

Trust Board 29th November 2022

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

Analysis of the issue

The Patient Experience and Involvement Report aims to present a rounded picture of patient experience and, as such, provides information on all aspects of experience, good and less positive. Where poor experience is reported, actions are then taken to ensure improvements are made and featured in future reports.

The reports present a wide range of information from different sources. Including the following:

- 🗨️ Frequent Feedback – comments, enquiries, and concerns
- 🗨️ 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.

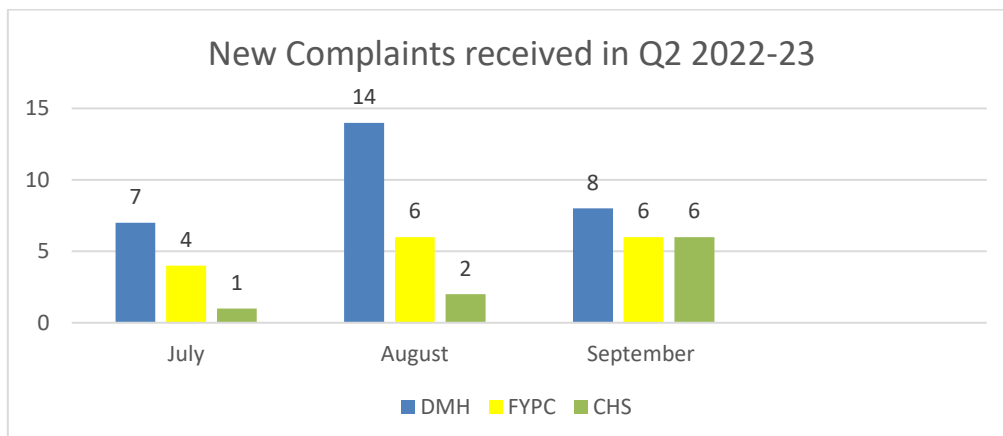
Complaints and Patient Advice and Liaison Service [PALS]

Complaints Overview

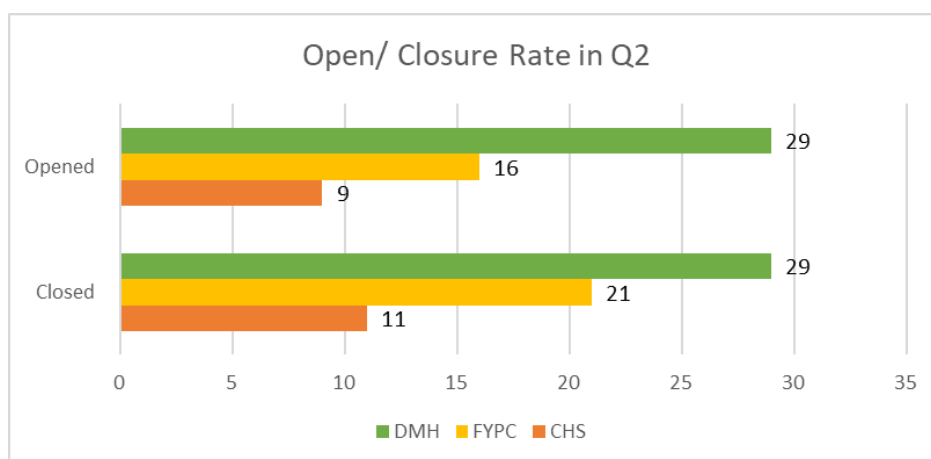
At the beginning of Quarter 2, the Trust continued to apply a 45 working day timeframe, or a date agreed with complainant to all new and reopened complaints received which was implemented as an interim measure in response to the Covid 19 pandemic. However, following agreement at the 3 August 2022 Complaints Review Group (CRG) meeting, the timeframe was reduced to 40 working days, which is in line with our local partners. Whilst the reduction in the timeframe by 5 working days may not seem like a significant change, the Trust has had to balance this decision in light of the continuing effect of general staff shortages, sickness and annual leave being experienced across the NHS, coupled with the increased complexity of the complaints being received. Although the extended timeframe has benefitted the Trust overall in terms of performance, it is important to recognise the hard work being completed by all parties involved in the process, ensuring we are

providing an effective and efficient service, which places the patient at the centre of everything we do.

In Quarter 2, the Trust formally registered 54 new complaints, which is a reduction compared to the 63 registered in the same period last year, and 57 registered in the previous quarter.



In Q2, Lead Investigators have continued to work hard to complete investigations in a timely manner and it is important to recognise that in both FYPC/LD and Community Health Services (CHS), they have closed more cases than they have opened, with DMH having had equal numbers opened and closed for the quarter.

