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## Part 1

### Introduction

### Statement on quality from the Chief Executive of Leicestershire Partnership Trust

## Statement on quality from the Chief Executive

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'On behalf of the Board of LPT I am proud to be able to present our 2018/19 Quality Account. The report presents the quality of the services that we provide and reflects the open and transparent culture that we are developing as a Trust. We welcome external scrutiny of our services and in November 2018 we welcomed CQC inspectors into the Trust to provide an assessment of five of our services. This Account presents those findings.

Overall we were rated as 'requires improvement'. We are pleased that the CQC recognised improvement in our mental health services for older people, which was given an improved rating of 'good'. It was disappointing to see the ratings of inadequate for our acute adult mental health services and our rehabilitation services. We acknowledge that there are improvements to be made, in areas including the quality of our buildings and the environments in which we provide care, to ensure they are as safe as possible. We also need to improve the quality of our medicines management. The Board and Executive will continue to focus on this over the coming year.

It is a priority of the Trust Board to establish a process and commitment to continuous quality improvement to ensure that all of our staff have the skills to improve the quality and safety of the care they provide and during this past year we have worked with all of our services to embed this approach. The quality of our services is dependent on how well our staff feel supported, and this year we will be focusing on culture, leadership and inclusion in LPT, ensuring that all our staff feel empowered and valued.

We are committed to ensuring our services are focused around the needs of people, families, and local communities. The experience of our patients and their carer's is critical in providing patient-centered services. This Account gives details of how we understand this experience. The Board is proud of our FFT (friends and families test) scores, with 97% of people who responded over the last year saying they would recommend our service to friends and family.

As a Trust Board we must ensure the services that we provide are safe but also ensuring best value.'

Dr Peter Miller,  
Chief Executive,  
By Order of the Board



## Part 2

# Priorities for improvement in 2019/2020 and statements of assurance

## Statement of Directors' responsibilities in respect of the Quality Account

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The Directors are required, under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements). In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate; with the exception of a matter raised in Part 3 'external assurance on quality indicator testing'.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions and is subject to appropriate review and scrutiny. The Trust was pleased to receive a limited assurance opinion on the CPA 7 day follow up data but recognises that further improvement needs to be made to the data underpinning the percentage of patient safety incidents resulting in severe harm or death (PSI); this has impacted on the data reported for 2018/19. The Trust is committed to improving the robustness of this data in 2019/20.
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Account regulations).

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

24/06/2019.....Date.....Chair





.24/06/2019.....Date.....Chief Executive



**Statement of responsible person on behalf of Leicestershire Partnership NHS Trust**

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To the best of my knowledge the information included in this Quality Account is accurate.



Date: 26/4/19

**Dr Anne Scott**  
**Interim Chief Nurse (1<sup>st</sup> January 2019 -1<sup>st</sup> June 2019)**

## Priorities for quality improvement in 2019/2020

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Improving quality is about making healthcare safer, more effective, patient centred, timely, efficient and equitable. Our central purpose is to provide the highest quality healthcare and promote recovery and hope to our patients. We are committed to improving the quality of our care and the services we provide. Our patients value clinical outcomes together with their overall experience of our services. We want to provide the very best experience for every person using our services.

Our priorities for 2019/2020 will focus on four key areas:

- Engagement Listening and involvement with patients and carers.
- Care Planning
- Reducing avoidable harm
- Discharge and flow

Our quality plan for 2019/2020 is outlined in **figure 1**.

Based on the feedback from the Executive Team (ET) and the Quality Assurance Committee (QAC) with regards to the clinical priorities for LPT over 2019/20 there has been acknowledgment that more work is required to reframe the LPT approach.

This coming year the clinical priorities have resonance across the Trust and therefore will be viewed as a Trust-wide approach rather than being directorate specific. Whilst it is acknowledged that each directorate might need to adapt the improvement ideas to fit the context and resources of their directorate the principles must remain core and the outcomes the same in order to have standardised organisational outcomes. The four priorities as highlighted in **figure 2** are inextricably linked therefore some actions pertaining to a specific domain will be similar however the measures will vary. The outcomes of the four will lead to the delivery of better patient care which we aspire to deliver. By using a quality improvement collaborative approach professionals and teams including patients and carers will be motivated to do something different which will in turn improve the outcomes.

Figure 1- Trust Quality Plan 2019/20

**Trust Vision: To improve the health and well being of the people of Leicester, Leicestershire and Rutland by providing high quality, integrated physical and mental health care pathways**

**LPT Values:**

Respect  
Integrity  
Trust  
Compassion

**Trust Objectives:**

Staff  
Partnership  
Safety  
Sustainability

**Quality**

**Strategy principles:**

**Deliver safe, effective, patient centred care everytime**

Safe

Effective

Person-Centred Care

**Clinical priorities:**

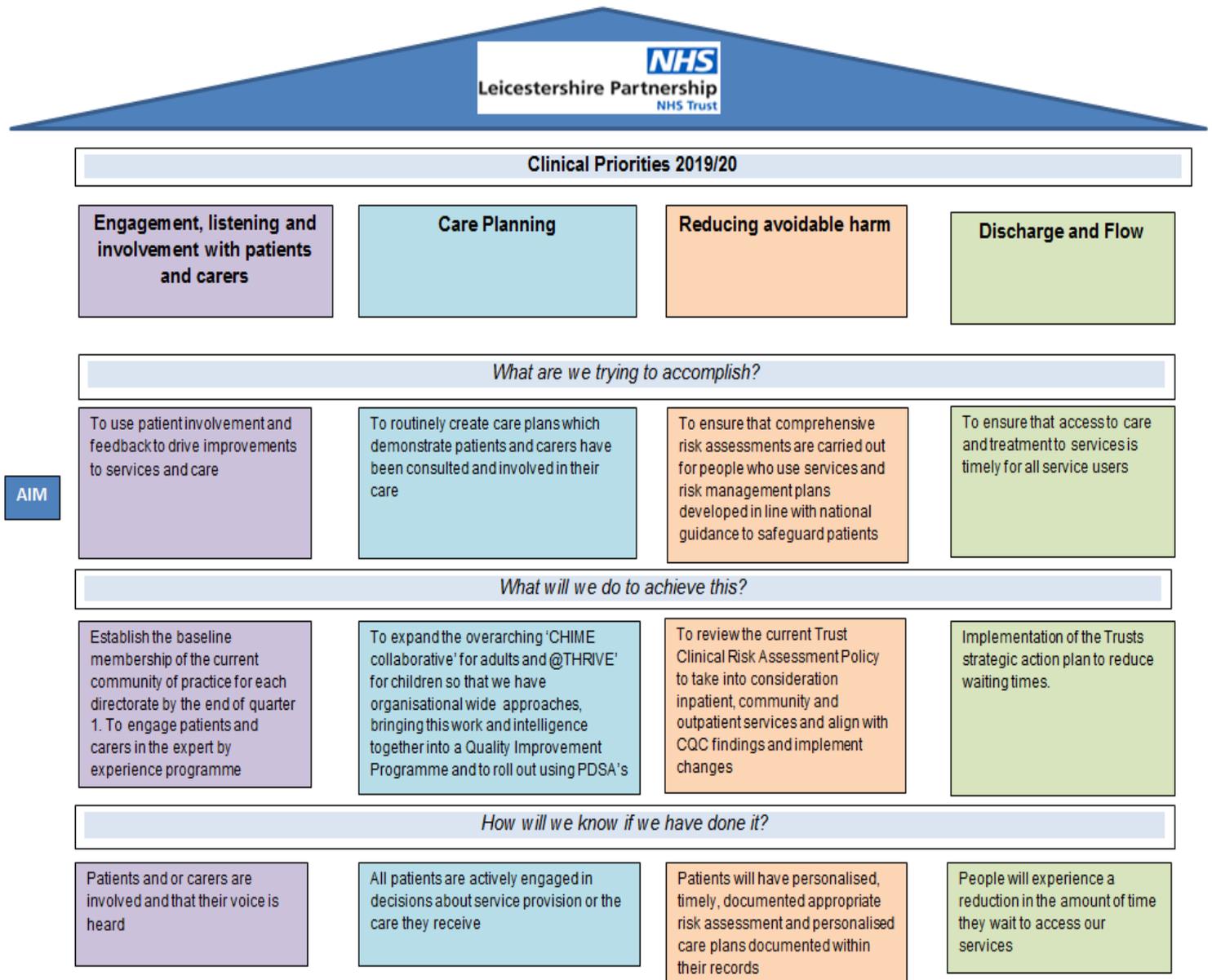
Engagement listening and involvement with patients and carers

Care planning

Reducing avoidable harm

Discharge and flow of patients

**Figure 2 - Quality Improvement clinical priorities 2019/20**



## Quality Improvement

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Leicestershire Partnership NHS Trust continues to strengthen its approach to quality improvement (QI). The Director of Nursing and Medical Director are working together collaboratively to provide executive leadership to embed the Trust quality improvement approach. The Trust is currently in the consultation phase of developing the approach with clear timescales for each phase. Much quality improvement work has been undertaken within the organisation already and we are implementing a consistent approach and framework to support quality improvement and facilitate shared learning and finally for quality improvement to become business as usual in all of our functions. There will be a virtual team using an umbrella approach to provide a single point of access for accessing support. Recovery principles and service user involvement will be central to this approach which will be linked with our other key initiatives such as our culture programme and innovation.

## Delivering our quality improvement priorities

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The Trust Board is committed to achieving excellence and members discuss quality performance at every Trust Board meeting. We will report and monitor our progress against delivery of the clinical priorities at the Quality Assurance Committee (QAC), which is a Trust Board Committee. The QAC provides advice and assurance to the Board in relation to quality performance.

The QAC shapes, influences and provides overall assurance about the quality of our services and reports any concerns to the Board.

The clinical priorities identified match the CQC findings and action plan. Rather than duplicate work this year the action plan will act to serve both pieces of work.

## Part 3

# Review of quality performance in 2018/19

## Review of services

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During 2018/19 Leicestershire Partnership Trust provided and/or subcontracted 100 relevant health services. Mental Health and Learning Disabilities account for 59 services and Community Health Services make up the remaining 41. See full list in **Appendix 1**.

LPT has reviewed all the data available on the quality of care in 100 of these relevant health services, both for services directly provided and for those services subcontracted. Robust monitoring both externally with commissioners (via contractual requirements to monitor clinical quality performance indicators) and internally (via performance reviews and quality reports) ensures the highest standards are adhered to in the areas of infection control, patient safety, service user and carer experience, safeguarding, clinical effectiveness and compliance with regulatory requirements.

