

Agenda Item 7

PAPER B

Report to: Trust Board – 27th March 2019
Author: Angie Fletcher, Service Experience Clinical Manager
 Lauren Edwards, Deputy Director of Engagement and Integration
Presented by: Jane Melton, Director of Engagement and Integration
Subject: Service Experience Report Quarter 3 2018/19

This report is provided for:

Decision	Endersement	Assurance	Information
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EXECUTIVE SUMMARY

(1) Assurance

This Service Experience Report provides a high level overview of feedback received from service users and carers in Quarter 3 2018/19.

Learning from people's experiences is the key purpose of this paper, which provides assurance that service experience information has been reviewed, scrutinised for themes, and considered for both service-specific and general learning across the organisation. The report offers:

Significant assurance that the organisation has listened to, heard and understood Service User and carer experience of 2gether's services.

This assurance is offered from a triangulation of information gathered across all domains of feedback including complaints, concerns, comments and compliments. Survey information has been triangulated to understand service experience.

Significant assurance from the results of the local Friends and Family Test that service users value the service being offered and would recommend it to others.

During Quarter 3, 80% of people who completed the Friends and Family Test said that they would recommend 2gether's services. Response rates have continued to increase this quarter meaning that more feedback was received. This may have an impact on the overall FFT score.

Limited assurance that people are participating in the local survey of quality in sufficient numbers.

Our **How did we do?** survey was launched during Quarter 1 2017/18. Whilst feedback given by respondents has generally been positive, response rates remain lower than hoped for. Encouragingly, Quarter 3 2018/19 has seen an increase in the

numbers of responses received. Our SED are continuing to embed a new system to receive, collate and analyse feedback to encourage more responses to our surveys. It is anticipated that this system will be in place by the end of Quarter 4 2018/19.

Significant assurance that services are consistently reporting details of compliments they have received.

Compliments continue to be reported to the Service Experience Department. Numbers have significantly increased during Quarter 3 and work continues to increase reporting by colleagues throughout the Trust.

Full Assurance that complaints have been acknowledged in required timescale
During Quarter 3 100% of complaints received were acknowledged within 3 days.

Significant assurance that all people who complain have their complaint dealt with by the initially agreed timescale.

81% of complaints were closed within timescales agreed with the complainant. This is lower than the previous quarter (92%). The SED are working hard with Trust colleagues to ensure that future complaints are investigated and responded to in a timely way.

Significant assurance is given that all complainants receive regular updates on any potential delays in the response being provided.

Significant assurance from independent auditors regarding the quality of our processes **to learn from service experience** feedback (overall rating: Low Risk).

(2) Recommended learning and improvement

The Trust continues to seek feedback about service experience from multiple sources on a continuous basis.

This quarter concerns and complaint themes focus on communication issues by our services with service users and/or their carers. Colleagues across the Trust are working hard to develop practice in this area.

Other themes which have been identified following triangulation of all types of service experience information includes the following learning:

- We must listen to carers and relatives even though we may not be able to share information with them.
- We must ask people how they want us to contact them

RECOMMENDATIONS

The trust Board is asked to:

- Note the contents of this report

Corporate Considerations	
Quality Implications	Patient and carer experience is a key component of the delivery of best quality of care. The report outlines what is known about experience of 2gether's services in Q3 2018/19 and makes key recommendations for actions to enhance quality.
Resource Implications	The Service Experience Report offers assurance to the Trust that resources are being used to support best service experience.
Equalities Implications	The Service Experience Report offers assurance that the Trust is attending to its responsibilities regarding equalities for service users and carers.
Risk Implications	Feedback on service experience offers an insight into how services are received. The information provides a mechanism for identifying performance, reputational and clinical risks. This paper offers limited assurance on one aspect covered by the report and the SED are working with operational and clinical colleagues in order to identify and mitigate any risks associated with this. The SED closely monitor performance indicators relating to areas of limited assurance and regularly review the mitigating actions accordingly.

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	P

WHICH TRUST VALUE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective				P
Excelling and improving	P	Inclusive, open and honest		P
Responsive	P	Can do		P
Valuing and respectful	P	Efficient		P

Reviewed by:

Jane Melton Director of Engagement and Integration	Date	14 th February 2019
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Where in the Trust has this been discussed before?

Quality and Clinical Risk Sub-committee	Date	15 th February 2019
Trust Governance Committee		22 nd February 2019

What consultation has there been?

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Explanation of acronyms used:

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
BME	Black and Minority Ethnic Groups
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 1 (previous quarter (2018/19)
FFT	Friends and Family Test (survey)

Service Experience Report



Quarter 3

1st October 2018 to 31st December 2018

“Excellent service from nurse on first visit and excellent service and care from consultant on second visit.”

Memory Assessment Service, Gloucestershire

“They put my mind at ease in a caring manner after testing me for dementia.”

Memory Assessment Service, Herefordshire

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 - 2.6.6 Children and Young People Services
 - 2.6.7 Crisis Team Feedback Survey led by Service Users - Gloucestershire

Section 3 – Learning from reported Service Experience









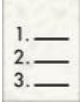


- 3.1 Learning themes emerging from individual complaints
- 3.2 Aggregated learning themes emerging from feedback from this quarter
- 3.3 Aggregated learning themes emerging from feedback from last quarter

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
Mental Health Act	Mental Health Act
LGO	Local Government Ombudsman
Q2	Quarter 2 (previous quarter 2018/19)
FFT	Friends and Family Test (survey)

Service Experience Report

1st October 2018 to 31st December 2018

Complaints 	<p>22 complaints were made this quarter. This is a more than last time (Q2=14).</p> <p>We want people to tell us about any worries about their care. This way we can help to make things better.</p>	
Concerns 	<p>79 concerns were raised through PALS.</p> <p>This is less than last time (Q2=89).</p>	
Compliments 	<p>767 people told us they were pleased with our service. This is a lot more than last time (Q2=479).</p> <p>We want teams to tell us about every compliment they get.</p>	
FFT 	<p>80% of people said they would recommend our service to their family or friends.</p> <p>This is about the same as last time (Q2=79%).</p>	
Quality Survey 	<p>Gloucestershire: 153 people told us what they thought. This is a lot more than last time (Q2=54)</p> <p>Herefordshire: 29 people told us what they thought. This is more than last time (Q2=18)</p> <p>We want more people to tell us what they think.</p>	 (number of replies)
We must listen 	<p>We must listen to carers and relatives even though we may not be able to share information with them.</p> <p>We must ask people how they want us to contact them.</p>	

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 2018 and 31st December 2018. 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 identified through analysis of reported service experience and the 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 (2015¹), 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 our vision for best Service Experience:

You said – We did



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 Experience:
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.

