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Cumbria Partnership NHS Foundation Trust:

Patient Experience Team and Patient Experience Involvement Group

Review 2014

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Introduction

Cumbria Partnership NHS Foundation Trust has a strong focus on patient feedback with the aim of ensuring that real life experience can inform service development and drive improvements. For some time it has used an in-house model which involves former patients joining the Patient Experience Involvement Group (PEIG) which carries out various involvement activities, including ward visits, participating in interview panels and taking part in staff induction and training. The leadership for the PEIG is provided by the Patient Experience Team (PET), with the PET regularly providing reports for the consideration of Ward Managers and the Trust Board.

Healthwatch Cumbria were keen to work with the Trust to review the effectiveness of their approach and agreed to carry out a short piece of research with the following objectives:

- Consider who is involved and how they are recruited
- Consider how the PET and PEIG work in practice
- Consider how the PET and PEIG is perceived by the Board, staff, patients, and key stakeholders of the Trust
- Consider the effectiveness of the reports produced by the PET in driving improvements

Methodology

The methodology was developed so that Healthwatch (HW) could better understand the purpose and ways of working of the current model for PEIG/PET, through observations, interviews and desk top research.

HW carried out an initial observation of two 'Here For You' visits to better understand the workings of the PET and PEIG in practice.

Two members of HW staff jointly attended two ward visits at the West Cumberland Hospital which are run by the Trust, Copeland ward and Yewdale ward, where they observed the PET support worker and members of the PEIG carrying out the 'Here For You' survey with patients. During this stage, after a patient had completed the survey, they were asked by HW staff if they would be agreeable to answering a short questionnaire about their experience of engaging in this process with the PET and PEIG.

Following this observation of the 'Here For You' visits HW staff went on to carry out independent one on one interviews with 27 individuals who are either involved or have come in to contact with the PET team, these include:

- PEIG members
- Patients
- PET members
- Ward Managers
- Trust staff who have worked with PEIG members on interviews and training
- Past and present Governors
- Executive and Non-Executive Board Members

All interviewees were assured that they would remain anonymous.

Interviews were structured around pre-determined questions which were designed to examine:

- The different roles of, and relationships between, members of the PET and PEIG teams in terms of the activities they take part in and the wider staff teams and patient groups and individuals with whom they come into contact
- The profile and the impact of the teams and their work within the Trust
- How the PET and PEIG are organised
- The value and attitudes towards the PET and PEIG
- Good working practices in the PET and PEIG
- Barriers which hinder the effectiveness of the existing model
- Areas where individuals would like to see an improvement in the PET and PEIG

Each interviewee was asked questions tailored to their role in relation to the activities of the PET and PEIG, e.g. Ward Managers were asked questions focusing on the 'Here For You' Visits, whilst also asking broader questions about their understanding the PET and PEIG roles.

Each section of this report considers current working practices in relation to three main activities the PET and PEIG carry out:

- 'Here For You' visits
- Interviews involving PEIG members
- Training and induction involving PEIG members

This is followed by a section reporting on the organisation of the PET and PEIG.

1. Here For You Visits

Current Organisation Process

It was explained that wards receive a monthly visit from the PET and PEIG members. Ward Managers are contacted and given a schedule of visits over the coming months. The Ward Managers spoken to all said that they display the dates of these visits on their notice boards so that staff, patients and visitors are aware of any forthcoming visits. One opinion expressed was that the visits occurred too frequently, suggesting that resources could instead be used in a more targeted fashion giving the example of the 'Listening In Action' projects which they felt brought about positive changes.

Some Ward Managers explained that prior to the PET and PEIG's arrival they approached each patient to inform them that the teams will be visiting if any patients wished to talk to them.

This seemed to work particularly well on the Mental Health wards, where rather than approaching individual patients the teams would base themselves in a specific area to allow patients to make their own approach.