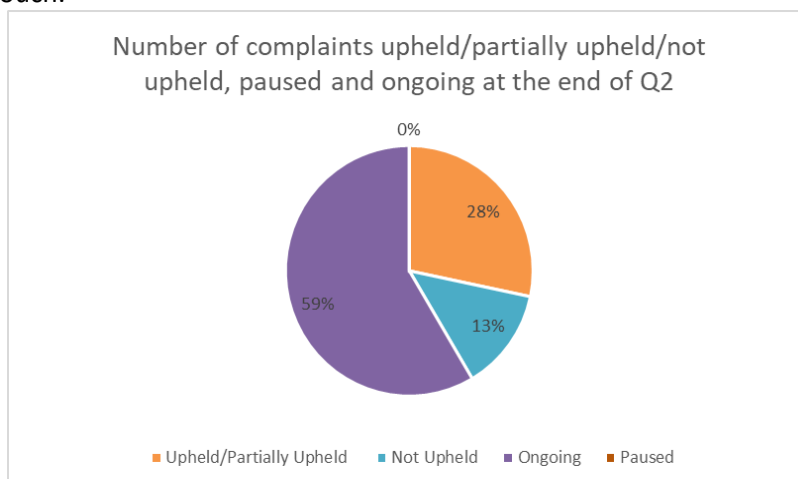


Acknowledgement in 3 working days performance dropped in the quarter by 10% to 87%. This has been recognised and raised as an internal risk and can be attributed to factors including capacity, sickness, and annual leave, along with an increase in the overall numbers of complaints being received directly by the team or being escalated from the informal PALS process, along with Royal Mail postal strikes. As several additional postal strikes were planned during Q2, the Complaints and PALS Manager has worked with colleagues in the PALS Team to set up a WeTransfer account, which we hope will allow us to utilise a more user-friendly encryption system going forward and reduce the amount of time taken for acknowledgement letters to be sent to complainants.

As a result of the 45 working day timeframe and later the 40 working day timeframe, it can be seen in the below chart that at the end of the quarter, more than half of the complaints registered remain under investigation.

Although there are no complaints registered in Q2 which are currently paused, the Trust continues to utilise this process effectively in order to provide better outcomes for complainants through local

resolution meetings and in turn reduce the number of re-opened complaints and complainants getting back in touch.



Q2 saw 3 complainants get back in touch with outstanding concerns compared to 7 in Q1. The team continue to work with the directorates to ensure we are openly discussing cases which are more complex prior to making an agreement on the avenue of investigation, a practice which has led to the reduction of re-opened complaints overall across the Trust but also better outcomes for patients, families, and carers.

Whilst it is known that the PHSO have a backlog of complaints to assess, as a result of the Covid-19 pandemic, we have continued to have contact from them, and formal requests have been made for additional information in Q2. The quarter saw one case for DMH formally investigated, with the outcome being that the care and treatment provided to the patient during and after her admission was proportionate and the patient was provided with the expected aftercare in line with S117.

As a result of the “deep dive” completed last year, the team continue to work with the directorates to ensure that the complaints being received are logged appropriately on Ulysses and where necessary a change in the logging categories and area is being made before the case is closed. This process has been aided by additional support from the directorates and the use of the updated Complaints Management Document (CMD), which continues to ensure that the data being reported to NHS England via the KO41a yearly return, provides an accurate picture of the complaints being received by the Trust.

There has been an increase in complaints for Family, Young People, Children and Learning Disability Services (FYPC/LD), regarding the waiting times for assessment appointments for ASD and ADHD within Community Paediatrics and CAMHS. It has been noted that more parents/guardians are engaging with their local MPs in respect of these concerns which has caused some additional issues with the consent to share information. The Complaints Team have continued to work closely with the directorate to provide support, where possible, to de-escalate these types of complaints through the informal PALS procedure. The directorate have also identified several new investigators, who have been offered bespoke concerns and complaints training by the Complaints and PALS Manager to reduce the pressure on the Service Managers and provide responses in a more-timely manner. The issue continues to be a risk on the FYPC/LD register and has been discussed directly with the Deputy CEO and Director.

Following the creation of the Case Alert Referral Process a number of alerts have been created in Q2. This approach alerts relevant parties about the cases which are felt to pose a reputational or legal risk to the Trust and the referrals are discussed between the Complaints and PALS Manager and the Deputy Chief Executive in their monthly meetings.

The first Complaints Peer Review has taken place. It was held at the NSPCC on 6 July 2022 and focused on complaints received in Q4 2021-22 for Community Health Services (CHS). 15 people attended the session, with representatives from all areas within the Trust, along with a Young Person and someone with lived experience of accessing the Trust’s complaints system. The overall feedback regarding the session was very positive and 40 individual pieces of feedback were collected, with immediate changes made to the Complaint Acknowledgement letter and discussions opened regarding the collection of equality monitoring data. Further Peer Reviews are planned and will focus on Families, Young People, Children and Learning Disabilities in October and Directorate of Mental Health in January 2023.

The patient experience and involvement team have been working collaboratively with a patient leader to review and update the Trust’s complaint satisfaction survey. This is to ensure it is fit for purpose and capturing experience of the complaints process as this is a key indicator on how well the process is working for complainants. As part of this review, it was identified that service users and carers needed an earlier point to escalate any concerns when staying on our wards, as a result ‘Message to Matron’ boxes are being implemented in patient areas to enable any concerns to be raised to matrons anonymously and in real time.

