Service Experience Report

Best quality service experience

Making life better 2gether

Quarter 3

1st October 2017 to 31st December 2017

> *"I felt as if the individuals I saw cared and wanted to help. If I felt like I needed more support or help from someone else, something was always organised to help."*
>
> *CAMHS, Herefordshire*

> *"The service/help we received is real time and tailored for our family's needs. We are grateful for the help we receive."*
>
> *CYPS, Gloucestershire*

Contents

Key

NHS	National Health Service
PALS	Patient Advice and Liaison Service
CYPS	Children and Young People Service
SED	Service Experience Department
HR	Human Resources
CEO	Chief Executive Officer
IAPT	Improving access to psychological therapies
PHSO	Parliamentary and Health Service Ombudsman
CQC	Care Quality Commission
CHI ESQ	Children's Experience of Service Questionnaire
CAMHS	Child and Adolescent Mental Health Service
MHA	Mental Health Act
MCA	Mental Capacity Act
CCG	Clinical Commissioning Group
Q2	Quarter 2 (previous quarter 2017/18)
FFT	Friends and Family Test (survey)

Service Experience Report
1st October 2017 to 31st December 2017

Complaints	**15** complaints (65 separate issues) were made this quarter. This is less than last time (n=19). We want people to tell us about any worries about their care. This means we can make it better.	↓
Concerns	**44** concerns were raised through PALS. This is the same as last time (n=44).	↔
Compliments	**454** people told us they were pleased with our service. This is more than last time (n=449). We want teams to tell us about every compliment they get.	↑
FFT	**85%** of people said they would recommend our service to their family or friends. This is less than last time (n=90%). Lots more people answered the question.	↓
Quality Survey	Gloucestershire: **29 people told us what they thought** Herefordshire: **43 people told us what they thought** Some people are telling us what they think about their care. We need to ask more people for their thoughts and views.	↔ (number of replies)
We must listen	We must write information in health records that is based on fact. We must listen carefully to families and carers. We must fully answer their questions.	

Key

			Full assurance
↑	Increased performance/activity		Significant assurance
↔	Performance/activity remains similar		Limited assurance
↓	Reduced performance/activity		Negative assurance

Section 1 – Introduction

1.1 Overview of the paper

1.1.1   This paper provides an overview of people's reported experience of ²gether NHS Foundation Trust's services between **1st October 2017 and 31st December 2017**. It provides examples of the learning that has been achieved through service experience reporting, and an update on activity to enhance service experience.

1.1.2   **Section 1** provides an introduction to give context to the report.

1.1.3   **Section 2** provides information on emerging themes from reported experience of Trust services. It includes complaints, concerns, comments, compliments and survey information. Conclusions have been drawn via triangulation of information provided from:
- A synthesis of service experience reported to ²gether NHS Trust
- Patient Advice and Liaison Service (PALS)
- Meetings with stakeholders
- ²gether quality surveys
- National Friends and Family Test (FFT) responses

1.1.4   **Section 3** provides examples of the learning that has been brought together through service experience reporting and subsequent action planning.

1.2 Strategic Context

1.2.1   Listening and responding to comments, concerns and complaints and being proactive about the development of inclusive, quality services is of great importance to ²gether. This is underpinned by the NHS Constitution (2015[1]), a key component of the Trust's core values.

1.2.2   ²gether NHS Trust's Service User Charter, Carer Charter and Staff Charter outline the commitment to delivering our values and this is supported by active implementation of ²gether's Service Experience Strategy (2013) (please see below). The Service Experience Strategy will be reviewed and updated during 2017/18 in collaboration with our stakeholders.

You said – We did

① Improving Experience
② Listening to Experience
③ Responding to Experience

A shared goal to listen to, respond to, and improve service experience; through a continuous cycle of learning from experience we will provide the best quality service experience and care:

Our vision for best Service Expereince:
As we serve patients and their carers, we will go beyond what people expect of us to ensure that we earn their trust, confidence, and foster hope for the future.

Every service user will receive a flexible, compassionate, empathetic, respectful, inclusive and proactive response from ²gether staff and volunteers.

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[1] https://www.gov.uk/government/publications/the-nhs-constitution-for-england

Section 2 – Emerging Themes about Service Experience

2.1 Complaints

2.1.1   Formal complaints to NHS service providers are highly governed and responses must follow specific procedures (for more information, please see the Trust's Complaints Policy). We value feedback from those in contact with our services as this enables us to make services even more responsive and supportive. We encourage people to let us know if they are concerned so that we can resolve issues at the earliest possible opportunity.

Table 1: Number of complaints received this quarter

County	Number (numerical direction)		Interpretation	Assurance
Gloucestershire	13	⬇	A small decrease in the number of complaints has been reported in Gloucestershire (Q2 n=16)	**Significant**
Herefordshire	2	⬇	A small decrease in the number of complaints has been reported in Herefordshire (Q2 n=3).	**Significant**
Total	15	⬇	The total number of complaints received is slightly lower than the previous quarter (Q2 n=19)	**Significant**

Figure 1: Graph showing proportion of complaints to number of service contacts

The proportion of complaints to contacts has fluctuated minimally over time, remaining very low and relatively consistent
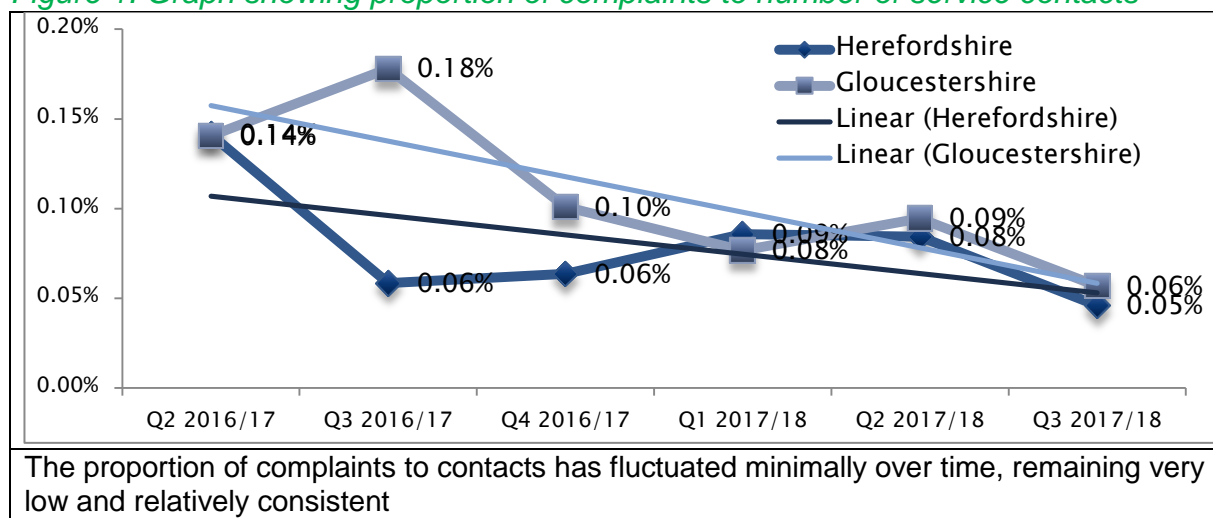
Table 2: Responsiveness

