

Patient Experience and Involvement Annual Report 2021/22





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Welcome to our third Patient Experience and Involvement Annual Report. We are excited to share this report which brings together the work across the Trust in relation to patient experience and involvement and the third year of our Step up to Great delivery plan.

Through this report we are pleased to reflect with you on the successes that have been achieved over the last 12 months, working in partnership with our staff, patients and carers to improve the experience of those who use or who are impacted by the services we deliver and to increase the number of patients and carers who participate with us, either through their own individual care or through their collective involvement in partnership with the Trust.

We would like to thank everyone who has worked with us over the year: the patients and family members who have brought their fresh eyes, insights and challenge to our work and our colleagues across the Trust who have worked with us to co-design, test and challenge our thinking and approach to patient experience and involvement.

Our driving ambition is to put the patient at the heart of services – starting with the patient – services that listens to patient and family needs, and then utilises the skills and expertise of both the clinician and patient to design the experience to meet these needs. That's what using patient experience information is all about. Ultimately by consistently asking people whether they are receiving the care they need and then improving things on the basis of what they tell you will help patients feel more supported and better cared for.

Our aim is to work with our patients, service users and carers and partners to deliver our Trust vision of:

‘Creating high quality, compassionate care and wellbeing for all’

Thank you for taking the time to read our 2021/2022 Annual Report, we truly believe that our staff, patients and carers have ‘Stepped up to Great’ this year.

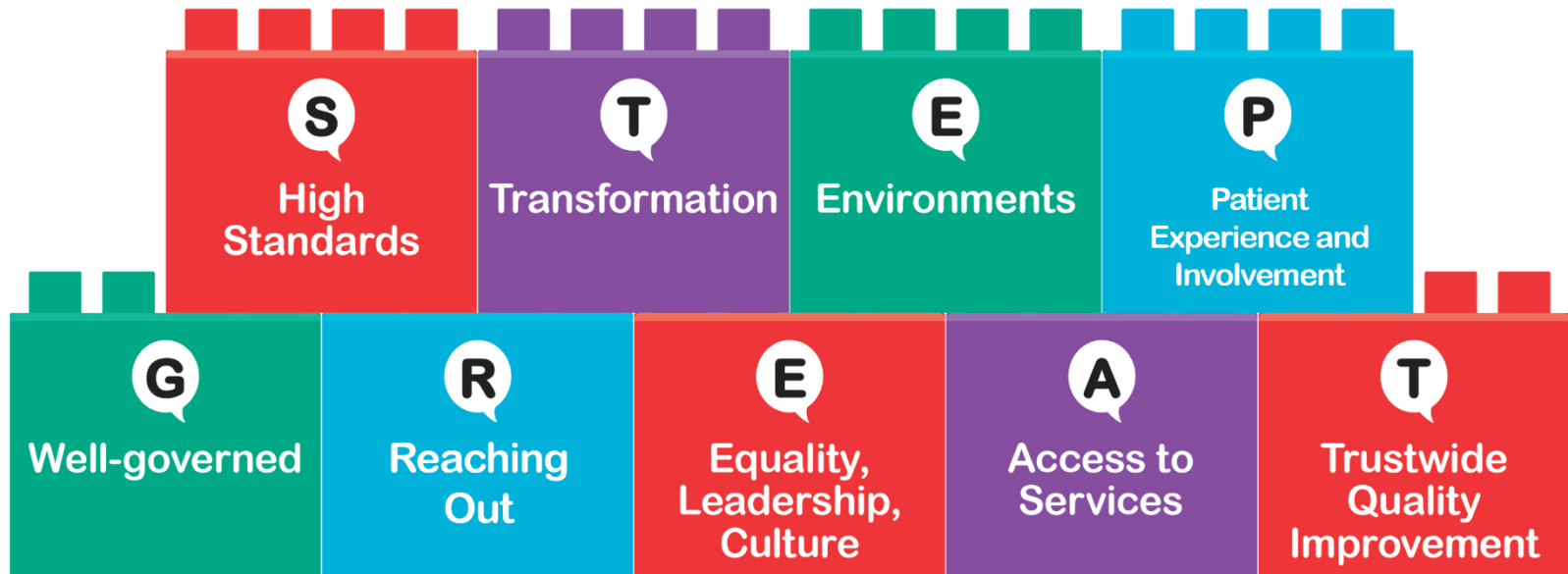


Dr Anne Scott,
Executive Director of
Nursing, AHPs and
Quality

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Head of Patient Experience
and Involvement

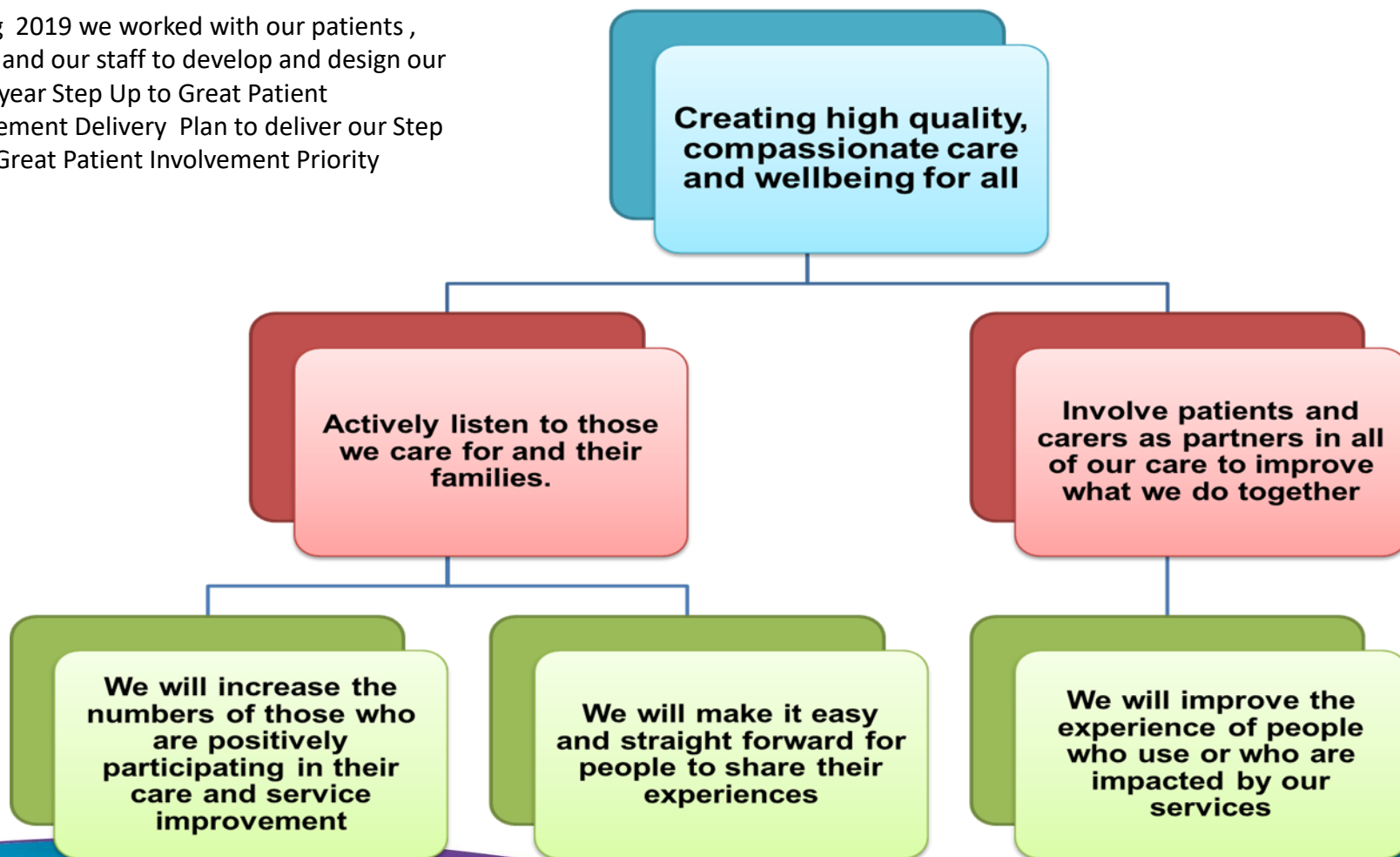


Patient Involvement 3 Year Delivery Plan



Our 3 year delivery plan – Patient Involvement

During 2019 we worked with our patients , carers and our staff to develop and design our three-year Step Up to Great Patient Involvement Delivery Plan to deliver our Step up to Great Patient Involvement Priority





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

Aim	Outcome & Measurable benefits	Key Deliverables	Delivery against priority
Using the feedback collected through the Friends and Family Test to inform service and quality improvement and to continually improve the experience of those who use our services.	Using feed collected through FFT for service and quality improvement Implementation of the new FFT system across the organisation	<ol style="list-style-type: none"> 100% of all community-based and inpatient services implementing the new FFT system by end of 2021-22 All services implementing FFT Capture the experience of patients, carers and staff, using all available and appropriate tools. All services implementing FFT Analyse and understand the experience by identifying the 'touch-points' of a service and gaining knowledge on what people feel as they experience our services and when they feel it. Improve the experience by ensuring the feedback, both positive and negative, is heard and understood by the relevant clinical and managerial teams. Receiving, analysing and presenting feedback and through our Quality Improvement approach involving patients, carers and staff in developing the solutions to improving patient and carer experience. Measure – report detailing a range of improvement projects being implemented on the back of the themes identified Spread and Adopt best practice across the Trust by sharing and showcasing where feedback has led to improvement and support staff and services to 'steel with pride' the improvements made 	<ol style="list-style-type: none"> 100% inpatient services achieved 80% of community-based service achieved – due to the impact on Covid and how the service adapted a different delivery model, FFT capture required to change to meet service need – priority to achieve 100% of all services by end of Quarter 1 2022/23 Partially met. Due to impact of Covid 19 on staff capacity resulting in small number of services not able to analyse their data. This priority has been extended to 2022/23 to ensure that all services are able to understand and use their data effectively and for service improvement where required. Partially met. Some services analysing and using FFT data to inform service delivery and improvements but not systematically. This priority has been extended to 2022/23. Partially met. Limited services analysing and using FFT data to inform service delivery and improvements but not systematically. This priority has been extended to 2022/23.