A new complaints satisfaction survey has also been produced focusing on what matters most to complainants when raising their concerns and receiving outcomes. This survey is now ready to be piloted with current complainants and we hope to see an increase in responses, as well as enabling the Trust to capture complaint experience data more systematically which will lead to an improved complaint process.

The number of PALS contacts received in Q2 totalled 249 (including signposting), which is consistent to the number received in the last three quarters.

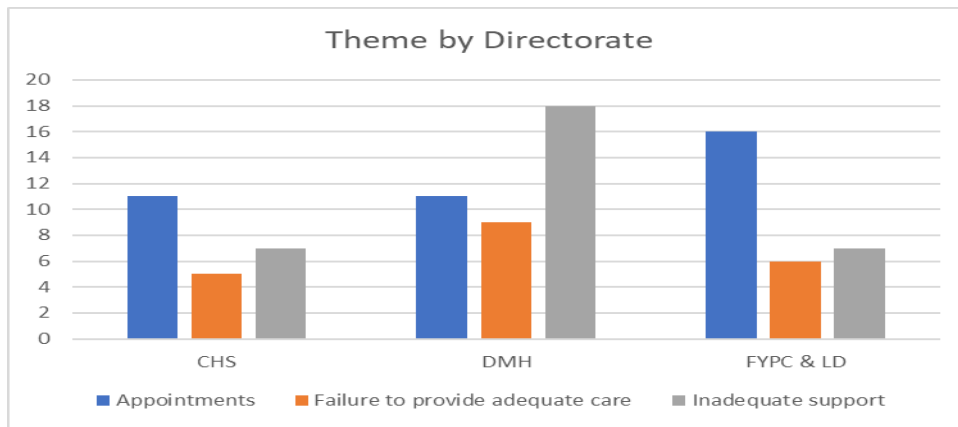
The number of concerns, comments and enquiries is slightly reduced to those received in Q1 (204) with 222 received in Q2. In addition to these 10 concerns were received via the CQC, and 13 MP enquiries/concerns were received in the quarter.

Directorate	CQC Enquiries/Concerns	MP Enquiries/Concerns
Directorate of Mental Health	10	3
Community Health Services		1
Families, Young People, Children and Learning Disabilities		8
Corporate Services		1

Themes from complaints, concerns, and compliments

A further review of reporting categories for complaints, concerns and compliments has taken place during the quarter, with the aim to provide a better description of the concerns being raised. This report will now focus on these categories with the aim to better understanding the experience of our service user and patients.

The key areas of concern for the quarter were in relation to Appointments 15%, Inadequate Care 12% and Support and Failure to Provide Adequate Care 12%.

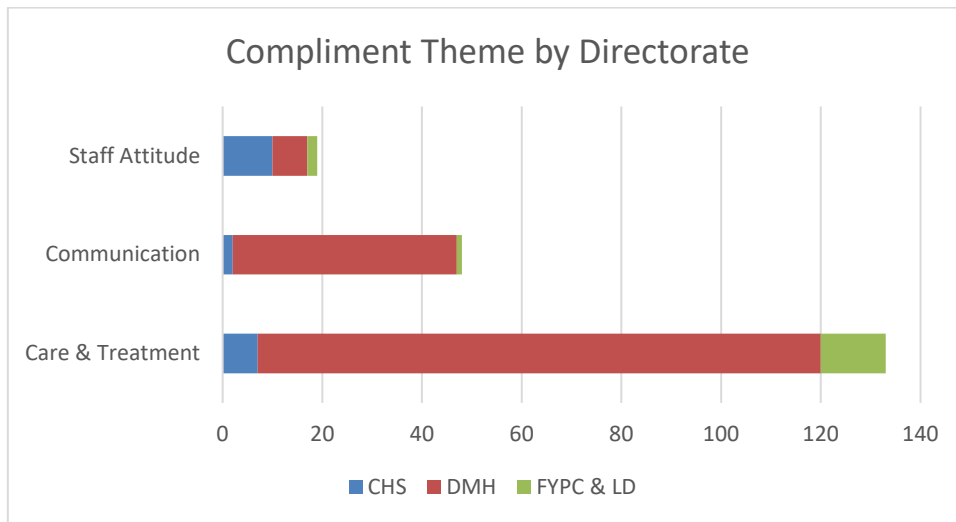


Themes and trends in complaints and concerns are regularly discussed with directorates through our governance groups, Patient and Carer Experience Group, EDI Patient Experience and Involvement Group and the Complaints Review as well as complaint management meetings. Through these discussions, where possible, actions are identified in response to themes some a quick and can be implemented immediately, some require longer-term planning. Here are a few examples for improvement which were identified in quarter 2:

- The Speech and Language Team (SALT) in our Families, Young People, Children's and Learning Disability directorate produced proactive communications both on their website and through the Team's administrative staff in relation to support whilst waiting for assessments in direct response to a 25% increase in SALT referrals.
- The Directorate of Mental Health completed a review of the past 2 years in respect of the concerns and complaint key themes regarding Community Mental Health Teams, Communication, Patient Care, Appointment and Waiting Times and Prescribing. One theme in relation to communication related to the Medical Outpatient Clinic. In response to the feedback received changes have been made to the duty system, which has reduced concerns regarding medics not calling back. There is a plan in place to do this with the ADHD service also.
- Following receipt of a digital story from a daughter about her dad who had passed away after being an inpatient on one of our wards, work has commenced to develop the story into a training tool for staff. It is proposed that the story will be a key part of the training. This has been supported by the family.