Target	Number (numerical direction)		Interpretation	Assurance
Acknowledged with three days	100%	↔	**All** complaints were acknowledged within target timeframes (Q2=100%)	**Full**
Response received within agreed timescales	67%	⬇	This is lower than last quarter (Q2=93%). 6 letters of response were delayed and were not received by the complainant by the date agreed.	**Limited**
Concerns escalated to complaint	2%	⬇	Of 44 concerns received (Q2=44), one was escalated; this is less than last quarter (Q2=11%)	**Significant**

2.1.2 The Service Experience Department (SED) acknowledged all complaints within the national standards for response times for this quarter (Table 2).

2.1.3 The timeliness to close complaints within the initially agreed timescale decreased this quarter for the first time in a year (Table 2). The 6 delays were due to: 2 complex investigations that required more time to fully investigate the issues raised; 2 signed service-level checklists approving the investigations were received late and delayed the response being sent; and a further 2 complaint responses were delayed due to issues related to final review and approval. The SED continue to monitor delayed responses carefully as well as ensuring that the complaints policy is adhered to in relation to all aspects of complaint handling. When delays were encountered the SED apologised and kept complainants informed of the progress in relation to the response to their complaint.

Table 3: Satisfaction with complaint process

Measure	Number (numerical direction)		Interpretation	Assurance
Reopened complaints	2	⬆	This figure is slightly higher than the previous quarter (Q2 n=1)	**Significant**
Local Resolution Meetings	1	⬇	This figure is lower than the previous quarter (Q2 n=4).	**Significant**
Referrals to PHSO	1	⬇	One complaint was referred to the PHSO this quarter. (Q2 n=2).The PHSO reviewed this complaint and have closed the case with no further action.	**Significant**

2.1.4 Quarter 3 has seen a continued decrease in the number of complaints requiring additional action following investigation and detailed response to the complainant. This could suggest that the complaint investigation process continues to be generally robust and that complaint response letters explain and answer the queries raised by complainants without the need for further clarification.

Table 4: Outcome of complaints closed this quarter

Outcome	No.	%	
Not upheld *No element of the complaint was upheld*	4	20%	Following feedback from complainants and Experts by Experience, the Trust no longer uses the terms upheld/partially upheld/not upheld within response letters. However, these categories are required to be recorded for formal reporting purposes.
Partially upheld *Some elements of the whole complaint were upheld*	13	65%	In total 20 complaints were closed this quarter, this is similar to Q2 (n=19).
Upheld *All elements of the whole complaint were upheld*	2	10%	65% of the complaints closed this quarter had some but not all of the issues within the complaint upheld; 20% had all issues of complaint fully upheld. This differs slightly to the previous quarter (74% partially upheld, 0% upheld).
Withdrawn *Complaint was withdrawn*	1	5%	

*Individual issues within each formal complaint are either upheld or not upheld. Partially upheld is not used for individual issues, the term is used to classify the overarching complaint where some but not all of the issues were found to have been upheld. Percentages rounded to nearest whole number
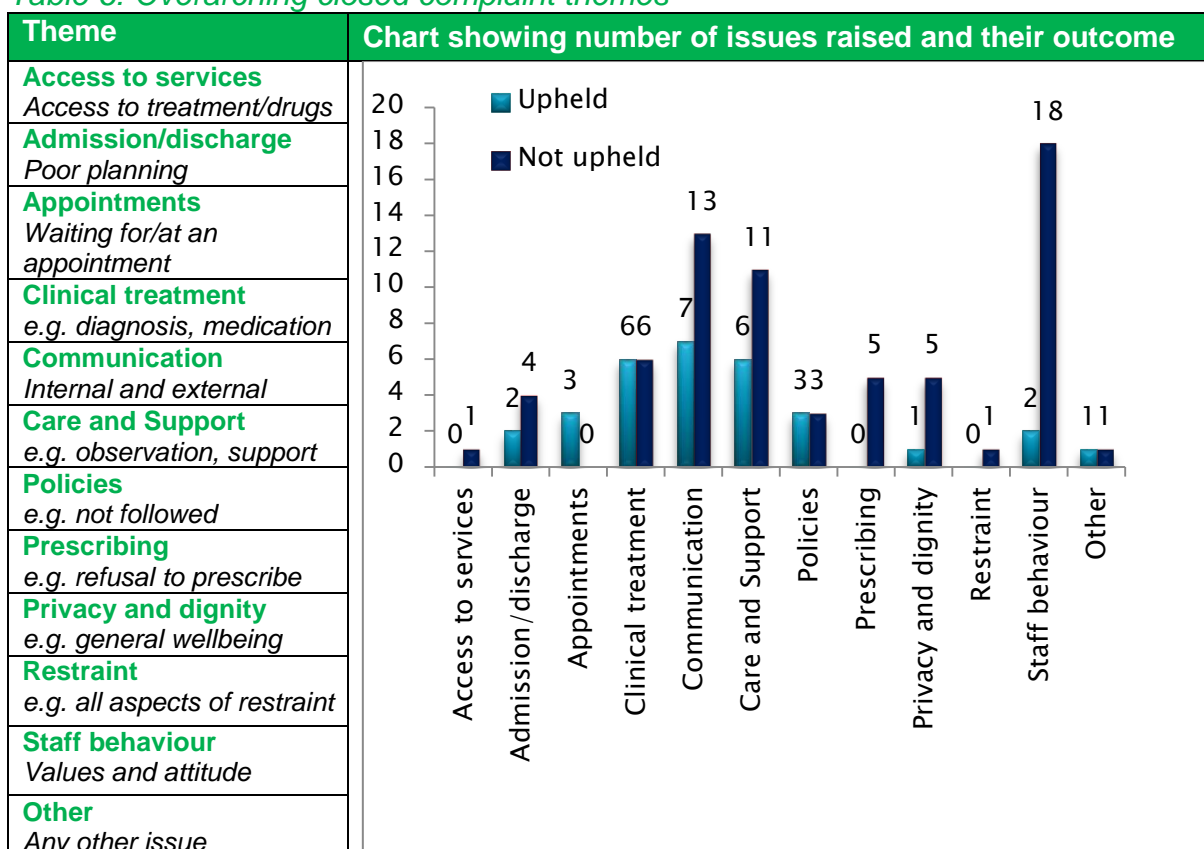
Table 5: Breakdown of closed complaints by staff group for this quarter