The visits are led by a member of the PET who meets with PEIG members shortly before the visit. It was explained that the PET lead will brief the PEIG members with any information they need to know before making their way to the ward.

The PEIG team use a suite of standard surveys which are presented and completed on iPads by the PET lead and on paper by the PEIG members.

Visit Observations and Information From Interviews

It was noted that on the first visit HW attended one PEIG member had gone to the wrong meeting point, and that the PET lead did not have the contact number for the PEIG member so the visit started without the PEIG member. A short time into the visit the PEIG member found the team and explained that they had thought the visit was to a different ward and so had started to survey the patients there. Ward staff had not questioned why the PEIG member was

in attendance at that time. The PET lead then took down the PEIG member's mobile telephone number for future visits.

On commencement of the ward visit:

- The PET lead presented himself to the ward reception, introducing the PEIG team and HW staff.

  On speaking to other ward managers, PEIG members and the PET this seems to be standard with all visits, however there was a variance of views in whether the PEIG team are introduced to staff.

  Some PEIG members felt that the ward staff communicated only with the PET lead and that the PEIG members were not introduced or welcomed in the same manner that the PET lead is.

- The PET lead asked the nurse in charge if there are any patients who should not be approached for any reason. It was explained that the PET team may still approach any patients they wish and are not restricted, merely advised, by ward staff.

- As previously noted, on Mental Health wards the visiting team base themselves in one area to allow patients to come forward if they wish. Whereas on other wards the team will work through the ward from bed to bed asking if the patient would like to complete the survey.

  It was observed and explained that members of both the PET and PEIG vary in their explanation and presentation of the survey to the patients.

  During the observed visit the PET lead took an informal approach, taking time to explain the survey and its purpose to the patients completing it. They also allowed the patient opportunity to expand on their answers and encouraged the patient to talk freely about their views. When this was later discussed in the one on one interview the PET member explained that they almost see the survey as an 'ice breaker' and sees

part of their role as gaining the patients trust so that they feel they can talk freely about their experiences and feelings.

The PEIG member did not appear to explain the survey as thoroughly and stuck closely to the scripted questions with little encouragement to the patient to expand on any answers or points raised. Several PEIG members raised the issue of the surveys in their one on one interviews, explaining that they felt it was too closed and too 'black and white' in the choice of answers available. They said they had raised this with the PET but had been told the surveys were not subject to change.

During one interaction between a patient and a PEIG member it was observed that the patient did not give a clear answer regarding their age. Rather than ask the patient to explain the PEIG member noted down that the patient did not want to answer the question. Furthermore when the patient was asked one of the survey questions and did not give a straight forward 'yes/no/do not know' it was noted down as a 'no'. The PEIG member also seemed uncomfortable in communicating with one patient who had explained that he was hard of hearing. After several attempts the survey was completed but the patient appeared to be irritated and frustrated at the interaction.

During some of the interviews with PEIG members specific mention was made of the difference in approaches PET leads take on visits towards patients and ward staff. One approach is very informal and 'chatty' whereas the other was described as 'to the point'.

One PEIG member felt that the visits can be 'rushed' and felt that they would like to spend more time talking to the patients.

- Once surveys for those patients who wish to take part have been completed the PEIG members hand back the paper copies to the PET lead who then enters these onto an iPad which has the suite of surveys installed onto it.

It was explained that the PEIG members can approach the PET lead and verbally explain any particular queries, complaints or compliments. It was observed and explained that the PEIG members do not approach ward staff directly with these, instead the PET lead approaches staff. Comments are also noted on the completed surveys during the conversation with the patient.

- Following completion of the visit the team disperses. Some PEIG members explained that they sometimes go to a café to chat and that this gives them the opportunity to discuss the visit and any other matters with each other.

Post Visit Process

It was explained that the results of the survey are uploaded to the software Meridian which then compiles ward reports. The ward report presents the findings in the form of a RAG rating for each question along with any other comments that have been brought up during the visit. Further reports are also produced which are then taken by senior managers to Board and Governor meetings.