252 compliments were received in the quarter, this equated to 48% of all feedback received (excluding FFT feedback). The Directorate of Mental Health have improved their reporting of compliments with 173 being recorded, 40 within Community Health Services and 36 from Families, Young People, Children's and Learning Disability directorate. In quarter 3 the Directorate of Mental Health will be trialling the recording of compliments using the Trust's Envoy survey system. It is hoped that the Envoy system will reduce the time it takes to record a compliment and that by having this information alongside survey and Friends and Family data, services can have timely access to all feedback which they can use to recognise the work of staff and to identify things quickly.

The key themes for positive experience via compliments were Happy with Care and Treatment, Good Communication and Attitude of staff.



Good news story

Recruitment to the substantive post of Complaints and PALS Manager has taken place, with the successful candidate who was acting up into the role, being recruited. This role will focus on moving forward the integration of the complaints and PALS teams which will allow good practices in both areas to be shared, with all team members being confident and competent in completing all processes.

Keys areas of concern

No current areas of concern

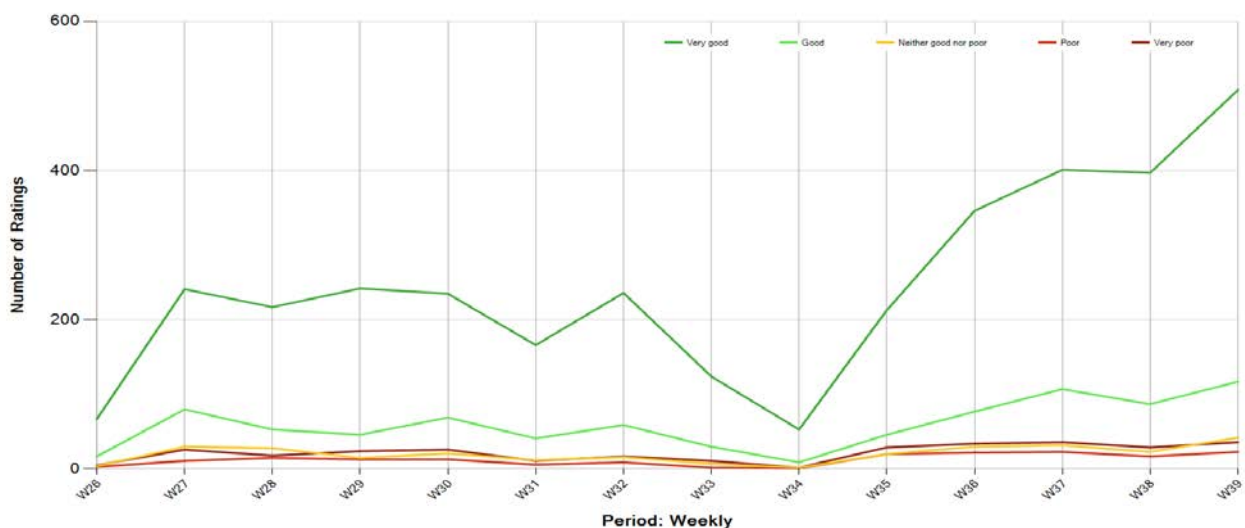
Assurance

- 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

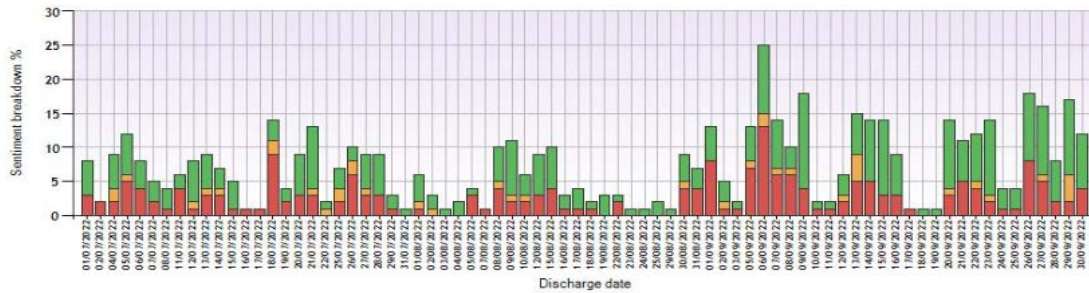
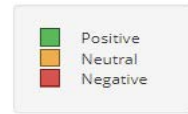
Overview

In Q2 the Trust received 5154 individual responses to the FFT question which equated to a response rate of 8% which is a 2% rise from responses in Quarter 1. Of these responses 83% (Q1 81%) reported a positive experience of care and a 9% (decrease of 2% from Q1) response rate recording negative or poor experience of care.