Deliverables in 2020-21

Priority 2

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

Aim	Outcome & Measurable benefits	Key Deliverables	Delivery against priority
Deliver continuous development of patient/carer participation and involvement, both through volunteering and paid employment, to better enable co-production of services	More patients will have the opportunity to be involved in decisions about their carer Increase in patient and carers involved in Trust service improvement programmes Development and implementation of a framework for lived experience and coproduction Integrated governance with the involvement of patient and carer leaders in corporate meetings	<ol style="list-style-type: none"> 1. Increasing the members of our Patient and Carer Involvement Network through working with community forums and groups to promote opportunities for involvement 2. Further growth of our Experts by Experience, through the development of role descriptions and opportunities for providing paid contracts 3. Enhancing the training and development offer for our Involvement Network including the Patient and Carer Leadership Programmes and developing roles for Experts by Experience to deliver this training 4. Roll out of involvement cafes based on the Recovery Café model 5. Introduction of Walk and Talk involvement session in line with the lessening of Covid 19 restrictions 6. Launch of QI Involvement in a box, forming part of the Quality Improvement offer, supporting staff 	<ol style="list-style-type: none"> 1. Achieved, the number of members of the Network continued to grow throughout the year, current standing at 150 members. 2. Achieved. The Lived Experience Leadership Framework was developed and approved and sets out how the Trust will introduce more lived experience roles as patient and carer partners and to pilot a Patient Director role 3. Achieved. A range of training programmes were delivered throughout the year including train the trainer workshops to enable patient and carers to co-deliver training moving forward. 4. Not achieved. Due to the pandemic the cafes continued online only and continued to focus on Mental Health. This priority will be moved into 2022/23. 5. Achieved a programme of Walk and Talk sessions have taken place across the year and were well received by those who



Deliverables in 2020-21

Priority 3

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

Aim	Outcome & Measurable benefits	Key Deliverables	Delivery against priority
To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services	<p>The Trust will use the experience of patients and carers and the feedback provided through our engagement activities to Improve patient experience of those who use or are impacted by our services.</p> <p>Implementing Always Events in response to patient experience feedback collected through FFT Increase the number of lived experience and peer support work roles within the Trust</p>	<ol style="list-style-type: none"> 1. Improve the quality of our complaint investigations and responses 2. Use feedback to learn and make continuous improvement Peer Review (PR) 3. Reduce the amount of time taken to investigate complaints 4. Use feedback to learn and make continuous improvement Satisfaction 5. Thematic reports on the trends of feedback received by services 	<ol style="list-style-type: none"> 1. Partially met. Improvements have been made to the Complaints Management Document to support complaint investigators. Planned training has not been delivered in the year due to the impact of the pandemic and staff capacity. This has been moved to 2022/23. 2. Peer Review programme has been designed in partnership with NHS England and staff across the Trust. The programme of Peer review will commence in Q1 2022/23. 3. Achieved. 2021/22 saw an increase of 8% in the number of complaints managed in the agreed timeframe at 74% of all complaints. However this will continue to be a priority for 2022/23. 4. Learning from complaints has improved during the year with improvements made across a range of services on the back of learning from complaints. This will continue to be a priority for 2022/23.

Equality, Diversity and Inclusion in Patient Experience and Involvement

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

Equality, Diversity and Inclusion Patient Experience and Involvement Group

The EDI Patient Experience and Involvement Group has been running for 12 months. The group has been established to provide the drive and determination to significantly improve under-representation of the reported experience and involvement opportunities of patients and carers who use or are impacted by the services provided by the Trust. The Group will strive to embed a culture of inclusion, engagement and collaboration, where all staff and patients feel valued and recognised as we Step up to Great.

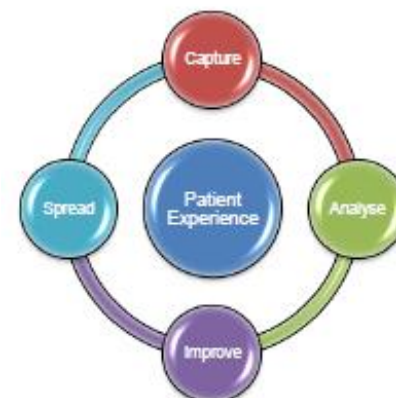
The Group will aim to place the Trust at the vanguard of equality, diversity and inclusion work within the public sector, leading the way in fostering innovation and high performance. The Group has membership from across all directorates of the Trust alongside three Patient and Carers with Lived Experience, chaplaincy and volunteering, the chair of the group is the Managing Director of the Trust.

The work of each directorate through their respective EDI structures is brought to the meeting for assurance, discussion and identification of actions if required. Key focus for the group during 2021/22 has been:

- Equality data and understanding this from a service perspective
- Advancing mental health equality collaborative
- Accessible Information Standard (via the Inclusive Communications Group)
- Delivery of training and support for staff in relation to protected characteristics



Understanding our Patient and Carer Experience



Capturing the experience of our patients and carers

Patient experience features as the third element of the Trust's quality improvement strategy by placing it firmly at the heart of the Trust's continuous drive to improve the quality of the services we provide.

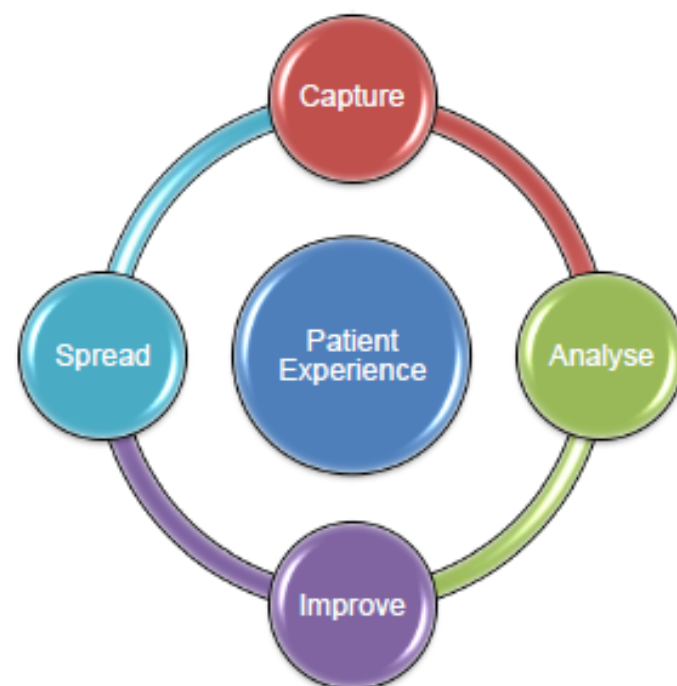
Our approach to capturing and improving patient experience uses the following model.

Capture the experience of patients, carers and staff, using all available and appropriate tools.

Analyse and understand the experience by identifying the 'touch-points' of a service and gaining knowledge on what people feel as they experience our services and when they feel it.

Improve the experience by ensuring the feedback, both positive and negative, is heard and understood by the relevant clinical and managerial teams. Receiving, analysing and presenting feedback and through our Quality Improvement approach involving patients, carers and staff in developing the solutions to improving patient and carer experience

Spread and Adopt best practice across the Trust by sharing and showcasing where feedback has led to improvement and support staff and services to 'steel with pride' the improvements made.



Analysing the experience of our patients and carers



We routinely undertake systematic analysis and triangulation of all forms of patient experience feedback, including complaints, PALS, FFT and survey results in the production of detailed patient experience reports. These reports are provided quarterly to the Trust Quality Forum and Trust Board.

Through this systematic analysis and triangulation we are able to develop an understanding of the patient experience by identifying the 'touch-points' of a service and gaining knowledge of what people feel when experiencing the Trust's services and when they feel it is crucial to the process of enabling the Trust to improve the experience of patients in its care.

This process allows the Trust to identify trends and themes, and through analysing patient feedback we can identify where either action needs to be taken or a deep dive instigated to gain further understanding.

The effective analysis, accessibility and use of the large volume of data collected will be facilitated by our new patient experience FFT system. This system enables directorates and services to access their patient experience data in near real-time and to analyse this data at a service level where they can identify themes and collate data to generate insight and discussion and where appropriate service improvement.



Listening from Board to Ward

We have developed a patient experience programme that covers all services provided by the Trust: inpatient settings, community services; clinics or in the patient's home. Patients are provided with a range of ways to provide their feedback through inpatient surveys, social media and the Trust website, NHS Choices, Care Opinion, postal surveys, national surveys, focus groups, face-to-face engagement, PALS/complaints and, of course, routinely throughout the Trust via the FFT. For the purpose of this report, we will not focus on complaints as we provide an annual complaints report which can be read in partnership with this report and can be accessed here



At the start of each board meeting, either a patient story is presented or a member of staff presents a piece of work which has been developed to improve the experience of patient care. Patient stories are obtained either through the PALS or complaints process, service transformation projects, letters to the chief executive or from patients who have approached the Trust. The stories are predominately presented through video or audio, which allows the Board to see and hear the experience first-hand.

FFT results are routinely reported to the Trust Board and our commissioners. Patient experience data is shared and welcomed by clinical and operational teams and is provided as required to directorates. Quarterly patient experience and involvement reports are provided to the Patient and Carer Experience Group and Quality Forum prior to Trust Board.