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

Section 2 – Emerging Themes about Service Experience

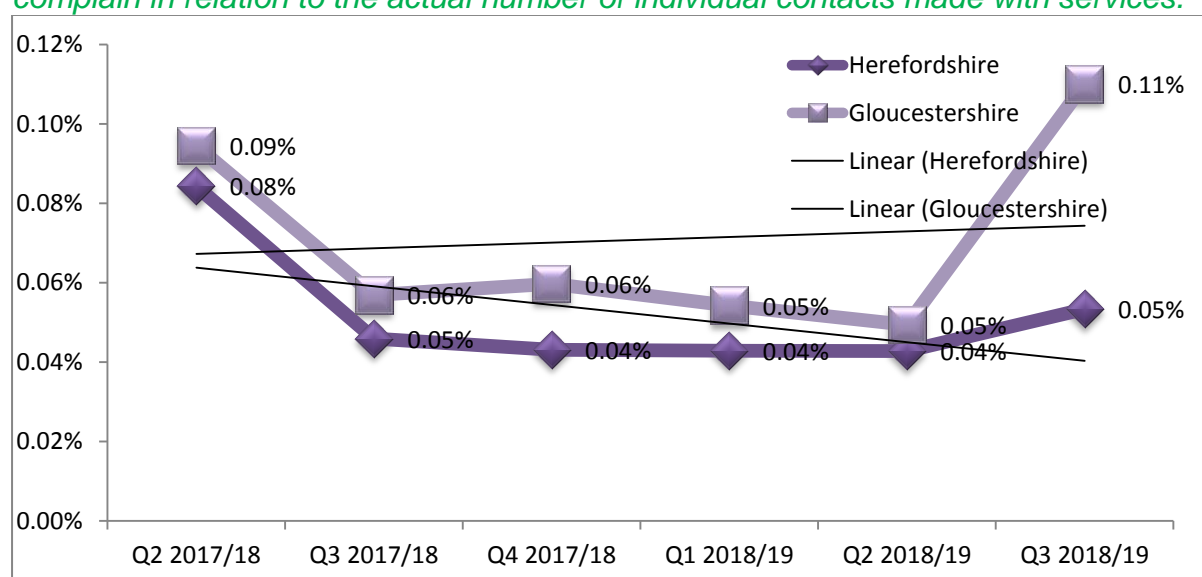
2.1 Complaints

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 Policy and Procedure on Handling and Resolving Complaints and Concerns). 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	19 ↑	The number of complaints reported in Gloucestershire has increased from the previous quarter (Q2=12)	Significant
Herefordshire	2 ↔	The number of complaints reported in Herefordshire is consistent with the previous quarter (Q2=2)	Significant
Corporate	1 ↑	The number of complaints relating to our corporate services has increased from the previous quarter (Q2=0)	Significant
Total	22 ↑	The total number of complaints received has increased from the previous quarter (Q2=14)	Significant




Figure 1: Trend line of complaints received over time in Herefordshire and Gloucestershire. Figure 1 also illustrates quarterly % numbers of people who complain in relation to the actual number of individual contacts made with services.



2.1.2 Figure 1 shows the percentage of complaints received in relation to the number of individual contacts made with our services during each quarterly period since Q1 2017/18. Whilst there have been minor fluctuations quarter by quarter, a continual low level of complaints to contacts has been observed over time. Complaints in Gloucestershire in the first two quarters of this year have been maintained at an usually low level, Quarter 3 recorded a rise, however, the current total number of complaints received during the first three quarters of this year remains in line with previous yearly totals.

2.1.3 Table 2 summarises our responsiveness. This quarter has seen an improvement in the percentage of complaint responses received by complainants within the agreed timescale.




Table 2: Responsiveness

Target	% Number	Direction compared with Q2	Interpretation	Assurance
Acknowledged with three days	100%		All complaints were acknowledged within target timeframes (Q2=100%)	Full
Response received within agreed timescales	81%		This is lower than last quarter (Q2=92%). Three letters of response were not received by the complainant within the timescale agreed.	Significant
Concerns escalated to complaint	4%		Of 77 concerns closed (Q2=86 closed), 3 were escalated to a formal complaint; this is slightly more than last quarter (Q2=2%)	Significant

2.1.4 Three complaint responses were not received within initially agreed timescales. Two were overdue as relevant people were not available to contribute to the investigation process – in one case this was the complainant, and in the other case the investigation was delayed due to the absence of a key member of staff. The third response was overdue because of a delay within our quality review processes. On each occasion the complainant was contacted in order to provide an explanation, an apology, and an expected date that our response would be sent to them.

2.1.5 The SED continue to monitor delayed response rates carefully, working closely with operational and corporate colleagues to ensure that our complaints policy is adhered to in relation to all aspects of complaint handling.

Table 3: Satisfaction with complaint process

Measure	Number (numerical direction)		Interpretation	Assurance
Reopened complaints	1		This figure is less than the previous quarter (Q2=3)	Significant
Local Resolution Meetings	0		This figure is less than the previous quarter (Q2=1)	Full
Referrals to external review bodies	2		Two complaints were referred for external review (Q2=0). See Table 13 for more detail.	Full

2.1.6 In Quarter 3, a recently closed complaint was reopened and is currently under re-investigation by our Trust. Two complainants contacted PHSO for review of their concerns during Quarter 3; this is reported in more detail in section 2.4 of this report.

2.1.7 Analysis of data is undertaken by the SED in order to identify any patterns or themes. Analysis of complaint themes from complaints closed during Quarter 3 is shown by the status of complaint outcome (Table 4) and by staff group involved in individual issues of complaint (Table 5).

Table 4: Outcome of complaints closed this quarter

Outcome	No.	%	Following feedback from complainants and stakeholders, the Trust no longer uses the terms upheld/partially upheld/not upheld within our response letters. However, these categories are required to be recorded for national reporting purposes. In total, 15 complaints were closed this quarter. This is less than the number of complaints closed in Quarter 2 (n=24). 53% of the complaints closed this quarter had at least some or all issues of complaint upheld. This is similar to Quarter 2 (54% upheld/partially upheld).
Not upheld <i>No element of the complaint was upheld</i>	7	47%	
Partially upheld <i>Some elements of the whole complaint were upheld</i>	8	53%	
Upheld <i>All elements of the whole complaint were upheld</i>	0	0%	