Breakdown of responses received against complaints, concerns and compliment themes:

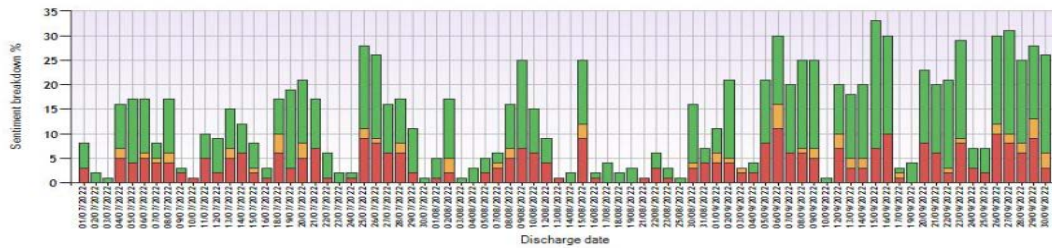
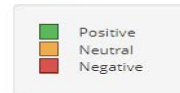
Department	All Departments
Date range	01/07/2022 - 30/09/2022
Location	All Locations
Theme	Clinical Treatment
Ordered By	Location (Ascending)



Search criteria

Department	All Departments
Date range	01/07/2022 - 30/09/2022
Location	All Locations
Theme	Communication
Ordered By	Location (Ascending)

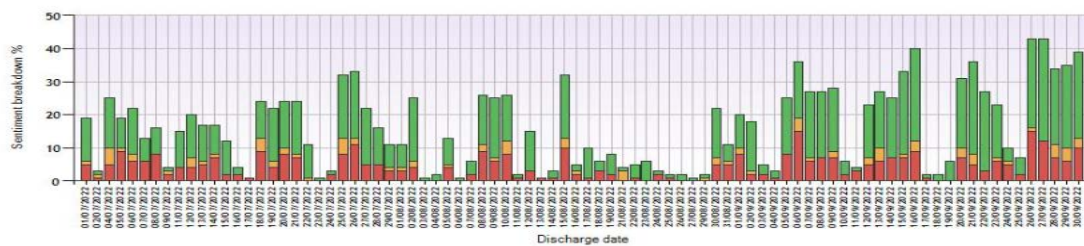
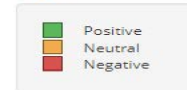
Legend



Search criteria

Department	All Departments
Date range	01/07/2022 - 30/09/2022
Location	All Locations
Theme	Implementation of care
Ordered By	Location (Ascending)




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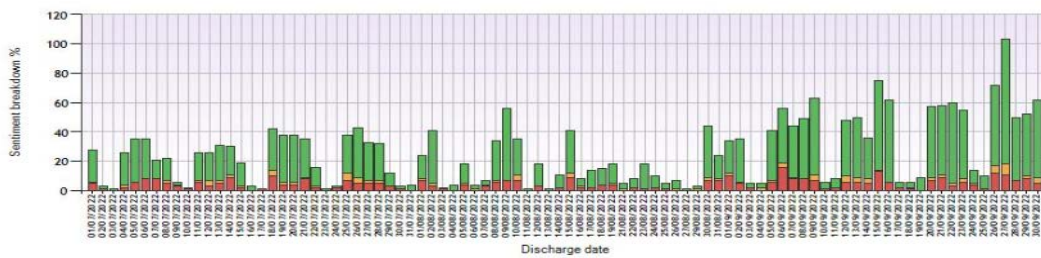


Search criteria 

Department	All Departments
Date range	01/07/2022 - 30/09/2022
Location	All Locations
Theme	Staff attitude
Ordered By	Location (Ascending)

Legend

	Positive
	Neutral
	Negative



Throughout the year Trust services have been invited to share their 'You said, We Did' boards, reflecting how they have listened and responded to feedback from service users and carers. A small panel of service users then judge the boards and those services which are deemed good examples of feedback, vouchers are awarded for the service to use to improve their service user and patient experience. The team have also developed a learning board for services to inform people of the improvements from FFT feedback

Kirby Ward Feedback Board



Here is how some of our services are using their vouchers to improve experience:

Heart Failure Service

"We will purchase hand- held fans for patients use. A hand- held fan can be used to help a heart failure patient manage their breathlessness. Not all patients have the ability to purchase one themselves or may not have a family member that can purchase one for them. It will be great to be able to offer one when we see patients in need".

MSK Services

"We are going to purchase a TV monitor in the new waiting room in the MSK Physio Department at Melton Mowbray hospital so we can display patient information on it."

Mental Health Practitioners

"The mental health practitioners are really pleased with the feedback we have received from our service users and have agreed as a team that we will purchase some equipment to help us when using decider skills in our clinical practice."

