

Service Experience Report



Quarter 2

1st July 2017 to 30th September 2017

“I really felt the counsellor made every effort to understand my particular difficulty and made an insightful observation about mine and other's behaviours. CBT techniques were much more helpful this time in breaking down and tracking difficult problems so now I feel confident and continue using their methods myself.”

Let's Talk, Herefordshire

“Helped me a lot being able to talk to someone independently about what I was going through and how to self soothe. The staff member was very easy to talk to.”

Let's Talk, Gloucestershire

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Section 3 – Learning from reported Service Experience







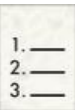

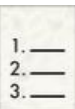


- 3.1 Learning themes emerging from individual complaints
- 3.2 Aggregated learning themes emerging from feedback from this quarter
- 3.3 Aggregated learning themes emerging from feedback from last quarter

Key

NHS	National Health Service
PALS	Patient Advice and Liaison Service
CYPS	Children and Young People Service
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
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
Q1	Quarter 1 (previous quarter 2017/18)
FFT	Friends and Family Test (survey)

Service Experience Report – Quarter 2

1st July 2017 to 30th September 2017

Complaints 	19 complaints (65 separate issues) were made this quarter. This is more than last time (n=16). 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 less than last time (n=55).	
Compliments 	449 people told us they were pleased with our service. This is more than last time (n=420). We want teams to tell us about every compliment they get.	
FFT 	88% of people said they would recommend our service to their family or friends. This is nearly the same as last time (90%).	
Quality Survey 	Gloucestershire: 28 people told us what they thought Herefordshire: 50 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 get in touch with people when we say we will. We must tell people when the staff they usually see are away. We must tell them who they will see instead.	

Key

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

Section 1 – Introduction

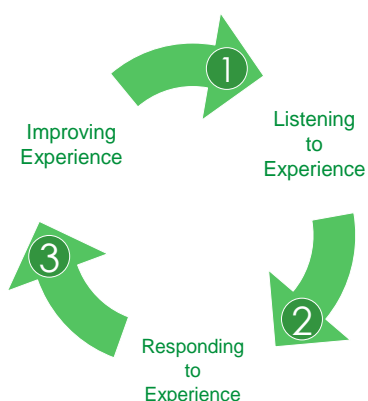
1.1 Overview of the paper

- 1.1.1 This paper provides an overview of people's reported experience of ²gether NHS Foundation Trust's services between **1st July 2017 and 30th September 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 (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 active implementation of ²gether's Service Experience Strategy (2013). The Service Experience Strategy will be reviewed and updated during 2017/18 in collaboration with our stakeholders.

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.

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

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 at the earliest possible opportunity.

Table 1: Number of complaints received this quarter

County	Number (numerical direction)		Interpretation	Assurance
Gloucestershire	16	↑	An increase in the number of complaints has been reported in Gloucestershire in Q2 (Q1 n=13)	Significant
Herefordshire	3	↔	The same number of complaints has been reported in Herefordshire in Q2 (Q1 n=3).	Significant
Total	19	↑	The total number of complaints received is higher than the previous quarter (Q1 n=16)	Significant

Figure 1: Graph showing proportion of complaints to number of contacts with services:

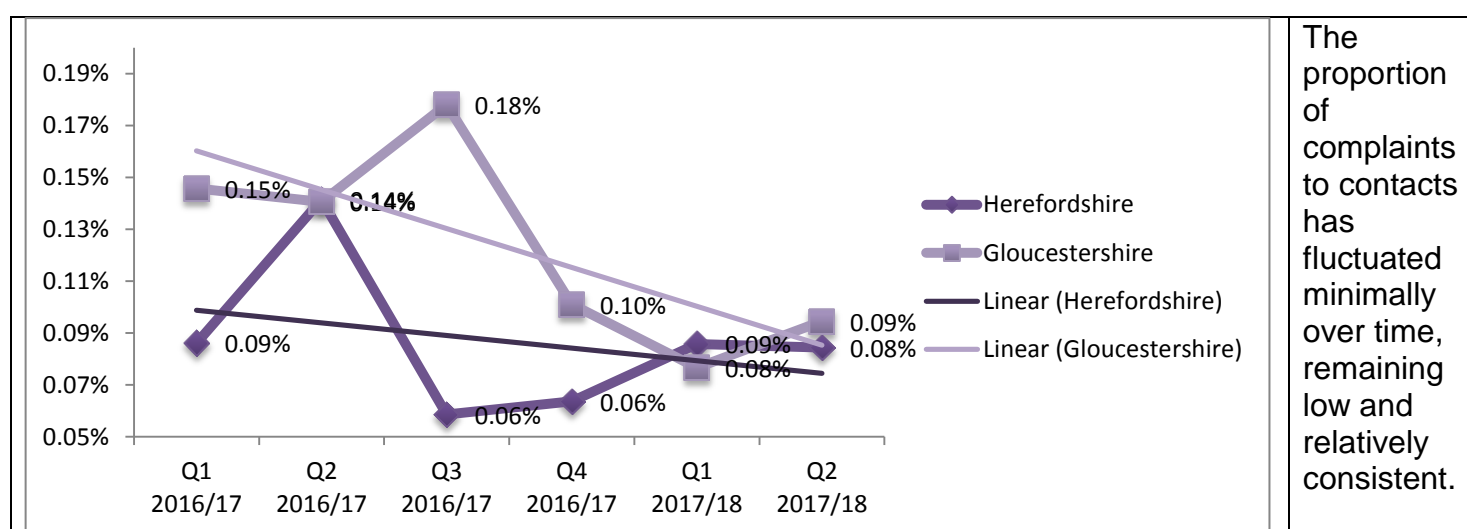





Table 2: Responsiveness

Target	Number (numerical direction)		Interpretation	Assurance
Acknowledged with three days	100%	↔	All complaints were acknowledged within target timeframes (Q1=100%)	Full
Complaint closed within agreed timescales	93%	↑	This is higher than last quarter (Q1=81%). Only one complaint investigation was overdue in this time period.	Significant
Concerns escalated to complaint	11%	↑	Of 44 concerns received (Q1=54), five were escalated; this is higher than last quarter (*Q1=4%) * SED Q1 report incorrectly reported this as Q1= 0%	Significant

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

The rate of complaints closed within the initially agreed timescale continues to increase for the fourth consecutive quarter to 93%. The Service Experience Department will continue to carefully monitor closure rates to ensure a continued high rate of timely closures.

