

## Trust Board – 28<sup>th</sup> March 2023

# Patient and Carer Experience and Involvement (PCEI) Quarterly Report (including Complaints) Quarter 3, 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 3.
- To provide assurance to the Trust Board.

## Analysis of the issue

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

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

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

## Patient Experience including complaints, concerns, and compliments

In Q3, the Trust formally registered 37 complaints, which is a significant decrease compared to the same period last year and a further decrease from Q1. Whilst the numbers are going in the right direction, it is important to note that Q3 saw an increase in the number of complaints received which were referred to our Corporate Patient Safety Team for review. In all, 14 cases were sent to Patient Safety in Q3 for review, with 7 being agreed to be investigated as a Serious Incident or Internal Investigation.

As a result of the increased number of referrals to Patient Safety, the PALS and Complaints Team are now working more closely with the Patient Safety Team to ensure the most appropriate avenue of investigation is being pursued with the hope that we can identify any themes and trends as early as possible.

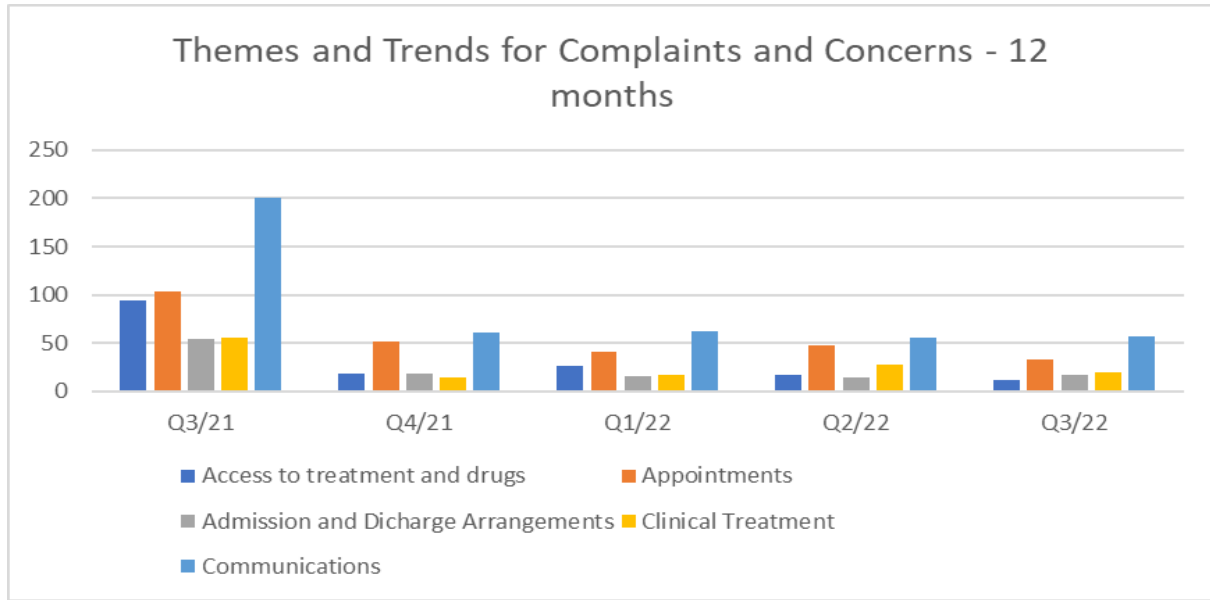
### Complaints Performance in the Quarter

- 97% complaints were acknowledged within 3 working days
- 6 complaints breached their given timeframes in the quarter.
- 16 complaints were managed within timescales agreed with complainant.
- 1 complaint has been paused due to the patient's presentation and remains as such.

- 7 complaints were reopened in Q3. The reasons being new questions (2), unresolved issues (2) and not all issues addressed (3).

## Complaint Themes

The Team continues to work with the directorates to ensure that complaints being received are logged appropriately on Ulysses and where necessary, a change in the logging categories and/or area is being made before a case is closed, ensuring 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.