The majority of PEIG members spoken to were unsure what happens to the data they have collected. They did know that any issues were flagged up with the Ward Manager by the PET lead, but they did not appear to be informed of the further use of the data with regards to the Board or Governors.

Ward Reports

The PET advised that the reports are usually sent back to the ward within two days, the Ward Managers interviewed also gave this time scale and all made specific mention of the speed at which they receive their reports.

The PET explained that there is variation between Ward Managers in their responsiveness to their ward report. Some Ward Managers actively seek out further information from the PET about their scores and issues raised, they then

advise the PET what they have done to improve or rectify these issues. Conversely other Ward Managers do not respond to their ward report.

All of the Ward Managers spoken to stressed the value they place in the reports they receive and see it as a useful tool in the running of their ward. Some Ward Managers explained that they use the report in their team meetings, discussing it with staff and highlighting any issues that have been raised for group consideration and action. One Ward Manager explained that they logged the issues raised in the report along with the actions taken so it was a source of continuous learning.

During the one on one interviews, Ward Managers were asked if they could think of examples where practice has changed due to a Here For You visit. Some Managers gave specific examples, e.g. a patient had complained about not receiving a newspaper so the ward then made sure that one staff member now always checks that these have been delivered. Other Managers said that it tended to be small patient by patient changes that might be made, e.g. a patient not wishing to eat in front of others so this patient was then allowed to eat separately.

All Ward Managers advised that they were not aware of a formal procedure which should be followed once they had received their report.

One Ward Manager spoke about her use of the dashboard system which Ward Managers have access to. This system shows their survey scores along with other wards in the form of a league table. This Ward Manager found it useful, however on further thought she said that other Ward Managers may feel differently and could find the league table-style presentation a negative experience creating unnecessary competition.

All Ward Managers spoke very positively about their interactions with the PET, finding them helpful, friendly and supportive. They found that the PET often helped to resolve issues before they become full complaints, although some did feel that they would like more cohesion between the PET and the complaints team as they felt that communication may sometimes be lacking.

The Ward Managers said that they rarely have to speak to the PEIG so could not comment on their work.

Both PET members and some Ward Managers referred to the 'Listening In Action' project that has previously run. They felt that these worked very well, were well focussed and brought about real changes.

Board Reports

The PET also generate reports which are passed onto the Trust Board, Care Group Managers and Governors.

There was variance in the views of these individuals as to the usefulness of the reports they receive.

All of those spoken to highlighted the positive impact of having a service user attend Board meetings to tell their story, explaining that it provided a grounding to the meeting and a link back to the patients at the core of the Trust. One person spoken to described this as 'invaluable'.

Some of those spoken to about the Board reports said they were useful but did not give any explicit reasons why they found them so. Some openly said that they did not find them useful, when asked for the reasons why these included:

- The surveys completed do not elicit a truthful or in depth response from patients
- The 'green boxes' are at odds with the complaints actually received by the Trust
- Feeling that emphasis should be post discharge when the patient is home and possibly more likely to give reflective answers
- The weighting of survey questions providing a deceptive picture of the reality e.g. if four people are surveyed on one ward and just one says 'no' to a question the results show 75%, there is no background to this under performance.

Points for Consideration

1. How appropriate is it to pre-warn wards for visits by the team? There are some advantages to this approach but conversely this may affect the efficacy of the visit being able to accurately reflect the workings of the ward.

2. It could be helpful for the PET lead to have all the PEIG contact numbers readily available in case of emergency.

3. It seemed clear that some members of the PET and PEIG are more skilled at gathering patient feedback than others. How thorough is the training provided to the PEIGs and what does it cover? Understandably, individuals have various presenting styles but a unified approach should be adopted as much as possible to ensure the validity and reliability of the information generated.