Outcome	Total No.*	Upheld	Not upheld	Comments
Medical	19	6	13	The number of complaint issues involving different disciplines and staff groups is recorded for *NHS Digital*. Quarter 3 data is presented in Table 5. The SED have continued to refine Datix to capture all disciplines identified within complaints, hence numbers this quarter may be higher than reported previously.
Nursing	59	19	40	
Social Worker	1	0	1	
Psychology	8	1	7	Quarter 3 figures show Nursing as the main staff group identified within complaints. This has increased from the previous quarter (n=50) and is likely to be reflective of increased number of issues contained within individual complaints closed in Quarter 3. Nursing continues to represent the largest staff group in the Trust and has the greatest number of individual contacts with service users and carers.
HCA	5	2	3	
Admin staff	4	2	2	
Other	7	0	0	
None	3	1	2	Work is ongoing to ensure that professional leads are aware of any themes relating to professional groups.

*The numbers represented in these data relate to a breakdown of individual complaint issues following investigation
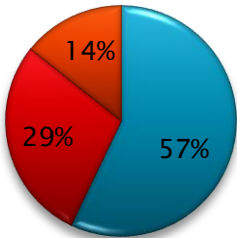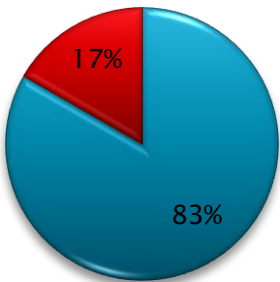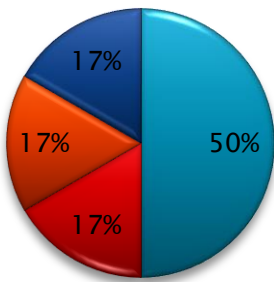
2.1.5 Analysis of data is undertaken by the Service Experience Department in order to identify any patterns or themes. Analysis of complaint themes from complaints closed during Quarter 3 is shown in table 6.

Table 6: Overarching closed complaint themes

Theme	Chart showing number of issues raised and their outcome
Access to services *Access to treatment/drugs*	
Admission/discharge *Poor planning*	
Appointments *Waiting for/at an appointment*	
Clinical treatment *e.g. diagnosis, medication*	
Communication *Internal and external*	
Care and Support *e.g. observation, support*	
Policies *e.g. not followed*	
Prescribing *e.g. refusal to prescribe*	
Privacy and dignity *e.g. general wellbeing*	
Restraint *e.g. all aspects of restraint*	
Staff behaviour *Values and attitude*	
Other *Any other issue*	

Chart showing number of issues raised and their outcome (Upheld / Not upheld):

Theme	Upheld	Not upheld
Access to services	0	1
Admission/discharge	2	4
Appointments	3	0
Clinical treatment	6	6
Communication	7	13
Care and Support	6	11
Policies	3	3
Prescribing	0	5
Privacy and dignity	1	5
Restraint	0	1
Staff behaviour	2	18
Other	1	1

2.1.6   Thematic analysis shows that the areas of complaint investigated and upheld during Q3 relate to Communication, Care and support and Clinical treatment (Table 7).

Table 7: Review of identified complaint themes

Breakdown of upheld complaint issues
The Trust takes all issues within individual complaints very seriously. The themes reflected below demonstrate the outcomes of complaint issues that have been investigated and <u>upheld</u>. The main upheld complaint themes relate to areas of ***communication, care and support, and clinical treatment.*** They are shown in greater detail below:

Communication

14%
29%
57%

■ With service user   ■ With relatives/carers   ■ Poor interpretation

Care and Support

17%
83%

■ Inadequate support provided

■ Risk Assessent not completed

Clinical Treatment

17%
17%
17%
50%

■ Inappropriate treatment/ procedure

■ Delay/failure to follow up

Communication continues to dominate complaint thematic data. Colleagues across the Trust are working to develop and improve practice in this area and lower number of complaint issues relating to communication this quarter may suggest that these actions are beginning to have an impact.

This quarter *Care and Support* and *Clinical Treatment* have featured within thematic complaint data. These two areas are very closely linked to the main theme of communication. A large proportion of complaint investigations found that the care, support and/or treatment that the team were able to provide was not clearly explained to those accessing the services along with the role and remit of the service

provided by our Trust. This led to people feeling that the care, support and/or treatment they were receiving was inadequate and not as some expected.

Examples and actions taken linked to the thematic data are demonstrated in Table 8.

Table 8: Examples of complaints and action taken

Example	You said – Our LEARNING	We did – our ACTION	Assurance
Discharge arrangements	Your daughter was discharged and was told she would have daily input from another team, which did not happen.	We apologised for this and have reminded staff that any amendments to an agreed discharge plan should be discussed with the service user and their family.	**Significant**
Recording of information	You told us that you had been asked for details of people living in your household but were not told why this information was required.	We apologised for this and have asked managers to work with staff to ensure they have a clear understanding of what information is required, and why it is needed.	**Significant**
Communication	You told us that your brother was detained in hospital and you were not informed of this until the following day.	We apologised and have requested that in future staff ensure they have exhausted all options to obtain details for a person's family or next of kin.	**Significant**

2.2 Concerns

2.2.1 Resolve concerns with people at the point at which they are raised is a standard set across the organisation. This may be influencing the low level of complaint numbers and a corresponding increase in the number of PALS contacts. **DatixWeb**, a service experience recording and reporting system, has continued to be used for Quarter 3.Themes and trends have been analysed for Quarter 3 and are reflected below:

Table 9: Number of concerns received this quarter

County	Number (numerical direction)		Interpretation	Assurance
Gloucestershire	37	↔	There are similar numbers of Gloucestershire concerns compared to last quarter (n=38)	**Significant**
Herefordshire	2	↔	There are similar numbers of Herefordshire concerns compared to last quarter (n=3)	**Significant**
Corporate	4	↔	There are similar numbers of Corporate concerns compared to last quarter (n=3)	**Significant**
Other organisation	1	↑	There was one concern relating to another organisation this quarter (n=0)	**Significant**
Total	44	↔	There are the same number of concerns as last quarter (n=44)	**Significant**

2.2.2 The number of concerns remains relatively consistent with previous quarters. There were 61 other contacts with the Service Experience Department (Q2=79) covering a range of topics: people asking advice about our services

and requesting contact from their team. A person contacted the Service Experience Department with a concern about another organisation was supported to raise their concern with that service.