The income generated by the NHS services in 2018/19 represents 100 per cent of the total income generated from the provision of NHS services by Leicestershire Partnership Trust for 2018/19

## How we have reviewed our services in 2018/19

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Board members remain visible in our services. During 2018/19 we had two new Executive Directors; Medical Director and Director of Finance. We welcomed a new Non-Executive Director who represented Leicester University. From 1 April 2018 there were new Healthwatch arrangements for Leicestershire and Leicester City, and a representative for both has contributed to the monthly Trust Board meetings as a participating observer.

The last year has seen an increasing number of staff observers at the public Board meetings for staff development. Such initiatives and other leadership programmes are supported strongly by the Board. Staff and public engagement from the Board is further strengthened by our Communication Team tweeting news from the public Board meetings.

We run an established programme of Board Walks every month where Board Members visit services to see the day to day activities of frontline staff and meet with patients to hear about their experiences. Board Walks build communication and engagement between the Board members and staff whilst highlighting areas of good practice and areas where changes may be required.

During 2018/19, Board members completed 84 visits to our services; FYPC received 18, CHS received 29 AMH/LD received 32 and corporate services received 5 Board Walks.

Commissioners are visible in our services as they undertake quality visits. During 2018/19 there were four Commissioner-led visits to our services. The visits were undertaken to gain assurance of the “quality” of our services and reports and actions are fed back to our commissioning bodies. Other regulatory organisations

visited including the Nursing and Midwifery Council (NMC) as part of their accreditation to offer undergraduate nurse training at Leicester University.

### Participation in clinical audits

During 2018/19, 8 National Clinical Audits and 1 National Confidential Enquires covered NHS services that LPT provides. During that period, LPT participated in 100% of National Clinical Audits and 100% of National Confidential Enquiries of the collective national clinical audits and national confidential enquiries which it was eligible to participate in.

The national Clinical Audits and National Confidential Enquiries that LPT was eligible to participate in during 2018/19 are as follows.

Title
EIP Spotlight Audit
Sentinel Stroke National Audit Programme (SSNAP)
Chronic Obstructive Pulmonary Disease (COPD) re-audit
National Clinical Audit of Anxiety and Depression - NCAAD
POMH Topic 6d Assessment of the side effects of depot/ LAI antipsychotics
POMH 16b Rapid tranquilisation
POMH 7f Monitoring of patients prescribed lithium
POMH Topic 18 Use of clozapine
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)

The national clinical audits and national enquiries that LPT participated in and for which data collection was completed during 2018/19 are listed below. Alongside this are the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title	Number of cases submitted as a percentage of the number of registered cases required
EIP Spotlight Audit	100%
Sentinel Stroke National Audit Programme (SSNAP)	100%
Chronic Obstructive Pulmonary Disease (COPD) re-audit	100%
National Clinical Audit of Anxiety and Depression - NCAAD	32% *unable able to secure enough submissions by the short deadline

POMH Topic 6d Assessment of the side effects of depot/ LAI antipsychotics	100%
POMH 16b Rapid tranquilisation	100%
POMH 7f Monitoring of patients prescribed lithium	100%
POMH Topic 18 Use of clozapine	100%
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	100%

The reports of three National Clinical Audits were reviewed by LPT in 2018/19 and the following actions are planned to improve the quality of healthcare provided.

National Audit Title	Actions to be taken
Chronic Obstructive Pulmonary Disease (COPD) re-audit	Review service provision of rolling verses block programmes. Contact patients by phone, offer alternative venues where appropriate. Introduce telephone triage for all new assessments one week prior to attendance; telephone triage questionnaire added to SystmOne.
2017 Parkinson's audit	Develop group work education sessions by MDT. Gather PD patient information leaflets from PUK with local information to give to patients on contact. Formulation of PD information packs to be provided on initial assessment with PD patients/carers. Develop group work education sessions by CINSS MDT (PT, OT, Dietician, SLT, Psychologist).
POMH Topic 15b Prescribing Valproate for Bipolar	Roll out of the Pregnancy Prevention Programme in LPT.

The reports of 73 local Clinical Audits were reviewed by LPT in 2018/19 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Actions to be taken
<p>Diabetic Foot Screening (Mental Health) audit (#1317)</p> <p>The audit was to assess compliance with the Trust Diabetic Foot Screening policy, within Mental Health &amp; Learning Disability inpatient settings.</p>	<p>Rio form to have a text box to clearly state if a patient refuses or is unwell – Staff can record planned re attempts and further refusals.</p>
<p>Key Components of Care within the SLT Service for Children with Dysphagia (#1525)</p> <p>This Audit aimed to measure quality against locally-agreed standards of care within LPT paediatric dysphagia service, including response to referral, quality of assessment and communication of plan to others.</p>	<p>Include sections or subheadings which act as prompts to include key information such as hypothesis, level of risk and aims of intervention within the SystemOne templates for Dysphagia First Appointment and Report.</p> <p>Roll out central booking into clinic-based service for children with dysphagia.</p>
<p>Cognitive Assessment of Inpatients on Organic and Functional wards within MHSOP (#1560)</p> <p>This audit was to measure the quality of the assessment and monitoring of inpatients on the MHSOP wards.</p>	<p>Poster developed and displayed in staff areas/ offices. To be included in junior doctors induction pack.</p>
<p>NICE Spasticity (#1573)</p> <p>The aim of this audit was to identify current practices and to develop a local pathway in line with the NICE recommendations.</p>	<p>Create an Aide Memoire and place this on SystemOne under the 'document library' for future reference/ reminder to clinicians.</p>
<p>Quality of Review Health Assessments in LAC (#1632)</p> <p>This audit focused on the records and RHAs written by LPT LAC Nurses and Public health/ health visitors to ensure the quality of the RHAs was to the standard required.</p>	<p>Create induction packs for Band 5 staff.</p> <p>Ensure 1-to-1 supervisions with CTL.</p>
<p>Improving the assessment of wounds CQUIN 4 (#1695 and #1696)</p> <p>This indicator aimed to increase the number of wounds, which had failed to heal after 4 weeks, that received a full wound assessment.</p>	<p>SOP and OP to be distributed electronically to all community staff.</p> <p>Create a quick reference guide (QRG) for downloading clinical photos from phone to patient record, then disseminate the QRG to staff.</p>

## Clinical audit key achievements

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Providing high quality care means making the best clinical decisions to achieve the best patient outcomes. Undertaking Clinical Audit provides us with an opportunity to assess the effectiveness of clinical care and also enables continuous quality improvement.

During 2018/19, the Trust's Clinical Audit Team supported 194 audits and achieved a 56% re-audit rate. Nearly 500 audit criteria have been used to re-audit whether standards have been applied to practice, for the benefit of patients in our care. Re-auditing after changes have been made enables clinical staff to demonstrate change and identify those areas where further improvement is required.

Key Achievements in 2018/2019:

- We achieved a 56% re-audit rate
- We supported 194 audits.
- 100% of inpatient falls were clearly documented.
- 100% of looked after children had an Initial Health Assessment that evidenced that the carer's and child's concerns and comments had been sought and recorded.

## Quality improvement as a result of clinical audit

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Clinical audit measures compliance against best-practice procedure, for example NICE guidelines. Following best-practice produces best quality care for our patients and service users. Below are some examples of high compliance that was achieved following significant improvement as a result of clinical audits.

- 100% of MHSOP shift-to-shift handover sheets were updated immediately prior to the handover meeting, which is a 44% improvement
- 99% of CT brain request forms in Memory Services East had an indication of urgency, which is a 35% improvement. Indicating image request urgency helps to prioritise patients with acute brain injury. National Dementia guidelines recognize early diagnosis is associated with better prognosis.
- 100% of looked-after children were offered the opportunity to be seen alone, which is a 14% improvement
- Audit results are communicated to staff in a variety of ways including team meetings, staff briefings and communication posters which provide staff with a snapshot of the key results.
- We deliver a Clinical Audit for Quality Improvement training course twice a year and are developing a suite of training courses in other quality improvement techniques.
- We were the host Trust for the POMH UK Regional Workshop in Birmingham in November 2018, delivering a presentation on Quality Improvement in Prescribing Practice via LPT's participation in POMH QIPs
- We regularly attend East Midlands Clinical Audit Support Network meetings.

## Participation in clinical research

LPT continues to provide our service users and carers the opportunity to participate in research in the knowledge that this enhances care, enables services to deliver innovative interventions and contributes to the development of staff.

We are committed to developing, hosting and collaborating with local, national and international research through our partnerships with academic and other NHS organisations as part of the National Institute of Health Research (NIHR), in particular with the Clinical Research Network: East Midlands (CRN:EM), Collaboration for Leadership in Applied Health Research and Care: East Midlands (CLAHRC:EM) and East Midlands: Academic Health Science Network (EM:AHSN). Our research profile includes projects adopted across a number of areas including Children, Dementia and Neurodegenerative Diseases, Diabetes, Cardiovascular Disease & Stroke Learning Disabilities, and Mental Health.

The number of patients receiving relevant health services provided or sub-contracted by LPT in 2018/19 that were recruited to participate in portfolio studies approved by a research ethics committee as of January 31st, Portfolio Recruitment credited to LPT was 466 (EDGE – local data) and 464 (ODP – national data)

The portfolio studies hosted by the Trust in 2018/19 are listed in the table below:

Title/Acronym	Key aim/principle of study
AD Genetics	Detecting Susceptibility Genes for late and early onset Alzheimer's disease
Adult Autism Spectrum Cohort Study	Autism Conditions in Adulthood – Learning about lives of adults on the autism spectrum and their relatives
ALLERGENS	Attitudes, beliefs and understanding of food allergy in children and adolescents
ANX-CAMHS	Psychological treatment of anxiety in adolescence: the views of CAMHS clinicians
ASTECC	Supporting Memory Services to enable people with dementia and their families' timely access to Assistive Technology
Attachment and mentalization	Attachment and mentalization as predictors of outcome in family therapy for adolescent anorexia nervosa
Bariatric Surgery	A qualitative study of potential differences in access to bariatric surgery for minority ethnic patients
BCPPA	Better Conversations with Primary Progressive Aphasia (BCPPA): Communication training to keep families together.
BDR	Brains for Dementia – Longitudinal assessment of potential brain donors
BiPOLAR (NICE)	Implementing NICE Guidelines on bipolar disorder into routine health care: integrated managed innovation

	network approach versus other implementation approaches.
CIRCUITS	Enhancing Cognition and quality of Life in the early PSychoSEs (ECLIPSE) - Study 7: Evaluation of a new online Cognitive Remediation Therapy (CIRCuiTS) training programme for Mental Health Professionals
CoACTION	A Multinational comparative study to assess what cultural adaptations are made in clinical interactions by clinicians in different settings to ensure appropriate communication with diverse populations
CREATE	Comparing a reusable learning object with face-to-face training for occupational therapists in advising on fitness for work
Cultures of Openness	Building a culture of openness across the healthcare system: From transparency through learning to improvement? Work stream 2: Openness in practice: actions, experiences and consequences
DAWN-SMI	The psychosocial impact of diabetes and diabetes care provision for people with severe mental illness: a patient, carer and healthcare staff survey
DEMCOM	DEMCOM: National Evaluation of Dementia Friendly Communities ( <i>to identify whether DFCs support people living with dementia and their carers to maintain their independence and feel valued members of their local community</i> )
DIAMONDS-QUEST	Developing and evaluating a diabetes self-management intervention for people with severe mental illness: The DIAMONDS programme (Diabetes and Mental Illness, Improving Outcomes and Self-management): QUEST (Qualitative Exploration of Self-Management in Severe Mental Illness and Long-term Conditions)
DLB	Detecting Susceptibility Genes for Dementia with Lewy Bodies
FEEDS	FEEDS: Focus on early eating, drinking and swallowing
FiNCH	A multi-centre cluster randomised controlled trial to evaluate the Guide to Action Care Home fall prevention programme in care homes for older people.
DEME 3728 LEGATO-HD	A multicentre, multinational, randomised, double blind, placebo controlled, parallel group study to evaluate the efficacy and safety of Laquinimod (0.5, 1.0 and 1.5 mg/day) as treatment in patients with Huntington's Disease ( <i>Participant Identification Centre</i> )
DYSPHAGIA & STROKE	How does variation in assessment and management of dysphagia in acute stroke affect the development of stroke associated pneumonia?