**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*

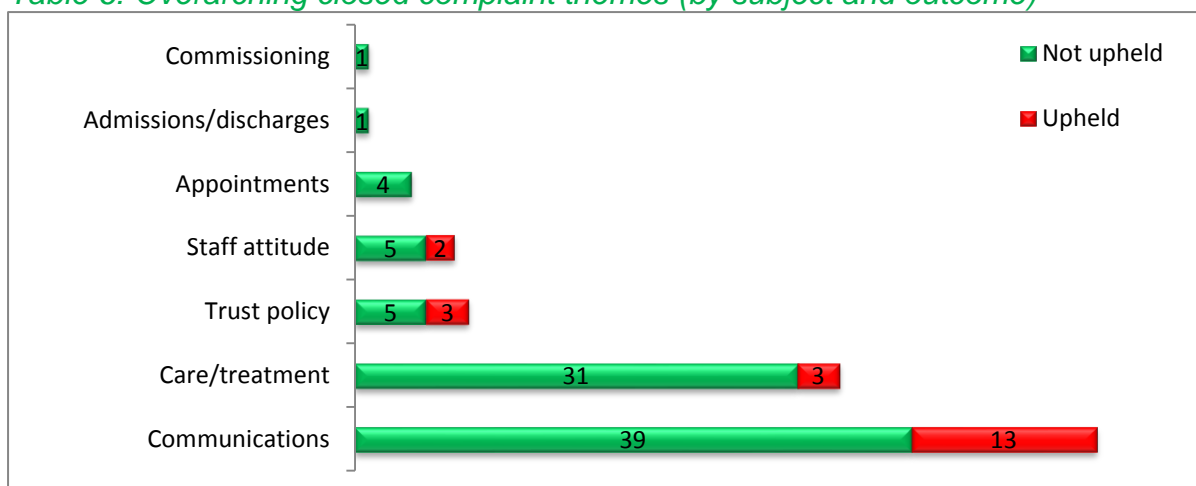
Table 5: Breakdown of closed complaint issues by staff group for Quarter 3

	Not upheld	Upheld	Total
Admin	18	2	20
Medical	18	1	19
Nursing	39	15	54
Healthcare Assistant (HCA)	2	0	2
Psychologist	8	3	11
No staff involved	1	0	1
Total	86	21	107

**The numbers represented in these data relate to a breakdown of individual complaint issues following investigation*

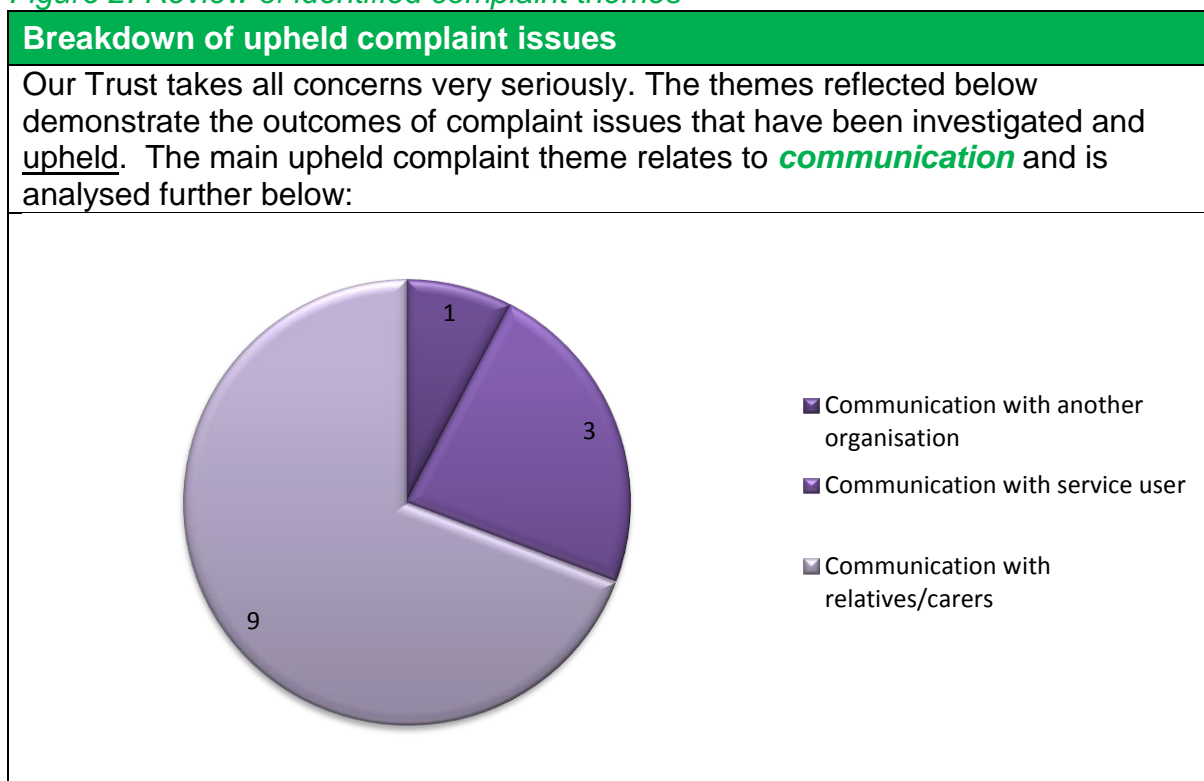
2.1.8 Table 6 provides an overview of the issues of complaint in the context of the investigation outcome (upheld or not upheld). Analysis of this information shows that the main theme emerging from the Q3 issues of complaint that were upheld following investigation, related to aspects of the reported experience of **communication**.

Table 6: Overarching closed complaint themes (by subject and outcome)



2.1.9 Further analysis of upheld issues relating to **communication** is shown in Figure 2.

Figure 2: Review of identified complaint themes



2.1.10 Communication is a recurrent theme found following the investigation of complaints raised with our Trust and is also found to dominate thematic data nationally. Further analysis of this theme shows that the areas that were upheld for a variety of different reasons such as responsiveness, insensitive discussions and inaccuracy of information. No common themes within this element of upheld complaint issues were found during this quarter's review.

The SED have continued to work with operational colleagues throughout Quarter 3 to implement new systems of learning from service experience feedback. Practice notes detailing learning from complaints are now produced monthly and disseminated throughout our locality governance boards for onward review and discussion by our teams and services. The learning from

issues represented in Figure 2 has been included in this quarter's practice notes and is detailed further in section 3 of this report.

Some individual examples of actions taken by Trust colleagues linked to the thematic data are detailed further in Table 8.





Table 8: Examples of complaints closed and action taken

Example	You said	We did	Assurance
Access to services	My son was assessed today, but will not get any treatment for four months	We apologised and explained that your son's presentation did not meet the threshold for a more urgent appointment at that time. We also signposted you to other areas of support available to you and your family.	Significant
Care and treatment	I do not feel supported by my Care Co-ordinator: my request for my support worker to manage my care plan was refused	We explained why your care plan should be managed by a Care Co-ordinator and explained the role of Care Co-ordinators versus that of Support Workers.	Significant
Clinical assessment	The report following my assessment was inadequate and lacked necessary detail. I also felt the assessment process was aimed at children rather than adults	We offered an apology and clarified the assessment and report process. We also explained that we use a standard assessment process, and gave you information about this.	Significant

2.2 Concerns

2.2.1 Our Trust endeavours to be responsive to feedback and to resolve concerns with people at the point at which they are raised. This has resulted in complaint numbers being maintained at a lower level and a corresponding increase in the number of PALS contacts overtime. Data regarding the concerns received by our SED have been analysed and are reflected in Table 9.