Table 10: Overarching concern themes this quarter
The numbers represented in this data relate to a breakdown of individual issues and do not equal the number of concerns

Theme	No.*	Chart showing percentages
Access to treatment *Treatment or medication*	4	
Admission/discharge *Community or inpatient*	2	
Appointments *e.g. cancelled, staff DNA*	7	
Clinical treatment *e.g. diagnosis, medication*	3	
Commissioning *e.g. lack of services*	2	
Communication *Internal and external*	14	
Facilities *e.g. temperature*	4	
Care and Support *e.g. observation, support*	9	
Policies *e.g. Health Records, MHA*	3	
Staff Behaviour *Attitude and actions*	5	
Wellbeing *e.g. privacy and dignity*	1	

2.2.3 The main themes identified from concerns raised are "Communication" and "Care and Support"; this is consistent with the main themes reported from formal complaints. Examples of concerns and actions taken during Quarter 3 are shown in Table 12.

Table 11: Breakdown of concerns by staff group for this quarter

Outcome	No	%	
Admin	3	5%	As previously reflected in complaint analysis, nursing represents the largest staff group in the Trust. Nursing also has the greatest number of contacts with people so it could be anticipated that this professional group features most frequently within feedback data.
Medical	10	18%	
Nursing	29	52%	
PWP (Psychological Wellbeing Practitioner)	3	5%	
Psychology	1	2%	The percentage of nurses identified within concerns continues to dominate the staff group identified within concerns. Work is ongoing to ensure that professional leads are made aware of any themes relating to their staffing group.
Manager (non-clinical)	1	2%	
Physiotherapy	1	2%	
No staff identified	8	14%	

Table 12 Examples of LEARNING from concerns and ACTION taken:

Example	You said - LEARNING	We did – OUR ACTION	Assurance
Admission	You told us that your daughter is awaiting a Mental Health Act Assessment and that you were worried that she would be sent home and that you would be unable to keep her safe	We contacted the team to pass along your concerns, and the team arranged for a short-term voluntary admission for your daughter.	**Significant**
Appointments	You said that your son had experienced a psychotic episode for the first time and that you were unable to get an appointment for him until two weeks' time.	We were able to arrange an earlier appointment for your son due a cancellation of an existing appointment.	**Significant**
Care and Treatment	You informed us that you were assessed and given a treatment plan in another area of this County. You have now moved and have been reassessed as not requiring the treatment any more, you are were unhappy about this decision.	The team apologised to you and clarified the rationale behind the reassessment decision. You were able to agree a mutually acceptable treatment plan going forward	**Significant**
Support from services	You explained that your ex-partner is spending money inappropriately and requested that staff prevent her from doing so	We clarified the remit and limitations of mental health services and explained actions that we had taken and alternative options that may benefit you.	**Significant**

2.2.4 PALS Visits

Patient Advice and Liaison Service (PALS) visits are undertaken in clinical services to ensure that concerns are raised and resolved as soon as possible. Visits to Wotton Lawn Hospital, Gloucestershire, and Stonebow Unit, Herefordshire, were undertaken during Quarter 3. During each visit the SED PALS Officers visited the designated ward and speak with Service Users and families. The majority of feedback given has been positive and any issues raised were reported directly to the ward for timely resolution wherever possible. A summary report of each visit is sent by the PALS officers to the Ward Manager, Modern Matron, and Deputy Director of Nursing. SED have successfully recruited a PALS volunteer to support PALS to visit all Trust inpatient areas in the coming months.

PALS provided the following types of support and assistance during visits undertaken during Quarter 3:
- Assisting Service Users to resolve queries relating to the ward environment.
- Providing information about how to give feedback about Trust services.
- Receiving compliments about the ward and staff from both service users and members of their families.
- Listening to Service Users and carers experiences of our wards.
- Responding to concerns and queries by liaison with staff and ward managers

2.3 Compliments

2.3.1 The SED continues to encourage the reporting of compliments received by Trust services. A dedicated email address is set up to simplify the process for staff to report compliments that they have received: 2gnft.compliments@nhs.net. Figure 2 shows the percentage of compliments to contacts as reported during Quarter 3.

Figure 2: Graph showing proportion of compliments to number of contacts with services:
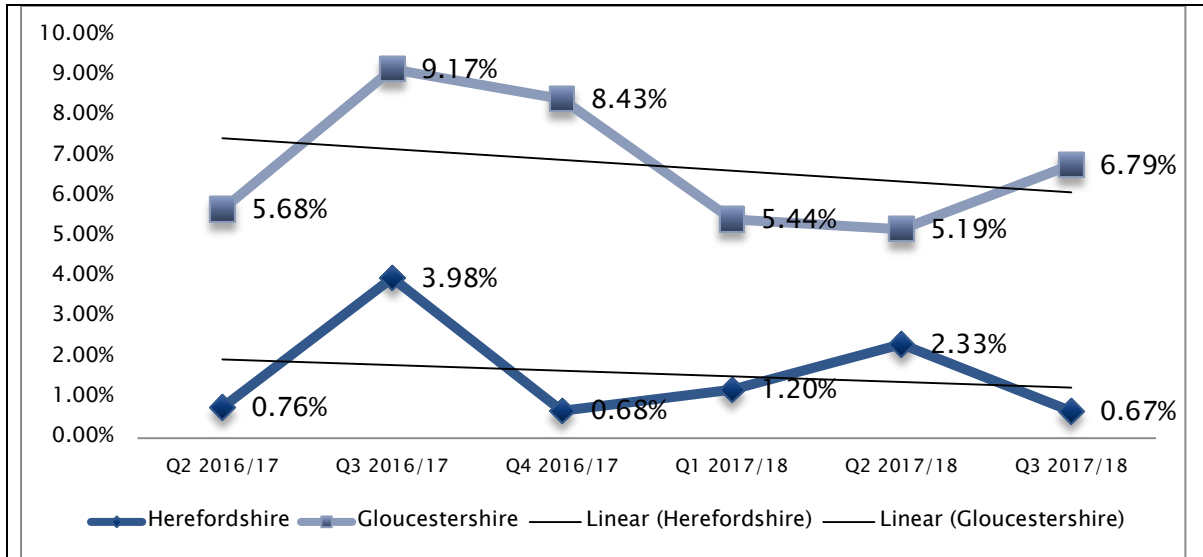
Compliments are being shared and regularly updated with colleagues via the Trust intranet system to further encourage reporting.