## Responding to Complaints

Community Health Service Directorate have seen a noticeable decrease in complaints, having only received six complaints during the quarter. Concerns have been raised within the Directorate, regarding the increase in concerns/complaints escalating through the Patient Safety Process, with 4 concerns escalated to serious incident investigations. The directorate are undertaking a deeper dive into understanding why this is happening and why patients/ families are not contacting the service directly to raise an incident, or the issue identified by the service in the first instance.

The Directorate have established their Patient and Carer Experience Group, which has membership from a range of disciplines from across the directorate, including operational and clinical leads. The group will focus on the themes and trends from complaints, concerns and compliments giving a greater oversight for the directorate on patient experience and identifying opportunities for learning and improvement.

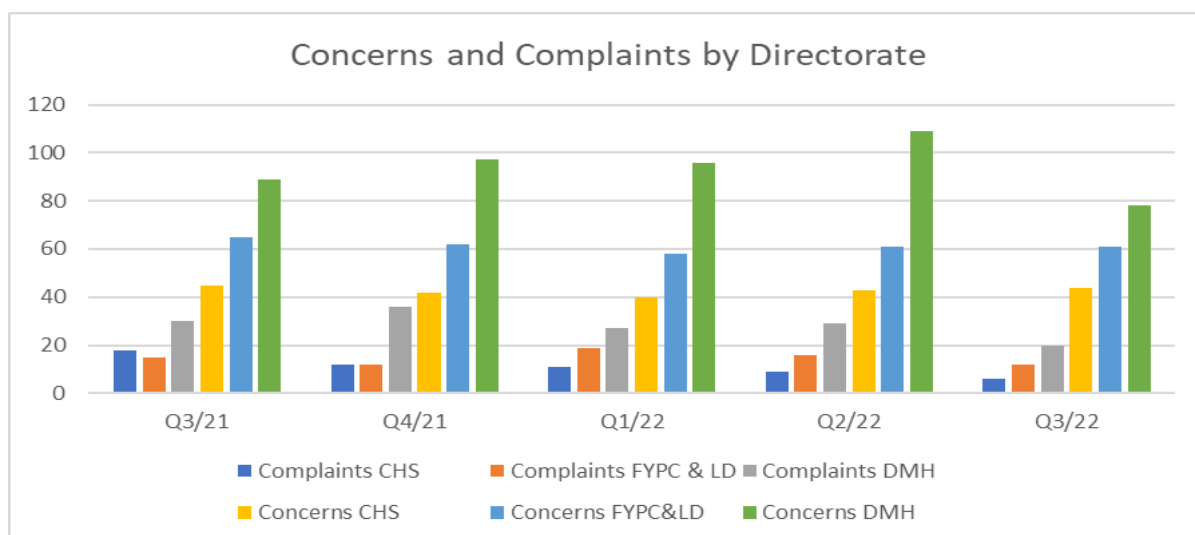
Families, Young People and Children and Learning Disabilities Directorate, in response to the recent increase in complaints in relation to Community Paediatrics, CAMHS Community Services and CYP SALT, the Governance Team have worked with service lines to ensure they are reviewing complaints/concerns, identifying any themes, and putting actions in place to respond/support. This has included:

- Review capacity and options to increase this to enable services to respond within timeframes – there are now have more staff trained and supported to respond to complaints/concerns for these services.
- Looked at themes of the complaints/concerns and identified trends relating to waiting times and communication. The Team have worked with service leads to develop communication about waiting times and service demands which went on the website and in referral for

assessment letters. They have also introduced other options for engaging with complainants such as resolution meetings – since introducing these, we have been a positive impact on complaints/concerns.

- Working with the Complaints Team and service lines to support staff dealing with complaints/concerns re quality of responses and managing engaging with complainants – this is an area of work in progress still as newer staff gain more experience.
- CAMHS Community Services, undertake monthly thematic reviews of all complaints/concerns to understand types of complaints/concerns, what action has already taken place and if service leads have assurance of these actions – this is an example of good practice in having oversight and grip for these services, and they are able to use this to feedback to families re service improvements.