The Patient and Carer Experience Group (PCEG) meets monthly with representatives from across each directorate as well as from Volunteer Services, Equalities Patient Information and three Patient Leaders who provide a lived experience perspective both in terms of discussion and also through the sharing of lived experience of being a recipient of LPT services. The purpose of PCEG is the provision of assurance and strategic oversight to the Quality Forum, that, Leicestershire Partnership NHS Trust is delivering and implementing the patient experience and involvement three-year delivery plan. At the end of 2021 it was agreed that both the Equalities, Diversity and Inclusion Patient Experience and Involvement Group and the End of Life Group moved their reporting into PCEG, to report directly to the Quality Forum. This provided a much greater oversight of the work of both important groups.

Listening to our Patients and Carers from Concerns, comments, complaints and compliments

Leicestershire Partnership
NHS Trust



Between April 2021 and March 2022 the Patient Experience and Involvement Team received 14723 contacts.

Feedback is defined and collated using the following categories:

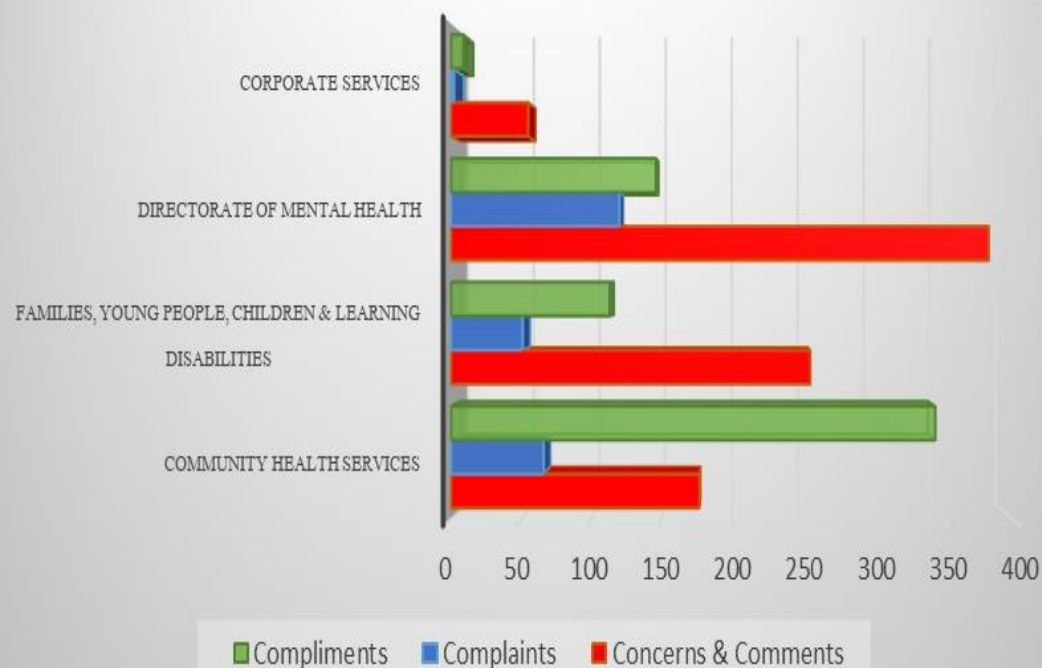
Complaints: A complaint is an expression of dissatisfaction about any aspect of the Trust and the services we deliver which requires a formal response.

Concerns: Issues regarding services or individual care, which can be quickly resolved by the PALS Team or the relevant service, and may not require a formal response.

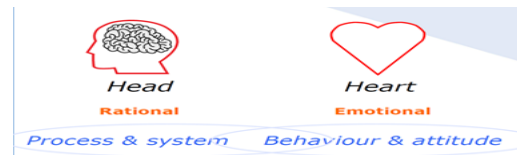
Comments: Comments may be made either verbally or in writing to any member of staff within the Trust. These may be opinions expressed generally regarding NHS services, or may be specific to a particular area of care. Comments may offer observations or suggestions regarding services.

Compliments: positive feedback in response to the way in which care and treatment has been delivered or managed.

Breakdown of Comments, Concerns, Complaints and Compliments Received 2021/22



What did our patients and carers tell us about when we didn't meet their expectations?



Patients and service users report their experience of care based on two key things: Rational and Emotional aspects of care. The rational aspects will focus on the systems and processes that impact on the experience of care. The emotional aspects of care focuses on the attitudes and behaviours of those who deliver that care

The tables below set out the top three themes in terms of both negative and positive experience. Through the analysis of this data and the themes that have arisen the feedback demonstrates that patients and carers reported the highest satisfaction on the emotional elements of their care, whereas those who reported poor experience in relation to appointments and communication demonstrated dissatisfaction with the rational elements of care e.g. processes and systems that impacted on their care.

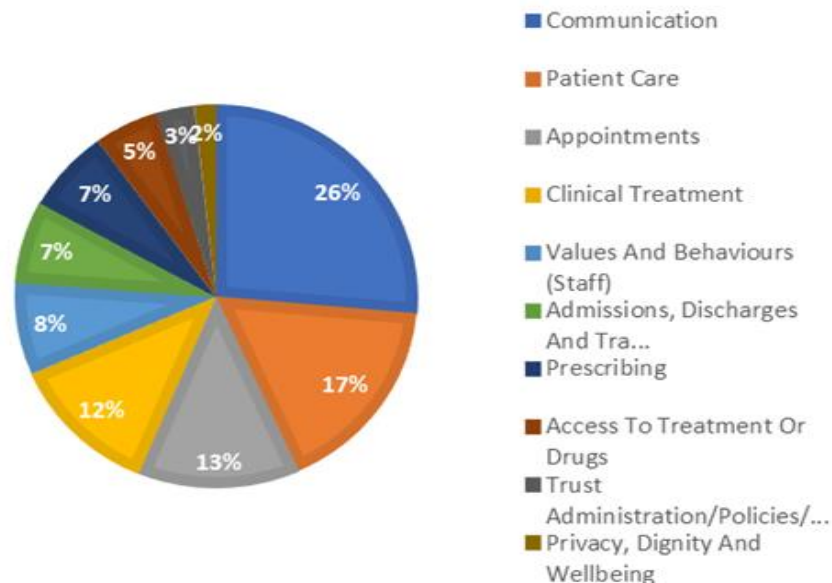
Top three concerns, enquiries and comments received:

Concern/comment category	Number received	Percentage of overall concerns/comments
Communications	213	24%
Patient Care	148	17%
Appointment	130	15%

TOP 10 SUB-SUBJECT CATEGORIES



TOP TEN PRIMARY COMPLAINT CATEGORIES

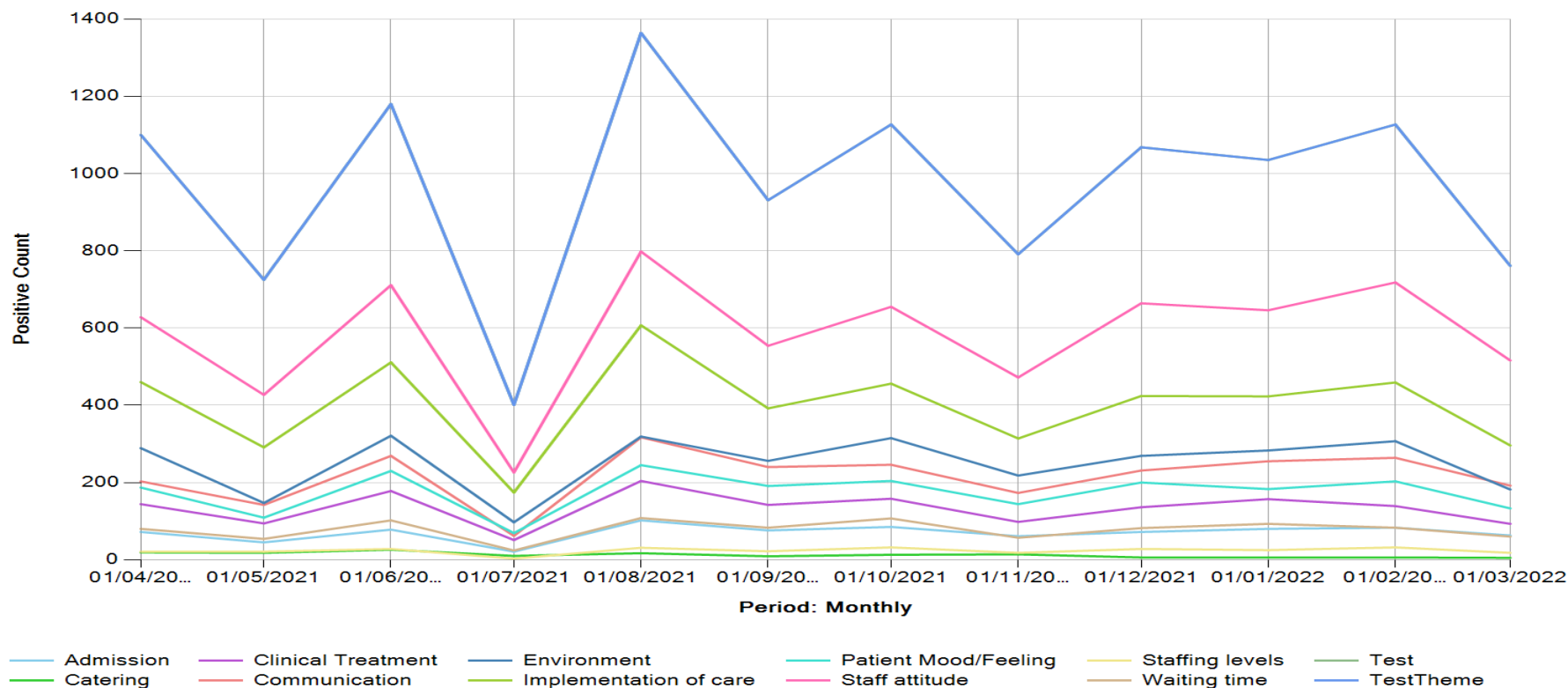


What did our patients and carers tell us about when we did meet their expectations?