Examples of compliments received during Quarter 3:

> Abbey Ward is a lovely ward where nothing is too much trouble and the staff keep everyone safe.   *Abbey Ward, Wotton Lawn*

> I thought the crisis worker was really good and really listened to [Service User]. I was very grateful that she actually did what she said she would.   *CRHTT, Gloucestershire*

> Service User's partner would like to thank everyone at Honeybourne for all their support; he is very appreciative of it.   *Honeybourne*

> This is [Service User's] third admission and his partner said that she felt all of the staff involved in his care were fantastic. *Mortimer Ward, Stonebow*

> I was ready to walk down a path of no return but you saved me from that and saved me from who I was becoming, I'm a better me now, just only half way there but that's a lot better than where I was before.   *Early Intervention, Herefordshire*

> THANK YOU for being so patient, and understanding, because I always seem to need lots of reassurance when something 'new' and 'unfamiliar' is presented or suggested to me.   *IAPT, Herefordshire*

2.4 – Complaints referred for external review following local investigation

2.4.1 Current open referrals for external review:
Table 13 – current open referrals for externa review

Reviewing organisation	Date of first contact from the reviewing organisation	Date official investigation confirmed	Date official investigation completed	Current status of referral
PHSO	25/01/2017	07/08/2017	N/A	Investigation ongoing.
PHSO	01/12/2016	07/08/2017	N/A	Investigation ongoing
PHSO *	18/07/2017	03/08/2017	31/10/2017	Trust action plan ongoing. PHSO awaiting confirmation of completed Trust actions before closure of case.
CQC	14/09/2017	17/09/2017	10/01/2018	Trust action plan ongoing. CQC awaiting confirmation of completed Trust actions before closure of case.
LGO	23/01/2018	N/A	N/A	Ongoing LGO review to inform decision to investigate or not.

PHSO - Parliamentary and Health Service Ombudsman, CQC - Care Quality Commission, LGO - Local Government Ombudsman

2.4.2 Referrals to PHSO in Q3
There was one referral to the PHSO this quarter. The PHSO have reviewed this and closed the case with no further action recommended for our Trust.

2.4.3 Completed PHSO investigation (See* in Table 13)
The PHSO have concluded one investigation during Q3. The outcome of their investigation upheld the complaint and made recommendations for our Trust.

The Trust has apologized to the individual concerned and offered to meet to seek resolution. The Trust has accepted the recommendations made by the PHSO in full and has implemented and completed an action plan in response to this. Information has been disseminated throughout the Trust in a variety of ways (see footnote, Section 3.2).

Recommendations identified by the findings of the PHSO investigation:

The complaint concerned two particular aspects of information recorded in RiO records:

- The PHSO found some of the information in the Service User's risk summary was incorrect, which they consider amounted to a failing. They found this caused distress and outrage to the Service User and may also have affected the way in which the Service User was dealt with by staff at the Trust.

- The PHSO found that the Trust should have removed information from the Service User's clinical records before the records were shared with them after they were requested. They found this was a failing. This caused distress to the Service User which was not put right.

An action plan was compiled to cover all areas of the recommendations made by the PHSO and to ensure Trust learning from the feedback. All recommendations have now been implemented and progressed within our Trust. The complainant and the PHSO have received communication updating them about the progress of our action plan. This complaint is pending closure with the PHSO once they are provided with updated and ratified copies of two of our Trust policies.

The learning identified and action taken by our Trust in response to the PHSO recommendations is captured in Section 3 of this report.

2.5 Surveys

2.5.1 'How did we do?' Survey

The Trust continues to implement the Trust's **How did we do?** survey. This survey combines the "Friends and Family Test" and "Quality Survey" and is used for all Trust services apart from IAPT and CYPS/CAMHS, where alternative service experience feedback systems are in place.

Survey results are reported internally, locally to our Commissioners, and nationally to NHS Benchmarking. It is important that colleagues encourage and support people who use our services to make their views and experiences known so we can learn from feedback and make improvements where needed.

The two elements of the **How did we do?** survey are reported separately below as Friends and Family Test and Quality Survey responses.

2.5.2 Friends and Family Test (FFT) Service User/ Carer feedback

Service users are asked "*How likely are you to recommend our service to your friends and family if they needed similar care or treatment?*". Our Trust has played a key role in the development of an Easy Read version of the FFT. Roll out of this version ensures that everybody is supported to provide feedback.

Table 14 details the number of responses received each month. The FFT score is the percentage of people who stated that they would be 'extremely likely' or 'likely' to recommend our services. The FFT questionnaire is available in all Trust services and combined figures for a Trust wide score are given in Table 14.

Table 14: Returns and responses to Friends and Family Test in Q3

	Number of responses	FFT Score (%)
October 2017	190	86%
November 2017	422	85%
December 2017	252	83%
Total	**864 (Q2 = 466)**	**85% (Q2 = *90%)**

*Previously reported as 88% in Quarter 2 SED report as CYPS figures were not added to the Trust total and were reported separately. Combined FFT responses will be reported for all Trust services from Quarter 3 17/18 onwards.

Some challenges have arisen when sending text messages to people due to mobile telephone numbers not always being recorded in the appropriate way on RiO. The SED along with locality colleagues have taken steps to raise awareness of how to record mobile telephone numbers within RiO. The response rate to the text messages that were sent successfully has been encouraging with a response rate of 9%.

Quarter 3 FFT response rates are significantly higher than those reported in quarters 1 and 2. Along with the addition of CYPS FFT response data to the Trust total, the launch of the FFT text message survey has increased the amount of responses received. When analysing responses it is encouraging to see that a high percentage of the responses received by text message are from people who have had contact from our inpatient services. This has historically been an area where survey feedback has been challenging to obtain.

