

## Patient and Carer Experience Group – Trust Board 27<sup>th</sup> September 2022

### Patient and Carer Experience and Involvement (PCEI) Quarterly Report (including Complaints) Quarter 1, 2022/23

#### 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 1.
- 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]

##### Complaints Overview

The Trust have continued to apply a 45 working day timeframe, or a date agreed with the complainant to all new and reopened complaints received in Q1. Although the extended timeframe has benefitted the Trust in providing their responses within the given timeframe, as well as having had a knock-on-effect on our overall performance, this in no way takes away from the hard work being completed by all parties involved in the process, especially when the pressures being experienced within the directorates as a result of the Covid-19 pandemic, coupled with general staff shortages, sickness, and annual leave, as well as the increased complexity of the complaints being received, have continued.

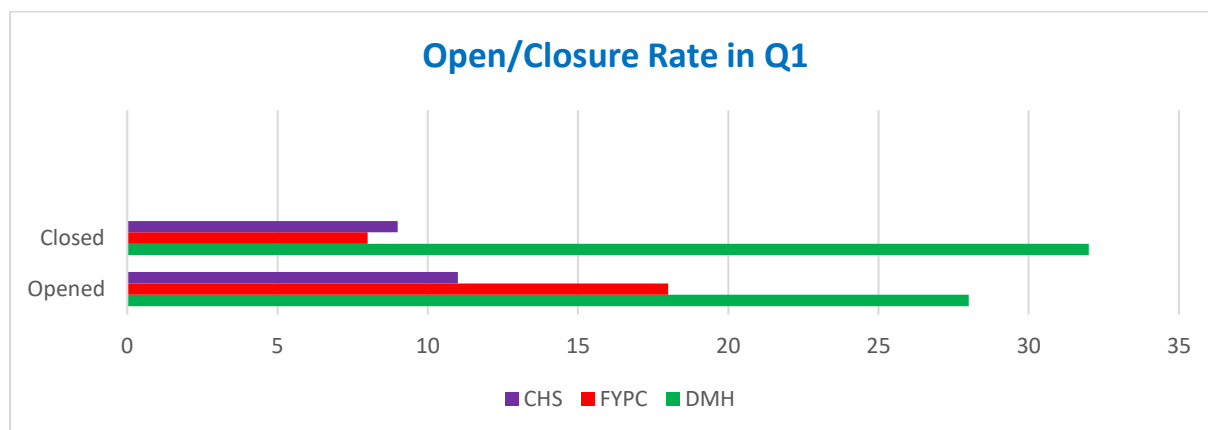
In Quarter 1, the Trust formally registered 57 new complaints, which is an increase compared to the 54 registered in the same period last year, whilst a similar, 58 were registered in the previous quarter.

In Q1, 147,362 patients attended and were seen by services run by the Trust. Taking these figures into consideration against the total number of new complaints registered in the quarter, 0.03% of these patients made a formal complaint, which is slightly lower than the same period last year.

Although complaints received for the Directorate of Mental Health (DMH) have remained the highest proportion of the complaints registered in Q1, there has been a significant increase in cases for Family, Young People, Children and Learning Disability Services (FYPC/LD), which can be linked to the ever-growing waiting lists for assessment of ASD and ADHD within Community Paediatrics and Child and Adolescent Mental Health Services (CAMHS). To ensure the figures do not become untenable, the Complaints Team continue to work with and support the directorates in de-escalating these types of complaints through the informal PALS procedure, where possible. The increase in these types of cases has also been identified as a risk and has been discussed at the FYPC/LD Directorate Management Team meeting. In Q2, it is hoped that the service and the team can agree a plan on how to respond to these types of complaints in an efficient and effective manner, without putting additional pressure on the same investigators and services.

	April	May	June	Total
<b>No of complaints where original timeframe extended</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>No of breached complaints</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>

The number of complaints responded to within their given timeframe in 2021-22 has increased by 12% from the previous year and based on the cases closed in Q1, 49, only 1 case breached its given timeframe and 1 case was recorded as requesting an extension to its timeframe. These low numbers are a testament to the collaborative approach being taken by the Complaints Team with each of the directorates, ensuring that the patient is placed back at the centre of everything we do.



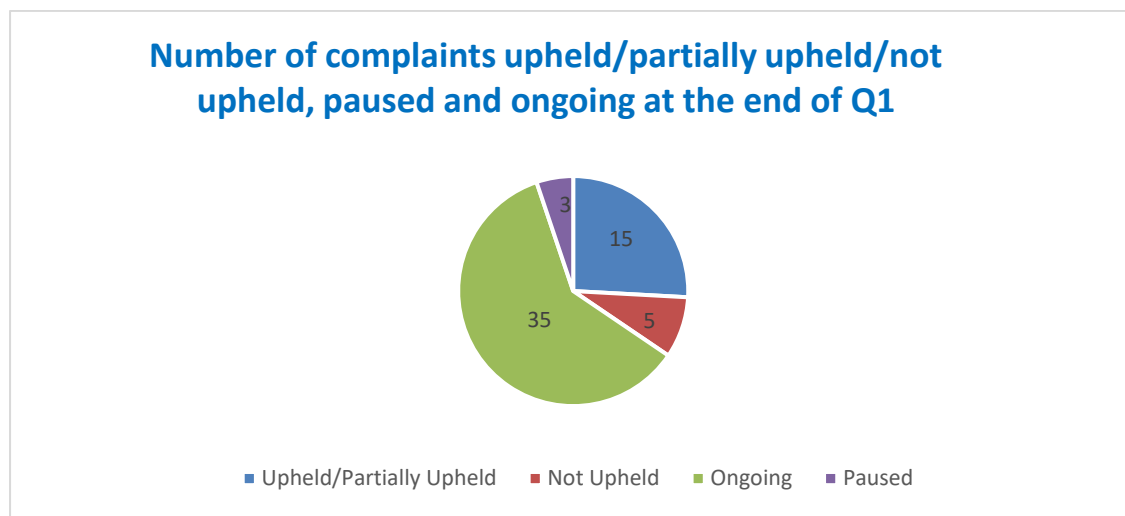
In previous reports we reviewed the data on the number of cases received by the Trust, however, going forward the rate of closure will also be reviewed. Due to the way in which the complaints investigation process is structured, those who are allocated complaints to investigate are often allocated both PALS and service concerns, enquiries, and Serious Incidents (SI's), as well as completing the tasks of their day-to-day role. Therefore, it is important to recognise the hard work being completed within the Trust by our investigators to ensure the timeframes are met, with DMH closing more complaints than they opened in the quarter.

The team continue to have a very high acknowledgment rate, with 97% of all complaints received, both new and reopened being acknowledged within the regulated 3 working day timeframe. This

can be linked to continued best practice of calling complainants upon receipt of their complaint to discuss matters further. However, it is also important to note that the team now utilise the Egress encryption system, where possible to send relevant documents to complainants via email, speeding up the process, not only for the team but also for those who contact us.

As a result of the 45 working day timeframe, set out in the below chart, at the end of the quarter more than half of the complaints registered remain under investigation, with a small number placed on pause due to awaiting a suitable meeting time between the Trust and the complainant or awaiting an appointment to take place, which may affect the overall outcome.

The process of placing complaints on pause when we are unable to complete a fair and reasonable investigation without speaking or meeting with the complainant has been trialled predominantly in DMH and continues to ensure better outcomes for complainants, as well as a reduction in the number of complainants getting back in touch to raise additional or outstanding issues.



The overall quality of responses has also increased over the past year and support continues to be offered to the new investigators, along with one-to-one sessions being offered with the Interim Complaints and PALS Manager, for investigators completing re-opened complaint responses, with the hope that this will continue to reduce the number of complaints escalated to agencies such as the ombudsman going forward.