The majority of positive feedback received by our patients and carers is received through compliments and comments received as part of the Friends and Family Test feedback. Whilst we encourage all services to report the compliments they receive, this isn't done routinely across a majority of services. Over the year 871 compliments were formally reported. In addition to this 7619 individual positive comments were received as part of the 18510 positive responses received through our Friends and Family Test.



Below is a breakdown of the themes where the Trust met the expectations of our patients and carers.



What did our patients and carers tell us about when we did meet their expectations?

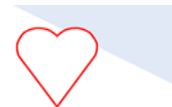
Although the reporting of compliments is not widespread across the Trust, those services and wards which do review their compliments and feedback to staff are able to demonstrate the positive impact of care. Patients tend to report the relational aspects of care have the greatest impact on positive experience, such as good communication and customer care.

The top three themes for compliments reported in the year are shown opposite along with some of the comments received during the year.

"All I can say is a very big thank you to the staff on Langley Ward. Your patience, kindness and care are invaluable and helps patients to turn their lives around day by day. The staff treat patients as individuals rather than eating disorder sufferers, so we are always treated with dignity and respect."



Leicestershire Partnership
NHS Trust



Heart

Emotional

Behaviour & attitude

Care & Treatment 36%

Staff Attitude 26%

Customer Service 6%

"They were very good with my son and he got diagnosed as soon as possible and they couldn't have done more for him. We are so grateful to the people that were involved with him and couldn't have asked for anything else x"

" Thanks , it's been great working with you. You truly guided me through some of the darkest moments of my life, thank you!"

"Phone call before appointment to give a time when they would be arriving. Always feel like they have time for me, ask lots of questions but also give me chance to talk. Lots of information given."

"We would like to express our thanks for the care you have given at the end of his life. Your kindness and compassion helped us through our darkest days and we thank you so much."

"Service was perfect, well looked after, staff had excellent patient communication, very attentive could not ask any better of them."



Friends and Family Test (FFT)



Leicestershire Partnership
NHS Trust

7%

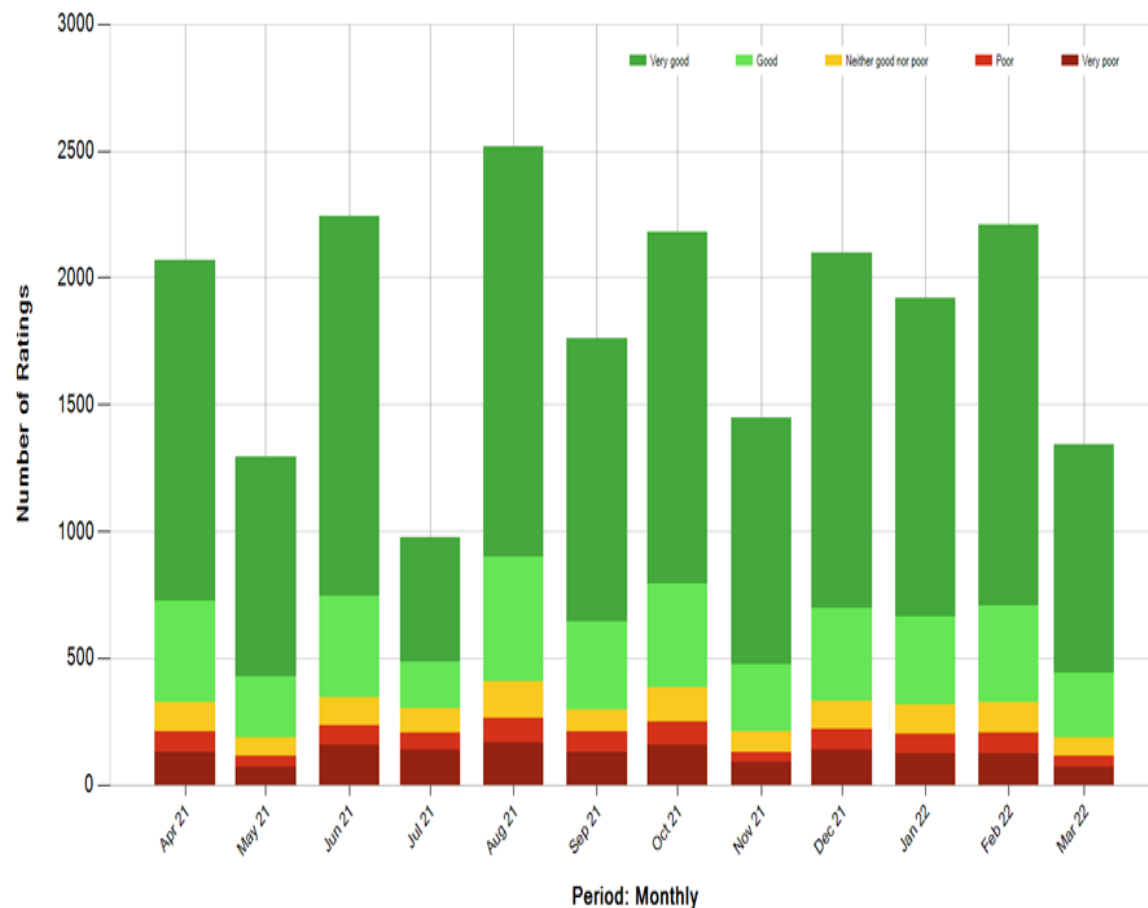
Response Rate



Positive: 81.70%

Negative: 10.36%

Ratings



Priority 1 of our Patient Experience and Involvement Step up to Great Delivery Plan is to make it easy and straight forward for people to share their experiences. A key approach in achieving this was to introduce a new Friends and Family Test collection system in 2020.

Now in its second year the approach of using a combination of ways in which patients and carers can provide feedback on their care including SMS Text messages, voice calls, QR codes and online surveys alongside the more traditional ways such as postcards, the Trust received 22573 individual pieces of feedback in 2021/22.

The response rate for the year was 6% of all those who were sent the survey. 82% of feedback related to positive experiences of care with 10% reporting negative experience.



The Friends and Family Test Service Report: Apr 2021 - Mar 2022



Leicestershire Partnership NHS Trust

Service

Directorate of Mental Health

Star Rating



Positive

62.54%

Negative

25.13%

Service

Community Health Services

Star Rating



Positive

88.04%

Negative

5.37%

Service

Families, Young Peoples and Children's Services & Learning Disabilities

Star Rating



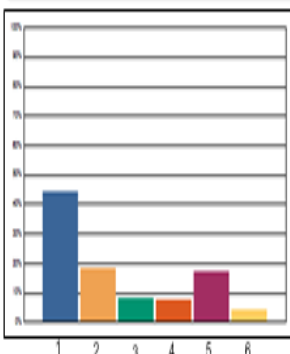
Positive

77.67%

Negative

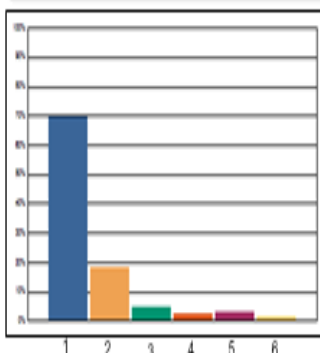
13.96%

Overall Scores



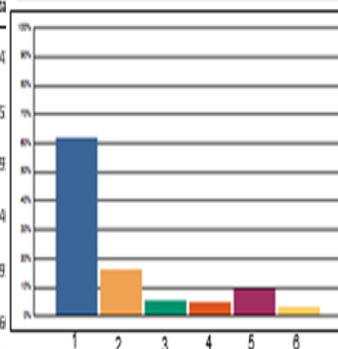
Response Option	Responses	Percentage
1 - Very good	1,977	44.45%
2 - Good	805	18.10%
3 - Neither good nor poor	363	8.16%
4 - Poor	347	7.80%
5 - Very poor	771	17.33%
6 - Don't know	185	4.16%

Overall Scores



Response Option	Responses	Percentage
1 - Very good	10,570	69.4%
2 - Good	2,826	18.5%
3 - Neither good nor poor	750	4.9%
4 - Poor	374	2.4%
5 - Very poor	443	2.9%
6 - Don't know	253	1.6%

Overall Scores



Response Option	Responses	Percentage
1 - Very good	1,782	61.90%
2 - Good	454	15.77%
3 - Neither good nor poor	148	5.14%
4 - Poor	130	4.52%
5 - Very poor	272	9.45%
6 - Don't know	93	3.23%