The FFT score for Quarter 3 is lower than the previous quarter although has remained relatively consistent with that received in 2016/17. This Quarter response rates have increased this meaning that more feedback was received. This may have an impact on the FFT score. The Trust continues to maintain a high percentage of people who would recommend our services.

Figure 3 shows the FFT Scores for September, October, and November 2017 (the most recent data available) compared to other Mental Health Trusts in our region, and the average of Mental Health Trusts in England. Our Trust has consistently received a high percentage of recommendation in comparison with other Mental Health Trusts in the region but shows a small dip in result this quarter in comparison with other local organisations[2].

Figure 3: Friends and Family Test Scores – comparison between the [2]gether Trust, other Mental Health Trusts in the NHS England South Central region, and the Mental Health Trusts' average
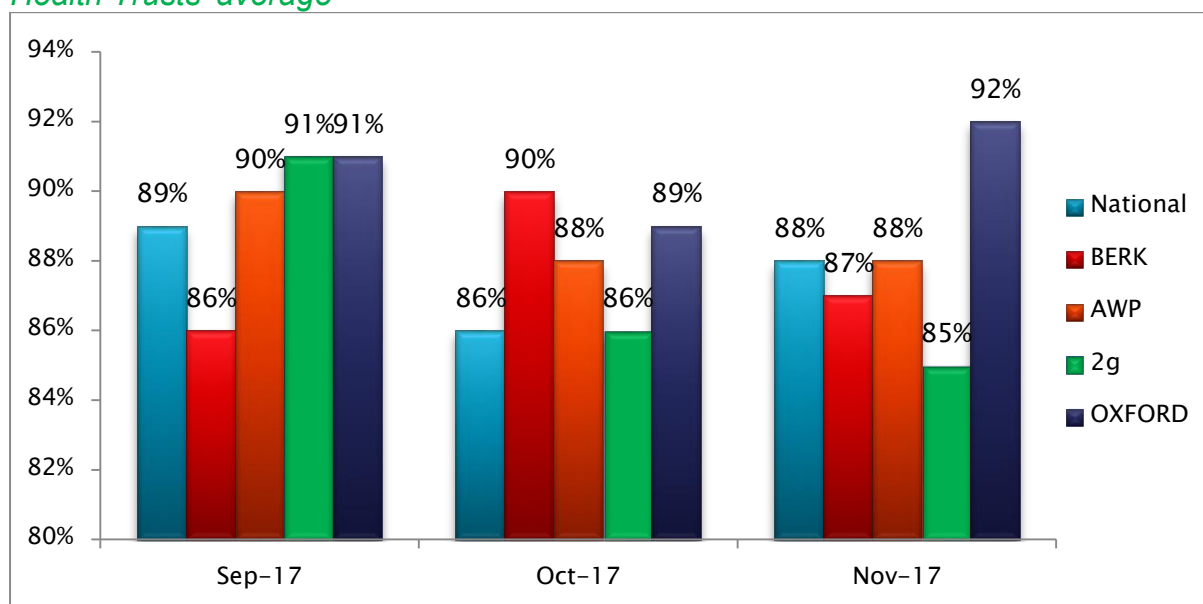
2g – 2gether NHS Foundation Trust // AWP – Avon and Wiltshire Mental Health Partnership NHS Trust
BERK – Berkshire Healthcare NHS Foundation Trust // OXFORD – Oxford Health NHS Foundation Trust

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[2] *December 2017 data was not available at time of writing*

Friends and Family Test Comments

Comments are fed-back to services in order that LEARNING can be shared with team members and for appropriate actions to be taken as a result of the valuable learning.

What was good about the visit?

> They helped me with housing and obtaining medication.
> *MHLT, Gloucester*

> I feel very fortunate to have been able to access this support which has been invaluable to my well-being.

> Amazing NHS. Best in the world.
> *Oak House, Herefordshire*

> I loved it there. It's a holiday camp for me. *Priory Ward, Wotton Lawn*

> Top quality care and attention.
> *Eating Disorder Team, Gloucestershire*

> Really supportive and proactive approach to talk about life's obstacles, feelings, anxieties, and concerns.
> *Let's Talk, Herefordshire*

What would have made the visit better?

> It was a waste of my time. CBT is not adequate treatment.
> *Let's Talk, Herefordshire*

> I was told when suicidal that this is not an emergency line.
> *CRHTT, Gloucestershire*

> Did not get the support needed.
> *Maxwell Suite, Gloucestershire*

> Too long to wait. Not tailored for individual. General forms. *Let's Talk, Gloucestershire*

2.5.3 Friends and Family Test (FFT) 2gether Staff feedback

Our staff are asked about their experience of working for our Trust during quarters 1, 2 and 4 each year. In Q3 the FFT is replaced by the annual Staff Survey therefore FFT figures are not available for inclusion in the quarter's report.

2.5.4 How did we do?

The How Did We Do? survey (Quality Survey questions) provides people with an opportunity to comment on key aspects of the quality of their treatment.

The How did we do? survey was initially launched as a paper based survey in April 2017. From 1st November 2017 the survey was distributed via text message to people who were discharged from our community and inpatient services. The text message asks the FFT questions and provides a link for people to complete additional Trust Quality survey questions.

Quality survey targets were reviewed and refreshed in line with the launch of the 'How did we do?' survey. Three out of the four targets set have been exceeded. This suggests that, of those people who responded to the survey, most are feeling supported to meet their needs and explore other activities. The one target that hasn't been fully achieved this quarter continues to receive the majority of positive responses. The increase in the target set for 2017/18 is demonstrative of our desire to consistently improve our services. Table 15 shows responses in relation to set targets for this quarter.

Table 15: How Did We Do? Quality survey questions and responses

| Question	County	No. of responses	Target Met?
Were you involved as much as you wanted to be in agreeing the care you receive?	Gloucestershire	24 (13 positive)	**75%** TARGET 92%
	Herefordshire	43 (37 positive)	
Have you been given information about who to contact outside of office hours if you have a crisis?	Gloucestershire	29 (25 positive)	**85%** TARGET 74%
	Herefordshire	39 (33 positive)	
Have you had help and advice about taking part in activities that are important to you?	Gloucestershire	24 (14 positive)	**76%** TARGET 69%
	Herefordshire	38 (33 positive)	
Have you had help and advice to find support for physical health needs if you have needed it?	Gloucestershire	26 (18 positive)	**77%** TARGET 76%
	Herefordshire	35 (29 positive)	

The response rates for the survey continue to be disappointing. The SED along with locality managers are working to raise awareness of the survey and encourage Service Users and Carers to give feedback in this way. Work is also underway to focus on these areas as part of the implementation of the action plan formulated following the findings of the CQC National Community Mental Health Survey for our Trust.