Q1 saw 7 complainants get back in touch with outstanding concerns compared to 12 in the same period last year and 7 in the same period the year before. Whilst the main reason given for complainants coming back remains the same, not all concerns were addressed, the reduction in the numbers from the previous year is testament to a more collaborative approach between the Corporate Complaints Team and the directorates, to openly discuss and make decisions regarding re-opened complaints. This approach enables the teams to take into consideration factors such as the previous investigation, the nature of the outstanding concerns and whether the outcome is likely to change following an additional investigation.

2021-22 was the first year in over five years where no PHSO or Local Government and Social Care Ombudsman (LGSCO) cases involving the Trust were formally investigated, which can be attributed to the increase in the quality of our formal investigations and responses, as well as more cases being resolved via local resolution meetings, with both face-to-face and virtual meetings being regularly offered. In Q1, three cases were brought to the attention of the ombudsman, with only one case leading to a formal investigation, the outcome of which is still pending.

May 2022 saw the introduction of the new Complaints Management Document (CMD), which has been co-designed by the Interim Complaints and PALS Manager and the Clinical and Quality

Governance Manager in the Directorate of Mental Health, with input from both longstanding and new investigators across all three directorates. The new document was trialled for all cases in May and June, and this will continue into July before the results of the trial are due to be presented to the Complaints Review Group (CRG) in August.

Due to some recent local and national media attention on the Trust in Q1, a new Case Alert Referral Process has also been designed to provide early updates to relevant members of the Executive Team, as well as our Communications, Legal, Safeguarding, Patient Safety and Patient Experience Team. The aim of the process is to ensure there are early discussions and considerations about how to manage cases where a possible future media or legal enquiry has been identified. This will be led by the Interim Complaints and PALS Manager, though the triage process completed by both PALS and Complaints Team, and it is hoped that the process will ensure a clear and consistent approach to cases where there is a risk to the Trust's reputation.

It has been noted that there continues to be a very significant shift in the mindset of the public in Q1, with their expectation of the services higher than ever and the use of Covid-19 as having had an impact on waiting lists and provision of care no longer being accepted. Moreover, the team have seen an increase in the number of complainants also contacting their local MP and other agencies to support with their complaint. Like the Case Alert Referral Process noted above, the team have worked closely with the Communications Team and the Office of the CEO in Q1 to ensure all responses provided, whether by the team, the service, or the Executive Board, are consistent in the message being provided.

Throughout Q1, the team have worked closely with the new Deputy Head of Patient Experience and Involvement to review the processes followed by the PALS Team. The review enlisted both the PALS and Complaints Teams, as well as members of staff who deal with concerns in each directorate to discuss the process and how we could work together to provide a more efficient and effective patient focussed service. Following the completion of the review, the recommendations will commence to be implemented from Q2, which will align with the work already completed in complaints in the past year.

The number of PALS contacts received in Q1 totalled 226 (including signposting), this is like those numbers received in the last Quarter of 2021/22. The reduction in signpost contacts remains low with 22 contacts and provides evidence that the information put into place for to manage enquiries continues to take effect.

The number of concerns, comments and enquiries is slightly reduced to those received in Q4 (235) with 204 received in Q1. In addition to these 14 concerns were received via the CQC, and 13 MP enquiries/concerns were received in the quarter.

<b>Directorate</b>	<b>CQC Enquiries/Concerns</b>	<b>MP Enquiries/Concerns</b>
<b>Directorate of Mental Health</b>	13	6
<b>Community Health Services</b>	-	-
<b>Families, Young People, Children and Learning Disabilities</b>	-	7
<b>Corporate Services</b>	-	1

### **Themes from complaints, concerns, and compliments**

The commencement of the new year continued with the theme of negative experience relating to communication. 44% of concerns and complaints in relation to communication related to communication between the service and the family with the 56% in relation to poor communication between patients and their healthcare professional or service provider. Communication and good Customer Service skills are the key component of the revised Customer Service modules being

reviewed and updated on the ULearn system. A joint working group has been established with admin and clerical staff, people with lived experience and the patient experience and involvement team to review the current training offer and to update this with a range of tools and support to improve communication and methods to respond to concerns when raised. The new module will be available in the early Autumn of 2022.

The quarter also registered concerns and complaints that related to appointments, including waiting times along with poor experience in relation to providing adequate patient care. Data in relation to waiting times and appointments are fed into the Improving Access Committee where it is discussed at directorate level and in relation to those services which have long waiting lists. This provides evidence if the impact of waiting is having a direct link to patient care. Data also forms part of the evidence considered and discussed at Quality Summits that take place across the Trust. During the last quarter this has included the Quality Summit for Crisis Resolution & Home Treatment Team and the Central Access Point.

The quarter saw an increase in the number of compliments being recording with compliments making up 41% of all feedback received (excluding FFT feedback). This relates to the move by services to proactively collate and record compliments received. It is important that services can share the positive feedback back with their teams. There will be a focus on promoting and sharing positive feedback through a communications campaign and in alignment with the launch of a trust-wide initiative called Feedback into Action.

A further breakdown of feedback received by directorate is provided in the appendix.

#### Activity data – 1 April 2022 to 30 June 2022

	PALS concerns (excl'd signposting)	Complaints	Compliments
<b>Number</b>	204	57	217
<b>Top 3 Themes</b>	<ul style="list-style-type: none"> <li>• Communications</li> <li>• Failure to provide adequate care</li> <li>• Access to services</li> </ul>	<ul style="list-style-type: none"> <li>• Appointments</li> <li>• Patient care</li> <li>• Clinical treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Communication with patient</li> <li>• Care &amp; Treatment</li> <li>• Staff attitude</li> </ul>

#### Good news story

Through discussions led by a patient with lived experience of complaints, at the Complaints Review Group, the trust is looking to introduce Message to Matron boxes onto inpatient areas. The purpose of the boxes is to allow both patients and staff to provide feedback or raise concerns anonymously directly with their local Matron. This is in direct response to discussions on the number of concerns and enquiries raised by patients, particularly in our adult mental health inpatient ward, directly with the CQC, it is hoped that by providing a local anonymous approach to providing feedback patients and staff will feel more confident to raise concerns directly with the Trust.

## 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	Following discussion with local system partners and at the Complaints Review Group a paper proposing the move to a standard 40 working day timescale for management of complaints will be presented to Operational Executive Board in early July.