4. Several individuals, particularly PEIG members, questioned the appropriateness of the surveys currently used on the visits. Some felt that the questions and answers did not give adequate room for patients and carers to fully express their experiences.

5. It may be appropriate to have a formal debrief to allow PEIG members time to discuss any concerns. By nature of some wards the PEIG members visit they will be privy to some things they find unsettling, particularly for those members who have prior first hand experiences. A debrief would allow a time for reflection and also provide chance for any queries, concerns or comments to be raised.

6. Some PEIG members were not clear about what happened with the information they were gathering. It would be helpful to provide the group with a session explaining the full process the PET have to go through in providing reports to all areas of the Trust and the feedback they consequently receive. This would also serve to further highlight the importance of the work the PEIG members are carrying out.

2. Interviews Involving PEIG Members

The current Trust policy states that when interviewing for a band 6 or above post a member of the PEIG must be on the interview panel.

It was explained that all members of the PEIG have the opportunity to take part in interview panels, however they must complete the Recruitment and Selection training provided by the HR department.

All of the PEIG members interviewed who had been on interview panels said that overall they found the experience positive and valuable. Staff members spoken to who had had PEIG members on panels, also said that they found the experience very useful. They said that they would continue to include PEIG members and would encourage others to do likewise.

Pre-Interview

Some PEIG members explained that they were involved in the pre-interview process. They were provided with the job description and were invited to planning meetings and allowed to put forward some questions they wished to ask interviewees. Other PEIG members said that they had not received this information prior to the interview day, but were asked to arrive early and were then given a brief and questions to ask.

One PEIG member said that when they had gone to their first interview panel they had not been explicitly told the expectations on dress and had been nervous that they may be over or under dressed. They said that it would have been helpful to have more guidance regarding this and other expectations with regards to information they should receive prior to the interview day.

Staff members who had used PEIG members on their panels reflected the variance in pre-interview approach described by the PEIG members. One staff member explained that they provided the PEIG members with information about the post and asked the PEIG members to attend the planning meetings, this staff member saw it as an integral part of the planning process.

Another staff member said that they gave the PEIG members information about the post being interviewed for prior to the interview day. On the interview day the PEIG members had advised that they had two questions to ask, but the staff member asked them to use the set questions. On reflection the staff member went on to say that for future panels they may allow PEIG members more freedom to ask questions of their choosing subject to the subsequent agreement of the rest of the panel. This staff member later went on to remark that it would be useful to have more guidance with regards to the expectations and use of the PEIG members on panels.

During Interview

The PEIG members said that during the interview they felt respected and listened to by their fellow panel members. Likewise the staff members found it positive having a PEIG member on the panel, where the PEIG members had asked questions the staff members felt this had provided an interesting and useful perception to elicit answers from the interviewee.

One staff member said that on only one occasion they felt that the PEIG member was becoming slightly 'over zealous', however it did not cause a problem and the experience overall was still a positive one.

Post Interview

The PEIG members interviewed all said that they attended the post interview discussion and felt that their opinions were listened to and considered.

Staff members felt that the PEIG members input was very useful. All made particular mention of the core issue being 'would I want that person to deal with, or treat, me?'. Staff members felt that the PEIG members provided the most valid perception of this.

PEIG members explained that as they had attended several interviews for varied different roles they felt that they were in a useful position to compare different styles adopted by the different departments. They felt there was a

lack of consistency between departments with some adopting a much more professional approach than others, in particular a concern was raised that some interviews were carried out in rooms which the PEIG members thought were not suitable for this purpose and reflected badly on the Trust.

One PEIG member questioned the validity of the current policy requiring a PEIG member for all interviews at Band 6 or above. They gave the example of attending an interview for an IT post which would not be customer/patient facing, the PEIG member felt that it would be more valuable for PEIG members to attend interviews for customer/patient facing roles at lower bands.

Further to this, one staff member explained that they found the PEIG members so useful on their interview panels that they now also use PEIG members for some posts that are not Band 6 or above.