Table 3: Satisfaction with complaint process

Measure	Number (numerical direction)	Interpretation	Assurance
Reopened complaints	1 	This figure is lower than the previous quarter (Q1 n=4)	Significant
Local Resolution Meetings	4 	This figure is higher than the previous quarter (Q1 n=2).	Significant
Referrals to PHSO	2 	Two complaints have been referred to the PHSO this quarter. (Q1 n=0).	Significant

Quarter 2 has seen a continued decrease in the number of complaints reopened following receipt of the Trusts response detailing investigation findings. This suggests that the complaint investigation process continues to be robust and that response letters explain and answer the queries raised without the need to reopen the complaint.

Table 4: Outcome of complaints closed this quarter

Outcome	No.	%	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. In total 19 complaints were closed this quarter, a slight increase on Q1 where n=16. 74% of the complaints closed this quarter had the issues within the complaint partially upheld. No complaints were fully upheld. This differs slightly to the previous quarter (63% partially upheld, 6% upheld).
Not upheld <i>No element of the complaint was upheld</i>	4	21%	
Partially upheld <i>Some elements of the whole complaint were upheld</i>	14	74%	
Upheld <i>All elements of the whole complaint were upheld</i>	0	0%	
Withdrawn <i>Complaint was withdrawn</i>	1	5%	

**Individual issues within each formal complaint are either upheld or not upheld. Partially upheld is not used for individual issues. Percentages rounded to nearest whole number*

Table 5: Breakdown of closed complaints by staff group for this quarter

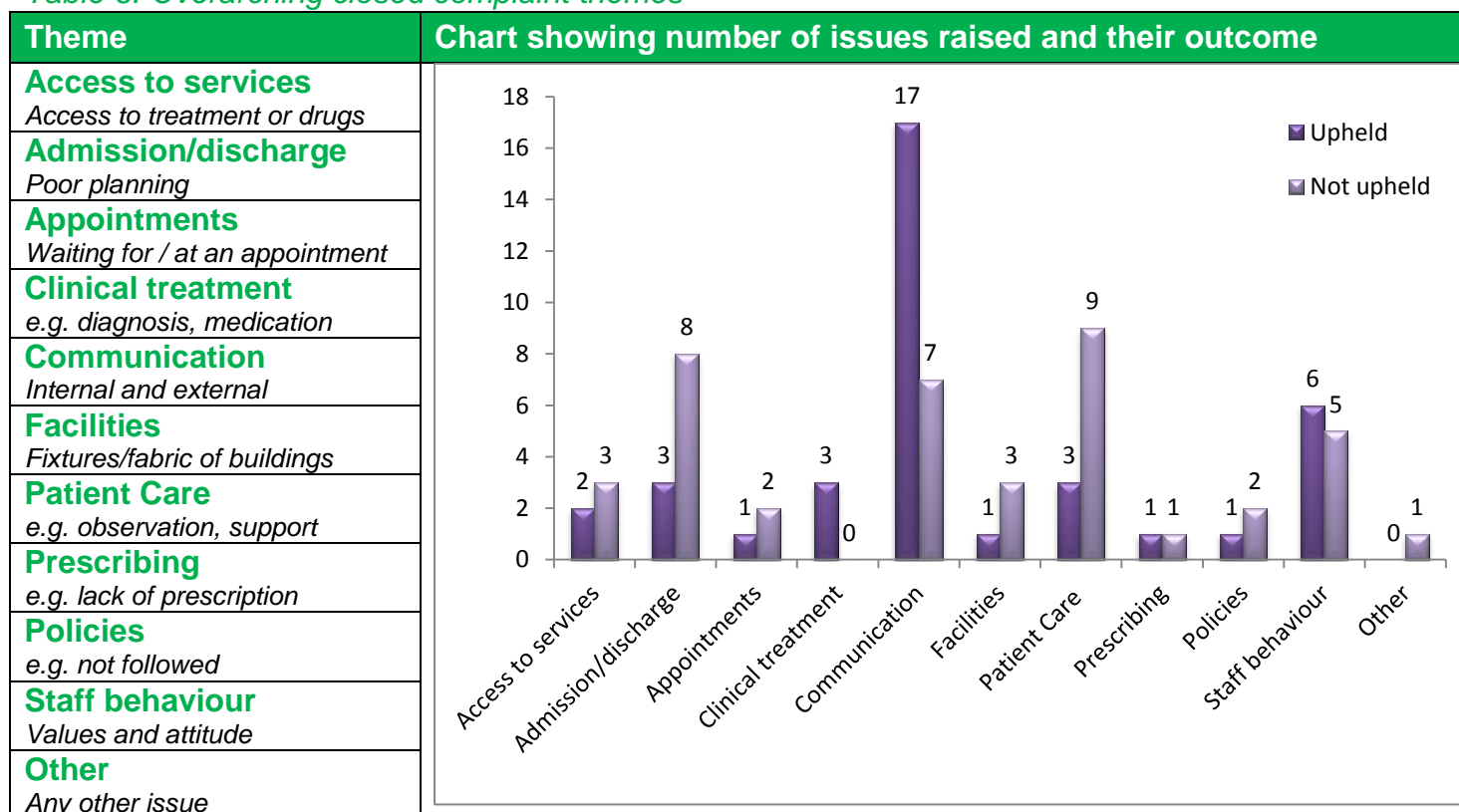
Outcome	Total No.*	Upheld	Not upheld	The number of complaint issues involving different disciplines and staff groups is recorded for <i>NHS Digital</i> . It has been possible to categorise the complaint issues by staff group and the Quarter 2 data is presented in Table 5. Quarter 2 figures show Nursing as the main staff group identified within complaints. This has increased from (n=40) the previous quarter and is likely to be reflective of increased number of complaints closed in Quarter 2. Nursing continues to represent the largest staff group in the Trust and has the greatest number of individual contacts with service users and carers. Work is ongoing to
Medical	4	2	2	
Nursing	50	26	24	
Social Worker	3	2	1	
Psychology	1	0	1	
PWP (Psychological Wellbeing Practitioner)	11	5	6	
Estates staff	4	1	3	
HCA	1	1	0	
Other	3	1	2	