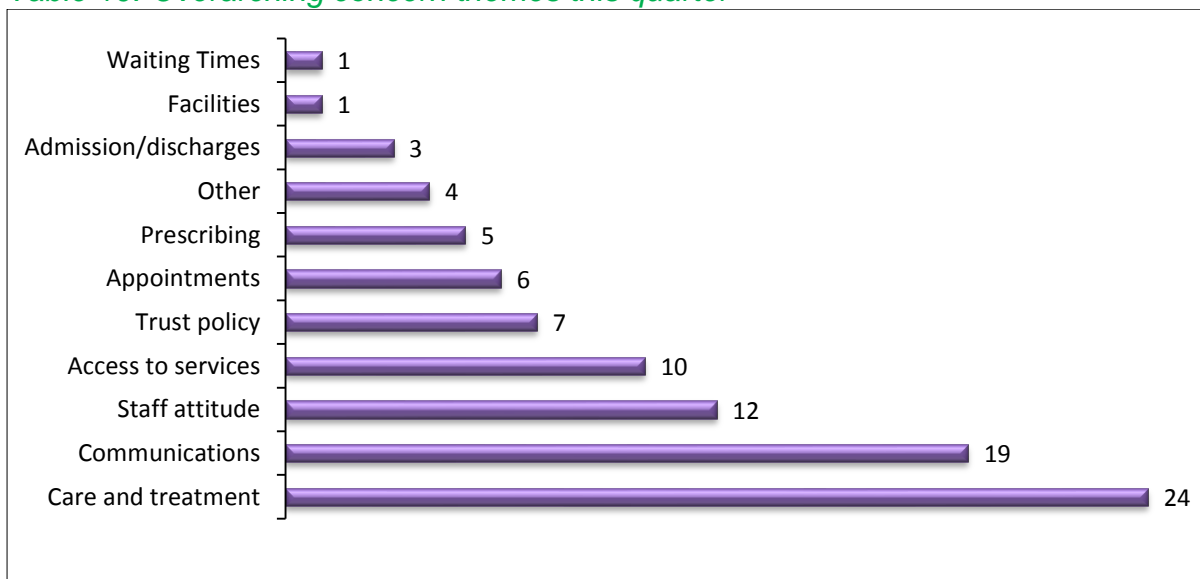
Table 9: Number of concerns received this quarter

County	Number (numerical direction)	Interpretation	Assurance
Gloucestershire	60 	The number of concerns raised in Gloucestershire is similar to the last quarter (Q2=63)	Significant
Herefordshire	14 	The number of concerns raised in Herefordshire is similar to the last quarter (Q2=16)	Significant
Corporate	5 	There are fewer concerns relating to corporate services compared to last quarter (Q2=10)	Significant
Total	79 	The number of concerns raised is lower than last quarter (Q2=89)	Significant

2.2.2 The number of concerns raised remains relatively consistent with previous quarters but has reduced slightly by comparison to last quarter.

There were also 60 other contacts with our Service Experience Department during Quarter 3 (Q2=103) covering a range of topics. This continues to offer assurance us that people are continuing to access the SED as a resource to respond to queries relating to our Trust, whilst the number of complaints and concerns received remain low compared to the number of clinical contacts.

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*

2.2.3 Table 10 outlines the themes from concerns that have been closed this quarter. The main theme identified is **Care and Treatment**, which is also a recurrent theme within analysis of issues of our formal complaints.

2.2.4 Table 11 demonstrates the staff groups referred to in individual concerns.

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

Outcome	No	
Nursing	33	<p>As outlined in Table 5, nursing represents the largest staff group in the Trust and has the greatest number of contacts with service users and carers.</p> <p>Work is ongoing to ensure that professional leads are made aware of any themes relating to their staffing group.</p>
Medical	21	
None	12	
Other	5	
PWP	5	
HCA	4	
Social Worker	3	
OT	2	
Hotel Services	1	
Pharmacist	1	
Porter	1	
Psychologist	1	
Receptionist	1	
SaLT	1	

2.2.5 Examples of concerns and actions taken during Quarter 3 are shown overleaf in Table 12.

Table 12 Examples of concerns and action taken:

Example	You said	We did	Assurance
Care and treatment	My current care package does not meet my needs	We liaised with your care team and asked them to clarify your care package with you, including giving you your care plan in an easy read format	Significant
Support	I am an inpatient and the unit I am at is not making reasonable adjustments for my Autism Spectrum Condition	We met with you to discuss what reasonable adjustments you felt you needed, and then liaised with the Matron to make them aware of your concerns	Significant
Food	I am an inpatient on a restricted diet. I find the food to be tasteless and boring	We contacted the catering manager at our hospital who met with you to discuss your requirements / preferences and developed a new menu with you	Significant

2.2.5 PALS Visits

2.2.5.1 Patient Advice and Liaison Service (PALS) visits are undertaken in our clinical services to ensure that people's concerns are heard and resolved as soon as possible. Visits to Wotton Lawn Hospital and Charlton Lane Hospital in Gloucestershire, and Stonebow Unit in Herefordshire, were undertaken during Quarter 3. PALS also visited Pullman Place and are planning visits to other community hubs in the near future.

2.2.5.2 During each visit the SED PALS Officers visited the designated wards and community hub to speak with service users and families/carers.