Points for Consideration

1. Staff members spoken to value the input of a PEIG member on the interview panel, with the value becoming clearer the more times a PEIG member has been used. Could this learning process be by-passed by producing clear guidance for members of staff using a PEIG member on a panel, including what they can expect and what the PET and PEIG expect of the panel?

2. There was varying attitudes taken to the amount of input a staff member expects from a PEIG member in the interview preparation. If PEIG members are used to offer a patient-centered approach then should it be mandatory that the PEIG member takes part in the interview preparation and given opportunity to put forward questions the rest of the panel deem suitable?

3. The majority of those spoken to were aware that a PEIG member must be on an interview panel for posts at band 6 or above, some questioned the relevancy of this policy for some roles. Might it be more useful and relevant to re-assess this policy, instead having PEIG members on panels for posts that are clearly patient centered e.g. lower band nursing posts.

3. Training and Induction Involving PEIG Members

PEIG members currently have input into a range of training including:

- Corporate induction
    - The PET team gives an overview of their work
    - PEIG members share their story as a patient/carer
    - Take questions from attendees
    - Once a month
- Approved Mental Health Practitioner (AMHP) training
    - PEIG members interview applicants for the course as part of a panel
    - PEIG members take part in courses during the training, giving the patient/carers perspective
- Doctors training
    - PEIG members take part in training regarding mental health
- Medical student interview exams
    - PEIG members take part in mock consultations with students

It was explained that members of staff approach the PET to request PEIG members for a particular course, briefing them on the nature of the course to help the PET identify suitable PEIG members to take part.

Staff View

Staff explained that they will often include PEIG members in the planning of training courses. In the case of training which leads to an official qualification the planned session is sent to the University who will validate the model proposed.

Members of staff who had used PEIG members for courses reported that they found it very useful. They felt that PEIG represented an alternate view point which appeared thought provoking and helpful to course attendees.

One staff member thought that it could be useful to use PEIG members to assess the implications of legislation at a patient level as this would provide a different perspective.

PEIG View

All of the PEIG members interviewed felt that it was very valuable to have PEIG members present who had experience of care, either as a patient or carer.

One PEIG member said that they had participated in courses in both the South and North of the county, they said there was a clear difference in the approaches taken in the two areas. They felt that the South involved PEIG members much more in the planning of courses and allowed the PEIG members more freedom during the courses than the North. They therefore explained that in their opinion the involvement of PEIG members in the South was much more useful than the North.

Another PEIG member said that on some occasions when a training lead or a PET member was not in the session it seemed to cause confusion amongst the training staff with regards to the PEIG member's role during the session.

Points for Consideration

1. A PEIG member believed that there are differences in the training involvement of the PEIG in different areas. Could this be examined in more detail and a model of best practice brought forward?
2. Of those spoken to it appeared that PEIG members are more heavily involved in mental health training than community services. It may be useful to apply the first hand experience of the PEIG members to a whole range of services.
3. One PEIG member felt that if there was not a training lead or PET member present it caused confusion. This may suggest that some PEIG members function better when supported however other members are confident to attend and participate unaided.

4. Organisation of the PET/PEIG team

Purpose

All of those interviewed said that the PET and PEIG were there to gather and represent user's experiences to help inform the Trust. One PEIG member said the PEIG should be 'keeping the plans rooted in the reality of people's lives'.

All of the staff interviewed understood the importance and value of gathering and using patient and carer experience. Some staff felt this is what the PET and PEIG are currently doing, however some felt that this resource was not being used to its full potential and was instead gathering patient satisfaction rather than complete patient experience.