No staff identified	2	0	2	ensure that professional leads are aware of any themes relating to professional groups.
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**The numbers represented in these data relate to a breakdown of individual complaint issues following investigation*

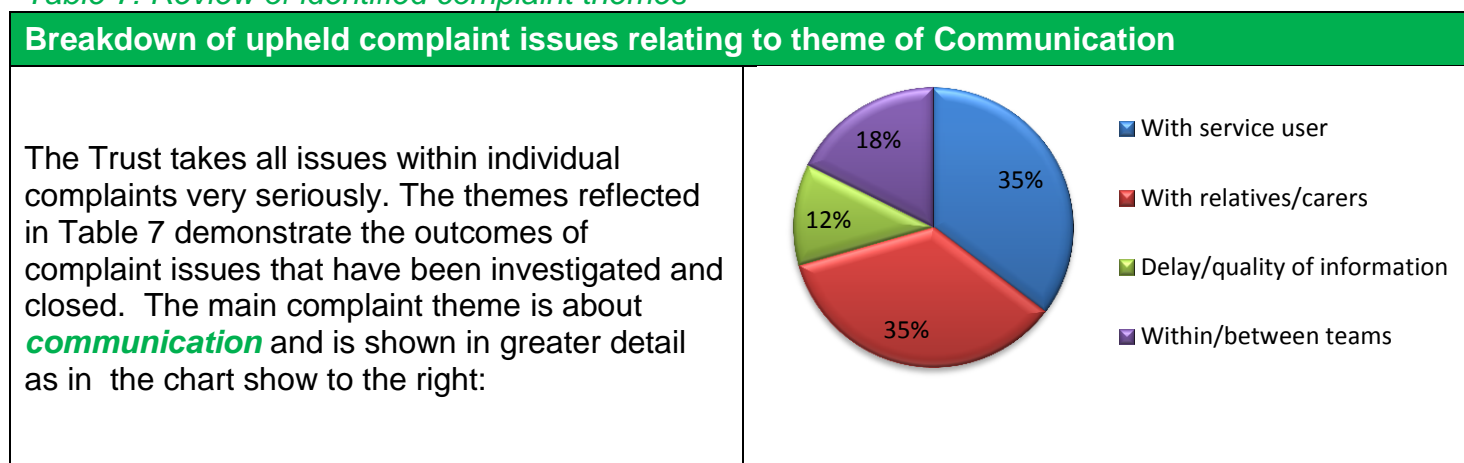
Analysis of data is undertaken by the Service Experience Department in order to identify any patterns or themes. Analysis is shown in table 6.

Table 6: Overarching closed complaint themes



Thematic analysis shows an increase in areas of complaint that is reflective of the higher number of complaints closed during Quarter 2. The ratio of upheld: not upheld complaint issues remain stable.

Table 7: Review of identified complaint themes



Communication continues to dominate complaint thematic data. Colleagues across the Trust are working hard to develop and improve practice in this area.

Table 8: Examples of complaints and action taken





Example	You said	We did	Assurance
Communication	You telephoned the team when you were distressed and were told they would call you back. You were not contacted by them until the following day.	A system is now in place to ensure that when a person is identified as distressed or needing a same day response the team are alerted to this for timely follow up.	Significant
Assessment process	You told us that it was difficult to answer emotional questions over the telephone	We apologised for this and have placed a note on your records to say that you would prefer face to face appointments.	Significant
Recording of information	You told us that your clinical records contained inaccurate information.	We apologised for this and offered to amend and update your clinical records to be factually accurate	Significant

2.2 Concerns

The Service Experience Department 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.

DatixWeb, a service experience recording and reporting system, has continued to be used for Quarter 2. Themes and trends have been analysed for Quarter 2 and are reflected below:

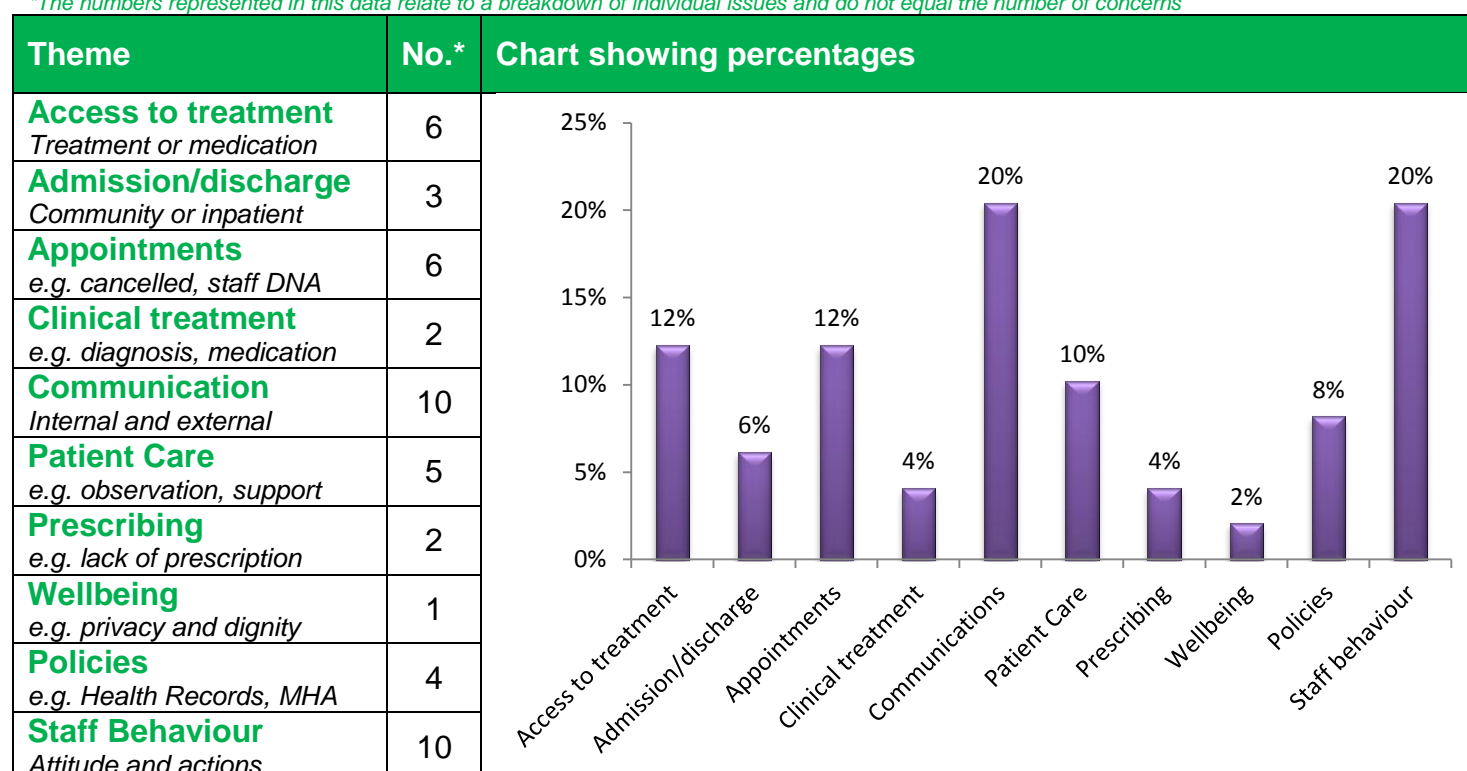
Table 9: Number of concerns received this quarter

County	Number (numerical direction)		Interpretation	Assurance
Gloucestershire	38		There are fewer Gloucestershire concerns compared to last quarter (Q1 n=41)	Significant
Herefordshire	3		There are fewer Herefordshire concerns compared to last quarter (Q1 n=9)	Significant
Corporate	3		There are fewer Corporate concerns compared to last quarter (Q1 n=5)	Significant
Total	44		There are fewer concerns compared to last quarter (Q1 n=55)	Significant

The number of concerns remains relatively consistent with previous quarters. The number of contacts with the SED PALS for “signposting and advice” has increased this quarter and this suggests that the majority of queries raised are being resolved locally in a timely way.

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*



The main themes identified from concerns raised are “Communication” and “Staff Behaviour”; this is consistent with the main theme reported from formal complaints. Learning points and actions will be captured in Section 3 of this report.

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

Outcome	No	%	As previously reflected in complaint analysis, nursing represents the largest staff group in the Trust and has the greatest number of contacts and so it is to be expected that this professional group features most frequently within feedback data. The percentage of Nurses identified within concerns raised remains stable n=47%. Work is ongoing to ensure that professional leads are made aware of any themes relating to their staffing group.
Admin	3	6	
Medical	8	16	
HCA	2	4	
Nursing	21	43	
PWP (Psychological Wellbeing Practitioner)	4	8	
Psychology	1	2	
Other	2	4	
No staff identified	8	16	

There were 79 other contacts with the Service Experience Department (Q1 = 39) covering a range of topics: people asking advice about our services, requesting contact from their team, and concerns about funding for placements.

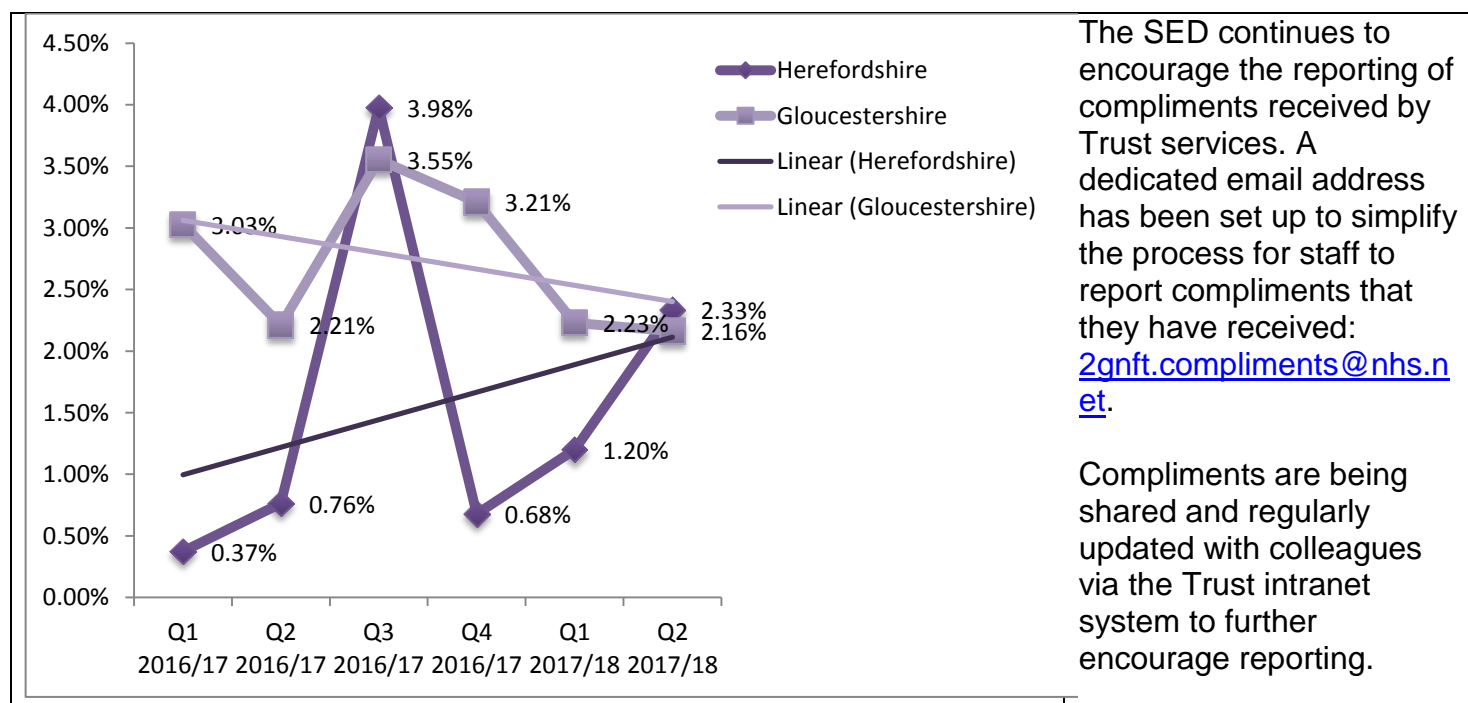
Table 12 Examples of concerns and action taken:

Example	You said	We did	Assurance
Assessment processes	You wrote to us to say that a telephone assessment had been arranged for you. You told PALS that you experience anxiety when using the telephone.	<p>The team apologised and were unaware that your anxiety was related to using the telephone.</p> <p>A face to face assessment was arranged by the assessing team</p>	Significant

Example	You said	We did	Assurance
Availability of bicycle parking at one of our buildings	You asked us to put bicycle stands near the main entrance and for all NHS facilities to have secure places to lock bicycles to reduce reliance on cars	We were able to inform you of the arrangements to secure your bicycle at this site and resolve your issue.	Significant
Care and Treatment	You told us that your Care Co-ordinator had not been in touch with you for months and that you needed some support	We offered a change of Care Co-ordinator along with an explanation and an apology.	Significant
Referral process	You told us that you were referred to non-NHS services but they have said they could not help you. You said you needed some help and asked what you could do.	We helped you to contact CRHTT who completed an assessment, offered home treatment and an onward referral to a Recovery Team.	Significant

2.3 Compliments

Figure 2: Graph showing proportion of compliments to number of contacts with services:



Sample compliments from Quarter 2:

Facilitators were amazing and worked so well together which made me feel so safe and understood.

Gloucestershire Recovery College

I rang a mess and ended the call laughing. Pretty surreal. I've tucked myself in bed and going to sleep. Thank you so much.

CRHTT, Gloucestershire

Thank you for all your help and support over the past 18 months. We are so grateful that we have been able to access such an excellent service here in Hereford.

CAMHS, Herefordshire

OTs help you to do things to get better.

Wotton Lawn, Gloucestershire

Thank you for the time and effort you have given to supporting our son and ourselves...progress is being made.

LD, Herefordshire

I am incredibly grateful for the work that has been done...life has changed completely.

Recovery North, Gloucestershire

2.4 – Parliamentary and Health Service Ombudsman (PHSO)

There have been two referrals to the PHSO this quarter. The PHSO have confirmed that they are investigating one referral. The other has been signposted by the PHSO to the CQC as it relates to the application of the Mental Health Act.

2.5 Surveys

2.5.1 How did we do? Survey

The Service Experience Department (SED) continues to implement the plan for the Trust's **How did we do?** survey. Surveys used in 2016/17, the "Friends and Family Test" and "Quality Survey" are combined in this new approach and are used for all Trust services apart from IAPT and CYPS/CAMHS, where alternative service experience feedback systems are in place.

As a Trust we report our survey results internally, locally to our Commissioners, and nationally to NHS Benchmarking data. 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 will continue to be reported separately 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 13 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

Table 13: Returns and responses to Friends and Family Test

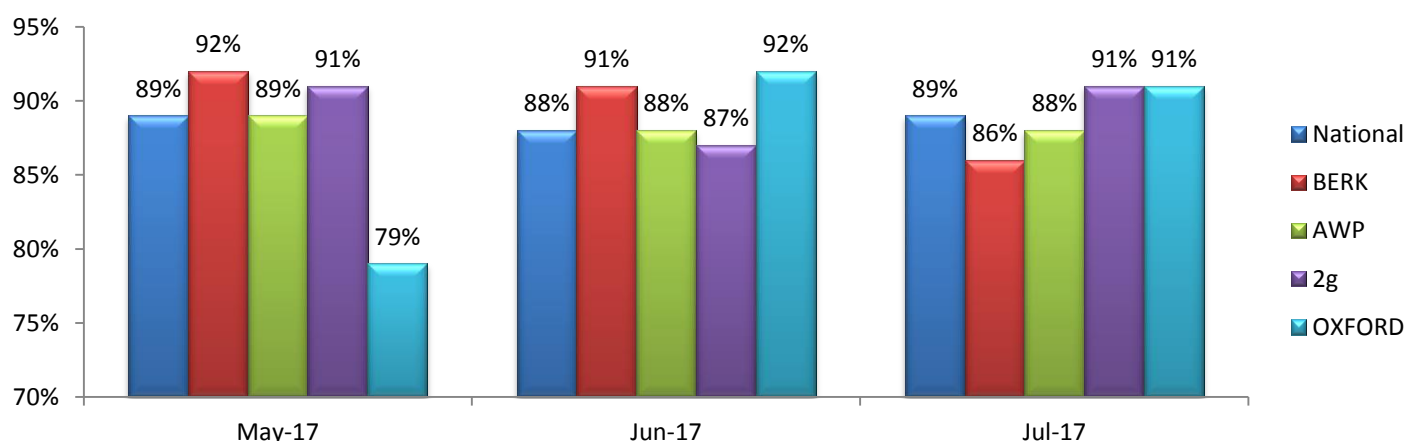
	Number of responses	FFT Score (%)
July 2017	135	91%
August 2017	116	86%
September 2017	215	88%
Total	466 (Q1 = 531)	88% (Q1 = 90%)

The Quarter 2 response rates are lower than the previous quarter. It is expected that responses will increase as the new system continues to be embedded along with the introduction of SMS surveys in Quarter 3 2017/18.