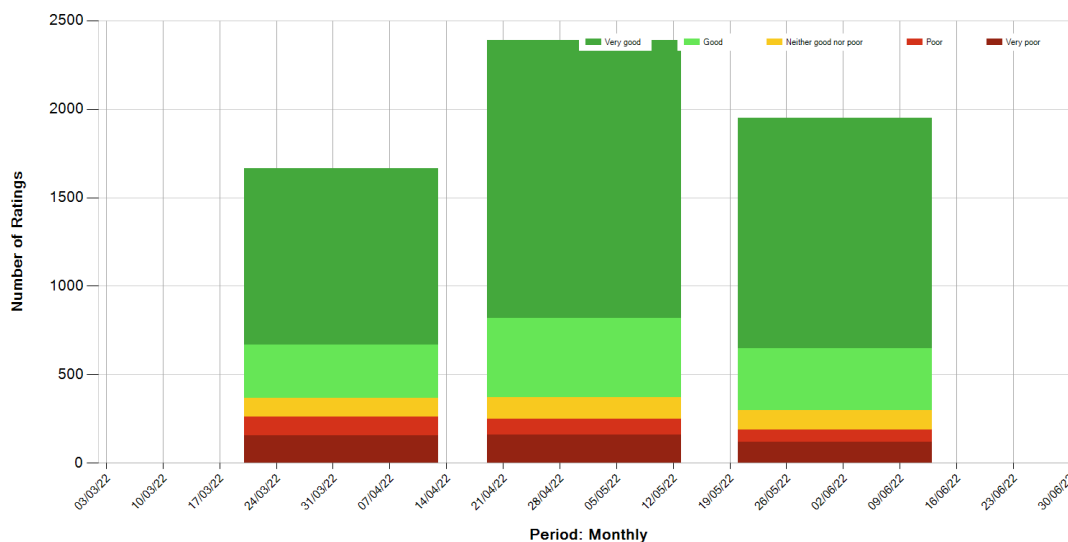
## Assurance

- 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 Q1 the Trust received 6161 individual responses to the FFT question which equated to a response rate of 6% which is a 1% drop from the last quarter. Although the overall percentage of responses has dropped the number of comments received has increased by 583 in Q1. Of these responses 81% (Q4 83%) reported a positive experience of care and a 11% (increase of 2% from Q4) response rate recording negative or poor experience of care. The full breakdown of date 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	78	00.07%
Individual Voice Message	776	00.74%
Online Survey Once Patient is home	422	00.40%
SMS/Text	4885	04.69%
<b>Total</b>	<b>6161</b>	<b>05.91%</b>

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	77	00.07%
Individual Voice Message	493	00.47%
SMS to Individual Voice Message	30	00.03%
Online Survey Once Patient is home	292	00.28%
SMS/Text	4006	03.84%
<b>Total</b>	<b>4898</b>	<b>04.70%</b>

During the quarter it was agreed to start prioritising the use of QR codes to capture feedback due to the ongoing technical issues which limit the questions we can ask on the back of the FFT question. We have been linking in with services to undertake a review of teams using iPads and SMS also with the option to introduce the use of QR code alongside these approaches.

The Trust has also introduced volunteers in 'phone capture' roles who are available to assist services who would like additional support to capture FFT. These roles can contact patients directly where a phone call is a more appropriate way of collecting feedback e.g., parent of a young child or an elderly person who may be receiving multiple services in the home. Recruitment is underway for 'Talk and Listen' volunteers to support services to collect data/ assist with Friends and Family boards within inpatient wards and outpatient clinics.

#### Key Areas of concern

There are no key areas of concern.

#### Good news story

Healthy Together have been successful in applying for funding from the LLR Project Trust fund. The application was made as part of a Quality Improvement project to supply Public Health Nurse's (Health Visitors) with keyrings that display the Friends and Family Test QR codes. The project wants to make the codes more visible and easier to access, to improve the number of responses we receive from families. The funding will provide a keyring for all practitioners across Leicester, Leicestershire, and Rutland.

#### Assurance

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

## Patient Experience and Involvement Step up to Great Priorities

Following a review of priorities for the delivery of the Step up to Great Patient Experience and Involvement priorities for 2021/22 and setting out the ambition for our work in 2022/23 a new set of priorities has been agreed across the Patient Experience and Involvement Team. The follow table sets out those priorities and the deliverables achieved in the quarter.

Priority	Aim	Activity in Quarter
<b>We will make it easy and straight forward for people to share their experiences</b>	Using patient experience and involvement insight to inform service and quality improvement and to continually improve the experience of those who use our services.	<ul style="list-style-type: none"> <li>• Review undertaken of current FFT capture options for service using SMS, iPads</li> <li>• All inpatient services now using QR codes as ongoing technical issues with iPads</li> <li>• SMS/Text - commencement of Community services moving to QR as no option to adapt FFT Questions</li> <li>• Posters with unique QR code to display on wards/outpatient clinics shared with services</li> <li>• Meeting planned with Patient Information Specialist to review accessible information for those not able to use other collection methods to give feedback</li> <li>• Volunteers in phone capture roles for CHS community services and MSHOP to assist in capturing feedback</li> <li>• Talk and listen roles advertised to place volunteers in localities to support services with FFT collection and 'you said we did boards'</li> <li>• Relaunch of Friends and Family Test Quarterly newsletter to promote and provide updates. You said, we did competition will award vouchers to services to use for patient activities</li> <li>• Continuation of Envoy training for staff to access FFT data using pre-built reports. Training resources provided and available on staff intranet</li> <li>• Continuing to provide survey training for staff and training resources for services to access</li> <li>• Patient stories – two stories planned for AGM in September</li> <li>• Working with communication team to update staff and public website to further develop sharing of patient stories</li> <li>• Further training planned to support services to capture digital stories using digital storytelling methodology</li> <li>• Services regularly ask for feedback on leaflets/documentation aimed at service users and carers. Five sets of feedback completed during Q1.</li> <li>• Reintroduction of Patient Information Reader Panel. Invite network members to become part of a more diverse panel to gather more proficient and inclusive feedback.</li> <li>• Carers- review and coping of current position undertaken, benchmarking against NICE Guidance complete</li> <li>• Governance structure for carers established through Patient and Carer Experience Group (PCEG), directorate leads to nominate reps to attend July 2022.</li> <li>• Working together with NHFT Head of Patient Experience to support development of strategy across both trusts</li> </ul>



<p><b>We will increase the numbers of people who are positively participating in their care and service improvement</b></p>	<p>Deliver continuous development of patient/carer participation and involvement, both through volunteering and paid employment, to better enable co-production of services</p>	<ul style="list-style-type: none"> <li>• Training and development prospectus for patients and carers in development including patient leadership modules offered including Intensive Meeting Skills Programme, &amp; Training and Facilitation Skills Programme</li> <li>• Attendees of Training and Facilitation Programme matched to a range of facilitation opportunities with staff</li> <li>• Patient Leadership programme being planned for new cohort launch in Autumn</li> <li>• Quality Improvement (QI) patient and carer share and learn space established, with 10 members - developed QI basics training and received PDSA training</li> <li>• Started to re-engage with patient experience and involvement champions to review and plan new offer, and how deliver to staff in current climate</li> <li>• Staff Patient Experience and Involvement training and development offer being established, including collating what we already have available across the team and Trust and identifying gaps</li> <li>• Plan to develop and launch prospectus to staff in Q2 for programmes to start in Autumn. Reaching out to staff to undertake training needs analysis.</li> <li>• Patient leaders trained in facilitation skills to support training of staff and programmes being developed, including commissioned Point of Care foundation Programme</li> <li>• 15 Steps Challenge and PLACE role descriptions and activity briefs being created to advertise to patients and carers (15 Steps Challenge opportunities also promoted with admin and clerical staff)</li> <li>• New Lived Experience/Peer Support Worker volunteer coordinator moving into the team which gives better alignment to peer support, and the involvement offer, from volunteer to career pathway</li> <li>• Planning has started for the reviewing the recovery café model and creating an approach to role the model out in other areas – to take place end of June with café attendees</li> <li>• Involvement Network membership over 150 members</li> <li>• Monthly Patient Experience and Involvement Newsletter shared with Involvement Network which includes involvement opportunities available across the Trust. Increased number of requests from service areas to advertise involvement opportunities within their locality</li> <li>• Established inhouse recruitment training for network members, increasing uptake in the requirement to provide a patient perspective at LPT recruitment panels at various band levels. (11 panels providing a patient perspective during Q1)</li> <li>• Increase in patient partner roles within service areas on medium and long-term projects</li> <li>• Increase in co-facilitation with network members on introductory workshops (Recovery College; Recruitment panels; QI in a box; Nutrition and dietetics – University of Nottingham)</li> <li>• Youth Advisory Board (YAB) administrative support and future leadership discussions have taken place across the system to ensure alignment to LLR CYP engagement plans. YAB engaged with system wide strategies, policies, and delivery of local CAMHS services.</li> </ul>
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**We will improve the experience of people who use or who are impacted by our services**

To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services.