Breakdown

Total Responses

4448

Response Rate

5.3%

Breakdown

Total Responses

15216

Response Rate

8.5%

Breakdown

Total Responses

2879

Response Rate

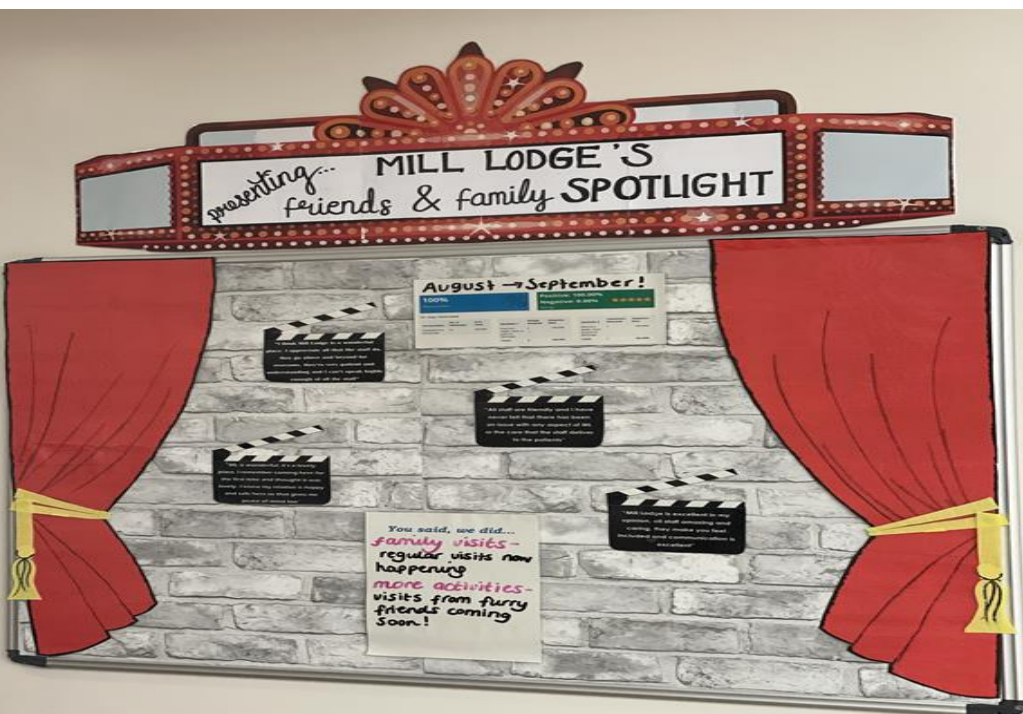
4.2%

Friends and Family Test (FFT)

Services are encouraged to regularly review the feedback they receive through FFT and to use feedback to inform service improvements or to celebrate and share positive feedback with staff. Drop-in masterclass sessions took place during the year on various subjects including 'working with patients and carers for improvement' and understanding data which was delivered by the national insight team at NHS England/Improvement.

During the year the Trust launched a competition where services were asked to share how they were feeding back to patients about the things that were said about their service and what they were doing in relation to hearing that feedback. Photos of 'you said, we did' boards were shared and judged by a small panel of patients and carers. The winner receiving up to £250 vouchers to use to improve patient experience in that service.

In quarter 2 of the year Mill Lodge were selected as winners by our patients and carers. Grant and Tasha who were part of the panel said that the feedback board was innovative in presenting their Friends and Family board quite imaginatively! Really felt the use of creativity was there when designing this board and when thinking of their patients and the theme of movies playing on the Ward. Think this board has scope to grow with many fun and interactive comments coming from all. The vouchers were used to towards activities planned for Christmas.



Working collaboratively with our patients and carers

Framework for Involvement

The Trust's framework for involvement has been co-created with service users and carers and is now an integral part to how we support, develop, match and involve people with various service improvement opportunities across the Trust. Our framework aims to provide a structured approach to recruiting, training and developing service users and carers as they sign up for involvement.

Our service user and carer involvement network has steadily grown to over 160 members over the year, they are offered different involvement opportunities, based on their lived experience, skills and interests. The framework ensures that those wanting to get involved can get the best out of their involvement experience. This includes setting personal involvement objectives with those who want to progress from individual and low level generic involvement to a more defined role such as a patient or carer leader or Expert by Experience.



Opportunities for Involvement

For anyone wishing to get involved we can offer a range of off activities as well as ongoing pieces of work to get involved with. These include:

- ♥ patient perspectives – sharing your experiences of using our service
- ♥ providing feedback on decisions made about your care and treatment
- ♥ attending virtual patient focus groups
- ♥ becoming involved in Quality Improvement Projects
- ♥ providing a Patient Perspective on staff recruitment panels
- ♥ becoming a Patient/Carer Leader
- ♥ attending our Patient Leadership Programme
- ♥ attending in house training and development workshops
- ♥ providing feedback through surveys and questionnaires
- ♥ attending walk and talk groups every two weeks
- ♥ attending our Introduction to Involvement workshops
- ♥ becoming involved in LPT's Learning Disability Improvement Programme
- ♥ becoming involved in virtual research opportunities



In recent years there has been an increased recognition of the value of lived experience, and how this can shape and influence service design, delivery, quality and improvement. To move the work of the Trust in relation to working with people with lived experience work commenced on developing a Lived Experience Leadership Framework in October 2021. A small design group made up of people with lived experience/representatives from the People's Council, Head of Patient Experience and Involvement, Patient Involvement Manager and an external consultant and former Patient Director David Gilbert. The draft Framework was modelled on the successful Patient Leadership Triangle developed by InHealth Associates and Sussex MSK Partnership (Central) (below).

The Patient Leadership Triangle



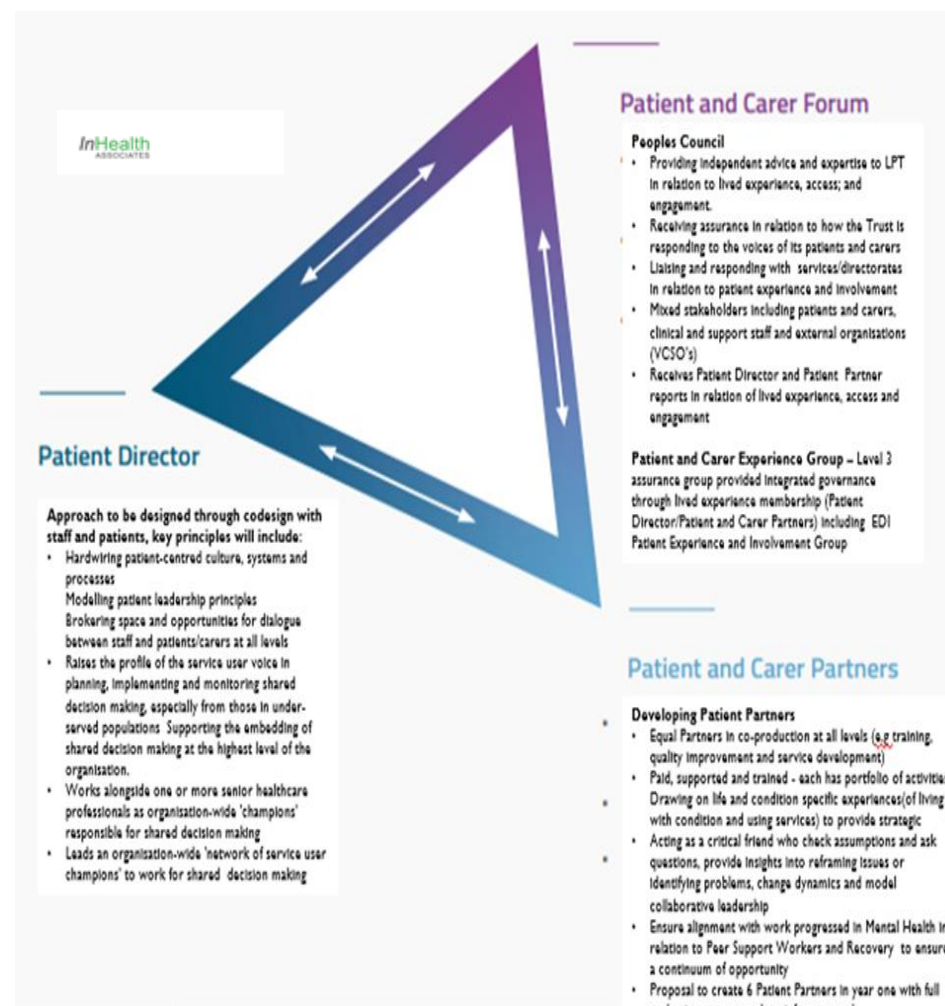
The Patient Leadership Triangle Framework, developed by the country's first Patient Director, David Gilbert can be seen as a framework that represents the roles of, and relationships between, Patient Director (at executive level), Patient and Carer Forum (at corporate governance level) and Patient and Carer Partners (at design and delivery level, or improvement and team governance level).

Following discussion and agreement with the Operational Executive Board in October 2021 a three month period of engagement took place with directorates across the Trust. The purpose of this engagement was to inform how the Framework could work across the Trust.

Following the engagement a draft Framework was developed and then agreed by the Operational Executive Board in March 2022. This is detailed below with recommendations for implementation. The Framework will form a key priority for the 2022/23 delivery plan.

Recommendations from engagement and agreed Implementation plan

- People's Council have an oversight on implementation of the framework
- Pilot of the role of Patient and Carer Director to understand how the roles could work across all three operational directorates
- Seek a commitment from the Trust to establishing an Executive level role with lived experience-
- To ensure that lived experience is valued just much as career developed experience
- To ensure that the lived experience voice is at the decision-making Executive table
- To bring LPT into line with best practice as outlined in the NICE guidance on shared decision making
- Recruit and commence with first cohort of patient and carer partners and to align with quality improvement and transformation
- Review current Reward and Recognition Policy for Patients and Carers to bring into alignment with national policy set by NHS England
- Ensure that staff are supported and provided with the appropriate tools and training to work with and support those with lived experience
- Align to the People Plan and other Trust objectives such as Volunteer to Career pathway
- Alignment to Peer Support Worker programme and spread approach to physical health services



How have we increased the numbers of people who are positively participating in their care and service improvement

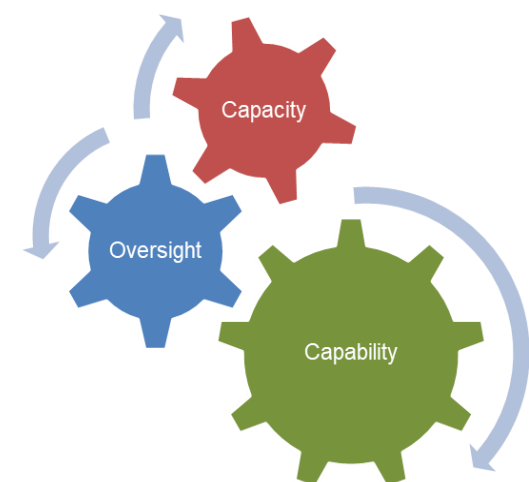
The service user and carer involvement network continued to steadily grow throughout the year supported through the framework for involvement to ensure that opportunities are equitable, and that people are supported to be able to participate.