The FFT score for Quarter 2 has remained consistent with that received in 2016/17, this is encouraging news. The Trust continues to maintain a high percentage of people who would recommend our services.

Figure 3 shows the FFT Scores for May, June and July 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 consistently receives a high percentage of recommendation in line with other Mental Health Trusts in the region. (*August and September 2017 data is not yet available*)

Figure 3: Friends and Family Test Scores – comparison between the 2gether 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

Friends and Family Test Comments

What was good about the visit?

Help there when I needed it.

MHLT, Gloucester

Everything was explained thoroughly and the team were very understanding, sympathetic, and supportive.

IHOT, Gloucestershire

The support during my mental health crisis was excellent.

CAHTT, Herefordshire

It was a quiet and relaxing room.

CLDT, Gloucester

Very helpful and supportive.

MHICT, Stroud/Cirencester

Listened and gave constructive discussion in relation to my problems.

Recovery South, Herefordshire

Gave some good advice and made others aware of the support required.

CYPS, Gloucestershire

Good all round service. Great food

Mortimer Ward, Stonebow

What would have made the visit better?

Extremely long waiting list. Telephone appointments were not enough to make a difference.

Let's Talk, Gloucestershire

It is a stressful and semi-dubious thing to have to go through.

Wotton Lawn

It would be better if the sessions weren't so long.

CYPS, Gloucestershire

I would like more and longer contact with my Care Co-ordinator.

Recovery South, Herefordshire

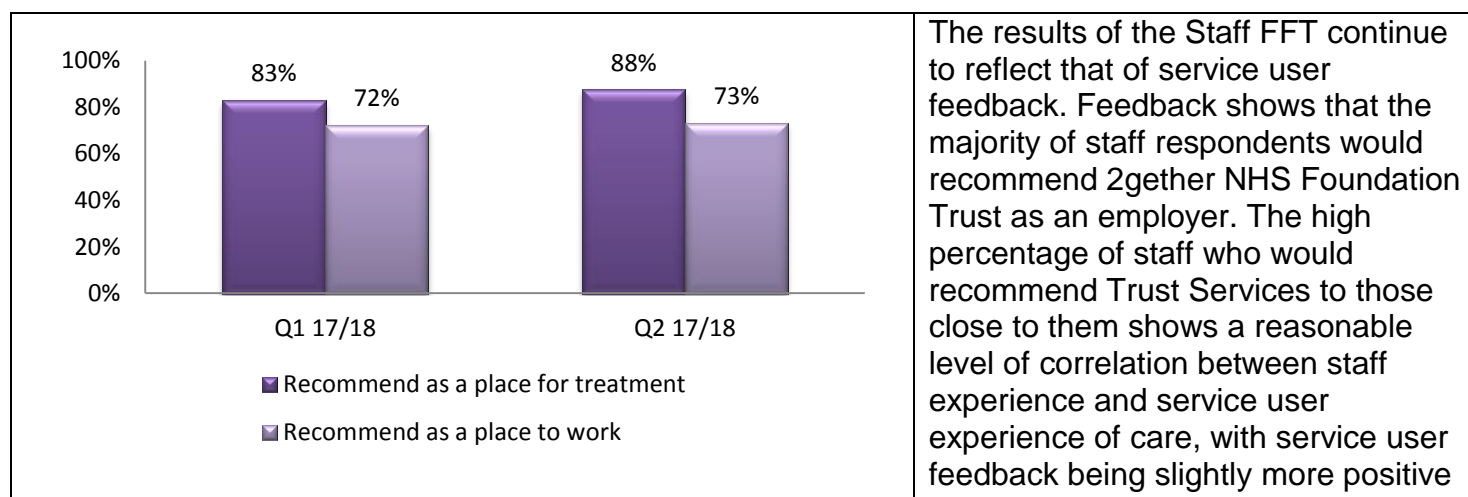
2.5.3 Friends and Family Test (FFT) 2gether Staff feedback

Our staff are asked about their experience of working for our Trust on a quarterly basis. Two questions are asked:

- *How likely are you to recommend 2gether to friends and family if they needed care or treatment?*
- *How likely are you to recommend 2gether to friends and family as a place to work?*

The results of the staff Friends and Family test for Quarters 1 and 2 2017/18 are shown in figure 4:

Figure 4 Staff Friends and Family Test Scores



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.