- Three customer service ULearn modules have been reviewed and a working group established with staff reps from all directorates and patient representative to co-design changes.
- Complaints and PALS Team on complaints training offer although working group to review and work on any edits, layout etc.
- Discussions with different clinical areas to identify training needs of staff to identify training needs to support staff with experience and involvement, including analysis of feedback, you said we did, digital patient stories etc.
- PALS Review has been completed, report and recommendations for review at Complaints Review Group in August
- Complaints Peer Review- Face to face session planned for July - 16 staff and service users attending. Focus on CHS complaint responses to improve patient experience of complaints.

## **Patient and Carer Involvement in Quality Improvement**

There are several quality improvements projects which are being supported by patients and carers with lived experience. These include:

- Neurological Services – A new Carers group (includes three Patient and Carer Involvement Network members) has been formed and is being supported by the network members
- Care Co-ordination Group - Group meet to develop and implement new policy and approach. Care Coordination Policy refers to people's packages of care when accessing mental health services. This policy will guide care planning across all mental health services in LPT
- Adult Eating Disorders Clinical Steering Group – Expert by Experience representative member of the group to provide a lived experience perspective to:
  - inform commissioning and provision of services.
  - develop, revise, and enact the clinical model for the Adult Eating Disorders New Care Model
  - understand population need, current service provision and opportunities for improvement
  - work collaboratively with the Commissioning Hub to establish appropriate and measurable service objectives within an annual quality improvement plan.
  - establish and support the work of a series of sub-groups including the LD&A Response Group.
  - focus on impact for the service user, understanding service user pathways and flow through the service and involve service users in all stages of planning and delivery to ensure genuine co-production
- Nutrition and Dietetics – Patient with lived experience co-facilitating four sessions discussing professionalism from a patient perspective with Nottingham University Undergraduate students
- ULearn Customer Services modules refresh – To review and revise the customer service modules which are available to all staff at LPT, three modules include:
  - Customer care for all
  - Listening and learning from feedback
  - Investigating and dealing with complaints

This is a working group to enable a collaborative approach to revising the customer service training offer, review, rewrite new content, design layout and style. The group will also design face to face training for support the module.
- Recovery college - Enhancements of the student experience for Recovery College students
- Restructure of LLR LeDeR Programme – Supporting carer and service user with Learning Disabilities to be part of working group
- ECT Service – collaborative working from someone sourced from within service, been working collaboratively with service for some time and recently recruited as HCA to support patients and families attending ECT service

### **Good news story**

Youth Advisory Board (YAB) member Georgia has been successful in joining LPT as a peer support worker in the CAMHS Crisis Intervention Service, Georgia will continue in her role to be part of YAB sharing the attendance with Leanne Kulik to support the group and YP joining through contact with the service.

### **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 agreed Lived Experience Leadership Framework which some of the Council members have been working on.

In June the Council received updates from Tim O'Donovan on the Reset and Recovery programme, as well as discussions with the Council on how the Council can work with the Trust in relation to transformation and quality improvement. Pauline Lewitt, Freedom to Speak Up Guardian for the Trust also met with the Council in June and talked about the role and work of the Guardian.

The Council provided feedback and input into the Transgender and Non-Binary Service User Policy as part of the development on the Policy.

## **LPT Youth Advisory Board (YAB)**

YAB continue to meet virtually, each week on MS TEAMS. Activity during the quarter include:

- A facilitated session with the YAB to discuss ideas for Mental Health awareness week in May. The YAB took part in creating top tips and sharing a young persons perspectives on "loneliness". The top tips leaflet was created and shared widely during Mental Health week. YAB members offered to support this week with their stories and view on loneliness as a topic focus for this awareness week.
- The YAB worked with Digital Content Lead Alex Mantle, during this session feedback was shared with the YAB on how their ideas for social media messages and content had been applied over the last 9 months on Health for kids/teens sites. Further discussions took place to enhance this and explore other platforms to engage Young People.
- LLR Preparing for Adulthood Strategy development - YAB were able to provide suggestions and ideas to be included within this strategy. Preparing for Adulthood/Transition YAB supported a session with CAMHS Care Navigators focussing on what is helpful for young people when they are transitioning to adult services. Feedback suggestions and ideas especially around digital help and support pre attending new buildings and places was shared.
- Developing Patient facing medicine information for My guidance- the YAB met with Jess Atkinson to review current guidance in both easy read and non easy read formats for young people in CAMHS receiving medications. Ideas and suggestions to improve the design and content of these was shared and suggested during the session. Jess will return to YAB when changes have been made to further review.

## **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 Early Start Team from the directorate of Families, Young People, Children and Learning Disabilities have been concerned about the combined impact of austerity and COVID on vulnerable service users and have been working on a digital tool to support decision making when offering digital services. From the feedback that the team have captured, key areas of concern were highlighted as digital poverty, no access to equipment, patients / parents who find digital services difficult to use, and people being discharged due to non-engagement. The proposed idea is to have a digital risk assessment screening tool added to SystemOne. Use of this tool would identify those who struggle to access live digital platforms with an icon on SystemOne, this would flag up that this person would benefit from a face-to-face appointment instead of a digital one. The possible benefits would be reducing health inequalities and increase accessibility. To capture data regarding who it works for, who it doesn't and then use it to influence commissioning and service planning. To progress this, work the Team are going to connect with the reset and rebuild work and to look at the IM&T requirements.

The Equalities Team are leading on a development of a new policy in relation to Transgender and Non-Binary Service Users. The aim of the policy is to set out the offer of support in both inpatient and outpatient settings, how to care for transgender people, their rights, what not to say and to give tips and expectations to staff. The policy is currently undergoing consultation with several audiences including Advisory Board (YAB), Spectrum Staff Network, Peoples Council and Leicester LGBT Centre. There will be an opportunity for patients and service users to give their thoughts as well through a workshop.

### **Community Mental Health Survey**

The Community Mental Health Survey (CMH) has been conducted almost every year since 2004 as part of the NHS Patient Survey Programme (NPSP), coordinated by the Survey Coordination Centre for Existing Methods (SCCEM) at Picker on behalf of the Care Quality Commission (CQC).

The purpose of the survey is to understand, monitor and improve service users' experiences of NHS community mental health services. Data collected from the is used by the CQC in its assessment of mental health trusts in England. The results are also used by NHS England and NHS Improvement and the Department of Health and Social Care (DHSC) for performance assessment, improvement, governance, and regulatory purposes.

Following the 2021 survey, the CQC published a separate report which focused on variation in results at trust level. Leicestershire Partnership NHS Trust had been identified as performing 'worse than expected' suggesting that people's experiences were **worse than expected**. This was 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 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 with CQC inspectors looking for evidence from the survey and following these issues up through our regular contacts.

To ensure the Trust received regular oversight of actions being taken response to the survey findings it was agreed by the Quality Assurance Committee in May 2022 that the Patient Experience and Involvement Report (including Complaints) provided an update on progress of action in response to the survey and its findings. These can be found in the table below.