Key Areas of concern

There are no key areas of concern.

Good news story

The Accessible information standards group suggested including a question in all current and future FFT surveys 'Were you given information in a way you could understand'. It is important that we are able to benchmark this data and will be adding onto all our current FFT surveys (unfortunately we are not able to include in the SMS option).

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
We will make it easy and straight forward for people to share their experiences	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"> • FFT poster developed for staff as prompt to capture feedback. DMH inpatient now have A5 Leaflets with QR codes developed for discharge and during admission, as well as during/after any assessments. QR codes also on business cards and staff lanyards. • Q2 Friends and Family Test Quarterly newsletter distributed. • Further volunteer recruitment underway to increase phone capture roles for CHS community services to assist in capturing feedback. • Talk and listen roles still going through recruitment process to place volunteers in localities to support services with FFT collection and 'You said we did boards' • Continuation of Envoy training for staff to access FFT data using pre-built reports. Training resources provided and available on staff intranet • Envoy – Issues with delay in SMS automated messages being sent. Raised with service provider who is investigating and will provide assurance to prevent in future • Patient stories – two stories completed CHS integrated Community Specialist Care Team staff member shared story on support service offered sister at End of Life. DMH carer shared story on communication issues during daughter's inpatient stay and discharge Serious Incident story for staff training, will be two separate stories. 1. Family impact 2. training slides focussing on learning from serious incidents. • Services regularly ask for feedback on leaflets/documentation aimed at service users and carers. 7 sets of feedback completed during Q2. • Reader Panel now established with 16 members. Autumn session includes training on accessible information and Trust branding to support more proficient and inclusive feedback. • Patient information – All leaflets due for review (399 exceeding the 2-year review policy) circulated to directorate clinical governance teams requesting updates. 44 pieces of patient information produced within quarter 2 (ranging from complete information packs to posters). • Accessible information standard – ongoing support provided on embedding implementation. • 15 Steps Programme – 13 reviewers have been recruited and trained as 15 steps reviewers, including 7 patient/carers, and 6 admin and clerical staff from across the Trust. The 15 steps new cohort of reviewers will start in Q3 which was slightly delayed due to the Queens passing.

		<ul style="list-style-type: none"> • Carers- staff working group re-established with first meeting in September 2022, meetings to take place bi-monthly. • Staff and directorates working through carers passport offer within LPT to inform roll out across health (UHL working alongside LPT also) A Carer to join and engage with future meetings from the LPT involvement network. • LLR Carer strategy refresh under final governance review within local authorities, outcome will inform LPT plan. • THINK family resources to share across system in final stages of development to launch across service to support recognising carers. • LLR carers delivery group in attendance reports and updates shared monthly from LPT. • Young carers Local Authority links and support shared across the Trust for guidance.
<p>We will increase the numbers of people who are positively participating in their care and service improvement</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"> • Patient Led Assessments of the Care Environment (PLACE) launched and will continue into Q3, several patient and carer assessors were recruited and trained, alongside A&C staff. • Quality Improvement (QI) share and learn space – group continues to meet regularly to develop QI skills, and we have seen an increase in members working collaboratively in QI projects. • New Lived Experience Coordinator moved into the team which provides better alignment to peer support, and enhances the involvement offer, from volunteer to career. • The Recovery Cafes were relaunched in September face to face, in partnership with John Lewis Community Space in Leicester City Centre. • Adult Eating Disorder Virtual Peer Support space launched – co-designed and co-delivered with patient with lived experience. • Service User/Carer Involvement Network membership over 170+ members at Q2. • Monthly Patient Experience and Involvement Newsletter shared with network which includes Involvement Opportunities available at LPT. Increased number of requests from service areas to advertise involvement opportunities within their locality. • Service user and carer involvement in recruitment - 12 panels providing a patient perspective during Q2. Co-development of more Value Based Questions in Autumn to ensure the patient voice is present, even if the service user is not. • Increase in patient leaders working collaboratively within service areas on medium and long-term QI projects. E.g. Q2 patient leader working alongside Estate and Facilities to look at Inpatient food survey with a view to including PLACE Patient/Carer Assessors as part of an overall QI group project.