Table 14 shows responses in relation to set targets for this quarter:

Table 14: 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	28 (22 positive)	88% TARGET 92%
	Herefordshire	50 (47 positive)	
Have you been given information about who to contact outside of office hours if you have a crisis?	Gloucestershire	27 (20 positive)	86% TARGET 74%
	Herefordshire	50 (46 positive)	
Have you had help and advice about taking part in activities that are important to you?	Gloucestershire	26 (20 positive)	89% TARGET 69%
	Herefordshire	47 (43 positive)	
Have you had help and advice to find support for physical health needs if you have needed it?	Gloucestershire	24 (21 positive)	89% TARGET 76%
	Herefordshire	39 (35 positive)	

Quality survey targets were reviewed and refreshed to reflect in line with the launch of the **How did we do?** survey. Three out of the four targets set have been exceeded. This is good news and 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 percentage of positive responses. It is important to acknowledge that this target for 2016/17 was 78% and that this was consistently exceeded during this time. The increase in

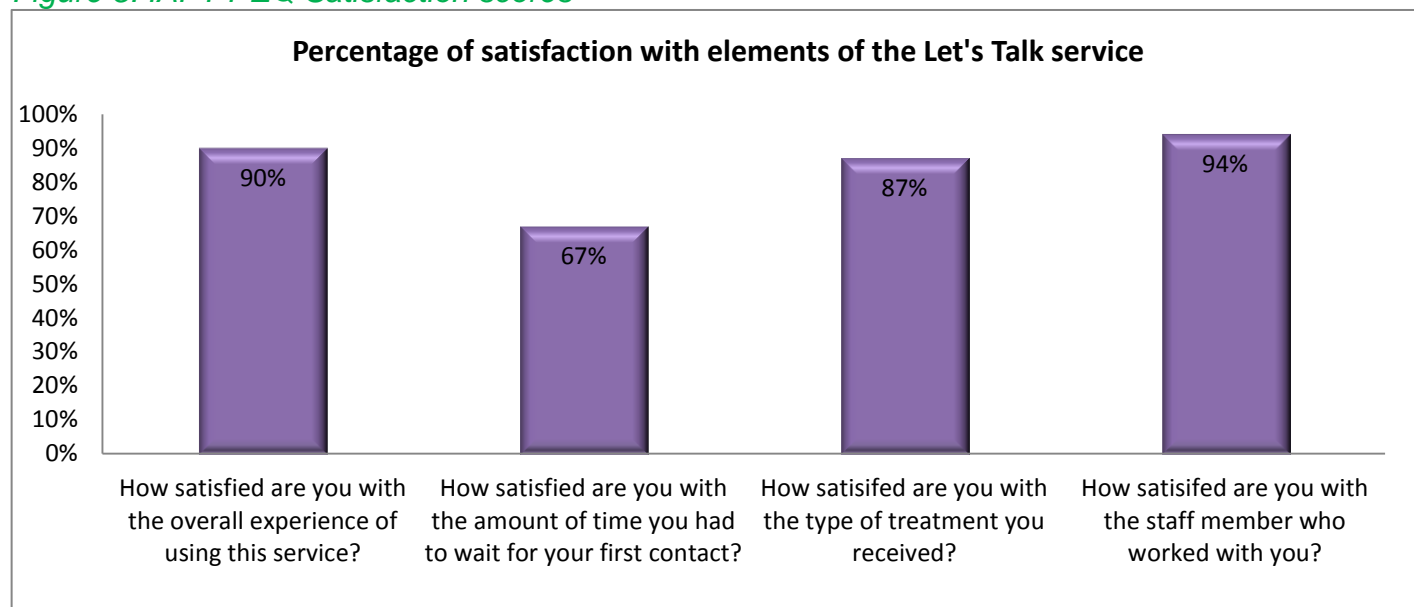
the target set for 2017/18 is demonstrative of our desire to consistently improve our services and although the target has not yet been met, the responses are more positive than the previous quarter.

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 current IAPT PEQ has been reviewed by SED and service leads and two new IAPT questionnaires are planned to be launched during Quarter 3 2017/18.

The feedback from a selection of questions currently asked within the IAPT PEQ about satisfaction is included below. All data and feedback shown in figure 5 is based on responses processed within Quarter 2 2017/18.

Figure 5: IAPT PEQ Satisfaction scores



The Quarter 2 feedback shows that largely people are satisfied with these elements of the Lets Talk service.

The IAPT PEQ includes the following free text question: **“Please tell us anything that you think would improve this service”**. A selection of comments is shared below:

Appointments made sooner but I understand the pressures with NHS.

Speedier access time but I expect that is down to 'the cuts'.

Nothing you are very helpful from start to finish

I don't really have anything to add here as the service worked as I needed it to.

Really not my place to say. Feeling overwhelmed with gratitude. Personal thanks to Therapist.

Just keep understanding and being so kind.

Name badges for all the clients on a course.

Possibly all the information in the presentations during the sessions being printed and included in the booklet/set of papers given to each participant

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 -11 yrs, CHI-ESQ Age 12 -18 yrs and CHI-ESQ Adult & Carer. All the surveys ask questions based upon the same theme but are presented differently in age appropriate format.

Table 15 reflects responses across all three surveys asking if people felt listened to by the CYPS/CAMHS Services during Quarter 2: **90%** of adults and carers said that they felt listened to and **94%** of 12-18 year olds. **100%** of 9-11 years respondents felt that they had been listened to.