These respondents felt the resource could be used to better effect. When questioned further on this some interviewees gave specific suggestions, such as:

- Less frequent but more in depth visits or task groups, including a full range of the Trust's services
- More focus on specific areas that could be improved by the knowledge and experience of the PEIG
- More cohesive working between the PET and the complaints team, with the complaints team helping to further inform the work carried out by the PET

One respondent described a possible pyramid theory with the PET being the 'masters' of Patient Experience involvement, they would then work with a group of members who in turn would work with a larger group. The end result would then be a larger body who work to ensure patient experience in its broadest sense is at the core of the Trust.

Recruitment

It was explained that individuals who had experienced care from the Trust, either as patients, carers or family members, can join the PEIG. We were told

that literature about the PET and PEIG is available at Trust locations throughout the county and on the Trusts website.

We were told that some members of the PEIG had come from the Charter Monitoring Group which had a Mental Health provision background. The PEIG members we spoke to had become members of the group through recommendations from other parties including psychiatrists, therapists and various other professionals.

The PEIG members we spoke to had been involved with the group for varying lengths of time, with the shortest being around a year and a half and some being around ten years. When asked why they participated in the group responses included:

- 'I see it as part of my rehabilitation'
- 'It gives me a reason to get up in the morning'
- 'I feel it is giving a positive contribution and representing patients and carers'
- 'It gives me a purpose'

All of the PEIG members spoken to were clearly passionate about the work they do.

The majority of staff members spoken to felt that the current PEIG does not reflect a cross section of the Trusts users and has a strong mental health bias.

Some staff directly questioned the appropriateness of the current PEIG membership. They felt that some members had been in the role for so long their first-hand experience of care may not be relevant to the Trusts present model. Furthermore they explained that the members may have become too used to the settings there were visiting and so lacked 'fresh eyes'.

Some staff felt that more could be done to attract new members to the PEIG which could better reflect the services the Trust offers and suggested that there

could be a limited length of service for each PEIG member to enable the team to be constantly refreshed.

Payment

The issue of payment to PEIG members was clearly a point of contention from all areas. Currently PEIG members are paid hourly and reimbursed for travel expenses. We were told that the hourly rate starts from the PEIG leaving their home.

One PEIG member explained that members tended to always visit the same few wards which tended to be located closer to their homes. They felt this was to cut down on the expense of funding a member to travel further afield, however they stated that they would not wish to travel further afield for visits unless the cost was covered.

Some staff members questioned the motivation of PEIG members when they are paid hourly for the activities they take part in, explaining that they felt it undermined the true purpose of the group. Some staff questioned if some of the PEIG members would still take part if there was no financial incentive.

Organisation

It was noted that the PET manage the PEIG, it was further explained that some PEIG members were 'hard to manage' however advice could be sought from the HR Department if needed.

The PET advised that supervision can be provided if requested to members of the PEIG. This comment was echoed by some of the PEIG members however others said they were not aware of any supervision being available and that instead they found support from their own family, friends or fellow PEIG members.

Some PEIG members said that they felt shielded by the PET and were sometimes seen as mental health patients rather than team members. They also said that sometimes they felt they were not privy to some information and

found out through other sources. The PET explained that it can be difficult to manage some PEIG members due to sensitivities over their condition and other privacies.

Selection for Activities

The PET explained that each month a list is circulated to PEIG members with upcoming activities including 'Here For You' visits. PEIG members explained that they mark which activities they are available to take part in and return it to the PET team. Once a month the PET and the PEIG meet and activities are distributed.

The PET explained that activities are allocated based on member availability and workload to try to ensure those that want to take part in more can do so and conversely those that do not wish to can still do some activities. Some PEIG members were not sure how activities were allocated other than knowing they filled in a sheet. One PEIG member felt that there was a personal bias to the allocation and also a financial pressure to minimise costs which has been discussed further above.

Impartiality

As previously stated the majority of those spoken to, including the PEIG members, did not think that the current group reflects a cross section of the Trusts users. Some staff felt that some PEIG members may have specific areas of interest in the Trust, with one staff member saying they felt some had 'an axe to grind'.