EMBEDDED	Optimising the impact of health services research on the organisation and delivery of health services: a study of embedded models of knowledge co-production in the NHS.
ENROLL-HD	Enroll-HD: A Prospective Registry Study in a Global Huntington's Disease Cohort
EUPATCH	The role of feedback on Adherence to Amblyopia treatment version
FLUENZ 2018	Passive Enhanced Safety Surveillance (ESS) of Quadrivalent Live Attenuated Influenza Vaccine (QLAIV) Fluenz Tetra in Children and Adolescents during the early 2018/2019 Influenza Season in England
iCST	Adapting individual Cognitive Stimulation Therapy (iCST) for dementia for delivery by a web-application
Journeying Through Dementia	A randomised controlled trial of the clinical and cost-effectiveness of the Journeying through Dementia intervention compared to usual care
Genetic Research into Childhood Onset Psychosis	This study is designed to investigate genes underlying childhood onset psychosis. We are recruiting children or adults that have had a diagnosis of a psychotic illness at age 13 or younger.
Lifestyle Health & Wellbeing Survey	The aim of this survey is to provide information about the health and wellbeing of people with Severe Mental Illness. The Lifestyle Health and Wellbeing Survey has two main objectives. 1. To benchmark current health related behaviours of people with severe mental ill health 2. To provide a platform for future research with this population
Managing Medicines	Managing medicines for patients with serious illness being cared for at home
mATCH	People with autism detained within hospitals: defining the population, understand aetiology and improving care pathways.
MINDSHINE 3	MindSHINE 3: A definitive randomised controlled trial investigating two online wellbeing interventions to reduce NHS staff stress
MOLGEN	Molecular genetics of adverse drug reactions: from candidate genes to genome wide association studies
ORBIT	Therapist-guided, parent-assisted remote digital behavioural intervention for tics in children and adolescents with Tourette syndrome: an internal pilot study and single-blind randomised controlled trial
PHISICAL	Physical activity Implementation Study In Community-

	dwelling Adults (PHISICAL) ( <i>Participant Identification Centre</i> )
PPIP2	Prevalence of neuronal cell surface antibodies in patients with psychotic illness
PRE-APPOINTMENT	Describing and specifying pre-appointment written materials as an intervention: a survey of pre-appointment materials used by children's therapy teams in the UK
PROBATION & Health	Measuring and Improving the Health and Quality of Healthcare for Offenders on Community Sentences: Developing Recommendations for Commissioners and Practitioners
PROUD	Co-Morbid Conditions in ADHD
PTSD & Childhood	Post-Traumatic Stress Disorder in Childhood and Adolescence: A Survey of the Training Needs of Clinicians and Predictors of Evidence-Based Practice
QUOTA	Optimising medication management in children and young people with Attention deficit hyperactivity disorder (ADHD) using an objective measure of attention, impulsivity and activity (QbTest): a feasibility study
ReCOLLECT	Recovery College Characterisation and Testing
ReTAKE	RETurn to work After stroKE (RETAKE). Early vocational rehabilitation compared with usual care for stroke survivors: an individually randomised controlled multi-centre pragmatic trial with embedded economic and process evaluations
The effect of cannabis use on brain function in early psychosis	This study will investigate brain glutamate in a group of patients with psychosis who use cannabis and compare them to patients who do not and another group of healthy volunteers. We will undertake a brain scan known as magnetic resonance spectroscopy for this.
SCALS	The Oxford Telehealth Qualitative Study (Case 3 in the SCALS - Studies in Co-creating Assisted Living Solutions - study)
SUICIDE	Study of Suicide in the Criminal Justice System: Nested Case-Control (Prof Jenny Shaw (Manchester))
	In-patient suicide whilst under non-routine observation (Prof Jenny Shaw, Manchester)
TANDEM: Tailored intervention for anxiety and depression management in COPD	A tailored, cognitive behavioural approach intervention for mild to moderate anxiety and/or depression in people with chronic obstructive pulmonary disease (COPD): A randomised controlled trial
TIARA	A sham-controlled randomised feasibility study of repetitive transcranial magnetic stimulation (rTMS) as an adjunct to

	treatment as usual (TAU) in adults with severe and enduring anorexia nervosa (SEED-AN)
TRIANGLE	A novel patient and carer intervention for Anorexia Nervosa ( <i>LPT is the leading recruitment site in the UK</i> )
VASCULAR PREFERENCES	The design, development and commissioning of patient focused vascular services.

Sixteen clinical staff members participated as Principal Investigators in portfolio research approved by a research ethics committee at LPT during 2018/19. These staff participated in research covering a range of specialties including old age psychiatry, adult mental health, children, learning disability, child and adolescent mental health and public health.

In the last three years we have not had any National Institute of Health Research (NIHR) funded Chief Investigators within the Trust. However our staff have been disseminating their research through various publications, showing commitment to transparency and desire to improve patient outcomes and experience. Thirty five articles have been published in 2018 in a wide range of journals.

A full list of all research activity is available upon request via email to: [research@leicspart.nhs.uk](mailto:research@leicspart.nhs.uk)

### Quality improvement as a result of research and development

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We utilise research to improve the quality of care for our service users. There are a number of examples of how research has improved the quality of care for service users.

**FYPC Occupational Therapist** explored young people’s views on an occupational therapy outcome measure when accessing group work in child and mental health services. The increase in the use of mental health services by children and young people is recognised but improvement in services is required. There is a need to build the evidence base to improve the quality of care and use of outcome measures are key tool to achieving this.

The Canadian Occupational Performance Measure (COPM) is one such standardised tool and was introduced into occupational therapy group work in a child and adolescent mental health service. This service evaluation aimed to explore young people’s views of using COPM.

A qualitative approach was used with purposive sampling technique to recruit five young service users who had experience of using COPM in group work. Semi structured interviews were conducted, and their content analysed using thematic analysis.

Several themes emerged. The participants reported some initial reservations about using COPM. However, they found having to give themselves a rating before and

after involvement in group work gave them a sense of purpose and personal achievement.

COPM has since been introduced with other treatment groups ensuring a systematic approach to measuring outcomes and goal setting enabling the service to begin to measure the effectiveness of their interventions.

**Senior Dietitian in the Home Enteral Nutrition Service (HENS)** carried out a qualitative research study to explore the experiences of patients and carers of those using blended diet via gastrostomy tube. Standard practice is the use of commercial prescription formula whilst blended diet is the use of home prepared foods liquidised to a puree consistency and given via a gastrostomy. Blended diet is not currently recommended due to the lack of evidence for its use; however, there are growing numbers of patients choosing to feed in this way and reporting the benefits of doing so.

The HENS caseload was screened for patients who are currently using blended diet via gastrostomy or have done so in the past. Patients and their carers were invited to take part in a one off semi structured interview based on their experience of using blended diet. 6 of 15 participants invited took part in the study; the interviews were recorded and transcribed before being analysed for common themes. Results were largely positive with multiple reported benefits in both physical health and social inclusion; advantages were reported in the absence of or outweighing any disadvantages. Care-givers were focused on using family foods which was felt to provide social benefits to both patients and their carers in normalising enteral feeding. There remains limited evidence to allow health professionals to recommend blended diet as an alternative to standard practice. However, this study suggests that there may be benefits to others within this patient group which warrants investigation.

### Goals agreed with Commissioners - Use of contractual arrangements

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Local authorities, West Leicestershire Clinical Commissioning Group, East Leicestershire and Rutland Clinical Commissioning Group and Leicester City Clinical Commissioning Group (CCGs) commission services on behalf of people living in Leicester, Leicestershire and Rutland. As part of our relationship with the three Clinical Commissioning Groups we have agreed quality targets and goals and these are translated into a Quality Schedule and a Commissioning for Quality and Innovation (CQUIN) payment framework. Progress against delivery has been monitored by our Commissioners on a monthly basis through formal meetings and visits to review our services in 2018/19. Commissioners assess multiple local and national quality requirements against agreed thresholds. Any thresholds not met are discussed and actions identified to improve services. The Trust's Quality schedule for 2019/20 is being finalised with our commissioners. Further details of the Quality Schedule for 2018/19 can be requested via email to: [feedback@leicspart.nhs.uk](mailto:feedback@leicspart.nhs.uk)

## CQUIN Outcomes

A proportion of LPTs income in 2018/19 was conditional on achieving quality improvement and innovation (CQUIN) goals between West Leicestershire Clinical Commissioning Group, East Leicestershire and Rutland Clinical Commissioning Group and Leicester City Clinical Commissioning Group for the provision of NHS services, through the commissioning for Quality and Innovation payment framework.

CQUINS for 2018/19 were a continuation of 2017/18 projects. The Trust agreed ten national CQUIN goals with our Commissioners. At the time of publishing the Quality Account, the overall achievement for the 2 years projects are in the process of being agreed and finalised with Commissioners.