Service Area and Action	Achievement in Quarter 1
<p><b>Employment Support Service:</b></p> <ul style="list-style-type: none"> <li>• ESS will be recruiting an additional 12.7 WTE employment specialists, making a total of 17 WTE.</li> <li>• We will also be recruiting 2 Senior employment specialists to line manage with half their time working a caseload.</li> <li>• There is funding from NHSE to expand the team and thus employment support for adult CMHT patients.</li> </ul>	<ul style="list-style-type: none"> <li>• The service received additional investment to support the achievement of the increased access targets during 20/21 and 21/22.</li> <li>• Significant recruitment has recently taken place which should improve compliance against targets going forward.</li> <li>• Regular meetings are scheduled with the service to review and resolve any data quality errors, this has meant recently completing a PTL and amending contacts that had been linked to a different team in error.</li> <li>• Compliance with the IPS approach is established through a fidelity review carried out each year. The LPT fidelity review was completed virtually by IPS Grow Leads, Calvin Silvester &amp; Adele Marshall. Out of 25 areas reviewed LPT ESS were green in 11 areas, amber in 6 and red in 8. Overall score 80 out of a possible 125 resulting in a rating of fair. A robust action plan has been put in place to improve compliance.</li> </ul>
<p><b>SMI – The Mental Health Facilitator service (MHF) provided by LPT assist GP surgeries</b></p> <ul style="list-style-type: none"> <li>• Training all staff to carry out blood which will ensure that all 6 physical health checks can be carried out by the MHF</li> <li>• Resuming face to face appointments where clinically safe to do so with support from GP practices to accommodate clinic space</li> <li>• Increased focus on and increased working with PCNs where physical health checks are significantly below expected levels</li> <li>• 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.</li> <li>• Develop an outreach plan to engage with those who DNA their appointments with the MHF.</li> </ul>	<ul style="list-style-type: none"> <li>• No update</li> <li>• No update</li> <li>• Not yet able to offer bespoke physical health checks. Core assessment process is in place and anyone who has an identified physical health need via this core assessment is then followed up using the health consultant model</li> <li>• Systems are not aligned at present and risks have been identified in relation to quality of data recorded onto patient record and the issue of having to use multiple screens/forms when seeing a patient which can be timely and confusing. Further discussion to be held within the Quality and Safety Team for each area and then brought back to DMT Q&amp;S meeting</li> </ul>
<p><b>Community Mental Health Teams</b></p>	

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

- To scope out current resources and requirements to ensure all CMHT's can provide these.
- 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).

- Issues with equipment availability for undertaking ECG's. Currently not portable ECG equipment available, capital bid will need to be submitted. Concerns in relation to ability to read ECG's when undertaken, competency and staff training required. Currently all ECG's undertaken are sent over for external review by cardiology which is costly and timely.
- Steering Group has been established to develop SOP for community, this work is in progress. Trust ECG SOP in place and is being used in the interim

**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.

**CBT**

- The service is ahead of trajectory to reduce treatment waiting times.
- Access targets achieved over the past 6 months.
- First line treatment offers for OCD, Generalised Anxiety Disorder, Health Anxiety and Panic Disorder moved to group treatment to increase throughput and complemented with individual sessions to start and end therapy and fully individual therapy in clinically indicated exceptional circumstances.
- The service has developed innovative remote treatment for OCD and attained excellent clinical outcomes, published in BABCP to share learning with wider CBT community. All treatment has a hybrid treatment delivery of MS Teams, individual face to face at (assessment / review) and outdoor working.
- There is very good flow through the department with high numbers of patients being referred, assessed, treated and discharged within the 52-week period.

**DPS**

some groups have resumed face-to-face already

Our overall average lengths of treatment have come down, due to having developed other offers, although we do still retain the possibility of a treatment contract offer of up to 18 months individually

- Holding our 'patient trackers' to keep track of where patients are in their treatment and implementing a review process at 6 months, at which stage the length of any further treatment is planned and agreed has also meant that it is much less often that 18 months is the 'standard' offer. The trackers and reviews help ensure consistence across the service and to predict vacancies arising and so manage waiting lists more effectively.
- Increase our overall capacity by offering placements to Medical trainees, psychology students and trainees from other services / trainings under supervision
- A recent audit has shown that since 2016 average lengths of treatment within the service have shown a year-by-year reduction

#### **Therapy Service for People with Personality Disorders (TSPPD) Access (13 weeks)**

- TSPPD Service is achieving against the agreed trajectory to reduce the number of patients waiting for assessment for over 52 weeks.
- TSPPD service users who are not open to CMHT or outpatient are being seen for an initial assessment by the TSPPD service after their referral is initially accepted. Once this initial assessment occurs or if the service user is open to CMHT/OPs the service user is held on a TSPPD waiting list. Once at the top of this waiting list the service user will receive a psychological assessment to re-review their needs and this will inform what part of the personality disorder pathway someone is suitable for or whether their needs require another offer from the ICS.
- The service reviews as part of its senior team meeting on a 4 weekly basis the number of service users waiting for a first assessment and will implement in-service assessment weeks if there is a need to ensure timely provision.
- As part of step-up-great the service continues to work to a position whereby all first assessments for planned treatment, which includes those going onto the TSPPD pathway, will be provided through the planned treatment and recovery teams as part of a pathfinder/consulter assessment process. This will serve as the initial assessment as part of an integrated planned community offer.



- Whilst the service is working towards development and input into pathfinder assessments, they are continuing to review their assessment approaches in the care pathway.
- The referral / assessment SOG within TSPPD is being reviewed to future proof the process, this process will include the timely initial assessment of all external referrals to ensure on-going risk mitigation processes.

**Patients waiting over 52 weeks for Treatment in the Therapy Service for People with Personality Disorders (TSPPD) 18 Weeks**

- Service has commenced with training SCM groups. These groups have also trained SCM staff to begin the roll out of locality SCM-Decider programme.
- Following recruitment of new staff and the development of the SCM decider programme, a significant number of service users being offered and completing treatment within locality teams over the next 12-18 months. This will be reviewed against the waiting list to measure impact on reducing waiting list numbers and waiting times. This is on target.
- There are continued high referral rates into the service which is being addressed via embedding skills across planned treatment teams to enhance the whole system approach.
- There is work currently being undertaken to ensure face to face groups can be offered.
- Additional clinicians have been recruited to strengthen the SCM-Decider roll out and the provision of structured therapies as part of the ICS. A rolling programme of recruitment continues.
- Implementing a QI approach to evaluate this implementation plan.

It should be noted that the results of the 2022 survey have just been received by the Trust and over the coming weeks survey results will be shared and discussions will take place on how the Trust will respond to the survey. It is proposed that any actions identified in response to the 2021 results will be amalgamated with any new actions for 2022 and these will be reported quarterly through this report.

## Proposal

- The Quality Forum 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.

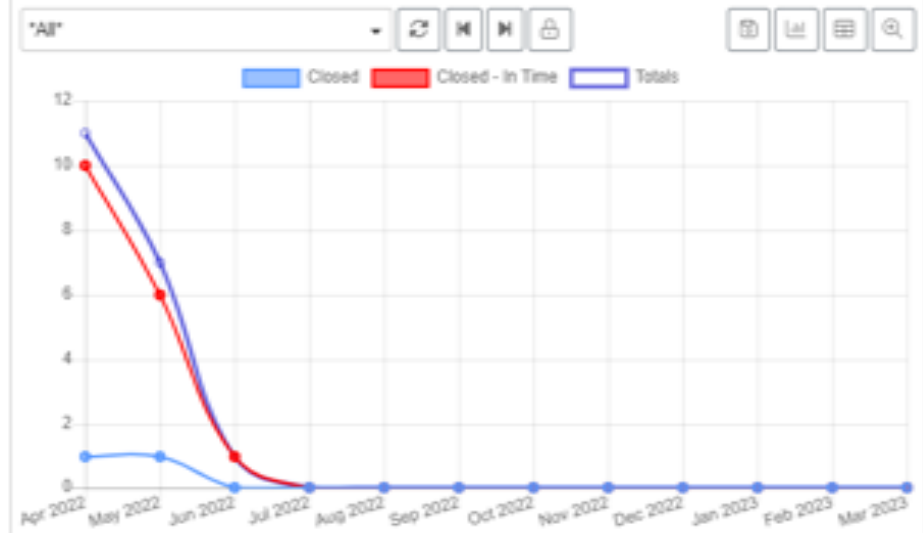
## Governance table

<b>For Board and Board Committees:</b>	Trust Board 27.9.22	
<b>Paper sponsored by:</b>	Anne Scott, Director of Nursing, AHPs and Quality	
<b>Paper authored by:</b>	Alison Kirk, Head of Patient Experience, and Involvement	
<b>Date submitted:</b>	13 September 2022	
<b>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):</b>	Patient and Carer Experience Group – virtual sign off Quality Forum – 11 <sup>th</sup> August 2022	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:</b>		
<b>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</b>		
<b>STEP up to GREAT strategic alignment*:</b>	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
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	N/A
<b>Is the decision required consistent with LPT's risk appetite:</b>		
<b>False and misleading information (FOMI) considerations:</b>		
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>		
<b>Equality considerations:</b>		