Directorate of Mental Health have reported seeing a noticeable increase in resolution meetings being requested by complainants. The Directorate noted no specific themes and trends; however, the issues being raised are complex, with the involvement of acutely unwell patients/complainants. The Directorate has also completed a review of complaints and concerns from the past 2 years, in respect of the Community Mental Health teams four main themes, Communication, Patient Care, Appointment and Waiting Times and Prescribing. The review found that communication concerns were mainly in relation to Medical Outpatient Clinics, in response changes have been made to the duty system, which has reduced concerns regarding medics not calling back. There is a plan in place for the ADHD service. The Governance Team has undergone recruitment of new staff with new colleagues joining the directorate starting in January 2023.



### Peer Review

The second Peer Review took place during the quarter with a focus on cases from FYPC/LD. 16 people attended, including a Peer Support Worker and 2 members of the involvement network as Experts by Experience (EBE), with a mixture of clinical and non-clinical staff from all areas of the Trust attending.

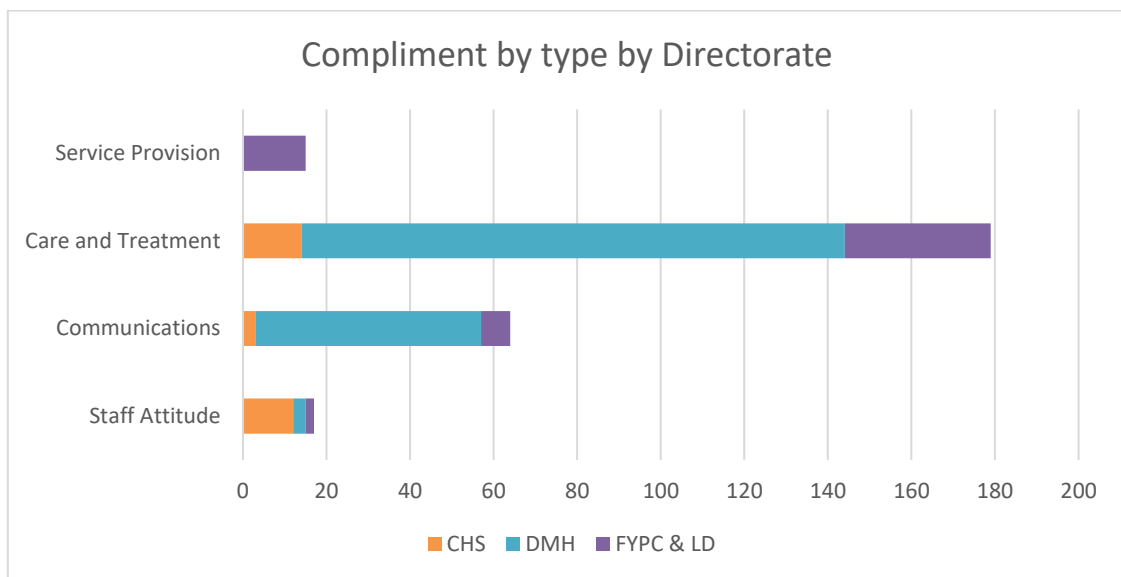
Following the Peer Review session, the team has worked directly with one of the EBE who attended to agree significant changes to the initial complaint acknowledgement letter, and it is hoped that by the end of Q4, this will be signed off and be the standard letter for all new complaints received. The next Peer Review session has been planned for 8 February 2023 and will focus on DMH complaints.

There was an increase in both CQC, and MP Enquiries and concerns raised by patients and families via these routes during the quarter with a total of 13 CQC Concerns/Enquiries and 14 MP Concerns/Enquiries.

Directorate	CQC Enquiries/Concerns	MP Enquiries/Concerns
Directorate of Mental Health	12	4
Community Health Services	1	
Families, Young People, Children and Learning Disabilities		7
Corporate Services		3

## Compliments

283 compliments were received in the quarter, this equated to 48% of all feedback received (excluding FFT feedback). The key themes for positive experience via compliments were Happy with Care and Treatment, Good Communication and Attitude of staff.