	<b>CQUIN</b>	<b>DESCRIPTION OF GOAL</b>	<b>OUTCOMES (*awaiting final sign off)</b>
<b>1</b>	1a Staff health & well-being	The National NHS staff survey will provide evidence that the mental health, physical activity and MSK schemes have had a positive impact on staff wellbeing	<b>Target not met</b> - Unable to maintain the high levels achieved in 2016/17. LPT is committed to maximising the health and wellbeing of its staff with a focus on culture, leadership, intervention and prevention and promoting healthy lifestyles.
	1b Healthy food for NHS staff, visitors and patients	To reduce the availability of sugary drinks and foods high in fat, sugar and salt	<b>Fully achieved</b> -LPT has banned the promotion and availability of drinks and foods high in sugar, salt and fat in vending machines and hospital based outlets.
	1c Improving the uptake of flu vaccinations for front line clinical staff	To immunize 70% of front line staff	<b>Partially achieved</b> - 54% of front line health care workers were vaccinated against flu (target 70%). A programme of work is being devised to achieve the 80% target for 2019/20
<b>2</b>	2a To improve physical healthcare to reduce premature mortality in people with serious mental illness	To improve the cardio metabolic assessment and treatment for patients with psychosis	<b>Fully achieved</b> -100% of mental health in patients and over 75% of community mental health patients received cardio metabolic assessment and treatment.
	2b To improve communication to General Practitioners in patients with serious mental illness(SMI)	To improve discharge summaries for patients on CPA	<b>Fully achieved</b> - A SMI Physical Health Check Shared Care Protocol between LPT and primary care has been agreed and there has been 5% improvement compliance from 92% to 97% Good communication improves outcomes for patients.

3	Improving services for people with mental health needs who present at A&E	To reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit	<b>Fully achieved</b> – There has been a 58% reduction in A&E attendances of patients within a selected cohort of frequent attenders from 2016/17 baseline who would benefit from mental health and psychological
4	Transition out of Children’s and Young People’s Mental Health Services	To improve the experience and outcomes of young people as they transition out of Children’s and Young People’s Mental Health Services	<b>Partially achieved</b> – A system has been set up to facilitate all young people having a transition plan and joint meeting prior to transition into adult mental health services. Ongoing work with the all age transformation project and continued monitoring in 2019/20
6	Preventing ill health from alcohol and tobacco use	To improve alcohol and tobacco screening, advice and referral	<b>Fully achieved-</b> Targets have been met relating to tobacco and alcohol screening and brief intervention and advice for smoking. <b>Partially achieved-</b> alcohol intervention and advice. Promoting smoking cessation and reducing alcohol consumption can improve patients overall health and well-being.
7	Improving the assessment of wounds	To increase the number of wounds that have failed to heal after 4 weeks that receive a full wound assessment	<b>Fully achieved</b> – The clinical audit demonstrates an improvement in the number patients with chronic wounds who have received a full wound assessment. This ensures appropriate treatment and can reduce wound healing times.
8	Personalised care and support planning	To introduce personalised care and support planning conversations for patients undergoing pulmonary rehabilitation	<b>Fully achieved</b> – All relevant staff have undertaken training in personalized care and support planning 97.5%of patients undergoing pulmonary rehabilitation had care and support planning conversations with staff.

### Further information on CQUINS

CQUIN guidance for 2019/20 was published in March. For 2019/20 there are five national CQUINs which have been agreed with commissioners as part of the 2019/20 contract.

Further details of the CQUIN programme for 2017/19 can be requested via email to: [feedback@leicspart.nhs.uk](mailto:feedback@leicspart.nhs.uk)

## Care Quality Commission (CQC)

Leicestershire Partnership NHS Trust is required to register with the Care Quality Commission and it is currently registered to provide the following conditions on registration:

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning
- Surgical procedures
- Treatment of disease, disorder or injury

Leicestershire Partnership NHS Trust has not had any conditions placed on its registration over 2018 / 19.

The Care Quality Commission (CQC) report published in February 2019 relates to the inspection dated 19<sup>th</sup> November 2018 to 13<sup>th</sup> December 2018. The report describes the CQC's judgement of the quality of care provided with respect to the Trust's well led framework and the following five core services;

- Acute wards for adults of working age and psychiatric intensive care units
- Community-based mental health services for older people
- Specialist community mental health services for children and young people
- Long stay / rehabilitation mental health wards for working age adults
- Wards for people with a learning disability or autism.

Overall, the rating stayed the same as Requires Improvement and for Caring the rating was good however the majority of services inspected the ratings were Requires Improvement and there was a decline in the rating for Well-Led from Requires Improvement to Inadequate. In 2019/20 the Trust is implementing 'Step up to Great' which includes improving leadership.



There were a number of positives included within the report, such as the community based mental health service for older people which achieved a Good rating for all 5 CQC domains; the report also highlights areas that exhibited examples of outstanding practice. However, the Trust received a number of enforcement actions within the inspection report and warning notice published on the 30<sup>th</sup> January 2019. The Trust continues to liaise with the CQC to make sustained improvements across the key areas identified.

There are nine areas where systems and processes are not operated effectively across the Trust to ensure that the risk to patients is assessed, monitored, mitigated and the quality of healthcare improved. These relate to;

- Access to treatment for specialist community mental health services for children and young people.
- Maintaining the privacy and dignity of patients and concordance with mixed sex accommodation.
- Environmental Issues
- Fire safety issues
- Medicines Management
- Seclusion environments and seclusion paperwork
- Risk assessment of patients
- Physical healthcare
- Governance and learning from incidents

The Trust has responded to all of the concerns identified with an immediate improvement plan and has adopted a long-term quality improvement programme to address each of the areas highlighted above and ensure sustainability. This has been compiled in consultation with the services and key stakeholders.

CQC inspection reports can be accessed at <http://www.cqc.org.uk/provider/RT5>  
**CQC Ratings Posters**

A summary of all CQC ratings is shown as Appendix 2. A comprehensive action plan has been drawn up and improvement actions are being implemented. Our progress is monitored monthly through our Trust Board and Quality Assurance Committee.

### **CQC Mental Health Act Commissioner visits in 2018/19**

By law, the Care Quality Commission (CQC) is required to monitor the use of the Mental Health Act 1983 (MHA) to provide a safeguard for individual patients whose rights are restricted under the Act. During every visit the expected standards of practice as defined by the MHA Code of Practice (2015) are considered.

In 2018/19 the CQC MHA Reviewer completed the following visits:

<b>LOCATION:</b>	<b>DATE OF VISIT:</b>
Griffin Ward	05/04/18
Kirby Ward	19/04/18
CAMHS – Ward 3	26/04/18
Langley Ward	12/07/18
Phoenix Ward	25/09/18
Maple Ward	04/10/18
Agnes Unit	29/10/18
Gwendolen Ward	24/01/19
Coleman Ward	04/02/19
Welford Ward	28/02/19
Acacia Ward	05/03/19
Sycamore Ward	15/03/19
Cedar Ward	25/03/19

The top 4 themes that can be drawn from the MHA reviews are as follows:

- Patients have not been given a copy of their Section 17 Leave form.
- Patients need to be involved in writing and reviewing their care plans.
- Dormitories do not afford patients privacy and dignity.
- Patients should be given information regarding Section 132.

The Trust's CQC action plan includes actions to improve services based on the findings of the MHA visits.

## Data quality

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Leicestershire Partnership Trust is taking action to continually improve data quality through a significant programme of work which commenced in 2016/17 to review and improve all aspects of the information lifecycle. This solution incorporates clinical systems training, system configurations, data entry improvement and a review of how staff use their performance data to inform improvements to patient care. This programme is supported by the Chief Clinical Information Officer (CCIO) who has a specific remit for improving data quality.

The Trust continues to build self-service on-line web-based reporting of core indicators to support staff to deliver high quality care; and continually reviews its Information Management and Technology Strategy to ensure it underpins the Trust's objectives and service development plans.

The data quality policy – supported by the record keeping and care planning policy - provides clear responsibilities pertaining to data quality for all staff across the Trust.

## Waiting Times

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The Trust is focused on improving waiting times for our services and monitors this through the Integrated Quality and Performance Reports (IQPR) and a specific reporting to Trust Board. Directorates continue to prioritise the roll-out of best practice weekly monitoring which enable us to focus on reducing waiting times. A wait times review group has been established to focus support on services with long waits to support the Trusts endeavor to reduce wait times for patient.

## Use of NHS number

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Leicestershire Partnership NHS Trust submitted records during April 2018 to March 2019 the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

March 2019 data to be submitted in April/ May 2019 in line with national submission deadlines

**The percentage of records in the published data which included the patient's valid NHS number for the Trust was:**

- 100 % for outpatient care (as of February 2019)
- 100 % for inpatient care (as of February 2019)

The percentage of records in the published data which included the patient's **valid General Medical Practice Code** was:

- 100% for admitted patient care (as of February 2019)
- 99.9% for outpatient care (as of February 2019)

### Information Governance

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The Trust has developed its Data Security and Protection Framework in line with the new Data Security and Protection Toolkit which replaced the Information Governance Toolkit on 1 April 2018. The Toolkit is based on the National Data Guardian Standards and assesses the organisations against these standards as well as embedding aspects of the EU General Data Protection Regulation and Data Protection Act 2018.

Leicestershire Partnerships Data Security and Protection Toolkit Assessment Reports overall as Standards not fully met (Plan Agreed).

### Clinical coding error rates

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With the move to a single electronic patient record, the Trust continues to explore how it will transition to SNOMED CT.

Leicestershire Partnership NHS Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

### Transformation: Single Electronic Patient Record (EPR)

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The Trust currently uses a number of systems for the longitudinal collection of patient demographic information, test results, care plans, contemporaneous professional summaries and clinical outcomes. The Trust took the decision in May 2018 to migrate to having a single electronic patient record by March 2020, to undertake e-prescribing within that system by March 2021 and to maximise paper-free at the point of care by March 2021. The Trust has allocated a £2.1 million budget for the work and a multi-disciplinary project team has been recruited to lead and support the change. The main milestones expected in 2019/20 are the rolling out of e-observations across all inpatient areas, the migration of mental health services onto the single record, digitising care plans in community hospitals, removing fax machines from clinical areas and using SNOMED as the primary clinical coding tool.

### Adult Mental Health (AMH)- Transformation



### LPT All Age Transformation - The journey so far

The LPT All Age Transformation Programme launched around 18 months ago, with the ultimate aim to transform our mental health and learning disability services to deliver excellent, high-quality integrated care and a better experience for all. The programme has been focused on creating a design of services that would add more value to service users, reduce duplication and delays in care in readiness to implement changes in 2020/21. Across the last year, it has undertaken over 60 days of co-design workshops bringing together hundreds of staff, service users, carers, external stakeholders and undertaken detailed analysis of data and observing how things work at the moment across teams. There are many features that have been designed including:

- a central access point for all ages to make it easier for individuals to gain access to mental health support when they need it
- An all age crisis assessment that means that individuals of all ages have their mental health crisis assessed
- a new assessment approach involving multiple professionals from the most appropriate specialties to reduce the number of appointments needed to be able to start treatment
- new intervention pathways that set out the intervention best practice interventions for individuals presenting with particular set of needs and the likely journey they might have – recognising that everyone is different. This is to increase the consistency of care that we offer.
- A 'scaffolding' approach that can bring experts from across different specialty and teams together to support individuals when needed
- A single Wellness Recovery Action Plan for each service user that includes their Care plan, safety plan, recovery goals and advanced directives. This will help join up support for service users, improve communication with other key partners (such as GPs) and be co-created with service user's.