2.2.5.3 PALS provided the following types of support and assistance during visits undertaken in Quarter 3:

- Assisting service users to resolve queries relating to the ward environment.
- Providing support about how to give feedback about Trust services.
- Receiving compliments about the ward and our 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 through liaison with staff and ward managers

2.2.5.4 The following **emerging themes** have been identified from analysis of PALS reports following visits to our inpatient services across our Trust:

- Feedback about food served on the wards – both positive and negative reports given

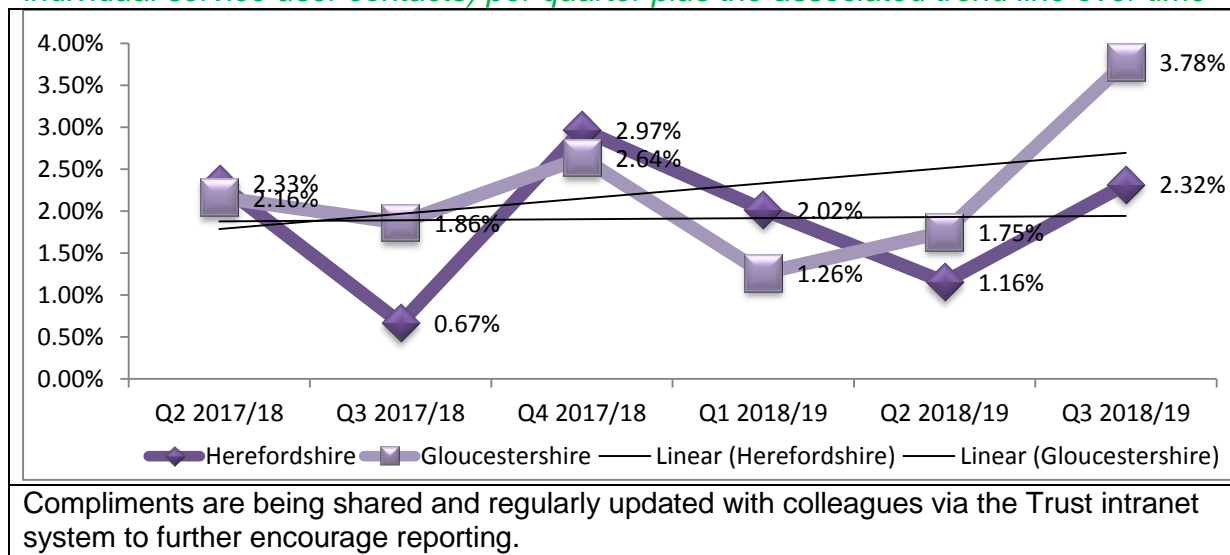
- Mixed views about the ward environment – comments ranged from wards being very clean, and whilst some found the wards a bit boring, others enjoyed it.
- Differing feelings regarding detention under the Mental Health Act – some felt it beneficial, others did not agree with it
- Feedback about the ward staff – this has been mainly positive in nature with descriptions such as “brilliant” and “supportive”. Other comments have related to staff not always being available as they’re busy

2.2.5.5 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, Deputy Director of Nursing, Estates and Facilities and Locality Governance Lead. SED have successfully recruited three PALS volunteer to support ongoing PALS visits throughout our Trust.

2.3 Compliments

2.3.1 The SED continues to encourage the reporting of compliments received by Trust services. **767** compliments were received this quarter. This is an increase when compared to Quarter 2 (n=479). A dedicated email address is set up to simplify the process for colleagues to report compliments that they have received: 2gnft.compliments@nhs.net. Figure 3 shows the percentage of compliments to contacts as reported during Quarter 3.

Figure 3: Percentage of compliments received (calculated by the number of individual service user contacts) per quarter plus the associated trend line over time



Examples of compliments received during Quarter 3:

Thank you so much for your email, you've been really helpful and sympathetic.
SED, Corporate

To all of the caring staff who were here for me, who answered my many questions, for your night shifts, for your early mornings, and all the hours in between, for your upbeat humour, your smiling faces, with much gratitude and hope you also receive the kindness you give return to you tenfold.
Dean Ward, Wotton Lawn

You will always be very special to me because I learned to trust you, talk to you, be honest with you and you've helped me discover myself.

Eating Disorders Team, Gloucestershire

The environment is clean, welcoming and friendly. We were impressed with the attention to detail regarding signage and everything that was there for the patients benefit. I would be happy for any member of my family or friends to be in Charlton Lane. So much good work is being done; unless you visit you have no idea. Every member of staff is committed to doing the very best for all of the patients.

Willow Ward, Charlton Lane Hospital

2.4 Complaints referred for external review following investigation by our Trust

2.4.1 Current open referrals for external review:

Table 13: current open referrals for external review

Reviewing organisation	Date of first contact from reviewing organisation	Date official investigation confirmed	Current status of referral
PHSO (86)	25/01/2017	07/08/2017	Investigation ongoing – draft findings released.
LGO (172)	23/01/2018	03/04/2018	Investigation ongoing
PHSO (1655)	06/06/2017	30/04/2018	Investigation concluded on 28/11/2018 with no actions or recommendations for our Trust.
PHSO (1243)	04/09/2018	29/10/2018	Investigation ongoing
PHSO (415)	18/10/2018	Status unconfirmed	Awaiting further update from PHSO
PHSO (1061)	27/11/2018	Status unconfirmed	Awaiting further update from PHSO

PHSO - Parliamentary and Health Service Ombudsman, LGO - Local Government Ombudsman

2.4.2 Referrals made for external review of complaint this quarter

There were two referrals made to the PHSO during this quarter by complainants requesting an external review of complaints that had previously been investigated by and responded to by our Trust. The PHSO have not confirmed the status of these referrals as yet.

2.4.3 Completed external complaint investigations

PHSO:

The PHSO concluded one investigation (1655) this quarter and informed us that their investigation found no failings by our Trust.

The PHSO have released draft findings to us regarding their investigation of a complaint (86) previously investigated by our Trust. At this stage their findings do not

indicate any recommendations or actions for our Trust. A final report is due in Quarter 4 for wider circulation.

2.5 Internal Audit report 2018/19 - *Learning from Service Experience Feedback*

2.5.1 Audit overview

During Quarter 3 an internal audit focusing on ***Learning from Service Experience Feedback*** was undertaken, as part of our internal audit plan for 2018/19.

The audit specifically focussed on the quality and effectiveness of learning from complaints, concerns, and compliments within our Trust and reviewed our governance structure and policies in place, complaint investigation and learning processes, and whether learning is being effectively disseminated across the Trust.

As part of the audit interviews were conducted with Trust managers, 10 complaint investigations were reviewed, and an online survey was circulated to staff across localities within the Trust to capture their views of the complaints and compliments process and the dissemination of relevant learning.

2.5.2 Audit Findings

Findings from the ***Learning from Service Experience Feedback audit*** were shared with us in November 2018 and submitted to our Audit Committee for review and assurance of Trust processes.

The audit found that whilst our current systems allow for the timely investigation of complaints and capturing of learning points, the dissemination to all operational staff would benefit from improvement.

The audit findings noted 1 medium and 1 low recommendation outlined below:

- 1. Learning from complaints and compliments are not effectively disseminated in the localities (Medium)*
- 2. Time allocation for conducting investigations (Low)*

2.5.3 Looking forward, next steps

Following review of the audit findings a working group has been set up with representatives from our locality governance leads and our Service Experience department.

The group first met in December 2018 review the findings alongside our current systems to inform a Trust wide improvement action plan focusing on the areas identified.

The development and implementation of this action plan remains ongoing throughout Quarter 4.