## Good news story

Complaints ULearn Module has progressed further, the final changes have been submitted to the development team for review, in addition to these several bespoke training sessions on complaints and concerns have now taken place with staff, as well as a weekly virtual drop-in session hosted by the PALS and Complaints Team to enable staff to gain advice and support.

## Keys areas of concern

No current areas of concern

## Assurance

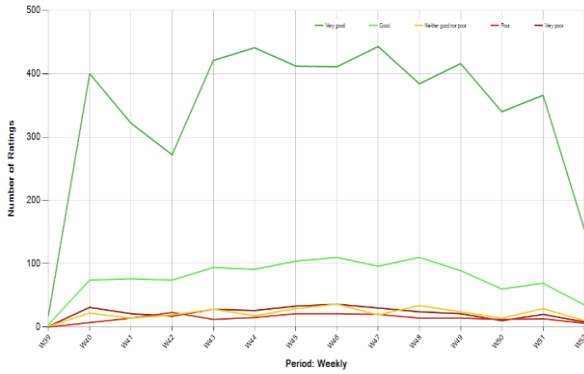
- The Complaints and PALS work reports into the Complaints Review group which then reports into the Quality Forum, Quality Assurance Committee and Trust board for assurance.

## Friends and Family Test and Patient Surveys

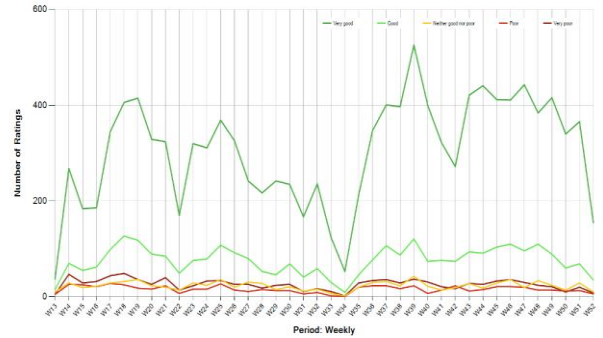
### Overview

Since the beginning of the year there has been a steady increase in the number of responses received in relation to the Friends and Family Test (FFT). Results also demonstrate a steady increase in satisfaction in the overall care and treatment provided by the Trust.

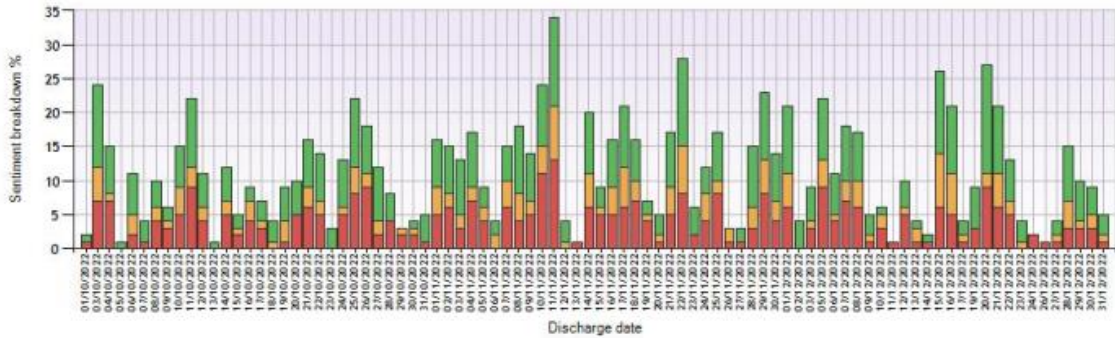
In Q3 the Trust received 6778 individual responses to the FFT question which equated to a response rate of 9% which is a 1% rise from responses in Quarter 2 and a 3% rise from the April 2022. Of these responses 87% (Q1 83%) reported a positive experience of care and a 7% (decrease of 2% from Q2) response rate recording negative or poor experience of care.