		<ul style="list-style-type: none"> • Increase in co facilitation with network members on introductory workshops: Recovery College/Recruitment panel training/QI in a box • Youth Advisory Board (YAB)- Informed and supported work across CAMHS Eating Disorder, Psychology – trauma informed toolkits, supported AGM patient story through journey of member to peer support worker. Influenced digital health and comms with Neuro Developmental transformation programme and Health for teens. • 2 YAB members joining Neuro Developmental work streams to support co-production, • 2 young people involved with Beacon SALT interviews for ne new staff recruitment. • YAB Worked with DHU to inform online triage and navigation self-referral for young people. • Dignity and Privacy consultation session held with YAB to inform Trust policy review.
<p>We will improve the experience of people who use or who are impacted by our services</p>	<p>To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services.</p>	<ul style="list-style-type: none"> • Customer services training – draft ULearn modules and face to face/virtual training created, to be piloted and launched during Q3. • Staff patient experience and involvement champions – a review of the previous offer has taken place, with a new offer being worked up and the reengagement of champions, with a review to launch offer and recruit new champions in Autumn. • Staff training and development offer - prospectus created, and gaps identified via survey, and connecting with staff groups. Staff champions offer worked up, admin and clerical offer worked up and to be piloted in Q3. • Foundations of patient care programme offer worked up and alignment to culture change champions. particular engagement from admin and clerical around customer services, collecting, analysing and learning from feedback – sessions being co-created with admin and clerical pilot groups. • PALS Review- All services and Governance teams included in individual discussions. PALS team developing new comms and documents to support recommendations, under review for sign off. PALS and Complaints team return to set office days and live phone lines from September. • Complaints Peer Review- Two reviews have taken place with 16 staff and service users in July reviewing CHS complaints. Feedback shared with directorate through Directorate Management Teams and Clinical Governance Teams. October peer took place with 16 staff and service users. Amendments to acknowledgement letter to be made in Q3 based on feedback. Bespoke training session delivered within directorates for complaints support by Complaints and PALS manager during Q2. • Complaints training module for ULearn reviewed and updated awaiting next steps for upload by system team.

Good news story

Congratulations- to two Youth Advisory Board members Leanne and Georgia (PSW) were successful winners in the category of Excellence in Involving patient/service users award at the recent Celebrating Excellence Awards 2022. Well done to both and thank you for their continued hard work and support of the YAB through their teams and managers within CAMHS.

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.

Feedback into Action

Providing a patient perspective – Recruitment Panels

Our pool of in house trained network members is growing along with requests for more patient representation at interview panels. During October Mental Health Practitioners have been recruited with the involvement of service users and carers. Work has also started to look at further adding to our library of patient and carer values-based questions. This enables patient/carers voice in recruitment where involvement is not possible.

Feedback – Reader Panel Update

During the quarter the Reader Panel reviewed the following documents:

- Draft patient survey – this survey is part of a quality improvement project looking at waiting lists within older people’s mental health services and proposal of group sessions for those waiting. The survey received a lot of feedback which is currently being looked at and edited before going back to the reader panel for sign off.
- DIALOG draft patient leaflet – this leaflet introduces DIALOG to patients and the feedback received is currently being looked at and edits made before going back to the reader panel for sign off.
- Carers poster– Outcome This poster aims to invite family members of patients who access crisis services to provide help/support and advice and to come together with others via an online group. The service would like to thank members of the reader panel. Edits made:
 - Increase of font size of the text
 - Amendments made to email address to ensure its clear
 - Replaced image (not happy YP)
 - Based on feedback they have also developed cards that can be handed out to promote attendance and not just rely on a poster, these can be shared across other community health places such as GPs etc.. as suggested in some of the feedback.

Patient-Led Assessments of Care Environments – PLACE Visits

Our PLACE programme of assessments has been completed for this year and have been supported by patients, carers and staff from non-clinical settings. This has been a great programme and having fresh eyes and perspectives on things that matter to patients and carers directly from them has been essential. PLACE focuses on the care environment, privacy and dignity, cleanliness and food and we have been able to implement change almost instantly in some areas.

A reflection workshop is taking place in November, where the experience of those involved will be discussed alongside improvements made in direct response to the visits, in the interim here are some of the improvements that have taken place in direct response to the PLACE visit and recommendations made by patients, carers and staff:

- Maintenance jobs were able to be escalated, chased where required and in some areas jobs were able to be completed there and then
- Extra seating and tables were sourced to ensure enough seats were provided for mealtimes
- Additional training put in for staff in some areas to further enhance patient mealtimes
- On a temporary ward a lot of changes were made really quickly to enhance patients experiences this included the repurposing of a communal room, ordering of TV's and radios, putting up wall clocks including dementia friendly clocks etc

Some PLACE assessors are going on to be involved with the commissioned review of the inpatient food, with one assessor working collaboratively with staff on this QI project

The People's Council

No meetings have taken place during the quarter.

LPT Youth Advisory Board (YAB)

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

LPT/UHL Mental Health a meeting with the group took place to share the work and discussions around the pathway of Mental Health services between UHL and LPT. Young people discussed and shared their views as part of these discussions with interest to be informed and involved in the future of this work.

Gender Identity staff FAQs Carmela Senogles joined YAB to discuss the proposed work around developing FAQs to advise and support staff in understanding gender, LGBTQ+ and feeling confident in having discussions about these issues with young people. One young person has offered to be part of this work and development outside of YAB.

CAMHS NMP FAQs/Leaflets- the group were updated on the patient information developed previously with the group around medication and FAQs, further views and input was contributed by the YAB to further develop this information.

Neuro Development Transformation Project the group were updated on the progress of the project and discuss further opportunities for young people to be involved with supporting development of animation whilst young people wait for services along with patient stories, to share experience and journeys after diagnosis. 4 young people have expressed interest in being involved.