2.6 Surveys

2.6.1 'How did we do?' Survey

2.6.1.1 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.

2.6.1.2 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.

2.6.1.3 For the past 3 years we have utilised an external provider to input and manage our survey feedback. Following a review of our processes and a desire to seek more feedback, a new system to manage Trust feedback has been commissioned to commence in Quarter 4 2018/19. This will bring us in line with processes used by Gloucestershire Care Services NHS Trust. Previous arrangements continued until the end of December 2018.

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

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

2.6.2.1 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.

2.6.2.2 Table 14 details the Trust-wide 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.

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

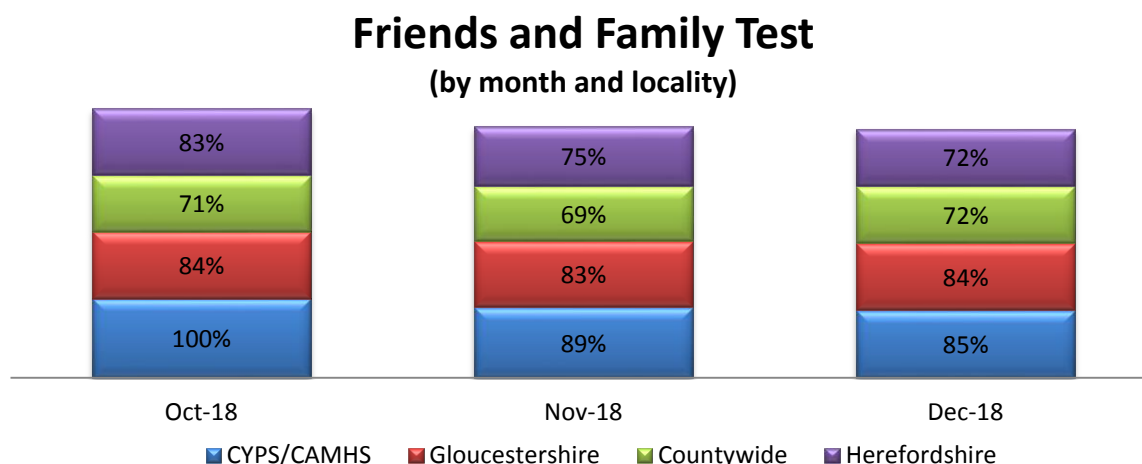
	Number of responses	FFT Score (%)
October 2018	395 (324 positive)	82%
November 2018	374 (296 positive)	79%
December 2018	277 (219 positive)	79%
Total	1046 (839 positive) (last quarter = 1020)	80% (last quarter = 79%)

2.6.2.3 As reported during 2017/18 some difficulties have continued when sending text messages to people due to the recording of telephone numbers on RiO. Work continues to raise colleagues' awareness of how to record mobile telephone numbers within RiO. The response rate to the text messages that

were sent successfully during Quarter 3 has been encouraging, with a response rate of 22% (Q2=29%).

2.6.2.4 Quarter 3 FFT response rates have slightly increased. However response rates continue to be lower than we would like to allow robust statistical analysis of emerging themes or trends.

Figure 4: FFT percentage of respondents recommending our services by month and locality



2.6.2.5 The FFT score for our Trust has increased slightly this quarter; this is encouraging news following disappointing decreases seen in previous quarters of this year.

SED continue to monitor FFT scores and undertake further analysis of scores to identify any areas that are influencing lower scores.

Further analysis has shown that we continue to receive a relatively low number of responses to the FFT survey. The responses are widely spread from across our services, meaning that statistical significance is impacted, for example a service that receives only one response in total that does not recommend the service has a score of 0% recommendation. This in turn impacts our Trust's overarching FFT score.

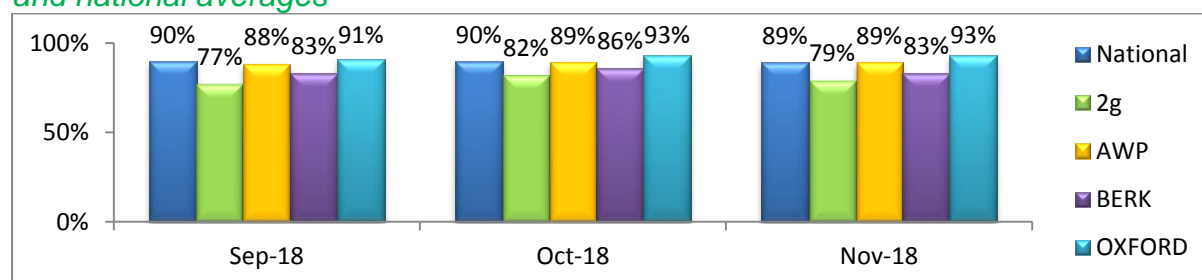
Since our introduction of seeking FFT feedback by text messaging we have had more feedback from our inpatient and liaison services across the Trust. The scores received for these areas do contribute to a low level of recommendation of Trust services. Comments when given alongside these ratings have been analysed for any emerging themes and indicate that often people do not feel that they needed intervention by these services and therefore would not recommend them.

Our Let's Talk services in both Gloucestershire and Herefordshire receive a high proportion of responses that contribute to our FFT scores, whilst the majority of feedback from these services is positive, those who would not recommend it comment that it is due to the waiting time for an appointment. This information is fed back to our locality managers who have been working to improve waiting times in this area.

It is anticipated that the implementation of our new system to seek FFT feedback from Quarter 4 onwards will enable us to gradually increase our response rates to allow statistical significance when analysing scores and responses.

2.6.2.6 Figure 5 shows the FFT Scores for September, October, and November 2018, (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 consistently receives a high percentage of recommendation although we have achieved lower scores than other Trust's in our region in recent quarters. This is a reversal from previous years and does not triangulate with our positive National Survey scores (*December 2018 data are not yet available*)

Figure 5: Friends and Family Test Scores – comparison between the regional data and national averages



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

Friends and Family Test Comments

Comments are fed back to services in order that they can be shared with team members and for appropriate actions to be taken as a result of the valuable learning. Figure 6 demonstrates that more positive feedback is left about our services than negative feedback.

Figure 6: Comments taken from FFT responses during Quarter 3

Negative comments:



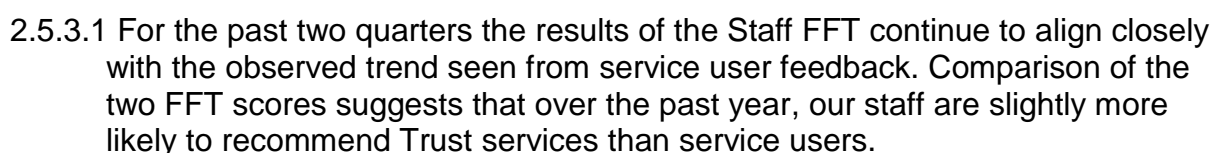
A word cloud of positive feedback comments for a mental health service. The words are arranged in a circular shape, with larger words indicating higher frequency. The colors are primarily green and blue.