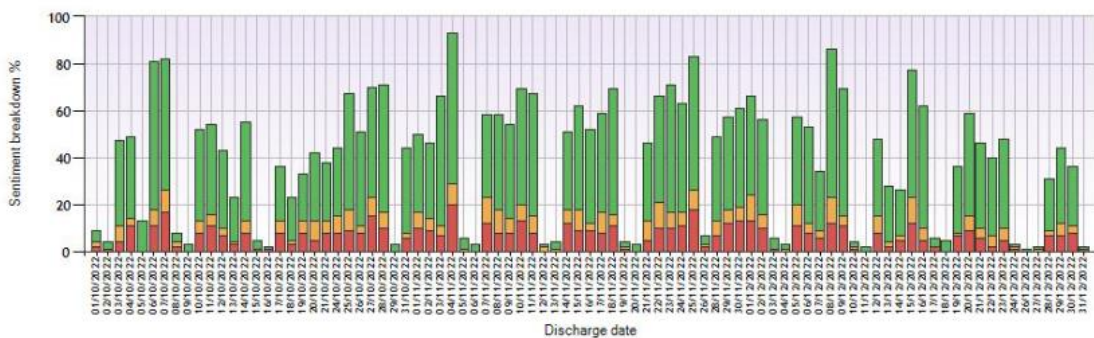
FFT Trend Analysis for the Q3



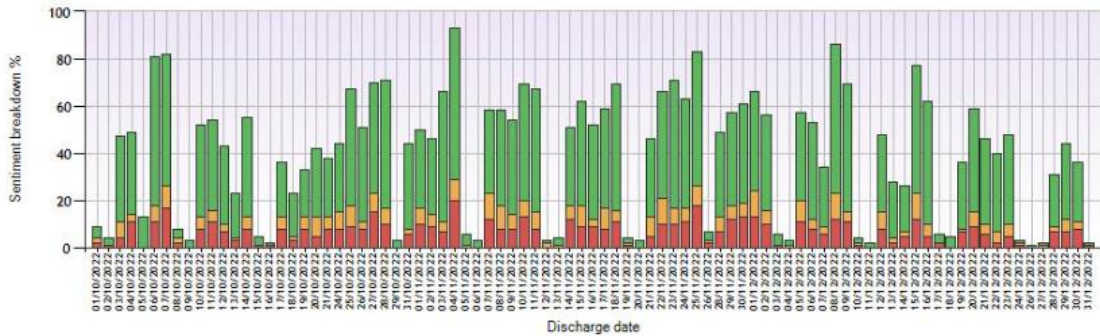
FFT Trend Analysis for the Year 2022/23 up to end of Q3



Sentiment Analysis for Directorate of Mental Health for Q3



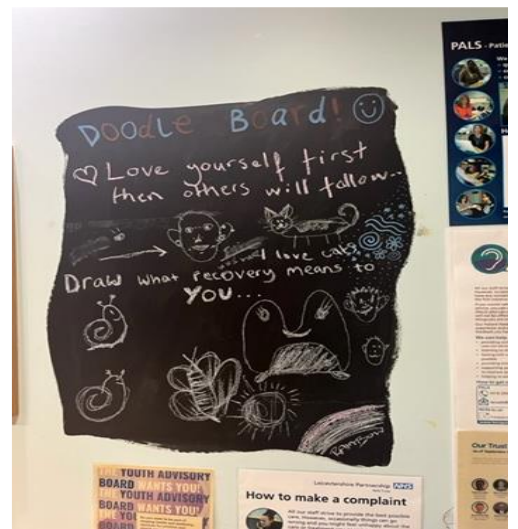
Sentiment Analysis for Community Health Services for Q3



Sentiment Analysis for Families, Children and Young People and Learning Disabilities for Q3

**FFT in action**

The CAMHS Eating Disorder Team at Loughborough hospital have created feedback chalk boards on the walls to act as areas for young people and carers to add their views, advice, and feedback. Four big clouds with different prompts and themes have been painted into the wall along with a doodle board in the other corner where the games are kept making the display age inclusive. Despite this being a relatively new addition, the team have received many responses such as 'I think I am great just for coming here' 'you are not alone' and 'be honest, they can't help if you don't let them' plus some colourful doodles and animal's noises dotted around. The doodle board also offers a prompt of drawing what recovery means to you – drawings include rainbows, snails, and butterflies. Overall, it seems to have been a success so far and is a nice reminder when you come onto the unit.



