

The Leicester City LINK contacted the Trust before Christmas 2012 to inform us that following concerns, it was their intention to carry out an Enter and View visit of both the Agnes Unit and the Bradgate Unit. This was not something the Trust had participated in before and ensured that the visit was facilitated by the Head of the Division, Teresa Smith, on 7 January 2013.

Subsequently, it has arisen that there were difficulties during the visit, particularly in relation to the scope and opportunities offered to explore the whole Bradgate Unit and to speak to patients. These are opportunities that we usually offer to visiting organisations, bodies and colleagues and this oversight was not an intentional approach to the visit. The Trust apologises that it did not make LINK members feel welcome on this occasion.

It was intended that the requirements of the visit would be directed by the visiting LINK members and the Head of Access and Patient Experience and Partnerships Manager accompanied the visiting team to two wards; an older-type ward and new ward to enable the observation of the differences.

The LINK members raised a number of areas within their report but their main concerns were in relation to;

- Translation and interpretation
- Chaplaincy
- Links with advocacy
- Staff being able to raise concerns

All of these points are being addressed in the overall improvement plans for the Trust. As part of the Trust's merger with the two community arms of the PCTs in 2011, the Trust now has two translation / interpretation services. A review is being carried out to look at the need for translation and to create an understanding of requirements for the future. The current contract for translation services ends on 31 March 2014 and it is anticipated a revised service will be commissioned.

A review of the chaplaincy service (spiritual and pastoral care) has also been undertaken with a new Chaplaincy Manager in post. The service carried out a survey with patients in January 2013 in order to assess levels of satisfaction and overall, the results were extremely positive. The members of the chaplaincy team are very well advertised in the wards and the service offers a 24 hour on call service.

The Trust has recently engaged with Mental Health advocacy organisations such as LAMP, Peoples Forum, Leicester LGBT Centre, Healthwatch and Genesis in order to enter into discussions as to how they can support the Trust in its aim to improve services. The Trust met with representatives of these groups in September and they have all shown considerable support to the Trust in its aims. There is also a meeting scheduled with these groups to discuss the implementation of externally run ward forums at the Bradgate Unit as it was felt that these would be very helpful to both patients and staff in looking at the experience of patients whilst they are on the wards.

The issue of staff feeling able to and knowing how to raise concerns is something the Trust has taken extremely seriously. Work towards improving this has already begun with the launch of the Listening into Action programme, and a confidential telephone number is already in place. The Trust also carries out regular 'pulse surveys' which are used to measure staff experience with an aim of picking up any warning indicators that there may be

an area of concern. Finally, as part of the Trust's 'Changing Your Experience for the Better' programme, staff were offered the opportunity to provide feedback on their own experience and raise any concerns they have through confidential and anonymous 'graffiti boards' and focus group sessions called 'In Our Shoes'. The findings of these are being looked at alongside other staff feedback and the delivery of an action framework is being overseen by a core group with staff, patient and carer representation.

In terms of learning from the Enter and View, the Trust and the new Healthwatch representatives have met to create a joint working protocol which makes clear the expectations in working collaboratively, including the organisation and implementation of Enter and View visits. The Trust's Chairman has also met with the two acting Chairs of Healthwatch to discuss their concerns, provide more detail on the work being undertaken across the Trust and to agree next steps. This meeting proved to be very beneficial in terms of involving Healthwatch more in the business of the Trust and also in agreeing ways in which Healthwatch can further support the Trust.