Table 15: CHI-ESQ responses by age group

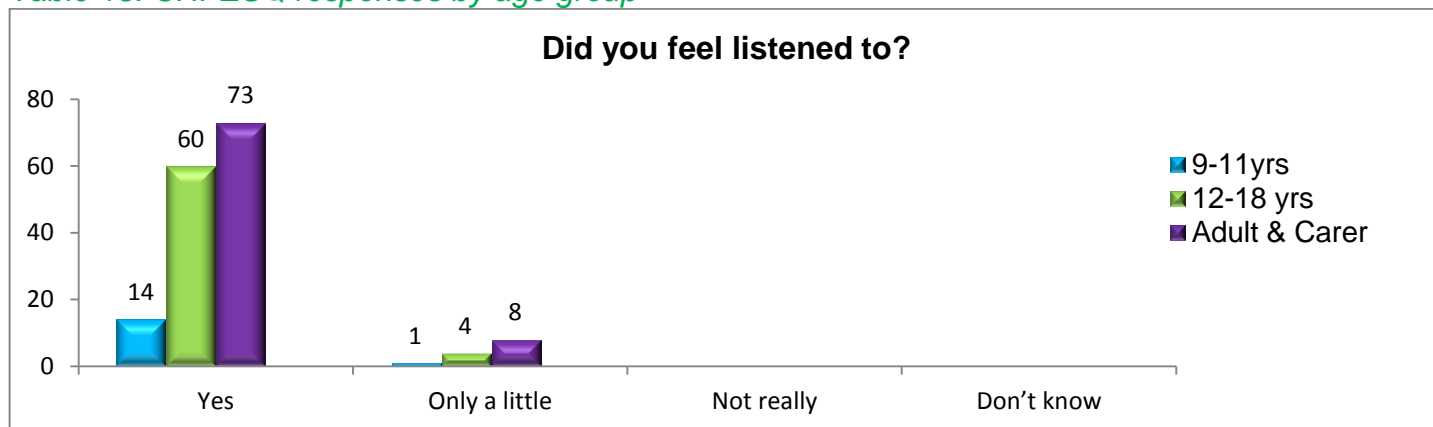


Table 16: Adapted Friends and Family Test

	Number of responses	FFT Score (%)
Age 9-11	15 (12 positive)	80%
Age 12-18	65 (61 positive)	94%
Parent/Carer	78 (77 positive)	99%
Total	158 (150 positive) (77 last quarter)	95% (94% last quarter)

Examples of some feedback given:

People have said they've seen a big difference in me so I think having this has helped a lot.

It helped my daughter deal with her feelings in a safe way.

Was listened to and my information was safe.

I found the individual that worked mostly with my son to be very kind and patient with all of us as a family.

Listening to my child and not being judgemental. I wish we had come a long time ago.

It helped me through the tough times.

The person listened to my child's needs and dealt with them.

The person that saw me was really supportive, I never felt scared to tell her about my problems

Section 3 – Learning from Service Experience Feedback

Section 3.1 – learning themes emerging from individual complaints

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. Table 15 illustrates the lessons learnt from **individual** complaints and concerns. 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 and learning.

Section 3.2 – Aggregated learning themes emerging from feedback from this quarter

Effective dissemination of learning across the organisation is vital to ensure together's services are responsive to people's needs and that services continue to improve. Table 17 illustrates points of learning from Service Experience feedback. Localities, in partnership with corporate services, are asked to develop action plans to ensure that the learning is incorporated into future practice.

Table 17: Points of learning from Service Experience feedback Q1 closed complaints– action plan to be sought from locality leads

Organisational Learning	Action Plan (to be sought)
When a member of staff is absent at short notice a system should be in place to ensure their caseload/workload is reviewed and a plan made to manage existing commitments.	
When a person is discharged from a ward or a team it is essential that they are involved in the discharge planning process and plans are shared with family/carers involved whenever possible.	

Section 3.3 – Assurance of learning and action from aggregated learning themes from Quarter 3

Effective dissemination of learning across the organisation is vital to ensure we are responsive to people's needs and that services continue to improve. Table 18 below illustrates the assurance that services have provided around actions that have been completed as a result of previous aggregated lessons learnt.

Table 18: Points of learning from Service Experience feedback Q4 2016/17 – action plan has been completed

Organisational Learning	Action Plan	Date assurance received
Service users and/or carers must be consulted about whom they wish to attend their review meetings and this should be documented in the progress notes. This is in line with	Herefordshire: This will be highlighted alongside the requirements of the assessment and care management policy will be in the Triangle of care meetings/ briefings.	September
	CYPS: The Assessment and Care Management Policy is identified with the CYPS and CAMHS Operational policies. Children and young people and their families and carers are consulted about who should attend reviews as appropriate. This information will be re enforced via the CYPS/CAMHS Governance Committee and cascaded to Team Managers to share with their teams and read by all staff.	

Organisational Learning	Action Plan	Date assurance received
the Assessment and Care Management Policy.	Countywide: Staff will be reminded via their team meetings requirements regarding consultation with service users and carers and attendance at review meetings. Teams will be asked to minute the discussion with Team members so that there is an audit trail for the purposes of assurance.	2017
	Gloucestershire Localities Community Services Managers to take to forums and ensure Clinicians are aware of the organisational learning identified in the Q1 SED report	
Where clinically appropriate service users and/or carers must be kept updated following conversations about potential safeguarding referrals, to minimise anxiety and distress and ensure they are aware of what will happen next.	Herefordshire: The process of how to keep people informed and aware of next steps when considering or raising safeguarding referrals will also be included in the Triangle of care meetings/ briefings.	September 2017
	CYPS: It is good practice to discuss with children, young people and families and keep them informed when a safeguarding referral is indicated. It is not always possible to know what will happen next when a referral is made but staff should remain in touch to provide support if appropriate. Staff will refer to the Trust safeguarding processes	
	Countywide: Staff to be reminded to keep service users and carers involved in the safeguarding process as detailed within the current Safeguarding Adults Policy, whilst always reviewing individual circumstances to ensure involvement will not impact upon the risks identified within the Safeguarding concerns.	
	Gloucestershire Localities Community Services Managers to take to forums and ensure Clinicians are aware of the organisational learning identified in the Q1 SED report	
Where staff seek safeguarding advice from an external agency and do not agree with the outcome/ decision made the escalation policy must be followed.	Herefordshire: The escalation policy has been circulated to team managers via Herefordshire clinical governance meetings who will cascade amongst staff.	September 2017
	CYPS: CYPS/CAMHS staff have regular reflective and dedicated safeguarding supervision and would be expected to discuss disagreements between agencies with their managers, in team meetings, with the safeguarding team and within safeguarding supervision. It is important to share safeguarding concerns and seek specialist advice and supervision. Any discussion around safeguarding will be documented on RiO.	
	Countywide: Matrons, and Team Managers will be reminded that they must use the Trust escalation policy when there is a disagreement with external agencies regarding decisions pertaining to safeguarding This will also be shared with Teams via the team briefings and recorded in the notes of the team meeting that the discussion took place.	
	Gloucestershire Localities Community Services Managers to take to forums and ensure Clinicians are aware of the organisational learning identified in the Q1 SED report	