 | 12 | 98 |
| Families, Young People and Children & LD | 12 | 13 | 18 | 5 | 5 | 2 | 12 | 55 |
| Total Received | 54 | 63 | 66 | 26 | 13 | 20 | 58 | 241 |
| Complaints vs Patient Activity (Complaints Rate as a %)* | 0.05 | 0.05 | 0.04 | 0.04 | 0.02 | 0.04 | 0.06 | 0.04 |
| % of complaints acknowledged within three working days | 94 | 92 | 97 | 100 | 93 | 100 | 98 | 95 |
| Number of complaints responded to within the date agreed with the complainant**** | 13 | 31 | 30 | 20 | 12 | 20 | 52 | 126 |
| Number of complaints responded to in 45 working days | 13 | 31 | 23 | 20 | 12 | 20 | 52 | 87 |
| Number of complaints responded to in a date agreed with the complainant | 3 | 0 | 3 | 5 | 1 | 0 | 6 | 12 |
| Number under investigation at the end of the Quarter | 38 | 30 | 13 | 1 | 8 | 20 | 29 | 110 |
| % of complaints responded to within the date agreed with the complainant **** | 100 | 97 | 97 | 98 | 100 | 100 | 99 | 98 |
| Number of complaints upheld or partly upheld in quarter | 7 | 28 | 29 | 17 | 4 | N/A | 21 | 85 |
| Number of complaints ongoing after 3 months** | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 5 |
| Number of complaints ongoing after 6 months*** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of reopened complaints | 12 | 7 | 0 | 1 | 5 | 2 | 8 | 27 |
| Number of complaints formally investigated by the PHSO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of complaints upheld or partly upheld by the PHSO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

*Patients attended and seen

**Complaints ongoing after 3 months at the end of Q4.

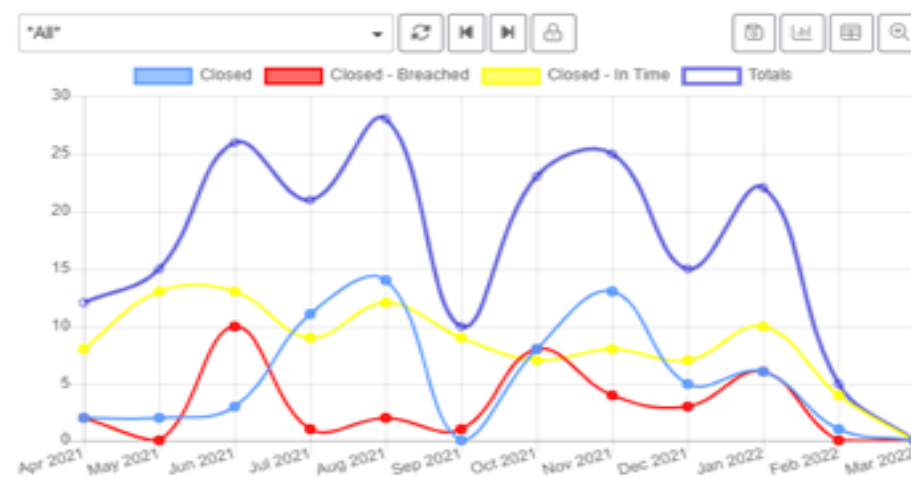
***Complaints ongoing after 6 months at the end of Q4. These do not include those complaints included in the ongoing after 3 months section.

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

Complaints Received by Directorate (Financial year)