Words included in the word cloud:

- helped
- friendly
- contact
- amazing
- informative
- kind
- recommended
- things
- information
- received
- hope
- reassuring
- access
- understand
- right
- still
- helpful
- positive
- positive
- needs
- course
- open
- face
- good
- tools
- happy
- worked
- people
- thought
- forward
- friends
- great
- work
- found
- need
- future
- care
- easy
- may
- feel
- referral
- skills
- spoke
- difficult
- helping
- appointment
- sessions
- issues
- situation
- therapist
- comfortable
- use
- talk
- personal
- approach
- everything
- offered
- member
- assessment
- understanding
- extremely
- quickly
- long
- wait
- first
- free
- likely
- staff
- thank
- give
- available
- excellent
- feeling
- place
- others
- seen
- services
- maybe
- anyone
- problem
- years
- past
- able
- self
- think
- listen
- health
- cope

Our staff are asked about their experience of working for our Trust during quarters 1, 2 and 4 each year. In Quarter 3 of each year the FFT is replaced by the annual Staff Survey.

Figure 6: Staff Friends and Family Test Scores



2.5.4.1 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. It 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.

Question	County	No. of responses	Target Met?
Were you involved as much as you	Gloucestershire	135 (106 positive)	80%

wanted to be in agreeing the care you receive?	Herefordshire	29 (25 positive)	TARGET 84%
Have you been given information about who to contact outside of office hours if you have a crisis?	Gloucestershire	138 (113 positive)	84%
	Herefordshire	26 (24 positive)	TARGET 71%
Have you had help and advice about taking part in activities that are important to you?	Gloucestershire	127 (101 positive)	82%
	Herefordshire	26 (24 positive)	TARGET 64%
Have you had help and advice to find support for physical health needs if you have needed it?	Gloucestershire	127 (105 positive)	84%
	Herefordshire	27 (25 positive)	TARGET 73%

2.6.4.2 Quality survey targets were reviewed and refreshed for the commencement of Quarter 1 2018/19. 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 a high level of positive responses. Table 15 shows responses in relation to set targets for this quarter.

2.6.4.3 Feedback from the Quality Survey along with the annual National Community Mental Health survey results helped us to identify the need to increase the involvement of people in the development of their care plans. This is the focus of our work to implement an Always Event as part of the NHS England campaign.

2.6.4.4 Although response rates for the survey have increased over time the level of response continues to be lower than we would like. The introduction of new systems in Quarter 4 2018/19 to capture survey feedback aims to increase the number of responses we receive to both aspects of the How did we do? survey.

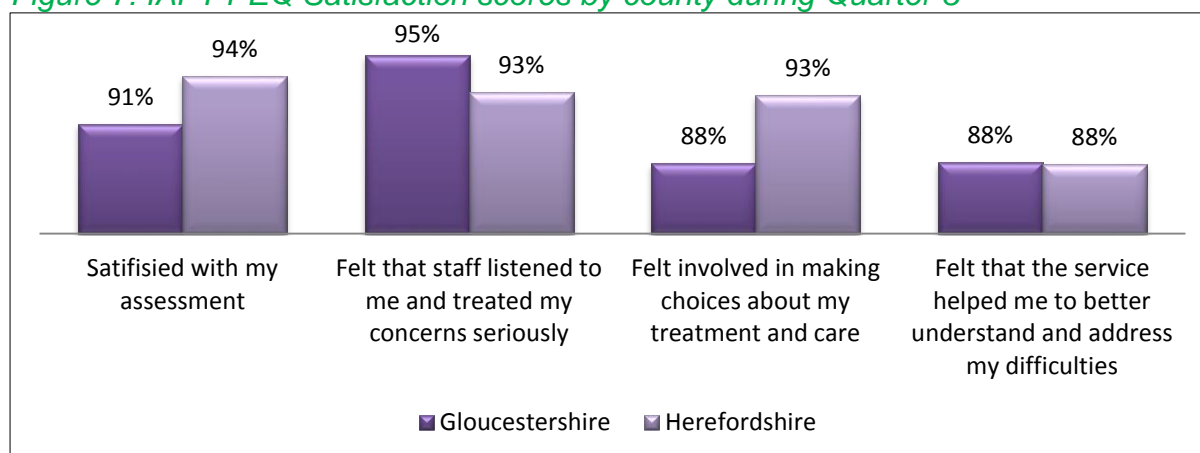
2.6.5 Improving Access to Psychological Therapies – Patient Experience Questionnaire (IAPT PEQ)

2.6.5.1 Our IAPT Let's Talk services use a nationally agreed survey to gain feedback and measure levels of satisfaction with the service.

2.6.5.2 Feedback questionnaires are sent to people following the initial assessment and after discharge from the service. Quarter 3 feedback (figure 7) shows that people are largely satisfied with these elements of the Let's Talk service.

2.6.5.3 This information is shared with colleagues from IAPT Let's Talk so that it can be used by them to deliver service improvements. The free text comments from surveys received during Quarter 3 have been reviewed and analysed by SED to look for possible contributory factors to those scores that are less than 90%. The majority of comments received are extremely positive about our Let's Talk services, the remainder of comments continue to reflect findings from Quarter 2 and relate to length of waiting time to access the service or length of time between initial assessment and commencement of therapy sessions.

Figure 7: IAPT PEQ Satisfaction scores by county during Quarter 3



2.6.5.4 The IAPT PEQ seeks comments from people about the service that they have received. A selection of comments for Q3 responses are shared below:



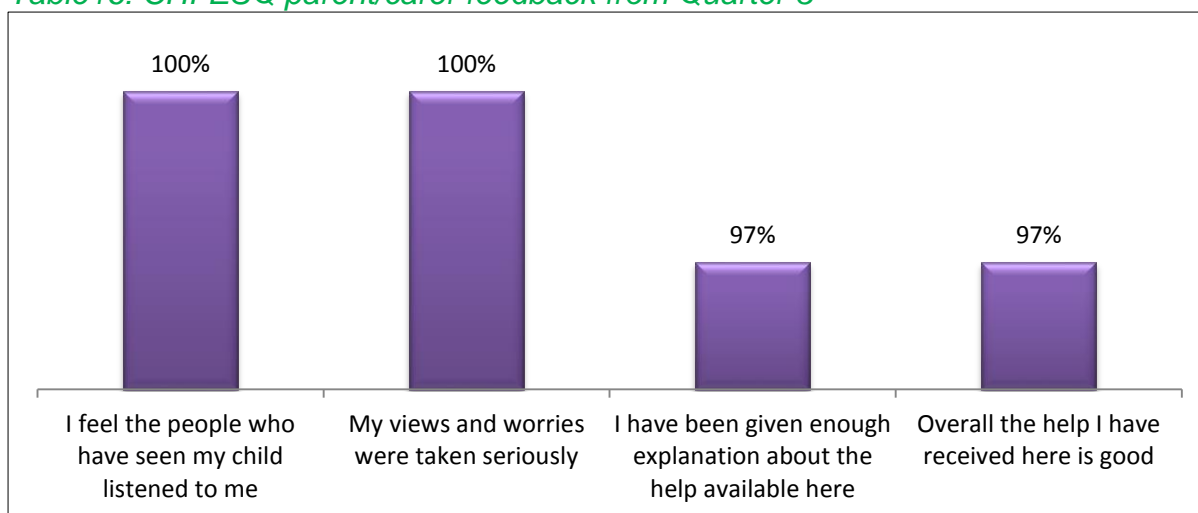
2.6.6 Children and Young People service (CYPs)

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

2.6.6.2 Tables 16 and 17 reflect responses to questions asked to the differing groups of respondents during Quarter 3.

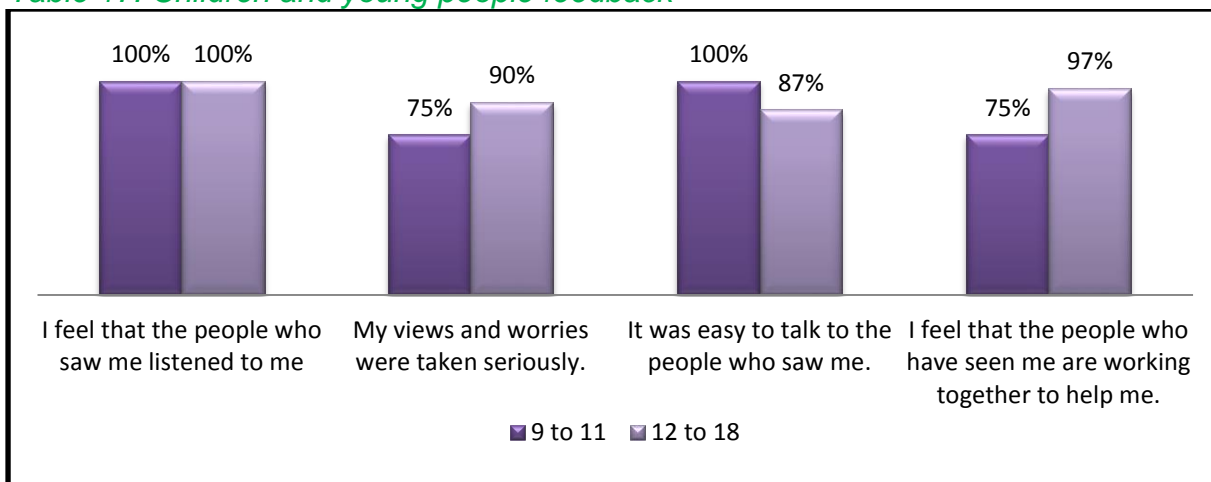
Table 16: CHI-ESQ parent/carer feedback from Quarter 3



Examples of some feedback given by carers/parents:



Table 17: Children and young people feedback



2.6.6.3 This information is shared with CYPS colleagues so that it can be used by them to deliver service improvements. The lower scores for 9-11 year olds will be flagged to operational managers.

Examples of some feedback given by children and young people:



2.6.7 Crisis Team Feedback Survey led by Service Users - Gloucestershire

During Quarters 2 and 3 of 2018/19, 18 surveys were returned giving feedback on the service that our Gloucestershire Crisis Teams provide.

The number of Service Users who responded to the survey was approximately 1% of those seen by the Crisis Teams over the relevant period. It is not recorded how many survey forms were handed out.

Analysis of the **18** responses received by the survey project group found that:

67% found it easy to contact the Crisis Team

100% found that the Crisis Team did well in managing risks to safety and making them feel safe

94.5% found that the Crisis Team did well in meeting 2gether Trust Values

100% found that the recovery plan met their needs well or quite well

The 18 responses reviewed suggest that Service Users were largely very satisfied with the help provided by our Gloucestershire Crisis Teams, although the small number of responses must be acknowledged.

A selection of comments received from survey respondents:



All members gave time, valuing and respecting, good at providing empathy, thankful for their intervention

They listened, they gave me hope- they are excellent at what they do -5 star people- could not be better

They make you feel safe

Section 3 – Learning from Service Experience Feedback

Section 3.1 – learning themes emerging from individual complaints

The SED, 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 and learning from feedback continues on a monthly and quarterly basis at each locality governance meeting. The SED is also attending these meetings regularly to discuss local themes, trends and learning and disseminate practice notes regarding elements of Trust wide learning, detailed in Table 18.

Table 18 illustrates points of learning from Service Experience feedback. Localities, in partnership with corporate services, are asked to disseminate local and Trust-wide learning and embed in practice to ensure that it informs quality improvement of our services and shapes future practice

Table 18: Trust-wide points of learning from Service Experience feedback Q3 closed complaints disseminated to localities via Practice Notes– assurance of actions to be sought from locality leads

Practice Note number	Organisational Learning
1907	Whilst it is important to maintain confidentiality, consideration should be given to applying Common Sense Confidentiality to allow staff to offer reassurance to families.
1995	Staff are reminded to check with service users if they are happy to discuss their care over the telephone before doing so.

Practice Note number	Organisational Learning
2219 (inpatient services)	<p>When a service user is noted as missing from a ward it should be reported and followed up in a timely way.</p> <p>It should be formally recorded in health records whether a grace period is to be allowed if a service user fails to return from unescorted leave.</p> <p>Ensure clear, accurate, and factual notes are recorded on RiO</p>

Section 3.2 – Aggregated learning themes emerging from feedback from this quarter
Effective dissemination of learning across the organisation is vital to ensure ²gether's services are responsive to people's needs and that services continue to improve. Service Experience feedback has contributed to the *Learning ²gether from Incidents, Complaints and Claims* report issued within the Trust on 1st December 2017.

Section 3.3 – Assurance of learning and action from aggregated learning themes from Quarter 1

The learning shown in Table 18 is shared with localities via practice notes on a monthly basis who disseminate these amongst colleagues and feedback learning and actions through our Quality & Clinical Risk Committee (QCR) where aggregated learning themes are identified and compiled to be included in the Learning ²gether from Incidents, Complaints and Claims reports. The process by which learning is embedded within the organisation is described our *Policy for Continuous Improvement (Aggregated Learning Policy)*.