2.5.5 Improving Access to Psychological Therapies – Patient Experience Questionnaire (IAPT PEQ)

Our IAPT Let's Talk services use a nationally agreed survey to gain feedback and measure levels of satisfaction with the service. The national requirements for the IAPT PEQ have been reviewed by SED and IAPT service leads and two new IAPT questionnaires have been launched during Quarter 3 2017/18. Due to this Q3 IAPT PEQ feedback includes responses to both the old and new versions of the questionnaires.

Feedback questionnaires are sent to people following the initial assessment and after discharge from the service. Quarter 3 feedback shows that people are largely satisfied with these elements of the Let's Talk service.
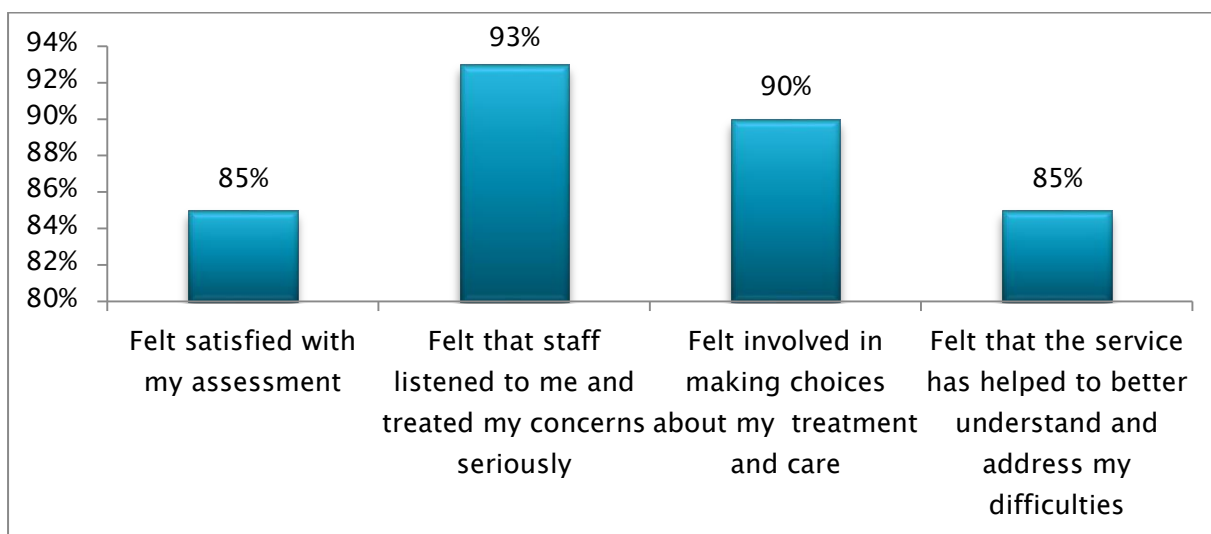
The IAPT PEQ seeks comments from people about the service that they have received.
A selection of comments is shared below:

Everyone was so easy to talk to, made me feel comfortable to answer the questions. I feel I was given hope.

It's a shame it is a limited number of sessions as in my case for example I have further work to do. on my condition (though I appreciate a break)!

The counselling that I received was delivered well and I can't think of any way it could have been improved.

My practitioner was very informative and this has helped me to get the help I need to get better.

Message reminder service very good. When I needed to phone direct there was no difficulty. Thorough responses from counsellor.

More out of hours appointments.

Having more rooms available to talk in and shorter waiting times to see a therapist.

I was free to make decisions about my treatment and if I wanted to change this was always possible. I was always put first even when I was struggling.
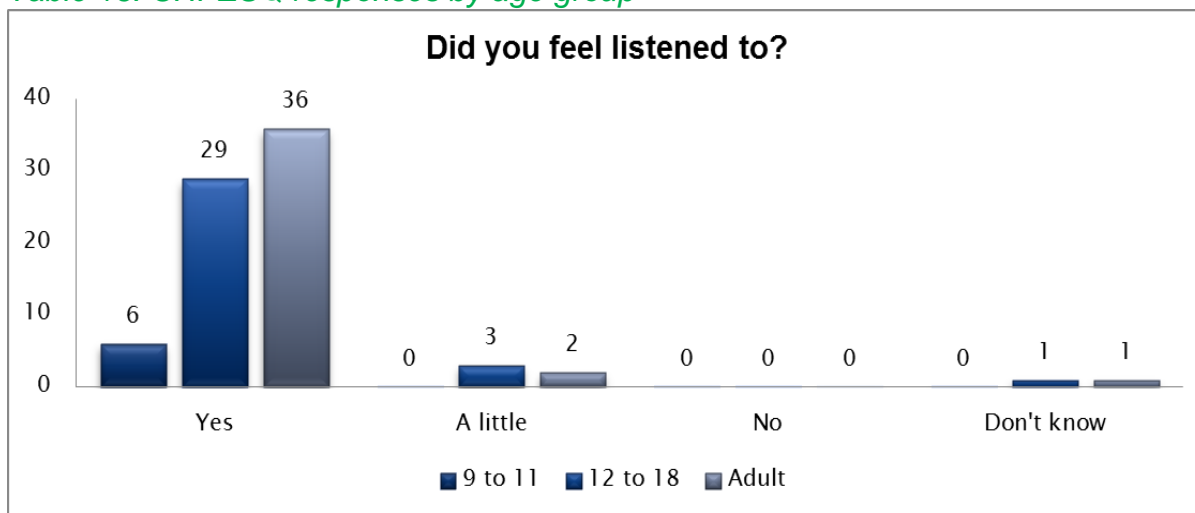
2.5.6 Children and Young People service (CYPS)
CYPS gather service feedback using the Experience of Service Questionnaire, known as CHI-ESQ. CHI-ESQ is a nationally designed survey to gain feedback from children, young people and their parents/carers. They are three versions of the CHI-

ESQ survey used, these are identified by age and role type as follows: CHI-ESQ Age 9 -11yrs, CHI-ESQ Age 12 -18yrs and CHI-ESQ Adult &Carer. All the surveys ask questions based upon the same theme but are presented differently in age appropriate format.