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 new Transgender and Non-Binary Service User Policy has been developed and signed off. The policy has undergone extensive engagement and will be underpinned by a range of training support,

including proposed changes to the online E-module, which includes asking staff to renew their EDI training every 3 years. A video has also been developed to be used as part of the training.

Deaf Awareness Training - £10,000 has been secured for more training from the LLR Academy Project Launch Fund. Training providers can tailor training sessions to whatever people need, including children if required.

NICE QS167 Promoting Health & Preventing Premature Mortality, Black, Asian and other BME Groups. The group have received the evidence in relation to this guidance. It was noted that there is more work to do on collaborative care planning assurance, this will sit within shared decision-making work.

Patient Registration Form is being developed in partnership with service users and carers. The form which will be completed directly by patients will capture protected characteristics. The form can be sent to patients by a link via SMS / Email or can be sent to the AirMid app prior to a patient's appointment. Once completed and submitted by the patient a task is generated to the service/clinician to action.

Hate Crime Data Overview, the Equalities Team have reviewed hate incident data and plan to incorporate it into the Zero Tolerance of Abuse work. The data looked at was over the last 18 months and split into 6-month periods. Hate crime is generally decreasing but not all incidents are being reported. The focus will initially be on mental health teams. Work is underway on violence reduction prevention and on the categories on Ulysses to ensure correct reporting.

Community Mental Health Survey

The 2022 Community Mental Health Survey results have now been received by the Trust. This year's response rate for the Trust was 21% (257 usable responses from a usable sample of 1215), which is a drop of 10% compared to last year. Nationally there has been a downwards trend in the number of respondents to the survey across all Trusts (compared to 50 Trusts by provider).

A breakdown of respondents show a 55/45 split between Adult services and Mental Health Services for Older People (MHSOP). 20% (adults) and 49% (MHSOP) responses were completed on behalf of the patient by a relative/cares or staff member. Females made up 61% of all responses and 85% of all respondents classed themselves as white British.

Overall, there was an increase in satisfaction compared to 2021, however compared to the 50 Trusts surveyed 25% of questions (18) scored in the intermediate (mid) range (60%) of Trusts. 75% (21) of questions scored in the lower range of 20% of Trusts. No questions scored in the highest 20% of Trusts. The provider advised that satisfaction with care and treatment nationally has seen a downwards trend since 2020 and for this year this score is likely to have been affected by Covid-19.

A feedback session was held on 27 September with a range of service leads and staff from those services covered by the survey. The results and recommendations from the provider were discussed at the session. The presentation is available [here](#).

Key areas of focus and recommendations to consider for the Trust (as proposed by the provider, Quality Health) are set out below:

YOUR CARE AND TREATMENT

- Seek to ensure service users are seen often enough for their needs.

HEALTH AND SOCIAL CARE WORKERS

- Seek to ensure service users are given enough time to discuss their needs. Communication is often key.
- Ensure that HCPs are aware of the service users' treatment history and understand how the service user's MH needs may affect other areas of their lives.

ORGANISING CARE

- Communicate clearly with the service user so that they know who is in charge of organising their care.

PLANNING CARE

- Examine why many service users do not report feeling involved in agreeing what care they will receive.

REVIEWING CARE

- Ensure all service users are being offered a formal review meeting and that this is made explicit.

CRISIS CARE

- Work to ensure service users know who to contact when in crisis.

MEDICINES

- Seek to ensure side effects of medicines are explained clearly. Printed materials are often key.

NHS THERAPIES

- Focus on ensuring service users are involved in decisions.

SUPPORT AND WELLBEING

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

It was also noted that this has been an extremely challenging period for care provision across the NHS and this has affected scores in this survey. There are areas of positivity. It was recommended that the Trust should pick two to three issues of strategic importance and focus on those.

Work is already underway, through the Mental Health transformation and improvement programme which will start to address the recommendations from the survey. It is proposed that the survey results and recommendations are fed through into these workstreams through the current governance structure, ensuring oversight and assurance is provided through current structures.

The survey results have also been shared with the Head of Pharmacy and any actions identified will be fed into the respective workstreams.

The governance structure for the Improvement plan and any additional recovery plans is as shown below:



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

For Board and Board Committees:	Patient and Carer Experience Group	
Paper sponsored by:	Anne Scott, Director of Nursing, AHPs and Quality	
Paper authored by:	Alison Kirk, Head of Patient Experience, and Involvement	
Date submitted:	15 November 2022	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Quality Forum, 10 th November 2022	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning		
STEP up to GREAT strategic alignment*:	High Standards	X
	Transformation	X
	Environments	
	Patient Involvement	X
	Well Governed	X

	Reaching Out	
	Equality, Leadership, Culture	X
	Access to Services	
	Trust Wide Quality Improvement	X
Organisational Risk Register considerations:	List risk number and title of risk	N/A
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		
Equality considerations:		

Version 1.0