We now have a mixture of approaches to carrying out involvement activities since the Covid pandemic, including virtual, armchair involvement, face to face, the use of digital media and email. We have also introduced monthly virtual 'Cuppa and Chats' to bring people together to connect informally from the network, as well as a monthly 'Walk and Talk'.

We continue to use monthly Patient Experience and Involvement Newsletters as a way to advertise involvement, training and development opportunities, as well as updates on projects that people have been working on. The newsletters distribution is ever increasing and goes out to not only the involvement network but also a range of staff, clinic bases, and voluntary and charity groups/organisations in the community across Leicester, Leicestershire and Rutland. You can find our monthly newsletters here: <https://www.leicspart.nhs.uk/involving-you/involving-you/>

During 21-22 we launched our first Involvement prospectus, which is now offered twice yearly. This prospectus includes all our training and development opportunities for the involvement network members, in order to better support and equip people to be able to get involved at various levels across the Trust. This also included the opening up of our staff Health and Wellbeing sessions to include our volunteers, and those working on involvement projects. This enhances the regular offer of induction workshops, skills, needs and interest forms, involvement charter, recruitment training, activity briefs, and role descriptions. <https://www.leicspart.nhs.uk/wp-content/uploads/2022/03/Spring-2022-Patient-Experience-and-Involvement-prospectus-22.3.22.pdf>

During 2021 we launched an introduction session on what it means to get involved, in partnership with the Recovery College, this session is co-delivered with someone with lived experience who talks about their involvement journey with us. The sessions have been very well received and have been a great approach to registering people to the involvement network, and then matching them to projects. We now offer this session each term at the Recovery College.



How have we increased the numbers of people who are positively participating in their care and service improvement



Working in partnership with the Quality Improvement (QI) Patient Volunteer, we have now delivered the Quality Improvement introduction to Involvement session to over 100 members of staff and have seen an increase in listening to and involving service users and carers in QI projects.

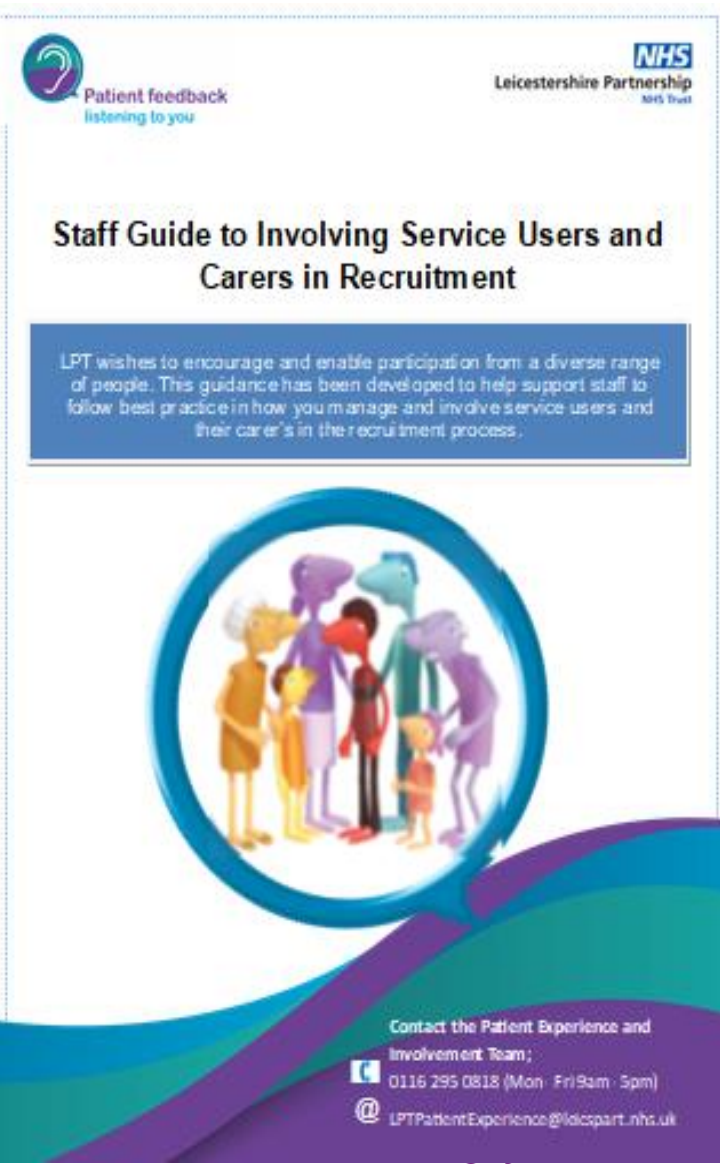
We have also co-developed a QI in a box session introducing patients and carers to QI which we have delivered to our first cohort of patients and carers. These individuals have now agreed to come together on a monthly basis as a '**QI Share and Learn Space**' for those who are interested in getting involved in QI, or already involved in QI projects. The aim of the space is for people to come together to share experiences, develop and learn together and as an opportunity for group discussions around different QI projects. Although the group was launched early in 2022 there has already been an uptake in collaborative working in QI projects, and the matching of individuals to projects.

Over the year we have seen an increase in patients and carers taking up collaborative working opportunities, this with the offer of various training and development support it is evident that our patients and carers are growing in confidence and building skills which has enabled them to take on more strategic roles. We have also seen some individuals go onto paid employment based on their lived experiences which they have said is a result of the confidence and skills they have grown with their involvement journeys at the Trust.

"Charles has struggled with mental health difficulties most of his life and experiences a mental break down 3 years ago. Charles eventually returned to education and started a Psychology degree at open university and joined LPT's Service User/Carer Involvement Network. Charles went on to become a volunteer working on an improvement project with the PIER team supporting the engagement of other service users, involved in recruitment panels, and trained in peer support to become a peer supporter in PIER. Charles has gone on to develop and launch a non-profit organisation called Knus (www.knus.io) to offer peer support and life coaching.

Another individual has been volunteering with the ECT team for some years and they are now employed with the service in order to support patients and their carers/families through their ECT treatment, in a health care supporter role.

How have we increased the numbers of people who are positively participating in their care and service improvement





Recovery and collaborative care planning cafes have continued to be delivered virtually during 2021-2022 although the attendance has reduced in the later part of the year, and staff numbers have been low since the start of the covid pandemic. We are working with attendees in order to review the cafes and intend to relaunch face to face.

Involvement in recruitment has seen an increase in activity and we are seeing a lot more services include a service user or carer within the recruiting panel, or using values based questions to ensure that there is a patient voice included within the recruitment process.

In 2021-22 we have seen a sharp rise in patient participation on recruitment panels **from 8 panels in 2020-21 to 47 panels in 2021-22** which is an increase of 590%. Please see appendix 2 for a breakdown of the panels which included a patient representative during 2021-22 as well as feedback from both staff and network members who participated.

During 2021-22, the Involvement Network provided feedback on various draft service leaflets/surveys/letters and questionnaires prior to sharing with patients, carers and their families within their service area locality. Requests for patient and carer feedback on Trust information has increased by 140% in the year with the majority of requests received from the Directorate of Mental Health and Corporate Services. Please see appendix 3 for a more comprehensive breakdown.

During Covid, the Reader Panel was stepped down, however we are planning to relaunch this panel in 2022-23 in order to provide more detailed responses to the service areas as well as providing our cohort of network members with enhanced skills and expertise within this area.

The Art of Connecting Quality Improvement Virtual Conference 2021		Recovery and Collaborative Care Planning Cafes Haley Cocker, Azar Richardson		 LLR Academy #MoreGoodDays	
What was the aim of your project?				Why is this important for a person accessing support/services /carers and staff?	
Find ways of improving our collaborative conversations with service users and carers when writing and constructing collaborative care planning and establish good practice. To gain better understanding as to how we ensure that the needs and concerns from service users and				We needed to improve how we involved service users and carers in collaborative care planning in a more meaningful way and strengthen our commitment to delivering recovery own focused person-centred care. NICE guidance – shared decision- making Duty to involve service users in decisions	
What did you do?		How did you measure change and impact?			
A small working group was created including service users and carers with lived experiences in which the collaborative café idea emerged. The cafés initially started as a 12-month quality improvement project using a PDSA systematic, creating a shared space for service users, carers, health care professionals and other VCS partners to come together to have collaborative conversations around collaborative care planning and recovery		Cafes end with an evaluation for all attendees. Improvement ideas were developed from the conversations and turned into change ideas with many key successes including: <ul style="list-style-type: none">• Co-produced collaborative care planning guidance,• Recovery prompt sheet,• CHIME recovery college course, masterclasses, recovery and			
What have you learnt from the process so far?					
<ul style="list-style-type: none">• The cafes have supported strengthening the foundations across mental health services for more collaborative recovery focused conversations with service users and carers.• Face to face cafes and virtual cafes have both worked as a good approach for engagement for different reasons, although both also have accessibility problems.• Collaboration has been the golden thread through this work, from creating, <u>planning</u> and delivering the cafes.• The cafes have been a good engagement approach for service users/carers to get further involved in service improvements.• The cafes have helped to shift the dynamics between professionals and service users/carers, providing a common purpose, and shared experiences for all attendees.					