The Bradgate Unit have undertaken several activities throughout the quarter, including creating business cards that will attached to staff lanyards to allow for easy and face access to collecting patient feedback.

Introduction of Meet & greet volunteers within the Unit reception. This has been incredibly beneficial and positive for visitors to the Unit. One of the volunteers received positive feedback and interactions. The Team is in the process of using out volunteers to gain feedback, as we are keen to improve the patient, carer and visitor experience



**Key Areas of concern**

There are no key areas of concern.

**Good news story**

Our FFT provider Healthcare Communications delivered their first Directorate Envoy training session in December. The recording is available for any DMH staff who were not able to attend. Healthcare Communications comms are currently confirming two further training dates FYPC/LD and CHS staff

## Assurance

- The FFT 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 the quarter several service users and carers supported various recruitment across the Trust including Deputy Director of Mental Health, Deputy Director of Nursing, Peer support workers, Senior project manager for Integrated Neighbourhoods, Personality Disorder Service Lead, plus much more.

### *Feedback – Reader Panel Update*

During the quarter the Reader Panel reviewed the following documents: Occupational Therapy evaluation survey, Lymphoedema leaflets, Inpatient food review poster, and inpatient food survey, Feedback & complaints poster/flyer, and the Chaperone poster.



Bradgate Mental Health Unit and Mental Health Services for Older People (MHSOP) teams have been working closely with the patient experience team, the reader panel, and our patient information lead to gain feedback on new and improved welcome packs. These include glossy images of staff and scenery across Leicestershire. It was essential that all documents also involved carers and the reader panel was of support providing a lived experience perspective. We were able to take on board feedback and have a fantastic, finished product.

### Quality Improvement – Inpatient Food Review

One of the top priorities that came out of PLACE (Patient Led Assessments of the Care Environment) was inpatient food. Following the PLACE assessments, a further review has taken place of inpatient food along with one of our patient leaders working collaboratively with the project lead. Early improvements that have been identified include:

- Management food day planned to test out new food options with patient/carers PLACE assessors attending
- The monitoring of food waste is now in place
- A catering lead for the trust is being appointed
- A patient survey has been created to monitor the feedback of patients experience of food
- Creating a checklist for ward staff/managers so they can observe and audit meal serving standards

## The People's Council

No meetings have taken place during the quarter. Work has been undertaken to review the role, structure, and function of the Council. This has been done with the Council Chair, Mark Farmer, Mark Powell, Anne Scott, and Alison Kirk. Revised roles and recruitment will be taking place in Q4 in readiness to commence the work of the Council in 2023/24.

## LPT Youth Advisory Board (YAB)

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

**Raising Health Christmas Campaign 2022** The YAB joined together with Raising Health to support the trust wide campaign this year, to provide all inpatients and this year due to their support CYP

accessing CAMHS outpatient services. The group members have been supporting the fundraising efforts in their own communities with bake sales and non-uniform days to support the campaign.

**Joint Strategic Needs Assessment, Mental Health Priorities Leicestershire** - The Public Health Registrar within Leicestershire attended YAB to discuss and share and gain ideas from young people (YP) around mental health plans and priorities, they engaged with the group to establish their views on current challenges, how services engage with CYP and ideas for prevention. The views of the YAB will feed into the plans moving forward.

**Data Gathering information**- LHM Patient Registration forms LHM Information & Technology project leads attended YAB following a session with the LPT Reader Panel, this session was to share and gain young people's views on the development of patient registration forms, that are under development for all patients to complete virtually (parents/carers for younger CYP) and be added onto health records. These forms include key demographic questions, to avoid patients completing these multiple times before access to services, and to ensure that records are up to date.