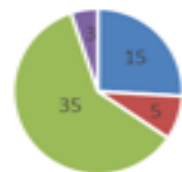
## Appendix 1 – Quarter 1 Complaints Breakdown



Complaint Performance (Financial year)



**Number of complaints upheld/partially upheld/not upheld, paused and ongoing at the end of Q1**



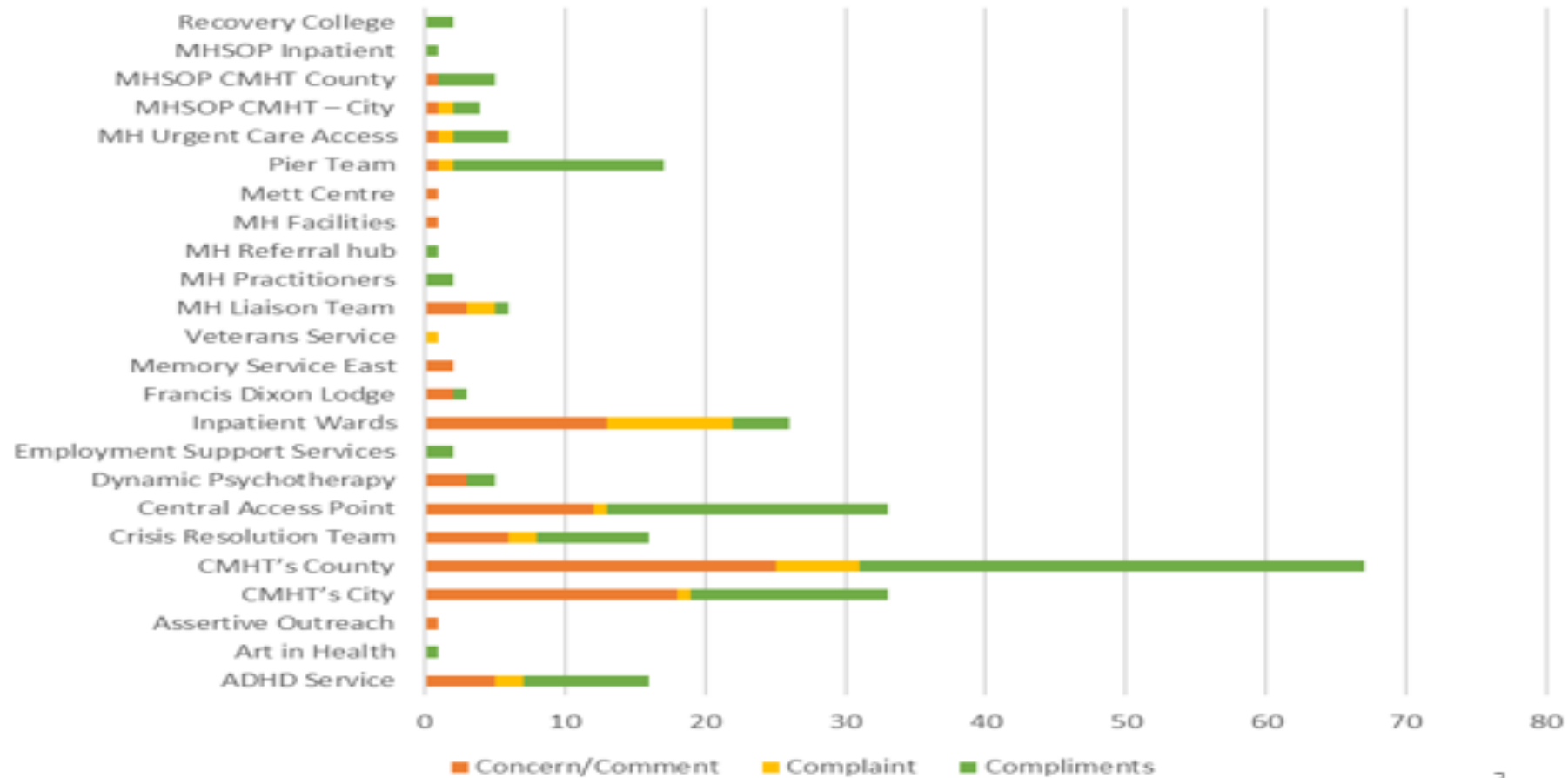
■ Upheld/Partially Upheld ■ Not Upheld ■ Ongoing ■ Paused