- Development of new peer support worker roles, for individuals with lived experience of mental health to support current service users as part of the wider multi-disciplinary team. This will include a new programme for preparing some individuals as they leave our services with skills and confidence to be more able to apply for peer support worker roles
- Providing better information and support for frontline workers on supporting other needs (e.g. benefits, housing, etc.) and social prescribing. This is expected to more consistently facilitate service users to access support for their other non-clinical needs and reduce some of the elements affecting their health. This should also increase capacity within clinical staff to undertake mental health interventions.

### **Community health services (CHS) - transformation**

Building on Coordinated CHS Transformation Programme within community nursing has been undertaken in the last 18 months reviewing planning and allocation of visits, caseload management and improved data quality. The aim has been about ensuring the **Right staff, right skills, right place, at the right time to provide high quality care, improved outcomes and a better experience for all.**

Benefits realised so far include:

- District nursing teams have seen fewer missed visits since the introduction of autoplanner.
- Weekly Board rounds to discuss patients on the caseload with peers and a senior nurse.
- Each hub has performed in depth caseload reviews that look at the type and balance of work across the week. To avoid one day being 'heavier' than others and also to balance the staffing according to the caseload.
- Appropriately trained HCA's within the service are now administering insulin to patients who need this support, within identified parameters.
- Paper documentation has been reviewed and there is now a minimum data set for patient held records, this is a front sheet, care plans, significant changes sheet and medication authorisations/charts.
- All patients now have an accurate up to date care plan (autoplanner needs the care plan to plan a visit); only active patients are on the caseload. All care plans have been reviewed.
- All staff bandings have a set of skills to work towards; these are then 'ticked' within SystmOne, thus greater visibility of gaps in a staff skills.

This work has culminated in a National Autoplaner conference held in conjunction with LHS and TPP with just under 100 delegates from 38 trusts or organisation attending. Facilitators included staff working in hubs, matrons and wider transformation team.

### **National Staff Survey 2018**

#### **Staff experience of harassment, bullying or abuse from other staff (Staff Survey Key Finding KF 26)**

Overall, 19.1% of staff told us, through the 2018 NHS Staff Survey, that they had experienced harassment, bullying or abuse from other staff in the last 12 months; similar to 2017 (20.4%).

Due to changes in the way that NHS England reports the NHS Staff Survey findings, the 2018 figure on harassment, bullying or abuse from other staff in the last 12 months has not been benchmarked against similar Trusts (the figure has only been provided for the purposes of comparison with the previous survey year). However, the summary figure on harassment, bullying or abuse from other staff was derived by combining two staff survey questions, one that addresses harassment, bullying or abuse from managers and one that addresses harassment, bullying or abuse from other colleagues. Figures for these individual questions are available for comparison with the 2018 national benchmark for combined Mental Health / Learning Disability and Community Trusts: 9.3% of LPT staff experienced harassment, bullying or abuse from managers in the last 12 months, compared to 10.8% of staff in the benchmark; whilst 14.1% of LPT staff experienced harassment, bullying or abuse from other colleagues in the last 12 months, compared to 16.3% of staff in the benchmark.

With respect to the Workforce Race Equality Standard, similar percentages of White and BME staff told us that they had experienced harassment, bullying or abuse from staff in the last 12 months (18.8% and 20.1% respectively); a similar pattern to that seen in 2017 (19.7% for White staff and 18.5% for BME staff) with no statistically significant changes for either White or BME staff. In the 2018 national benchmark for combined Mental Health / Learning Disability and Community Trusts, BME staff were more likely than White staff to have experienced harassment, bullying or abuse from staff in the last 12 months (20.8% for White staff and 26.2% for BME staff).

We continue to work closely with staff representatives to seek early resolutions to bullying and harassment issues, aided by the provision of an Anti-Bullying and Harassment Advice Service, trained mediators and the use of facilitated conversations as well as appropriate training and awareness raising for line managers. The Trust's Freedom to Speak Up Guardian is also actively involved in this work.

#### **Staff belief that the Trust provides equal opportunities for career progression and promotion (Theme: Equality, Diversity and Inclusion)**

Overall, 87.7% of staff responding to the 2018 NHS Staff Survey indicated that they believe we provide equal opportunities for career progression and promotion; similar to 2017 (86.7%), and above the national average for similar trusts (85.8%). With respect to the Workforce Race Equality Standard, a higher percentage of White than BME staff indicated that they believe we provide equal opportunities for career

progression and promotion (90.7% and 75.3% respectively); similar to last year for both White and BME staff (90.6% and 72.7% respectively).

We continue to work with BAME staff to identify issues that affect them and to implement targeted interventions. We have a BAME staff support group with lead advocates who also sit on a BAME Focus Group. The Trust has worked with the national Workforce Race Equality Standard team to develop a better understanding of the experience of its BAME staff. 130 staff attended focus groups facilitated by the national team and a workshop was attended by over 60 BAME staff and managers to identify specific actions. Staff and managers attended an STP organised Diversity and Inclusion Conference. The Trust has trained cultural ambassadors, engaged with a reverse mentoring programme and provided unconscious bias training. Work will continue to minimise the potential of bias in recruitment and selection. BAME staff are encouraged to access targeted development programmes where appropriate. The Trust's equalities coordinator has commenced the national WRES Experts Programme which will develop in-house expertise in this area.

## Freedom to speak up

**NHS**  
Leicestershire Partnership  
NHS Trust

### Raising Concerns "Speak up be heard"

We all have a responsibility and a duty to speak up when we believe something is not right. If something at work is troubling you, please tell us. We are committed to dealing with all concerns raised openly, responsibly and professionally.

<p><b>Your line manager</b></p> <p>Talk to your line manager about your concerns and ask what they can do to help.</p>	<p><b>Raising concerns policy</b></p> <p>There is a raising concerns policy to support you - search eSource for Raising Concerns at Work (Whistleblowing) policy and procedures.</p>	<p><b>Freedom to Speak Up Guardian</b></p> <p>You can contact your local independent FTSU Guardian who will support you in raising any concerns you may have, just email: <a href="mailto:FTSUGuardian@leicspart.nhs.uk">FTSUGuardian@leicspart.nhs.uk</a></p>	<p><b>Human Resources department</b></p> <p>For concerns relating to human resources (HR) issues, you can contact 0116 295 7520 and ask for your HR service advisor.</p>
<p><b>Trade Union representative</b></p> <p>For staff who are union members you can talk to your local Trade Union representative.</p>	<p><b>Amica</b></p> <p>An independent staff counselling and psychological support service - call 0116 254 4388.</p>	<p><b>Ask the Boss</b></p> <p>Our monthly Ask the Boss webchats gives you the opportunity to raise any thoughts, suggestions or questions and have them answered in real time.</p>	<p><b>LPT staff eSource</b></p> <p>Search under 'Your Working Life' then 'Raising Concerns' on eSource for more information</p>

In December 2016, the Trust appointed a Freedom to Speak Up (FTSU) Guardian in line with the recommendations of the Francis Review. The F2SU guardian and The Freedom to Speak Up: Raising Concerns (Whistleblowing) policy creates an open and transparent culture where colleagues feel safe to speak up and raise concerns in the knowledge that they will be listened to without prejudice. The policy also gives guidance to managers and the wider organisation about how to receive and investigate concerns. NHS England set the minimum standards for whistleblowing/raising concerns/freedom to speak up policy these have been incorporated into the LPT policies.

The FTSU Guardian provides confidential and impartial advice, or practical support where requested, to those that want to speak up. In addition the Guardian is tasked with raising awareness about speaking up and developing an open and transparent culture where 'speaking up is business as usual'. Currently there are 15 Freedom to speak up partners in the Trust. The policy provides assurance to staff and explicitly states that harassment or victimisation of anyone raising a concern, or any form of reprisal will not be tolerated and could be dealt with through disciplinary procedures.

There are a variety of ways in which staff can speak up within the Trust in addition to the FTSU Guardian for example, to the line manager, senior managers and Directors, Chaplaincy 'Listening Ear', AMICA counselling services, Occupational Health and HR services. However, the policy also identifies the specific non-executive director with responsibility for FTSU, and other external mechanisms such as CQC, Public Concern at Work and the National Whistleblowing help-line. The responsible person is tasked with providing support and staying in touch with the individual raising concerns.

## Anti-bullying and harassment service (ABHAS)

In regards to any concern staff have about bullying whilst at work the Trust always encourage that staff speak to their manager in the first instance. Within the Anti-bullying policy the Trust have added information in for managers and staff to refer to that can be used to help when staff who are raising a concern such as a guide for a facilitated meeting of those involved. If it is not possible or appropriate for staff to speak to their manager the Trust have an Anti-bullying and Harassment Advice line that is available for all staff to ring. Staff will then be put in touch with a trained advisor who will speak to them about the issue they are experiencing and signpost to support that is available. Additionally staff who are part of the union can link in with local reps for support to raise their concerns.

In terms of any informal bullying complaints, staff will be involved in discussions and meetings which will allow them to have feedback. Formal complaints are investigated and there is a feedback meeting put in place at the end of an investigation for each of the parties involved.

The Trust is clear in the Anti-bullying procedure and in line with the Trust values any complaint of bullying is taken seriously, and support will be given. The policy and staff training on this subject reiterates the responsibly that there is no retaliation or victimisation against any person(s) who make a complaint.

The graphic features a central illustration of a person pointing at another person, with a red prohibition sign over it. Surrounding this are three circular callouts: a green one for Amica counselling (01162544388), a blue one for the LPTs Anti-Bullying and Harassment Advice Line (07557190581), and a purple one for union support (01162294050). At the top right are the NHS and WeAreLPT logos. At the bottom is a blue banner with the advice line number 07557190581 and a URL: [http://www.leicspart.nhs.uk/\\_SupportServices-Antibullyingadvice.aspx](http://www.leicspart.nhs.uk/_SupportServices-Antibullyingadvice.aspx)

**ANTI-BULLYING & HARASSMENT ADVICE SERVICE**

**NHS**  
Leicestershire Partnership  
NHS Trust

**WeAreLPT**  
compassion respect  
integrity trust

Bullying and harassment will **never** be tolerated at LPT.  
Always tell your manager if you witness bullying behaviours.