Achievements: Impacts of Involvement

Over the last 12 months patients, carers and their families continue to be involved in lots of ways, both individually in relation to their own care, and collectively working in partnership with services to influence and improve how we deliver and design our services. The below gives a highlight of some of the examples of how we did this:

Families, Young People and Children Services	Directorate of Mental Health – Includes Adult and Older Persons Mental Health Services	Community Health Services
Mental Health in Schools Team (MHST) engagement plan and YAB involvement with levels of MHST and supporting further engagement with young people. YAB also part of recruiting new staff to team.	Step up to Great Mental Health consultation – co delivered with LPT and the CCG. Great reach into communities via partnership working and VCS support.	The Single Point of Access (SPA) has made improvements to telephone options based on feedback from patients. Resulting in a reduction of phone options and a better phone experience for the caller.
Inpatients in learning disability inpatient services continue to work alongside community teams in establishing routes for feedback, which has resulted in a new FFT format	A small cohort of patients/carers have been trained in recruitment in order to support the transformation team to recruit to mental health practitioner roles. This has involved creating values based interview questions and being part of the panel.	The NHSX (digital arm of NHSE) case study has been completed around digital pathways with a focus on staff and patient voice. This involves 2 empowering stories about care/reassurance during covid. The completed case study has been published at national level.
Leicestershire Adult Eating Disorder service has worked with patients and carers via conversations and focus groups in order to improve the step down care given to patients following inpatient admission. Patients and family members have also been part of a working group looking at models of care for the East Mids Provider collaborative - a patient leader is now a member of this collaborative.	A group of service users and carers have been working alongside staff on the personal safety planning workstream. The group have been regularly meeting and delivered a creative workshop focusing on Hope Through Action, which was a service user led session. This session along with other meetings has helped to develop LPT's personal safety principles, as well as a letter of hope.	CHS has recruited its first patient leader who is working more collaboratively with staff on QI projects. They have been part of the Cari-respiratory team on the award winning quality improvement project improving access and uptake of digital technology to support the care of adult with long term conditions.
A programme of 8 sessions with Rob Gee have been undertaken at the Beacon Unit which have involved young people taking part in group poems, short stories and other group games. Feedback is being gathered with a view to inform the next sessions.	Involvement in research, service users and carers supporting the development of PINMED (Patient Involvement in Medication Decisions). This is an outcome from previous research at LPT and PINMED is currently being created in an App and web based format, and enables patients to be more involved with	

Impacts of Involvement Adult Learning Disability (LD) Services and the Agnes Unit

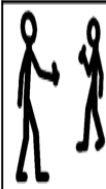
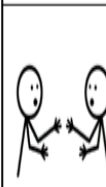

Adult Learning Disabilities Services

- There is a continued representation of people with learning disabilities in interview panels despite the challenges with technology
- LD Talk and Listen group have worked on the paper version of the friends and family test to support those that are unable to access the digital version
- The nursing team are 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.
- Charitable funds were secured in order to purchase Christmas boxes for the members of the talk and listen group, on order to thank them for their continued support, and patience working with us during a difficult year, and continuing to co create virtually.



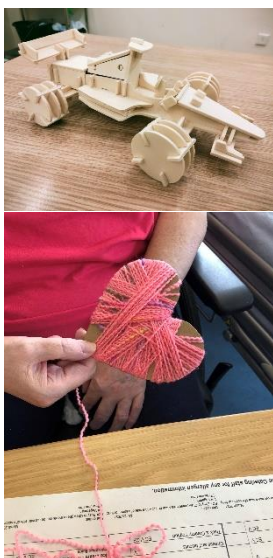
Agnes Unit

- Inpatients have been working alongside the community teams in establishing the Friends and Family Test format and to aid with patients understanding of this question
- The patients have been working with staff to ensure the centre has user friendly signage, this has now been updated on the unit which better supports patients and families to navigate the building.
- Every patient has had a review of their timetables whilst they stay on the unit, which includes evening and weekend activities for them to support their needs and preferences with meaningful activities.

	<p>Hello my name is</p> <p>We are going to ask you some questions.</p> <p>1..First, can you tell us about yourself.</p>
	<p>2.You are going to be working with people with learning disabilities.</p> <p>What things can you do to help people with learning disabilities to communicate well?</p>
	<p>Thank you. Is there anything you want to ask us?</p>

Impacts of Involvement Meaningful Activity Coordinators (MACS)

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



Three of our projects were entered into 2021-2022's Patient Experience Network National Awards (PENNA):

- LPT Mental Health and Wellbeing workbook, under the category, support for care givers, family and friends
- The Recovery and Collaborative Care Planning Cafes, under the category, strengthening the foundations
- The Youth Advisory Board, under the category, partnership working to improve the experience

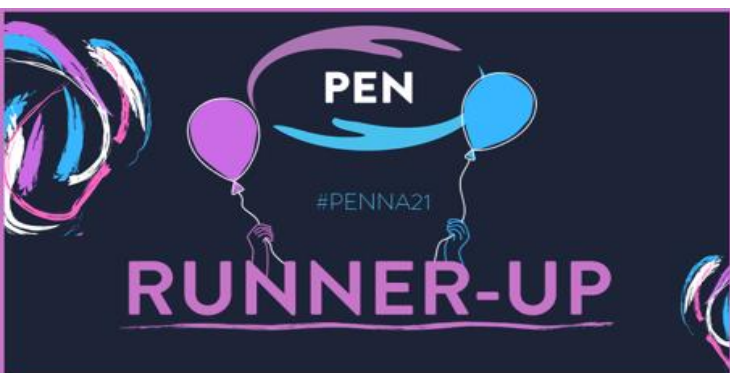
We were delighted that two of the three patient involvement initiatives achieved national recognition as finalists in the PENNA annual awards. Both the Recovery and Collaborative Care Planning cafes and the LPT Mental Health and Wellbeing Workbooks were shortlisted for both of these categories, and the cafes came runner up for the category.

YAB

The Youth Advisory Board have been successfully nominated for an award in the Children's and Young Peoples national 2021 award. As well as being successful in being nominated within the volunteer of the year category for the LPT Covid Hero Awards 2021.

YAB were pleased to share and see the below covid vaccination video that they supported to co-design with the digital engagement team at the end of 2021. An example of their co-production in action! You can see the film via the below link:

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



The YAB was set up in as a result of identifying a gap in involving the participation, views and lived experience of children and young people locally who access services in LPT. The Youth Advisory Board was set up in partnership with Leicester City Council, after a large scale project called Generation X, which saw young people review local Mental Health and Wellbeing Services. The Generation X report was another driver for us in regards to ensuring we react to the advice and recommendations made from young people. The Boards aim is to support the improvement and development of services that matter to them, to 'youth proof' them, and to ensure they have a voice in services that might be relevant to them throughout their lives. Board members include nominated youth council members, CAMHS peer support workers and service users aged 13-25 for whom this is an opportunity to take part in positive activities. You can find a highlight of the projects they have influenced below:

- Working with a matron from UHL on making services more young people friendly. YAB provided ideas and suggestions that could be implemented to reduce carbon footprint, and suggestions for the environment which UHL have taken forward.
- Worked with the digital content creator and supported changes with communication via social media channels in order to be more young person friendly.
- Contributed to a session with the Mental Health in Schools Team Service pulling together gender identity FAQ's for staff within the service to refer to when working with children and young people.
- Presented to system-wide communications teams, in order to support the covid-19 vaccination roll out programme for 12-15 year olds.
- Launched 2021 YAB Christmas campaign filling 60 shoe box parcels for children and young people in receipt of care of Trust services, individuals were chosen at discretion of clinicians/staff.
- Completed mystery shops to services in order to highlight areas of good practice and for improvements.
- Informed the new Transgender and Non-Binary Service User Policy providing a young persons perspective



Georgia, pictured opposite, Youth Advisory Board member has been successful in being recruited to a Peer Support Worker post within the Trust Child and Adolescent Mental Health Services (CAMHS) Team. As a Peer Support Worker Georgia supports young people accessing the CAMHS service providing support and advice built on from her own lived experience of using services. You can hear more above Georgina's story here

<https://youtu.be/LQA-xOo8w8M>

The People's Council is an independent advisory body for the Trust made up of individuals with a lived experience of receiving healthcare services from Leicestershire Partnership NHS Trust (LPT), through our Patient and Carer Leaders and Voluntary and Community Sector organisations and groups who work with different communities across Leicester, Leicestershire and Rutland.

The aim of the People's Council is to work with the Trust to help to shape our approach to engagement and improving patient experience by advising on the best ways to reach the communities and individuals and to feedback and review the experience of those who use or who are impacted by the services delivered by the Trust. The strength of the Council is its diverse membership with a range of ethnicities represented as well as LGBTQ+, Physical and Mental disabilities, homelessness and street workers and young people.

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

Areas of work which the Council have supported include:

- Step up to Great Mental Health consultation, providing advice on the approach to the consultation as well as submitting their own response.
- Four members of the Council have been instrumental in the design and the proposed Lived Experience Leadership Framework, proposing the introduction of patient and carer partners as well as a new Patient Director role to be piloted by the Trust in 2022/23.
- Inputted into the new Transgender and Non-Binary Service User Policy .