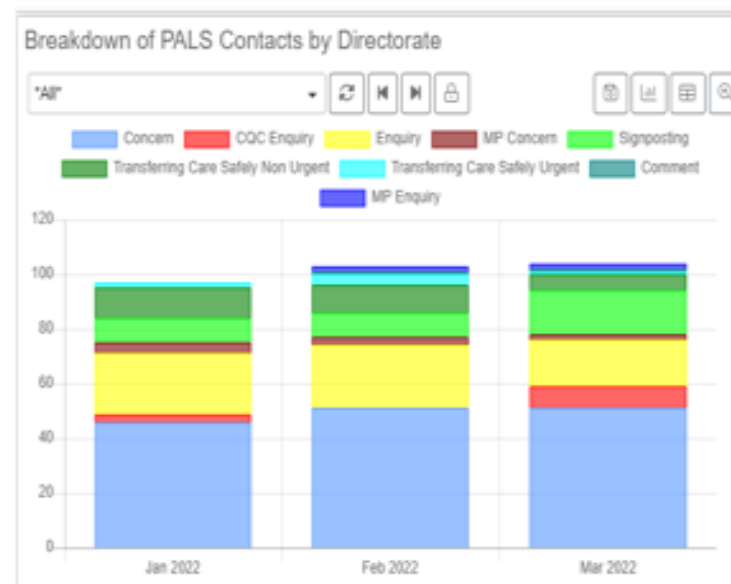
Complaint Performance (Financial year)



Complaints and PALS received by Service area:

| | Concerns | Complaints | | |
|--|----------------------------------|--------------------------------|----|---|
| Directorate of Adult Mental Health | ADHD Service | 6 | 2 | |
| | Asperger Diagnostic Team | 1 | | |
| | Assertive Outreach | | 2 | |
| | CMHT's City | 18 | 7 | |
| | CMHT's County | 18 | 9 | |
| | Crisis Resolution Team | 6 | 1 | |
| | Central Access Point | 7 | 1 | |
| | Dynamic Psychotherapy | 3 | 1 | |
| | Inpatient Wards | 24 | 10 | |
| | ECT Suite | 1 | | |
| | Forensic CMHT | 1 | | |
| | Medical Psychology | 1 | | |
| | Francis Dixon Lodge | 3 | | |
| | Memory Service East | 1 | | |
| | Veterans Service | 1 | | |
| | MH Liaison Team | 2 | 2 | |
| | HD Community | | 1 | |
| | Place of Safety | 1 | | |
| | Urgent Care | 1 | | |
| | MHSOP CMHT – City | 1 | | |
| | MHSOP CMHT County | 1 | | |
| | Community Health Services | District Nursing – City | 6 | 5 |
| | | District Nursing – County | 2 | 1 |
| | | District Nursing – Wards | 4 | |
| | | Community Integrated Neurology | 3 | |
| Community Therapies | | 2 | | |
| Integrated Specialist Palliative Care | | 3 | 1 | |
| SPA | | 2 | | |
| Phlebotomy | | 1 | | |
| MSK Physiotherapy | | 1 | 1 | |
| Continence | | 2 | | |
| Podiatry | | 1 | | |
| SALT | | 1 | | |
| Inpatient Wards | | 14 | 4 | |
| Families, Children and Young People and Learning Disabilities | | Asperger Diagnostic Team | 1 | 2 |
| | | CAMHS – City | 3 | 1 |
| | CAMHS Crisis | 1 | 1 | |
| | CAMHS – County | 14 | 3 | |
| | CAMHS – Eating Disorders | | 1 | |
| | Covid Vaccinations | | 1 | |
| | Children's PT | 2 | | |
| | Eating Disorders Outpatients | | 1 | |
| | FYPC Area 2 | 1 | | |
| | FYPC Area 5 | 1 | | |
| | FYPC Paediatrics Administration | 3 | | |
| | Healthy Together Administration | 2 | | |
| | FYPC Therapy & Diana Admin Team | 1 | | |
| | Nutrition and Dietetics | 4 | | |
| | FYPC Baby | 1 | | |
| | FYPC NW Leicestershire | 1 | | |
| | FYPC Hinckley and Bosworth | 1 | | |
| | LD Outreach | 1 | | |
| | LD Psychology | 1 | | |
| | FYPC Paediatric Phlebotomy | 2 | | |
| Mental Health Support Team | 1 | 1 | | |
| School Immunisations | 4 | | | |