Contact Amica counselling on: 01162544388

LPTs Anti-Bullying and Harassment Advice Line: 07557190581

Your Union representative will be able to support you.  
Union office: 01162294050

**ADVICE LINE: 07557190581**

[http://www.leicspart.nhs.uk/\\_SupportServices-Antibullyingadvice.aspx](http://www.leicspart.nhs.uk/_SupportServices-Antibullyingadvice.aspx)

## Our Quality Performance in 2018/19

Our Quality Strategy takes account of the local and national context of service change that we know will critically affect the quality of care for all our patients. Delivery will be supported through our governance arrangements so that we can be assured that the care and treatment delivered by our services is safe, effective, and focused on positive outcomes for the people that use our services.

Our 2018/19 quality priorities took account of staff requests to have focused and meaningful priorities that are simple to understand and relate to. In line with the CQC approach we acknowledge that achieving safe, effective and person centred care can only be sustained when a caring culture, professional commitment and strong leadership are combined to provide responsive accessible services for our patients. The agreed Trust quality priorities were;

1. Ensuring our service users are safe (Safe care)
2. Ensuring our care is effective (Effective care)
3. Ensuring Person Centred care

## Our local priorities – our achievements in 2018/19

Our progress to date as measured against the local priorities that we set out to achieve in 2018/19.

Achievements in 2018/19			
Priority	AMH/LD	CHS	FYPC
Improve the quality of clinical supervision (to include feedback from staff)	Achieved threshold of combined score of 80% in average for 2018/19 for very good and excellent.	Threshold not met. Combined average score 68.3% for very good and excellent.	Threshold not met. Combined average score 69.95% for very good and excellent.
Improve patient involvement in the planning and recording of their care	Achieved threshold. The audit demonstrates 1.7% improvement from Q1 baseline in involving patients with care planning	During 2018/19 Community hospitals and MHSOP inpatient wards have initiated new processes therefore it is not possible to report on an improvement. The collaborative care plan changes are continuing to be rolled out.	Achieved threshold Improved involvement in patient care plans achieved.
Improve quality outcomes of discharge	Achieved threshold. March 2019 7 day follow-up 100%	Threshold partially met. Systems in place to support	Threshold partially met. Audit tool not progressed. However

planning and patient follow up	achieved following implementation of additional detailed plan in February 2019.	safe transfer have been established. Transfer of care issues monitored and 2 issues raised, lessons learnt have been identified and resolved in 2018/19.	there have been care plan co-design and service user evaluations completed throughout 2018. Discharge plans were explored and designed with service users at a CAMHS focus group in October 2018.
Improve the quality of communication with patients	Awaiting Community Mental Health Survey results. Action plan in place	Awaiting Community Mental Health Survey results. Action plan in place and patient reported outcome measures (PROM) being developed.	Threshold partially met Audit not achieved However virtual tours are being developed and co-designed service evaluation completed throughout 2018

### Mandatory reporting criteria 2018/19

These national mandatory figures provide comparable benchmarks between similar trusts. Data is made available to the Trust by NHS Digital. A comparison of the numbers, percentages, values, score or rates of The Trust, for the reporting period, will need to be included for each of the mandatory national measures listed in the table, including

- The national average, and
- The highest and lowest percentages

NHS Digital provides links to the latest data for each of the indicators that trusts are required to report upon. NHS Digital will refresh the links to the most current data each month.

These figures have been reported through our Integrated Quality or Performance Report (IQPR) which is presented to the Trust Board and Trust Committees. The Trust submits some mandatory national measures on a quarterly basis via the NHS digital strategic services data collection (SCDC) site for the Crisis Resolution Home Treatment measure and the Care programme approach seven day follow up measure.

See Appendix 3 for data definitions\*

## Gatekeeping indicator

Mandatory National Measure	Quarter Period Totals/ Percentage				Year End	National Average
	Q1	Q2	Q3	Q4		
<p>*The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period.</p> <p>Source: <i>NHS Digital-mental health community teams activity</i></p>	99.6%	100%	N/A	N/A	N/A	97.8% average 100% Highest 78.8% lowest As at Q3 2018/19
<p>The Trust considers that this data is as described for the following reasons: the mandatory national measures are submitted on a quarterly basis via the NHS digital strategic services data collection (SCDC) site. Leicestershire Partnership NHS Trust is undertaking the following actions to improve this <b>gatekeeping</b> indicator and so the quality of its services: reviewing the standard operating process and over-arching policy to ensure it meets all known guidance and fidelity criteria. The Trust has removed the gate keeping indicator from NHS digital submissions for the periods 2018/19 Q3 &amp; Q4 pending completion of the above actions and return to national reporting 2019/2020 Q1.</p>						

## CQC Community Mental Health Survey 2018

Mandatory National Measure	Results from 2017	Results from 2018	National Average
<p>The "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.</p> <p>Source: <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></p>	<p>2017 National NHS Community Mental Health Service User Survey</p> <p>7.4 Score</p>	<p>2018 National NHS Community Mental Health Service User Survey</p> <p>6.4 Score</p>	<p>LPT worse than national average Each Trust received a rating of Better, About the same or Worse on how it performs on each question (within the</p>

Mandatory National Measure	Results from 2017	Results from 2018	National Average
			survey) compared with most other Trusts (Source: CQC)
The Trust considers that this data is as described for the following reason: reports are published as part of the national community mental health patient survey. The Trust will be taking the following actions to improve data quality as highlighted on page 52.			

### Staff Survey

Mandatory National Measure	Results from previous surveys	Results from 2018	National Average
<p>KF 1 INDICATOR Staff recommendation of the Trust as a place to work or receive treatment. (the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)</p> <p>Source: <i>NHSstaffsurveys.com</i></p>	<p>2016 Staff Survey 3.61 - LPT 3.71 - all organisations 3.93 Highest 3.47 Lowest</p> <p>2017 Staff Survey 3.58 – LPT 3.68 - All organisations 3.9 Highest 3.4 Lowest</p>	<p>2018 Staff Survey 3.67</p> <p>Highest 2018- 4.54 Lowest- 2018 3.18 Acrued Average- 3.76</p>	<p>Source: NHS survey coordination Centre KF1 key finding shows a significant increase in this indicator compared to 2017/18</p>
The Trust considers that this data is as described for the following reason: reports are published on the NHS Survey-Co-ordination website. The Trust will be taking the following actions to improve data quality: Continuation with delivery of agreed approaches to management and leadership development, health and wellbeing, attraction and retention alongside specific work in terms of developing a coordinated approach to Quality Improvement, delivering the NHSI Culture and Leadership Programme and increased emphasis on improving inclusion.			

## External assurance on quality indicator testing

In consultation with the external auditors, LPT identified two indicators for scrutiny, these being:

- Patient safety incidents
- Care Programme Approach (CPA) 7 day follow up.

### Patient Safety Indicator

Mandatory National Measure	Quarter Period Totals/ Percentage				Year End	National Average
	Q1	Q2	Q3	Q4		
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period; Source *National Reporting and Learning System Patient Safety Incidents uploaded to the NRLS form 1/4/2018 – 31/03/19	PSI's 2686 out of 4122 Incidents, reported	PSI's 2511 out of 3972 Incidents, reported	PSI's 2732 out of 4219 Incidents reported	PSI's 2405 out of 3910	PSI's 10344 out of 16223 incidents reported	*42.9 average 158.3 Highest 14.9 lowest <b>As at Oct-17 – Mar-18</b>
The number and percentage of such patient safety incidents that resulted in severe harm or death. National Reporting and Learning System Patient Safety Incidents uploaded to the NRLS form 1/4/2018 – 31/03/19	4 Majors and Deaths	0 Majors and deaths	0 Majors and deaths	0 Majors and deaths	4	*0.2 average 4.3 Highest 0.0 lowest <b>As at Oct-17 – Mar-18</b>
<p>The Trust considers that this data is as described for the following reasons: The external assurance review identified that the Trust has used the correct numerator and denominator for the calculation of performance against this indicator, which was consistent with the NHS England guidance. However, there was a concern over the reliability and accuracy of reported data and consequently this indicator did not receive a limited assurance opinion. In 2019/20 the Trust will target this indicator for further data quality improvement.</p> <p>*Where NHS Digital data as at 17/05/2019 is unavailable, alternative data sources (specified) have been used</p>						

## CPA- 7 Day follow up

Mandatory National Measure	Quarter Period Totals/ Percentage				Year End 2018/19	National Average
	Q1	Q2	Q3	Q4		
<p>The percentage of patients on CPA (care programme approach) who were followed up within 7 days after discharge from psychiatric inpatient care indicator</p> <p>Source: <i>NHS Digital- mental health community teams activity</i></p>	73.4%	83.0%	81.6%	94.6%	<b>82.8%</b> Average	95.8% average 100% Highest 83.5% lowest As at <b>Q4 2018/19</b>
<p>The Trust considers that this data is as described for the following reason: External assurance on the CPA 7 day follow up indicator concluded that there is sufficient evidence over the reliability and accuracy of reported data to provide a limited assurance opinion.</p>						

## Quality of services 'Safe Care' – Supporting our workforce

Workforce recruitment remains both a national and local challenge. During 2018/19 the Trust has put into place a number of strategic actions to proactively attract people to our vacancies.

We continue to explore further avenues of candidate attraction and develop our employment proposition to attract new staff through developing a range of incentives for services to use to help attract candidates to their roles. Work programmes are ongoing to support recruitment and retention, sickness absence management and continuous review of workforce including new roles to enhance skill mix and increase patient facing time.

Key changes during 2018/19 include;

- Engagement with local universities to attract students to join the organisation on completing their pre-registration programmes
- In partnership with the University of Leicester and University Hospitals of Leicester launched the first UK undergraduate nursing programme with a focus on leadership and with dual registration (mental health and adult nursing and mental health and children's nursing)

- Educational visits to local schools and colleges to promote and engage young people with NHS and in particular nursing careers linked to the Nursing Now England national campaign
- Recruited 39 trainee Nursing Associates, the first trainees are due to register in May 2019
- Review and introduction of new roles such as assistant practitioners, medicines administration technicians, physician associates, advanced clinical practitioners and meaningful activity co-ordinators to work as part of the multi-disciplinary team.
- Recruited clinical apprentices
- Rotational posts across our services.
- Frail Older Person graduate rotational post between the Trust and University Hospitals of Leicester
- Launched a Career Development Framework for Nursing
- Implementation of well- being strategies to support staff health and satisfaction.
- Increased focus on clinical and professional leadership, clinical supervision and staff development programmes.

We continue to monitor and report our compliance with safer staffing requirements on a monthly basis that reviews the impact of staffing levels to the quality and experience of patient care delivered within our services and teams.

### Learning from incidents

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
<b>No of serious incidents</b>	10	9	15	14
<b>No of never events</b>	1	0	0	0
<b>No of internal investigations</b>	24	30	34	26

During 2018 / 2019 staff reported a total of 16223 incidents, of these, 48 were considered serious. The definition of a serious incident is 'any reportable event which could have, or did lead to unintended harm, loss or damage (including reputation).