The PEIG members currently wear a NHS branded polo shirt and identity badge. There were various opinions about this uniform. Some PEIG members liked the shirt and felt it gave them an identity and presence, whereas one PEIG member said that the group had not been consulted on the uniform and they felt it made patients see them as 'NHS staff', not as an impartial group which could make it difficult for patients to give honest answers on the 'Here For You' visits.

Points for Consideration

1. Although all of those spoken to recognised the value of patient experience based input, some questioned if the current model used did this effectively.

2. The current PEIG members are clearly proud and passionate about the work they are involved with however questions were raised, including by some PEIG members themselves, about the length of service in the group. It was felt by some that if a member has been involved for too long it may affect their objectivity and relevant first-hand experience.

3. It was clear that the issue of payment is problematic on several levels:

- It undermines the motives and aims of the group membership
- It becomes an influencing factor in the allocation of activities
- It may lead to some members becoming reliant on the group as a source of income

4. All of those spoken to recognised that there was a strong leaning towards mental health in the membership of the group and therefore the PEIG did not reflect a true cross section of Trust patients, family and carers, however some said it was difficult to recruit members from the community health services side.

5. It was unclear if there is consistent support in place for the PEIG members in the form of regular supervisions. Furthermore there did not appear to be a debrief session at the end of the 'Here For You' visits, rather PEIG members sometimes talk amongst themselves as a means to support each other.

6. Some PEIG members did raise the issue of their perceived handling due to their background of mental health experience. Some members felt they were not privy to certain information or 'shielded' from some things. This could be in part due to conflicting expectations from both sides. The PEIG members may feel that as a paid part of the PET they should be treated as any other member of Trust staff, whereas other staff may feel that it is not appropriate to share certain information and sensitivities.

Summary

It is clear that both the PET and PEIG have a real pride and belief in the work that they carry out and several members of staff at different levels spoke of the usefulness of the function of PET and PEIG involvement as a tool to take patient experience into consideration at all levels of the Trust.

PEIG involvement in both interviews and training seemed to work well. Those spoken to with greater experience of PEIG involvement in these activities seemed to involve PEIG members in far more of the process than those that were relatively new to this work, with the added value of PEIG involvement becoming more recognised with time and experience. This may suggest that with greater formal guidance, staff could use PEIG members to greater effect within a shorter space of time.

The topic of 'Here For You' visits elicited various thoughts and responses from individuals. Some of the PEIG enjoyed the visits and felt they were carrying out a valuable task, whereas others raised concerns at the real value of the visits and were unsure of the improvements that could be made whilst carrying out the visits in the current format.

The Ward Managers all spoke highly of the visits and liked receiving their reports which were then used for varying purposes. The PET raised concerns about the differing responses and activity by Ward Managers following the visits.

There was variance in the current value staff and board members said they placed on the reports they received from the PET. Some staff said they find the reports useful, whereas others said that the information currently gathered does not provide useful applicable intelligence.

Whilst it is understood that certain figures must be gathered to meet national guidance there appeared to be a feeling from some people that the ward visits in their current model do not sufficiently represent patient experience nor do they reflect all of the services the Trust offers. Some felt the current model focusses on patient satisfaction rather than the complete patient experience.

Many of the Trusts services are delivered outside of the wards which are currently visited. There was some recognition therefore, that to fully gather patient experience the full spectrum of patient experience should be utilised. This could include, for example, performance against national targets, clinical outcomes, patient satisfaction data, complaints and patient stories.

It appears that at almost all levels there is a recognition that the organisational issues including PEIG payment and membership need to be reviewed. Moving forward this would enhance the PET and PEIG's ability to fully represent the Trusts patients, families and carers to ensure their voice is effectively heard at all levels of the Trust.

Healthwatch Cumbria would like to thank all of those who took the time to speak to the team and the staff involved in the organisation of the one on one interviews and 'Here For You' visits which they attended.