Following an independent review on its first year of operation. The Council are currently working with the Trust on its future role and alignment with the proposed Patient Experience Leadership Framework. Council members have agreed four areas of focus-

- We support LPT to learn by being a critical friend
- We support LPT to involve, engage and co-produce
- We support LPT to shape strategy and policy
- We support LPT to deliver on its equality, diversity and inclusion commitments and to tackle health inequalities

This will be achieved by:

- 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
- Receives Patient Director and Patient Partner reports in relation of lived experience, access and engagement



APPENDICIES

1. Patient Experience and Involvement Priorities for 2022/23
2. Patient and Carer involvement in recruitment breakdown
3. Patient and Carer involvement in patient information breakdown
4. Patient and Carer Training Prospectus
5. Patient Experience and Involvement Newsletter



Patient Experience and Involvement Team

Priorities for 2022-23



www.leicspart.nhs.uk



Workstream	1. We will make is easy and straight forward for people to share their experiences		
Aim	Using patient experience and involvement insight to inform service and quality improvement and to continually improve the experience of those who use our services.		
Start Date	01.04.2022	Delivered by date	31.12.2023
Workstream leads:	Alison Kirk; Emily Robertshaw; Haley Cocker	Programme support:	Complaints Team PALS Team Patient Involvement Team
Key deliverables	<ul style="list-style-type: none"> 100% of all inpatient and community-based services implementing the new FFT system All services implementing FFT Analyse and understand the experience by identifying the ‘touch-points’ of a service and gaining knowledge on what people feel as they experience our services and when they feel it. Support development of 15 Steps Challenge and Ward accreditation Patient Stories Programme Envoy Survey System Design and Implement Carer Strategy across the Trust 		
Outcomes and Measurable Benefits	<ul style="list-style-type: none"> 100% of all services capturing FFT data through their preferred method of collection by end of Q2 Through programme of staff training and support build competency and capacity for services to review, understand and use their FFT data for improvement (link to offer being scoped by Point of Care Foundation) Spread and Adopt best practice across the Trust by sharing and showcasing where feedback has led to improvement and support staff and services to ‘steel with pride’ the improvements made. Design data content and process for supporting 15 Steps and Ward accreditation programme Roll out training programme for Digital Patient Stories to staff across directorates. Develop central library of all patient stories which can be utilised for Board meetings, ward accreditation etc. Oversee the management and co-ordination of surveys on the Envoy System - ensuring feedback captured through the use of surveys if fed into directorates to support decision making Establish a working group to take forward Programme of work to include carers Complete benchmarking exercise against NICE Guidance and LLR Delivery Plan Create strategy and implementation plan to include Triangle of Care and alignment with LLR Carers Delivery Plan Establish governance structure for Carers 		
Key Stakeholders	Trust Staff; Trust Board; Patients and Carers; People’s Council; YAB		
Risk(s) on ORR	Not applicable		

Workstream	2. We will increase the numbers of people who are positively participating in their care and service improvement		
Aim	Deliver continuous development of patient/carer participation and involvement, both through volunteering and paid employment, to better enable co-production of services		
Start Date	01/04/2022	Delivered by date	31/3/2023
Workstream leads:	Alison Kirk; Haley Cocker; Di Graham	Programme support:	Patient Involvement Team Patient Experience and Involvement Facilitator
Key deliverables/ Change ideas	<ul style="list-style-type: none">• Patient and Carer Involvement Network• Enhancing the training and development offer for our Involvement Network including the Patient and Carer Leadership Programmes and developing roles for Experts by Experience to deliver this training• Roll out of involvement cafes based on the Recovery Café model• Strengthen Patient/Carer involvement in accreditation and 15 Steps Challenge• Re-establish and recruit to a Patient/Carer Experience Champions Trust-wide network• Programme of training and development for staff in relation to patient experience and involvement• Deliver a Lived Experience Leadership Framework• People’s Council• Youth Advisory Board• Patient Information		
Outcomes and Measurable Benefits	<ul style="list-style-type: none">• Sustain Patient and Carer Network membership and involvement opportunities• Using the Train the Train approach - develop a range of training/support for involvement network. Develop specific programme of training for patient partners in relation to QI (utilising some capacity with Angela Newton)• Work with Collaborative Care Policy lead to integrate approach across Trust as part of policy implementation.• Developing Staff capability for working with people with lived experience (strategic) and reintroduce patient experience and involvement champions across the Trust. Creating a community of practice supporting by development programme• Establishing a Community of Practice for staff who are interested in involvement, building on the network of Patient Experience and Involvement Champions• Develop programme of training and development for staff in relation to patient experience and involvement (delivered via the Patient/Carer Champions)• Design and implement a Patient and Carer Partners Programme• Introduce Patient Director roles into directorates• Review and reset People’s Council in line with independent review and Lived Experience Leadership Framework• Review YAB in line with LPT Involvement Framework and review Leadership• Work with People's Council to respond to independent review and recommendations		

Workstream	3. We will improve the experience of people who use or who are impacted by our services		
Aim	To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services.		
Start Date	1/4/2022	Delivered by date	31/3/2023
Workstream leads:	Alison Kirk; Emily Robertshaw; Haley Cocker	Programme support:	PALS and Complaints Team Patient Involvement Team Patient Experience Team
Key deliverables/ Change ideas	<ul style="list-style-type: none"> Improve the quality of our complaint investigations and responses Use feedback to learn and make continuous improvement Peer Review (PR) Reduce the amount of time taken to investigate complaints Undertake review of PALS Undertake review of complaints and PALS reporting categories on Ulysses Develop Community of Practice of Patient Experience and Involvement Champions across the Trust 		
Outcomes and Measurable Benefits	<ul style="list-style-type: none"> Develop and deliver programme of Customer Service training for staff to include Complaints; PALS; Customer Service (Ulearn) Design peer review approach; Undertake pilot event and analyse feedback; Undertake a number of peer review sessions; Undertake a number of peer review sessions; Analyse results and continue to implemented any changes to process Roll out use of Ulysses web-based system for PALS and Complaints across all three directorates: Explore reporting function; Monitor and make any adjustments as required and explore report function Undertake Review of PALS service, to include: alignment of Ulysses System updates to complaints; Utilisation of SystmOne; Review of PALS reporting and work with directorates; Blended approach of management of concerns and complaints Complete review of complaints (communications) and report to Complaints Review Group Undertake review of complaints and PALS categories based on recommendations and in line with K041a requirements Work with patient safety team to align any recommendations/changes Undertake review of current Champions (including discussions with Change Champions) Undertake engagement within directorates to establish interest Use findings from Lived Experience Framework engagement to inform baseline for training needs Undertake training needs analysis and develop offer for staff Design and delivery of training offer to include aspects of Team offer (experience; involvement; shared decision making; complaints/concerns; FFT and Customer Service) 		
Key Stakeholders	Trust staff; Trust Board; Patients and Carers; Board's Council; NAD		

Breakdown of Recruitment Panels during 2021/22

Date	Post	Directorate/band level	Panel Member/Stakeholder Panel	Number of Interviews
April 21	Associate Director for AHPs and Quality	Trust wide/Band 8D	Stakeholder Panel	1
June 21	Deputy Director of Nursing (interim)	Trust wide/Band 8D	Stakeholder Panel	1
June 21	Mental Health Practitioner	AMH Band 6/7	Panel member	3
July 21				5
August 21				3
Sept 21				4
Oct 21				1
Nov 21				2
Dec 21				2
Jan 22				1
Feb 22				3
March 22				3 = 27
July 21	Complaints/PALS manager	Corp	Panel member	1
Aug 21	Assistant Director of Nursing Band 8c (Part time)	Trust wide/Band 8C	Stakeholder panel	1
Aug 21	Clinical Lead in Psychology	MHSOP/Band 8C	Panel member	1
Sept 21	Equalities Specialist	Corp/Band 7	Panel member	1
Sept 21	Inpatient Psychology Lead	AMH/Band 8C	Panel member	1
Oct 21	Mental Health Practitioner for PD	AMH/Band 7	Panel member	2
Oct 21	Quality Improvement Advisor	Corp	Panel member	1
Oct 21	MH Improvement and Transformation Manager	Corp	Panel member	1
Nov 21	Complex Trauma pathway lead	AMH/Band 8C	Panel member	1
Nov 21	Peer Support Worker interviews	Trust wide/Band 3	Panel member	2
Jan 22	ASD Lead Nurse	FYPC/Band7	Panel member	1
Feb 22				
Feb 22	Clinical Psychologist Urgent Care	AMH/	Panel member	1
Feb 22	MH Clinical Pathway Lead	AMH/Band 8C	Panel member	1
March 22	Design and Digital Media Coordinator	Corp/Band 5	Panel member	1
March 22	Family and Systemic Psychotherapist	FYPC/Band 8a	Panel member	1
March 22	Clinical Psychologist	AMH/Band 7 HD	Panel member	1

Feedback on being involved in recruitment panels



Appendix 3

Breakdown of patient information requests during 2020-21

Date	Feedback/Leaflet/survey	Service area
May 21	Recruitment panel draft survey	Corporate
June 21	CMHT NW draft Survey	Directorate of Mental Health
June 21	Feedback on CHIME concept for Recovery Cafes	Corporate
August 21	Neuropsychology draft survey	Directorate of Mental Health
August 21	Outdoor appointments draft questionnaire	Directorate of Mental Health
August 21	Feedback on Walk and Talk – venue preferences	Corporate
October 21	Inpatient collaborative care planning draft letter	Directorate of Mental Health
November 21	Feedback on LLR Mental Health and Wellbeing Recovery Support Service	Directorate of Mental Health
January 22	Draft community enhanced rehabilitation survey for service users and Carers	Directorate of Mental Health
January 22	Feedback on draft patient and carer facilitator role description	Directorate of Mental Health
February 22	Feedback on draft Bradgate friends and family leaflet	Directorate of Mental Health
March 22	Draft uniform posters for inpatient Unit	Directorate of Mental Health
March 22	Draft carers/family and friends' leaflet	Directorate of Mental Health
March 22	Feedback resilience toolkit draft questionnaire	Directorate of Mental Health

Appendix 4

Patient Experience and Involvement Prospectus

When patients and carers sign up for involvement, they can choose from a range of opportunities.

To support individuals to undertake these roles the Trust offers training and development. These are updated on a quarterly basis and are often co-delivered with patients and carers themselves.

Click here for the Spring 2022 prospectus

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

Involvement Prospectus

Spring 2022 Programme
Training, development and wellbeing support



Appendix 5

Patient Experience and Involvement Newsletters

Our monthly patient experience and involvement newsletters are sent out to all our Involvement Network members as well as local partners. The newsletters detail opportunities for involvement with the Trust and wider health and care system.

Newsletters are sent directly to network members and are also available on the Trust's Get Involved website, click here to view all newsletters

<https://www.leicspart.nhs.uk/involving-you/involving-you/>