Trained staff investigate every serious incident to identify the root causes. Clinical Governance processes ensure that lessons learnt are shared with all staff to prevent reoccurrence. Our Commissioners also review our investigations to ensure that they meet the expected standard.

The main 3 reasons for a serious incident being reported over the past 12 months has been as a result of:

1. Suspected suicide.

2. Attempted suicide
3. FYPC beds for admission

There have been numerous actions and learning points gleaned from investigating the incidents, these include:

- Escort bags devised for staff that have been put together that contain all the necessary paperwork which staff need when they are with a patient who has been transferred for treatment with a mental health nurse escort.
- Standard Operating Procedure developed for patient observation when in an acute hospital.
- All young people have a named professional contact when waiting for an access visit.
- Forensic Community Mental Health Team screens all cases for those needing Safeguarding advice / referral.

### Learning from mortality reviews

During 2018/19, 517 of Leicestershire Partnership patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Number of its patients who have died during 2018/19					
	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total 2018/19
Expected	93	96	83	82	354
Unexpected	46	35	37	45	163
<b>Total 2018/19</b>	<b>139</b>	<b>131</b>	<b>120</b>	<b>127</b>	<b>517</b>
The number of deaths subjected to a case record review					
	109	83	93	Data not available*	285*
The number of deaths more likely than not to have been due to problems in the care provided					
	0	0	0	Data not available*	0*

- Q4 data not included at the point of publication as reviews have not been concluded.

From the data available at the time of publishing the Quality Account, 285\* case record reviews were carried out in relation to the 517 deaths. The Trust is not able to report at this time whether each death was subject to both a case record review and an investigation.

Of those deaths reviewed or investigated (as at the end of March 2019), none were judged 'to be more likely than not to have been due to problems in care provided to the patient'

These numbers have been estimated using a case record review of the national structured judgement review template at LPT death classification criteria or an investigation using the SI framework

The Trust has an established mortality review policy and framework in place. There is a Trust-wide Mortality Surveillance Group which oversees the work of the directorate mortality subgroups. All cases are considered for review by a multi-disciplinary team and issues are identified and actions taken accordingly.

### **Summary of learning from case reviews and investigations**

The following learning points were identified;

- The need for more focused recognition of new early warning signs and early escalation of identified issues.
- The need for improved communication with families to ensure involvement in decisions about care and in discharge planning
- The need for improved physical health monitoring mental health In Patient areas
- The need for better communication with families following a death.
- The need for improved communication with providers that are involved in patient transfers.
- The need for ensuring that the Clinical Risk Assessment Policy provided clarity in the recording of risk
- There is a need for robust personalised safety plans for patients on discharge from In Patient areas and for those being looked after by Community Mental Health Teams

### **Actions which the Trust has taken/or plans to take as a result of learning during the reporting period.**

- The Trust has now established a Suicide Prevention Group which reports directly to the Mortality Surveillance Group.
- STORM training is currently being reviewed by the Suicide Prevention Group and the need for training for all staff is being considered in suicide awareness
- Planning for a single Electronic patient Record (EPR) to improve communication continues. This project continues and is expected to be delivered in 2020.

- Scoping and consideration of a Family Liaison role within the Trust to support the SI and Mortality Screening processes.
- The Learning from deaths policy is being updated.

### **Impact of the actions described which were taken by LPT during the reporting period**

- The Trust has hosted a regional Mortality event to share learning and processes.
- The Trust has arranged a multi-agency conference to look at learning from when young people take their own lives.
- The Trust is reviewing how learning is shared from ward to Board
- Improvements within the timelines of record keeping in contemporaneous patient notes.
- The duty of candour policy is used for all deaths reported as serious incidents and has been updated in accordance with the new Mortality Review Policy.
- Safeguarding supervisor support meetings established and demonstrable improvements made in safeguarding children supervision.

### **Never Events**

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Never events are defined as ‘serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers’.

The NHS Improvement 2018 outlined 15 never events, which aim to ensure the safety of patients.

During 2018 / 19 in Leicestershire Partnership NHS Trust one never event occurred

### **Duty of Candour**

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The Trust has a Duty of Candour Policy in place. This policy ensures that we are always open and honest with patients and/or their families following an incident where a patient has been harmed.

The Trust reports to commissioners each month on our compliance with Duty of Candour and over the reporting period of 2018 / 19 there have been **zero** duty of candour breaches.

### **HM Coroner**

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The Trust has received two Prevention of Future Death (PFD) Report under Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. The Regulations provide the Coroner with a duty not just to decide how somebody came about their death but also where appropriate to report the death with a view to preventing future deaths. The concerns raised by the Coroner are considered and responded to by the Chief Executive within the timeline set-out by the Regulation Report. Any emerging themes are also considered for actions to be considered wider than the specific team or service provision.

## Infection Prevention and Control/Healthcare Associated Infections (HCAIs)

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Our team of dedicated infection prevention and control nurses continue to work closely with our clinical services and support our stringent and robust infection prevention and control suite of policies. Networking across Leicester, Leicestershire and Rutland continues to be a priority with specific work on antimicrobial stewardship to benefit the wider healthcare economy.

During 2018/2019, the Trust reported zero cases of MRSA bacteremia attributed to our care delivery. We reported four cases of Clostridium Difficile against a trajectory of twelve cases. None of the cases were attributable to our care and a review has demonstrated that improvements made within the previous year have been sustained.

We continue to embed all the improvements that had been identified and continue to review each case through a robust and stringent root cause analysis process. We have also triangulated each of these events to ensure lessons for learning and outcomes are met.

During 2018/19 we launched the Urinary Catheter Passport and revised patient leaflet, this will support the patients' journey across healthcare services to improve timely and preventative care for those with a urinary catheter in situ.

NHSi have led on a piece of work to develop a national hand hygiene policy and includes the use of personal protective equipment. The lead infection prevention and control nurse for LPT has been a member of this group, attending meetings with other IPC nurses from around the country. The final version of the policy has been presented at the Chief Nursing Summit on the 13 March 2019. Inclusion in this group has enabled the services within community and mental health to be represented in this policy development.

In order to improve real-time collection of audits around the practice of hand hygiene and support quality service, an electronic app has been developed which can be accessed via smartphone, tablet or computer to undertake the audits in the clinical environment. The app is currently being trialed to ensure fitness for purpose. It is envisaged that reports produced from this data will be accurate, timely and easily accessible by the clinicians, to support care improvement and delivery.

We delivered the annual Flu campaign/vaccination programme, and maintained our peer vaccinator programme. The uptake in March 2019 was 54%, with an increase of over 485 vaccines given on the previous year to frontline healthcare staff.

### Sepsis

In July 2016 all NHS funded care providers received a National Patient Safety Alert (NPSA) requesting a review of resources to support safer care for the deteriorating patient (adults and children). A review of the accompanying information highlighted key areas which included Early Warning Scoring (EWS), Sepsis and education provision. A group was developed with key representatives from Trust services to review the work currently in place for Sepsis and to develop a gap analysis.

Key actions undertaken during 2018/19 included:

- Identifying further staff training needs and review of training.
- Development and launch a sepsis pathway with guidance for all staff
- Focused communication of expected standards
- Commencement of the development of sepsis champions and their role in supporting the recognition and management of sepsis awareness training for staff
- Identification of a nurse in the IPC team with a lead for sepsis
- Membership and attendance at regional sepsis meetings by the lead for sepsis in LPT.

## Safeguarding Children and Vulnerable Adults

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The Trust has ensured that services continue to meet the statutory requirements, including implementation of the new Working Together to Safeguard Children (2018), and continued application of the Care Act (2014).

The Trust works in close partnership with agencies across LLR and ensures that the Trust is represented at multi-agency meetings at both a strategic and operational level. The Trust is an active partner in the work of the 4 Local Safeguarding Boards across LLR (two adult boards and two children's boards) having continued to contribute to multi-agency audits and case reviews, policy development, and multi-agency training.

In 2018, the Trust contributed to the CQC inspection of Safeguarding and Looked After Children review for the County as a part of the CCG inspection.

Safeguarding considerations now form part of all SI investigations and are part of the standardized terms of reference.

From April 2018, the Trust merged what were formerly the two separate adults and children's safeguarding teams, to become one safeguarding team working within a 'whole family model'. In June 2018, a new Deputy Chief Nurse and new Trust Lead for Safeguarding commenced employment with the Trust and are working both strategically and operationally to further develop and support the systems, processes and governance around the safeguarding agenda within the Trust. Some of the early changes and developments have included amendments to the incident reporting systems to enable better reporting aligned to the categories of abuse, and the improved extraction of safeguarding data for analysis to ensure trends are better monitored, with a closer and more responsive specialist safeguarding support to the frontline services. Additionally, frontline practitioners are now participating in safeguarding strategy meetings, thus making information sharing and actions arising from these meetings more responsive to improve the outcomes for children, young people and their families.

There has been further work undertaken regarding MCA with the Champions Groups having been extended to now include community services given the successful roll out of the champions group for in-patient services in 2018/19.

There has been continued growth in the safeguarding team with inclusion of the Child Sexual Exploitation (CSE) Nurse Specialist moving into the team. This specialist role will further enhance the expertise within the safeguarding team, whilst maintaining close working links with partner agencies in the CSE Hub.

Further work has also been undertaken by LPT Safeguarding team to support the move and transition to a daily Multi-Agency Risk Assessment Conference (MARAC) process for high risk cases of Domestic Violence and Abuse from the current weekly MARAC in the domestic violence hub. This again should improve the information sharing processes and pathways, making agencies and services more responsive to the needs of the victims and their families.

# Patient safety improvements

## **Diana Service:**

The team now have a formal tool to risk assess home environments prior to providing end of life care when controlled medication is required. This piece of work has also meant that parent information has been developed to support the verbal instructions given by nursing staff to parents administering buccal and sub cutaneous medication at end of life

## **Paediatric Phlebotomy**

The children's Phlebotomy Team use a closed safer sharps system to reduce needle stick injuries to both the patient and staff. Clinical practice now includes the Phlebotomist asking the team "happy to proceed" before bleeding the child. This is to ensure patient safety but also to give team members an opportunity to speak up if they feel that the procedure is not safe. This has had a positive shift with team dynamics. The team practice under the clinical holding guidelines that have recently been written. This ensures continuity in practice and maintains a safe clinical procedure. Admin staff have been removed from the clinic room. This reduces overcrowding in the clinic but also allows the phlebotomist to take onus of which patient has arrived and gives the opportunity to see if there are any clinical alerts on the patient record. The team are up to date with the Whole family approach training and Prevent training.