**Top 5 Themes and Trends for Q1**

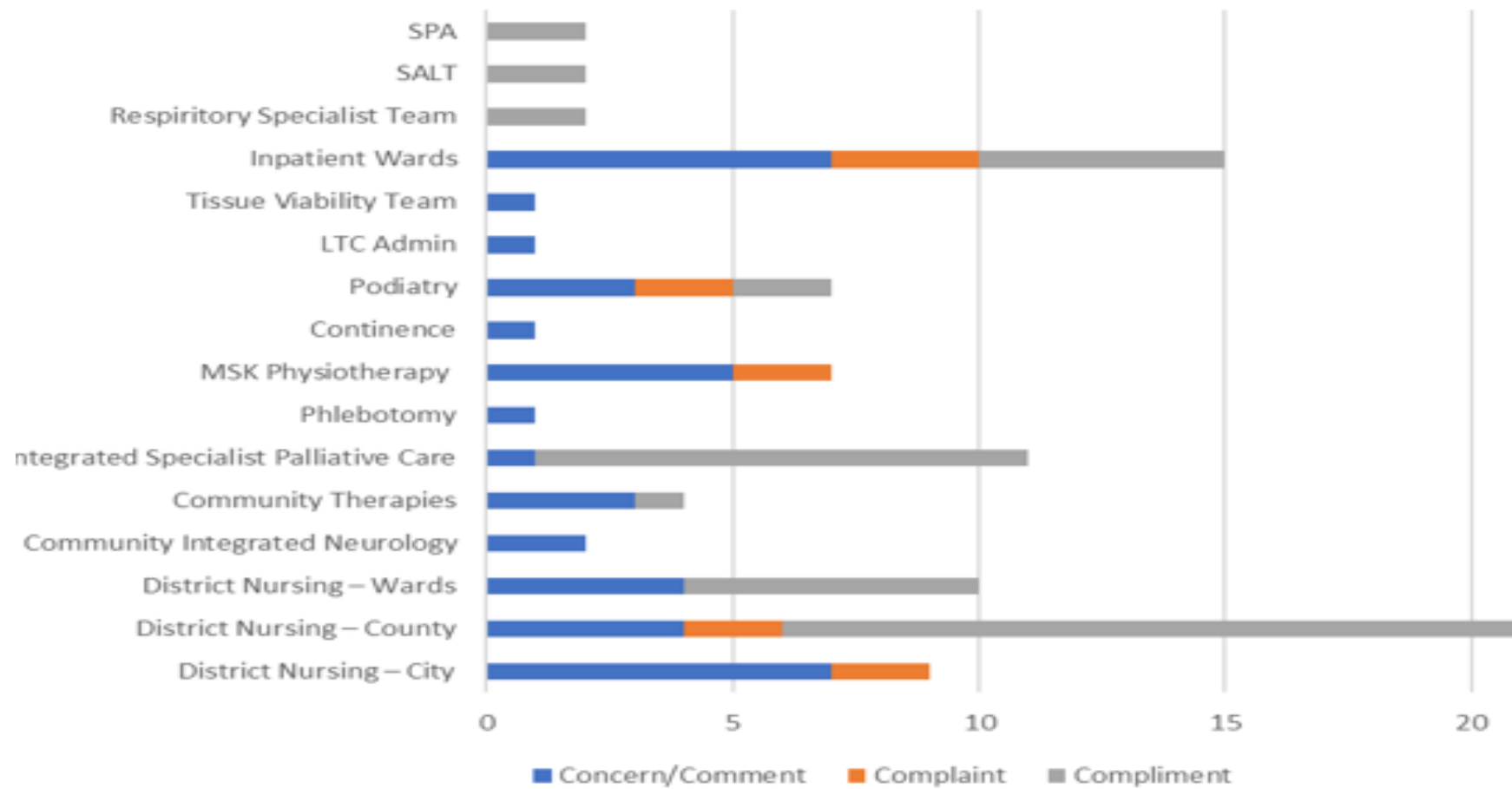


■ Patient Care ■ Appointment ■ Clinical Treatment  
 ■ Communication ■ Values/Behaviours Staff

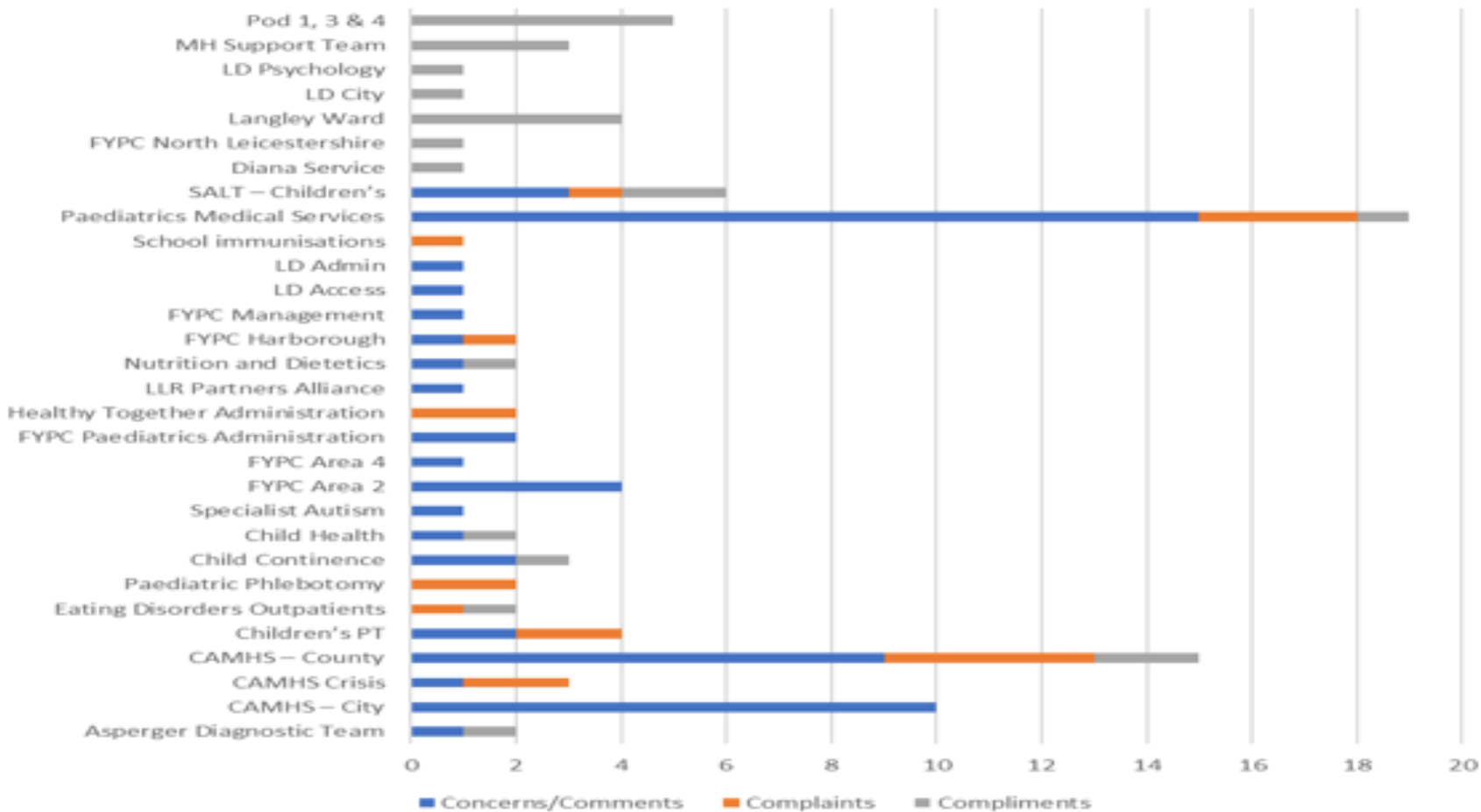
## Mental Health Directorate Comments, Concerns, Complaints and Compliments



## Community Health Services Concerns, comments, complaints and compliments

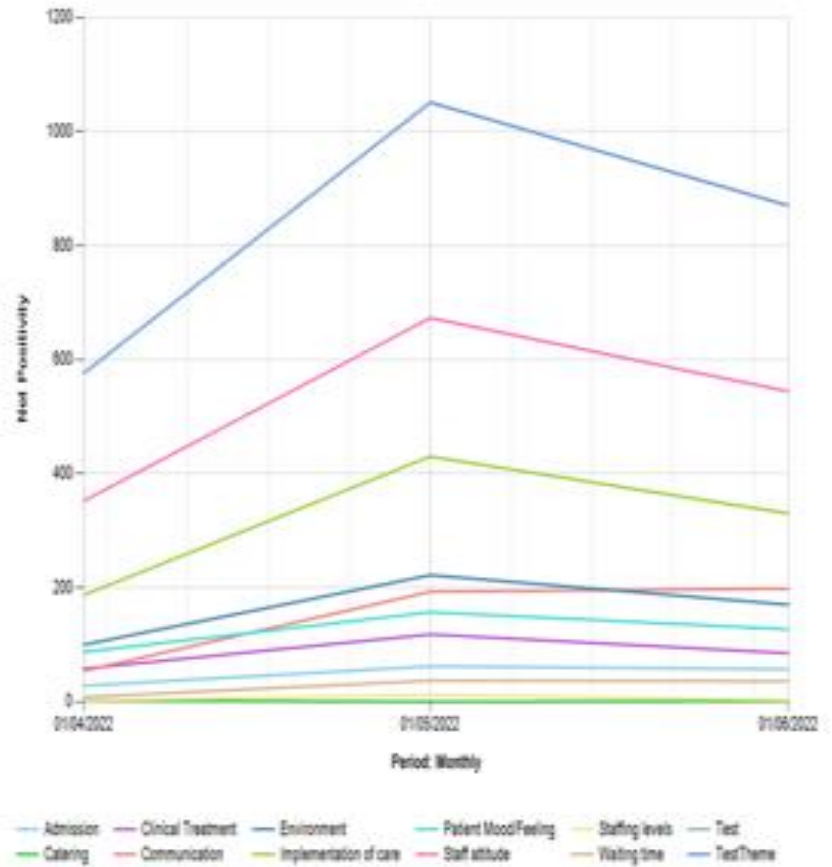
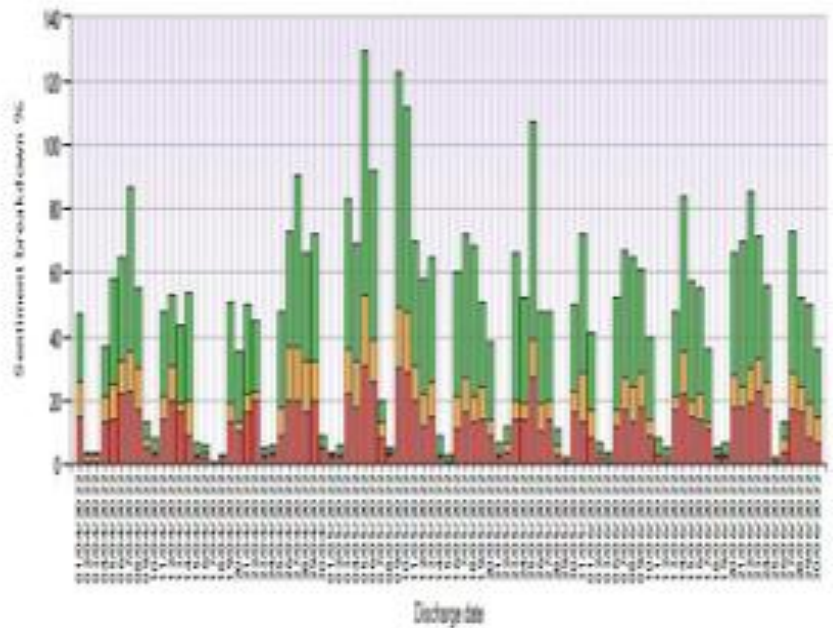


