**MEETING OF THE PATIENT EXPERIENCE AND INVOLVEMENT STRATEGIC REFERNCE GROUP**

**13TH February 2020**

**Update and analysis of the Patient Experience and Involvement Strategy consultation.**

**1 Executive Summary**

This paper explores the feedback and comments from the consultation on the development and design of the Patient Experience and Involvement strategy. It outlines the changes recommended in light of the feedback and a full analysis of the consultation process. The consultation has shown a positive response to the document with 82% of respondents saying it is clear and easy to read. The key issue to address is the branding of the Together concept.

**2.1 Background**

The draft Patient Experience and Involvement Strategy has been out for consultation with staff, service users, carers, external partners and the general public since 13 December 2019. The Patient Experience Team has used a variety of tools and platforms to gather feedback including:

* Smart Survey via LYPFT website.
* Attending Service User Network meetings.
* Attending Clinical Governance forums.
* All teams at LYPFT have received an electronic copy for comments.
* Sharing with external partners in Leeds & York via LYPFT Communications team.
* Consultation at Leeds Big Chat November 2019.

Consultation was completed 25th by January 2020, the data has been analysed, and a final draft will be presented to the Trust Wide Patient Experience and Involvement Strategic Steering Group in February 2020.

**2.2 Result**

Feedback and comments have been taken and recorded from the sources above and include:

|  |  |  |
| --- | --- | --- |
| Source | Number of responses |  |
| SMART Survey | 26 |  |
| Service user forums | 5 |  |
| Twitter | 1 |  |
| Facebook | 0 (12 Engagements) | 745 people reached/viewed |
| External Organisations | 4 |  |
| Staff forums | 3 |  |
| Staff members | 3 |  |
| Leeds Big Chat | 19 |  |

**People reading the strategy online**

We also know between 16 December and 20 January, the web page where the survey was hosted on the Trust’s website received 93 views from 78 unique users. Users spent an average of 2 minutes and 20 seconds on the page – meaning the majority of them most likely opened and read the strategy document.

The strategy has also been discussed at the Patient Experience and Involvement Strategic Reference Group and its associated sub groups and those comments are included in the data.

There were 5 questions regarding the strategy. These were a mix of closed and open ended questions including:

* Q1 Is the survey easy to understand?
* Q2 Is there anything that needs to be explained more clearly?
* Q3 Do you think we have our priorities right?
* Q4 Is there anything you would like to add to the Experience and involvement Strategy?
* Q5 Is there anything else you’d like to tell us about patient and carer involvement at LYPFT?

It is encouraging to note that 82% of people completing the SMART survey felt the strategy was easy to understand. This result was replicated throughout the other forums and from comments from the Big Chat.

When asked about the priorities 66% of respondents on the SMART survey agreed the priorities were right and a further 30% felt they were partially right.

Overall there were 78 individual comments from the variety of sources used during the consultation regarding the strategy and a further 11 comments regarding Q5 above. There has been widespread support for the Together concept which has been developed throughout the strategy.

**2.3 Analysis of feedback**

The qualitative comments from all sources have been collated with the data from the SMART survey.

The qualitative data has been themed and discussed within the Patient Experience Team and with the Co-Chair of the Service User Network (SUN).

The SMART survey data report is attached as Appendix 1 for full analysis which also includes demographic information on the people completing the survey. Key points to note are:

* There was a good mix of staff, service users and carers
* 70% of respondents were female.
* Good ages ranges from 36years onwards
* 42% of respondents declared a disability
* BAME groups were under represented as were those from the LBGT community.

All individual comments have been reviewed and considered. The general themes include:

* Branding and design of document
* Carer support and Triangle of Care.
* Ensuring review and feedback on progress.
* Working together, understanding what experience and involvement is.
* Governance

When analysing the individual comments 20 of the 78 were positive or said there were no changes or additions needed to the strategy.

The most significant issue raised via the consultation has been the similarity in the branding of the together logo.

**2.4 Changes made**

The Positive and Safe Care Group ran a competition to create a strapline that would enable staff, service users and carers to easily identify with the work that they do. Mark proposed the strapline ‘Together’ which received such a positive response that was agreed it should be incorporated into Strategy. Through the consultation it has come to light that the branding chosen is very similar to that of Together We Can and independent voluntary organisation in Leeds. In light of this the Communications team are developing new branding concepts and we are working with service users and staff to agree a new design concept which doesn’t conflict with our voluntary partners.

Other design issues have been acknowledged and the icons, colours and other design features such as rewording the priorities from 1, 2 & 3 have been completed.

The Communications team are looking at the accessibility of some colours i.e. orange, and improving the visibility of these.

New service user and carer stock photography is being commissioned to better represent the diverse population served by LYFPT.

An art workshop has been commissioned for patients, service users, carers and staff to design art to be included in the strategy.

Videos are being created to support the online version of the strategy which will be used to support examples of the ongoing work which bring the strategy to life and demonstrate the ways in which it is being used by staff, service users and carers.

Service users and carers have developed blogs and quotes to be included in the strategy.

Further work is being undertaken in to review the document with the Learning Disability services and consultation with Advonet.

The title of the strategy has been changed to reflect the importance and inclusion of Carers as an integral part of the strategy.

Additional content has added to explain what involvement and experience mean.

Additional content has been added to explain that anyone wishing to be involved can stop at any time.

The governance structure within the document has been changed to reflect the accountability route for the Trust Wide Patient Experience and Involvement Strategic Steering Group.

It is acknowledged that whilst a number of comments made are valid, the review felt these should be addressed as part of the action plans developed by the sub groups of the Trust Wide Patient Experience and Involvement Strategic Steering Group, as part of the work on the priorities identified in the strategy. Therefore the comments will be shared with the sub groups of the Trust Wide Patient Experience and Involvement Strategic Steering Group for consideration of further actions needed.

**3 Conclusion**

The consultation has produced a number of positive comments and overall the respondents have found the document clear and easy to read with the majority of respondents believing the priorities identified are right.

There are a number of suggestions made which will to enhance the document. These have been acknowledged in the next draft of the strategy for discussion at the Trust Wide Patient Experience and Involvement Strategic Steering Group prior to approval and launch on 9 April 2020.

**4 Recommendation**

That the Trust Wide Patient Experience and Involvement Strategic Steering Group and associated sub groups:

* Support and agree the changes made to the document as outlined above.
* Consider any further changes required.

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24 January 2020