Breakdown of PALS Contacts by Contact Type



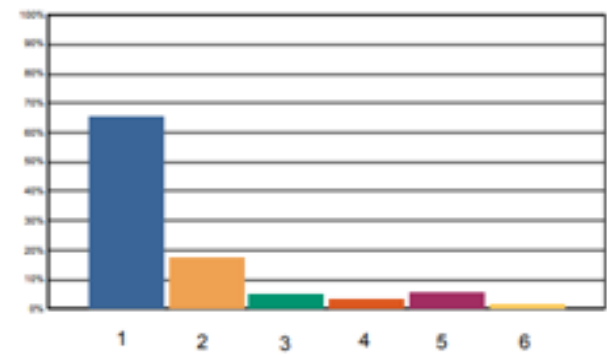
FFT Responses – January to March 2022

7%
Response Rate

Positive: 83.17%
Negative: 9.25%

Ratings 

Overall Scores

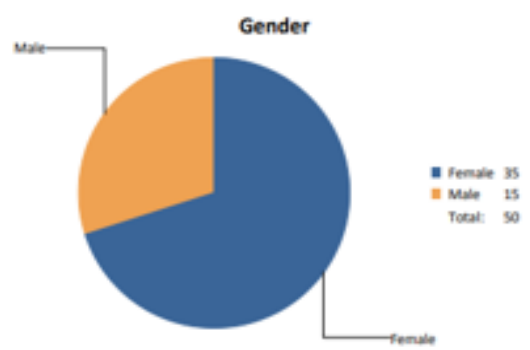


| Response Option | Responses | Percentage |
|---------------------------|-----------|------------|
| 1 - Very good | 3,658 | 65.58% |
| 2 - Good | 981 | 17.59% |
| 3 - Neither good nor poor | 308 | 5.52% |
| 4 - Poor | 200 | 3.59% |
| 5 - Very poor | 316 | 5.67% |
| 6 - Don't know | 115 | 2.06% |

Top 10 Themes

| + Positive | - Negative |
|--------------------------------|-------------------------------|
| 1. Staff attitude 1880 | 1. Staff attitude 322 |
| 2. Implementation of care 1178 | 2. Implementation of care 299 |
| 3. Environment 772 | 3. Communication 259 |
| 4. Communication 711 | 4. Environment 246 |
| 5. Patient Mood/Feeling 519 | 5. Patient Mood/Feeling 202 |
| 6. Clinical Treatment 389 | 6. Clinical Treatment 159 |
| 7. Waiting time 236 | 7. Waiting time 142 |
| 8. Admission 226 | 8. Admission 112 |
| 9. Staffing levels 75 | 9. Staffing levels 46 |
| 10. Caring 17 | 10. Caring 13 |

Breakdown



Eligible Patients
84286

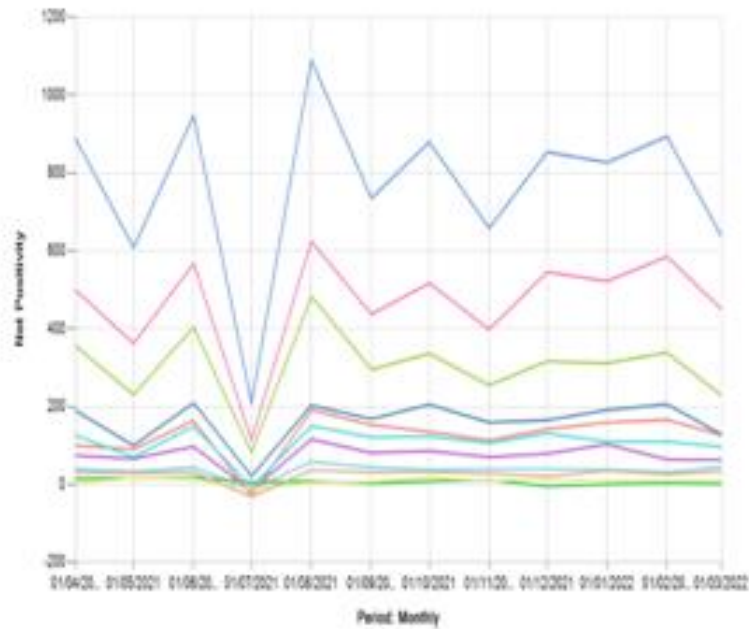
Response Rate
6.6%

Total Responses
5578

Top 10 Words

| + Positive | - Negative |
|---------------------|--------------------|
| 1. Good 718 | 1. Time 113 |
| 2. Service 432 | 2. Face 107 |
| 3. Helpful 379 | 3. Appointment 101 |
| 4. Staff 340 | 4. Help 101 |
| 5. Time 291 | 5. Waiting 98 |
| 6. Care 261 | 6. Phone 93 |
| 7. Friendly 257 | 7. Call 75 |
| 8. Excellent 213 | 8. Service 69 |
| 9. Professional 196 | 9. Health 66 |
| 10. Received 187 | 10. Mental 61 |