Table 16 reflects responses across all three surveys asking if people felt listened to by the CYPS/CAMHS services during Quarter 3: **97%** of adults and carers,**97%** of 12-18 year olds, and **100%** of 9-11 year old respondents said they felt that they **had been listened to.**

Table 16: CHI-ESQ responses by age group

Did you feel listened to?

	Yes	A little	No	Don't know
9 to 11	6	0	0	0
12 to 18	29	3	0	1
Adult	36	2	0	1

■ 9 to 11 ■ 12 to 18 ■ Adult

Examples of some feedback given:

They always listened to me and let me feel comfortable with secrets that made me embarrassed in public.

They were very supportive.

You help me and care for me.

The person I saw really cares about me, she takes me and my problems very seriously.

They really made an effort with my daughter. She is very patient and understanding.

Behaviour is a lot better.

They all listened and were kind about my problems.

The sessions made my daughter feel better and…that eased my worries as a mother.

Section 3 – Learning from Service Experience Feedback

Section 3.1 – Learning themes emerging from individual complaints, concerns in Q3

The Service Experience Department, in partnership with Service Managers, routinely record, report and take actions based upon the valuable feedback from complaints, concerns, compliments and comments. Reporting of local service experience activity on a monthly and quarterly basis at each locality governance meeting continues to be embedded. The SED is also attending these meetings regularly to discuss local themes, trends, learning and action. Examples of such learning features on page 9 and 11 of this report.

Section 3.2 - Aggregated learning themes emerging from feedback from this Quarter 3

This section illustrates aggregated lessons learnt from complaints and concerns including feedback this quarter from the PHSO.

Table 17: Points of learning from Service Experience feedback Q3 closed complaints– action plan to be sought from locality leads

Organisational Learning from Individual Complaints	Action Plan[3] (to be sought and reported in next SE Report)
LEARNING Team Managers must ensure that clinical team members are aware of and compliant with the following points when writing health care records: * **RECORDING INFORMATION -** Information entered into health care records should be objective and recorded in a clear, accurate and timely fashion. * **CLINICAL OPINION** is important and should be included in the clinical record. However it must be clear that it is opinion and not fact. Sources of factual information should be referenced where known. * **HISTORICAL INFORMATION** it is important to describe this accurately and not summarise, as this may change the significance and accuracy of the original event. * **DIFFERENCE OF OPINION** Where a service user disagrees with the accuracy of information in the clinical records this must be reviewed with the service user, wherever possible, to ensure the information is correct.	

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[3] * These individual points of learning have arisen from PHSO feedback in Q3. An apology has been made to the individual concerned. Several mechanisms were immediately employed to assure learning including dedicated focus on matters through the Trusts Leadership Forum and Team Manager briefing sessions with Executives and Locality Directors; Clinical Alert document on the Trust intranet with mandatory read requirement; feedback to and involvement of clinicians involved, updates to relevant Trust policies.

Organisational Learning from Individual Complaints	Action Plan[3] (to be sought and reported in next SE Report)
Action should be taken to amend any inaccuracies identified.	
Each time a care plan is updated, staff must encourage Service Users to sign copies to indicate agreement, demonstrate the principles of coproduction and evidence Service User involvement. Scanned copies of the signed document must be uploaded to healthcare records. Where Service Users decline to sign/receive copies of the care plan this must be clearly documented within the health care record.	
Involvement of the Service Experience Department at an early stage when staff receive concerns or complaints should be considered for advice and support for all involved and assistance to resolve issues in a timely way.	
The Trust's Complaint and Concern Handling and Resolution Policy and procedure must be followed. All complaint investigations must be reviewed and a checklist signed by the appropriate Service Director or appointed senior member of staff. This is to review the thoroughness of the investigation and the appropriateness of the learning and action identified.	
All wards and teams should date stamp paper-based information received and have a system for recording and following up written correspondence where required.	

Section 3.3 – Assurance of learning and action from previous quarter Q2

Effective dissemination of learning across the organisation is vital to ensure [2]gether's services are responsive to people's needs and that services continue to improve. Service Experience feedback has contributed to the *Learning [2]gether from Incidents, Complaints and Claims* report issued within the Trust on 1st December 2017. Table 18 below illustrates the assurance that Locality Services have provided of completed actions as a result of previous aggregated lessons learnt.

Table 18: Points of learning from Service Experience feedback Q2 2017/18 – action plan has been completed

Organisational Learning – Q2	Action Plan of assurance received from Localities	Date received
LEARNING When a member of staff is absent at short notice a	**Gloucestershire Localities**: Each Team Manager will review the caseload commitment of a member of staff when they are absent – escalating to the relevant CSM if there are cover issues.	

Organisational Learning – Q2	Action Plan of assurance received from Localities	Date received
system should be in place to ensure their caseload/workload is reviewed and a plan made to manage existing commitments	Teams will be reminded of this process via Forums and team meetings.	Jan 2018
	Countywide Locality: The system of care in the main inpatient setting provides all Service Users with a team approach to their care which includes 2 registered nurses who can cross cover for each other along with 1 Health Care Assistant. By providing a team of 3 staff this ensures where possible that short term absence is covered. If this system breaks down this will be addressed by the ward manager. Within the smaller units, where there is often not 2 qualified staff on duty, there is a unit diary where tasks, appointments, meetings etc are captured and delegated to the nurse in charge to ensure they are allocated and completed.	
	Herefordshire Localities: Protocol developed, ratified and implemented across services.	
	CYPS and CAMHS Localities: There is an existing system in place through team managers. The need for a contingency plan to be put in place if the team manager is absent will be raised at Delivery Committee for further action.	
LEARNING When a person is discharged from a hospital ward or a clinical team it is essential that they are involved in the discharge planning process and that plans are shared with family/carers involved whenever possible.	**Gloucestershire Localities:** Via Forums and Team Meetings, team members will be reminded of the importance of Service User / family involvement in discharge planning.	Jan 2018
	Countywide Locality: All patients being discharged from in-patient care will have a discharge planning meeting. This meeting must include the service user and where appropriate, with consent, family/carers or other persons of significant support.	
	Herefordshire Localities: All staff will be reminded to ensure that this happens.	
	CYPS and CAMHS Localities: The trust has a clear process for involving families and carers in the discharge planning process. To ensure this process is not rushed or omitted this will be raised with Team Managers and the Delivery Committee to support staff to ensure that families and carers are involved whenever possible.	