### Families, Young People, Childrens and Learning Disabilities Concerns, comments, complaints and compliments



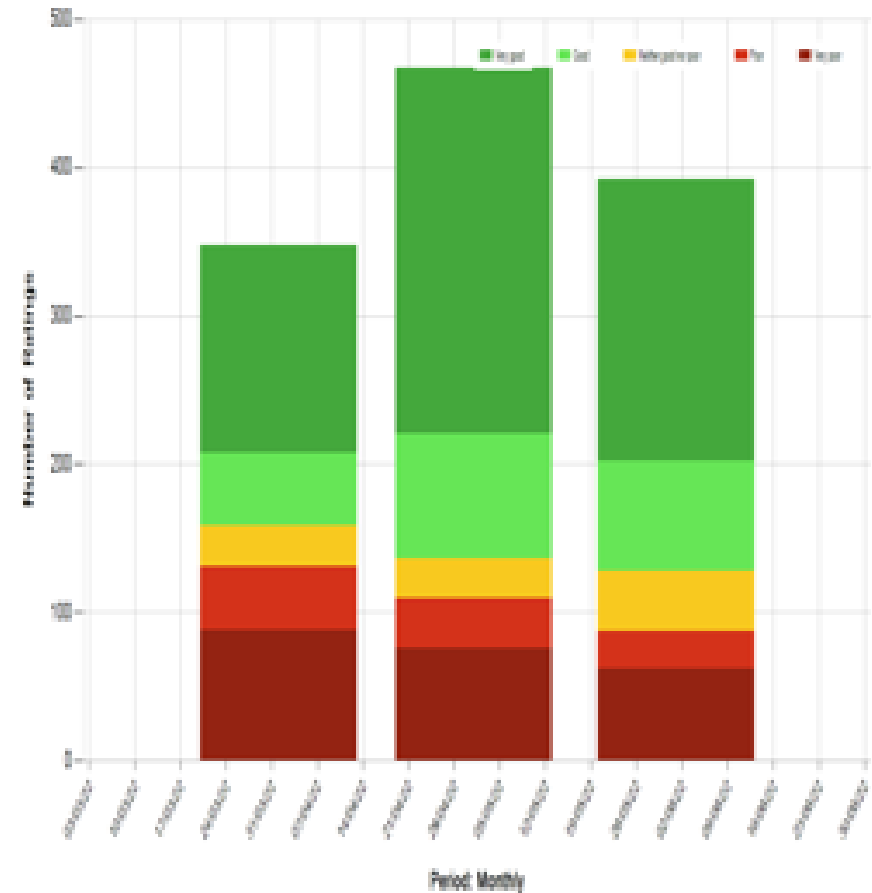
# FFT Responses – 1 April – 30 June 2022

Legend





# Directorate of Mental Health Service FFT Report



# Community Health Services Service FFT Report

**Service**  
**Community Health Services(8877)**

**Star Rating**

**Positive** **87.26%**      **Negative** **6.03%**

**Overall Scores**

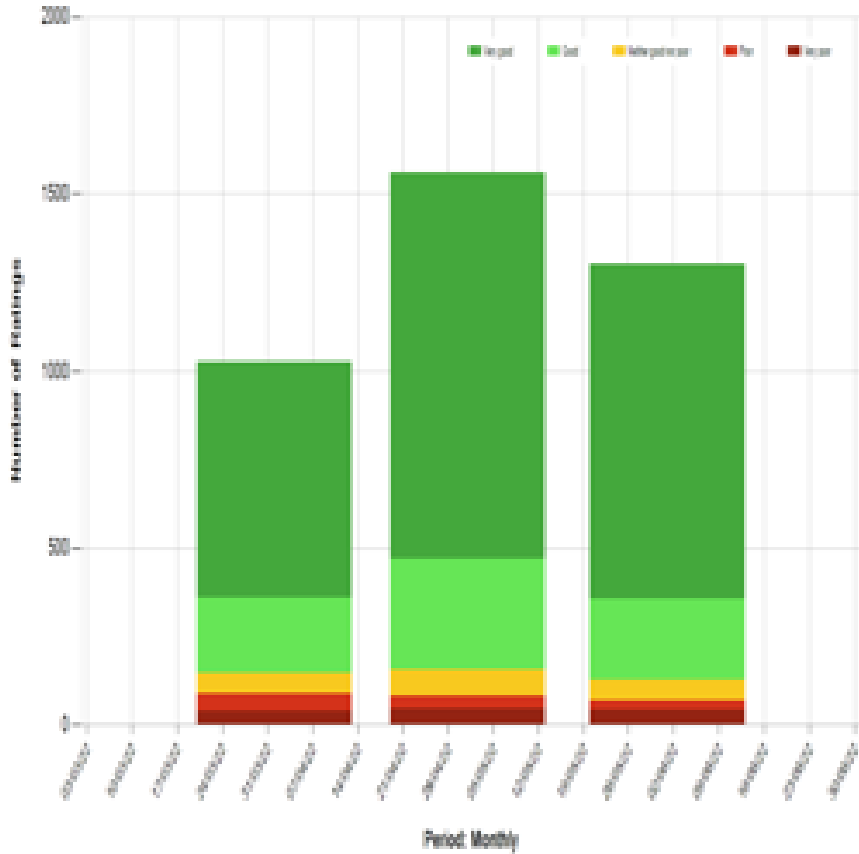
Response Option	Response	Percentage
1 - Very good	3,752	46.16%
2 - Good	754	9.30%
3 - Neither good nor poor	180	2.23%
4 - Poor	111	1.37%
5 - Very poor	124	1.54%
6 - Don't know	74	0.92%

**Breakdown**

**No Gender Breakdown Available**

**Highly Positive** **49384**      **Response Rate** **8.0%**

**Total Response** **3963**



# Families, Children and Young People and Learning Disability FFT Report