Theme Trend – Year 2021/22



- Admission
- Catering
- Clinical Treatment
- Communication
- Environment
- Implementation of care
- Patient Mood/Feeling
- Staff attitude
- Staffing levels
- Test
- Test Theme
- Waiting time

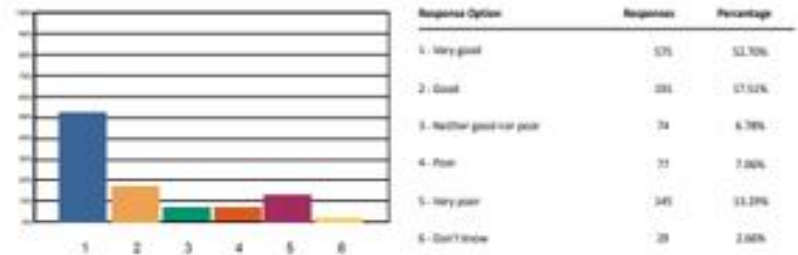
Directorate of Mental Health Service Report

Service
Adult Mental Health and Learning Disability

Star Rating ★ ★ ★ ★ ☆

| | |
|---------------|---------------|
| Positive | Negative |
| 70.21% | 20.35% |

Overall Scores

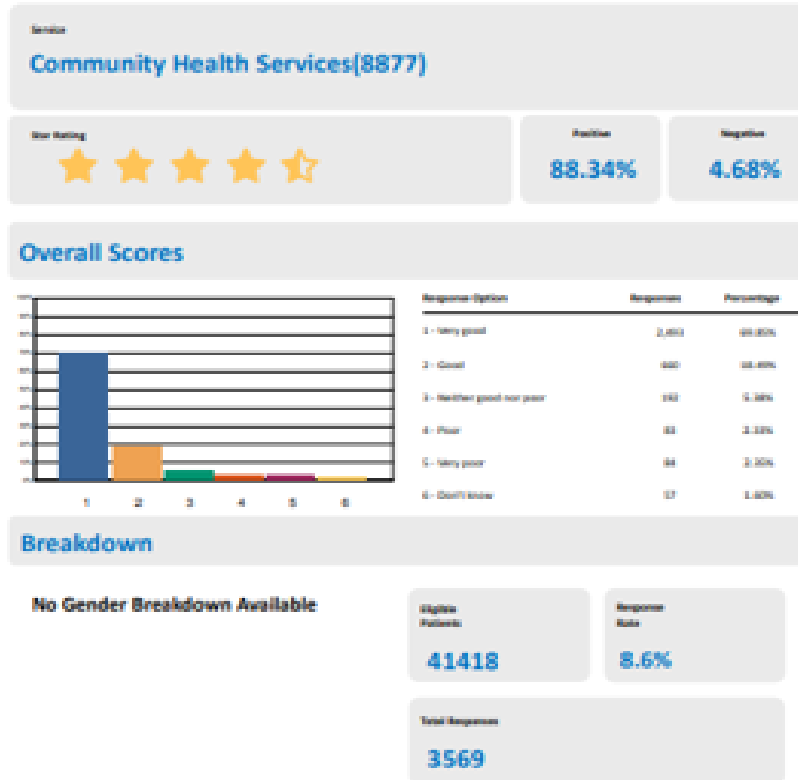


Breakdown

No Gender Breakdown Available

| | |
|-----------------|---------------|
| Engage Patients | Response Rate |
| 21900 | 5.0% |
| Total Responses | |
| 1091 | |

Community Health Services Service Report



Families, Children and Young People and Learning Disability Service Report