**Gender Identity FAQ development** - Following meeting with the Deputy Head of Nursing FYPC LD, in October the group spent a YAB session developing and providing feedback and ideas to support staff as part of the Gender Identity working group project. Young people provided great ideas to support this work and to ensure that they feel inclusive when accessing services. Ideas for staff to wear pronoun badges, protect young people's privacy and dignity were common themes throughout the session. A full presentation has been shared with the working group to move this forward. One member of the YAB who identifies as transgender has offered and expressed interest to be part of this work with staff moving forward.

**Feedback- Complaints, Concerns and Compliments** the Complaints and PALS (Patient Advice and Liaison Service) Manager attended a session and presented to the YAB the themes and type of feedback received through complaints and concerns directly from/related to YP. The figures for YP sharing their own feedback are extremely low, with parents and carers feeding back through PALS and complaints services on behalf of young people. The group discussed why they felt this may be and provided ideas and suggestions to make feedback options more YP friendly, including the use of SMS, email and communications that appeals to young people. The feedback will be taken to the Complaints Review Group (CRG) for discussion in December

**Young Peoples Access to Primary Care** - Integrated Care Board Children and Young Peoples engagement lead Jacob Brown facilitated a consultation session with the YAB to understand young people's (YPs) views around accessing primary care (GPs), preferred options, barriers and support at appointments. This session will feed into a wider system project along with the views of other YP from across Leicester, Leicestershire and Rutland, a summary of findings and next steps will be presented to the group in spring 2023.

**MIND** The YAB met with LLRs new Chief MIND Officer, the interactive session facilitated and explored what Mental Health Support the charity could look to offering and supporting young people across the community and local area as plans are being developed and moved forward. Further co-design with MIND to explore services for CYP in the future is currently being discussed.

## **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.



## Responding to 360 Assurance Audit Recommendations

A 360 Assurance Audit on Patient Experience was undertaken during the summer of 2022. Key findings from the audit were:

1. Although, the Patient and Carer Experience and Involvement (PCEI) Report is produced quarterly and includes information on how patient experience data has been captured and analysed into themes, there is **no action plan which details the actions required to address the issues raised/themes and/or to make quality improvements.**
2. From information within directorate teams, it was identified that whilst there is a lot of work completed within directorates around capturing patient experience and how this may have made service improvements, **this is not always fed back/escalated wider within the Trust.**
3. The Trust does use the 'You said, we did' method of sharing how patient experience has clearly made changes to service improvement. However, during the audit we were not **provided with any specific example of these**, nor were any included in the Newsletter nor in the quarterly Patient Experience and Involvement report.

To respond to the recommendations several actions have been agreed and implementation commenced during the quarter, these included:

- Re-establishment of Patient & Carer Experience & Groups within each directorate, including alignment with existing EDI Groups.
- Directorate Groups to have lived experience represented through a Patient or Carer Partner (from April 2024)
- Group membership to ensure senior leadership oversight/membership from clinical, operational, medical, and administrative staff members.
- Work with directorates will focus their work to either work on one of the key themes from patient experience e.g., theme from complaints or to focus on a current issue/risk which the directorate is working on e.g., waiting times, accessible information standard.
- Move Patient and Carer Experience Group (level 3) meetings to quarterly
- Oversight and assurance of patient experience and involvement via People's Council, moving to a quarterly meeting.

Community Health Services have held their first meeting with both the Directorate of Mental Health and Families, Young People and Children and Learning Disabilities arranging planning meetings to commence Q4.

It is proposed that updates from these groups will be reported through this quarterly 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 28 <sup>th</sup> March 2023	
<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>	14 March 2023	
<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>	Quality Forum, 9 <sup>th</sup> March 2023	
<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
	Single Patient Record	
	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>	Y	
<b>False and misleading information (FOMI) considerations:</b>	NA	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Y	
<b>Equality considerations:</b>	Considered	