## **District Nursing:**

District Nursing teams have seen fewer missed visits since the introduction of auto planner.

All patients now have an accurate up to date care plan and only active patients are on the caseload. All care plans have been reviewed.

National Auto planner conference held in conjunction with LHis and TPP, just under 100 delegates from 38 trusts or organisations. Facilitators included staff working in hubs, matrons and wider transformation team.

# Quality Improvements

## School Aged Immunisation Service

### Electronic Consent form

The current process to gain consent from parents for the flu vaccination ( Reception to Year 6) involves a number of elements including providing a consent pack to parents via schools, delivery and collection of stocks and paper, processing to ensure criterion is met and managing excess stock. This whole process is very paper focused. A pilot was therefore undertaken in 7 schools during the flu programme to test parental acceptance of an on line consent form and ascertain their views and feedback about the use of an electronic form.

Results and feedback from this pilot was pleasing with 79% of parents finding the form quick and easy to complete. 1290 forms were completed on line. Also it is reassuring to know that some of the challenges faced by parents whilst completing the form can be easily rectified. Moving forward further evaluation of this concept is required however the pilot has illustrated strong parental acceptance.

## Involvement Centre - Launch of Homewards project:

The Homewards project was launched in July 2018. It is aimed at providing the basic things that a person requires in a property to be able to be discharged from the Bradgate Unit. Patients who are medically fit to leave hospital are frequently held up in a hospital bed due to not having, for example any bedding or anything to make a hot meal at the property to which they are returning. A referral from the Unit's discharge facilitators can go in to the Involvement Centre and quickly they can be provided with a bedding pack (sheets, pillow, duvet), kitchen pack (microwave, kettle, cups, plates, bowls) and / or a towels pack. This can resolve a discharge issue meaning the patient is discharged timely and beds are available for new admissions. The project was established with Charity funds and will be sustained through profit from the various services run from the Involvement Centre (coffee shop, ward trolley, staff meeting refreshments, clothing sales.)

## CHS Quality Improvement PDSA Project: Repeat Falls

### Introduction of Post fall huddle tool and process that was tested through 3 PDSA cycles over 3 months (Oct-Dec 2018)

The percentage repeat fall remained the same for the period of testing at 22% . However, for those falls where a post fall huddle was completed,

**75% led to no further falls and establishing proof of concept .**

**Benefit of the post fall huddle process** demonstrated that this had created space to focus discussions of the wider MDT around the consideration and initiation of changes to care provided.

Other learning & changes within the falls process included;

Changes to incident reporting categories to allow easier measurement of first and repeat falls, escalation processes within SystmOne to flag falls and wider dissemination and embedding learning

## The Bennion Centre- Accreditation

Full Accreditation by the Royal College of Psychiatrists achieved at the Bennion for inpatient mental health services for older people (AIMS-OP) project. The award was achieved by demonstrating that the service was compliant with 237 standards.

# Patient Experience Improvements

## **CAMHS Art project brightens lives as well as walls**

Between July and October 2018, service users working with the CAMHS Young People's Team met weekly to create art work to brighten up the clinical spaces at Westcotes House. Their work will be celebrated at a special 'unveiling event' on 21 November.

Having secured funding from LPT's charity, Raising Health, the Young People's Team approached local charity Soft Touch Arts to lead the three month project. Soft Touch Arts uses arts, media and music activities to engage with and change the lives of disadvantaged young people. They have worked with ten young service users aged 13 and above in weekly two-hour sessions to create a range of pieces with the theme of 'diversity'.

## **Bosworth and Griffin wards- Make in not take out**

Staff and patients cook a community meal together each Sunday. Patients take a lead in deciding what to cook and each patient is invited to contribute to the group. Different patients have differing illnesses but all are encouraged to join in the activity and do as little or as much as they can. Staff support patients during the cooking. Patients are able to develop skills in the kitchen whilst the cooking brings the ward together as a community.

When the meal is served it is offered to all staff and patients regardless of their input.

This has proven very popular since the group started and patients look forward to a nice home cooked meal on a Sunday.

The Trust has improved access to chaplaincy services and spiritual support for patients, carers and staff.

The Chaplaincy provides person-centred care to patients of all religions and beliefs. The team offer pastoral, spiritual and religious support to patients, relatives and staff, whatever their faith, tradition or outlook. The team includes Christian, Hindu, Muslim, Sikh and non-religious chaplains.

Many people find that the stress of receiving healthcare raises all sorts of questions, anxieties and fears. Anyone can have spiritual needs and these can often go unrecognised until times of crisis. The team are here to listen in confidence and offer emotional support to anyone during their stay in hospital. Talking to someone who is part of the wider hospital team but who is not involved in the treatment or care can be very helpful. The Chaplaincy also arranges various activities across Mental Health and Community wards, including Easter, Harvest and Christmas Carol Services. The team have also provided CDs of Sikh prayers and Bibles to individual patients to support them while they are inpatients.

## Quality of services 'Patient Experience'

### Mandated national survey

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#### National Community Mental Health Service Users Survey 2018

The Care Quality Commission (CQC) published the results of the national community mental health survey in November 2018. This survey invited patients aged 18 years or older who received specialist care or treatment for a mental health condition and had been seen during 1<sup>st</sup> September – 30<sup>th</sup> November 2017, to share their experiences of care.

There were 243 completed surveys received from the usable cohort of 803 surveys, giving a Trust response rate of 30%. The response rate of all Trusts was 28%.

The Trust's results from the 2018 survey were compared with the other 56 trusts who participated in the survey; the results indicated that there was more work to do to improve patients' experience. The areas for focused improvement related to:

- Knowing who to contact out of office hours if in crisis
- The provision of help or advice to find support for financial advice and benefits
- The provision of help or advice to find support for finding or keeping work
- Support to join a group or take part in an activity
- Involvement of a family as much as the patient would like
- The support from people who have experience of the same mental health needs

The Trust has fully considered the survey findings and identified a robust improvement plan with actions including:

- The introduction of new patient involvement survey for community based mental health services to provide real time feedback and to identify improvements with service users and carers.
- Renewed focus on effective care planning
- Further roll out of social prescribing support to ensure service users/carers have relevant information made available to them.
- Review how the Trust communicates the out of hours crisis number.

### Friends and Family' (FFT) Test (patients)

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Patients are given the opportunity to comment on their care saying how likely they would be to recommend the care they have had to Family and Friends. They can also leave follow up comments.

In 2018/19 The Trust increased the opportunities for people to respond by providing surveys on electronic tablets across the whole Trust and using accessible formats for children, young people and people with learning disabilities.

In 2018/19 97% of service users who responded would be extremely likely or likely to recommend our services. However the most valuable part of the feedback is the comments that service users leave. The majority of these are compliments however where service users give comments about things that do not go so well this gives us the opportunities to put things right.

**Examples of improvements made prompted by feedback comments include:**

- Dietician service implementing ways to manage timing of clinics to prevent further delays for patients.
- The Mett centre providing a mixture of activities where possible, recent examples include pottery, jewellery making, crafts, Lego, and cooking.
- Wards at the Bradgate Unit have been improving activities on offer after receiving a Carlton Hayes bid. Books, a bingo machine, and a new pool table have been purchased.
- Addressing noise at night with the planning of a ‘Sleep Awareness month’ at the Bradgate Unit.

**Complaints, PALS and Compliments**

Complaints highlight patients’ views of the services the Trust provides. They provide a crucial opportunity to identify ways of improving patient care and the Trust is committed to learn lessons from this invaluable feedback. The Complaints Team supports the service staff to ensure all patient complaints are handled effectively, promptly and in accordance with national regulations.

	2016/17	2017/18	2018/19 (As of 7.5.19*)
Complaints	372 (and 58 cross organisation)	466 (and 36 cross organisation)	497
Complains upheld	99 Upheld 131 Partly upheld	104 Upheld 132 Partly upheld	103 Upheld 185 Partially upheld
PHSO Investigations	11	7	0
PHSO Investigation Outcome	2 Upheld 1 Partly upheld 8 Not upheld	2 Upheld 1 not upheld 4 under investigation	N/A

We continually monitor our complaints and look for themes and trends, so that we can ensure that appropriate changes are made to improve services and improve the experience of our patients.

Trust wide complaint themes

- Patient expectations and service delivered
- Attitude of staff
- Nursing care
- Clinical advice/treatment

- Communication/information to carers

### Examples of action taken to address examples of complaints

Reason for complaint	Action taken
<b>Patient expectations and service delivered</b>	AMH/LD has introduced a new 'partial booking' process introduced for outpatient appointments. Service to contact patients four weeks before a patients' appointment. New approach will allow service to keep clinic times clear and available.
<b>Attitude of staff</b>	CHS Ward discussions held regarding importance of informing relatives prior to patient transfer to another hospital. Timeout sessions held with staff to improve attitudes, behaviours and identify areas of support from senior staff.
<b>Nursing care</b>	CHS as part of their transformation programme has introduced auto planner into district nursing teams to ensure the right skill mix is matched with community patients in need of ongoing district nursing care.
<b>Clinical advice/treatment</b>	AMH/LD Reminder for crisis team staff to contact patient before leaving base to provide an appropriate time of arrival.
<b>Communication/Information to carers</b>	CAMHS clinicians to be clear and transparent with patients/carers about what involvement they can realistically provide in order to improve overall communication.

### Improving complaint handling

In 2018/19 the Trust continued to monitor the effectiveness of the revised processes, focusing on the quality of the investigation response and improving the number of investigations completed in the agreed timeframes. By improving the quality and agreed timeframes for complaints, the Trust has strengthened the national key indicators in complaint handling. The Patient Experience Team continues to survey complainants after their investigation has completed and collates feedback to strengthen the complaint handling process.

Peer Review Panels enable peers within different directorates to provide a critical eye over how complaints are managed and handled within the Trust. During the year the Trust has undertaken three Complaint Peer Review Panel events, reviewing anonymised complaints using a revised version of the Patient Association Toolkit.

Any learning taken from Peer Review Panels is fed into the Patient Carer and Experience Group on a quarterly basis. Previous learning has included;

- To continue to work on the assurances offered in the response letter; to ensure that complainants are made aware of the actions taken as a result of the complaint
- To ensure that investigators are documenting their discussions with staff involved in a complaint, whether this is an interview or obtaining a statement

- To re-evaluate the use of meetings as effective complaint resolution, to avoid a reopened complaint and to consider the best way to try and resolve a more complex complaint
- To continue to ensure that complaints demonstrate learning and these can be evidenced

Going forward, the Trust will be piloting a new complaint training programme due to be launched in 2019/20. The training will focus on practical elements in how to investigate as well as learning from complaints with the implementation and embedding of SMART action planning.

## Compliments

During 2018/19 we received 1200 compliments from service users and carers. Compliments are very important to us as it confirms that we have done things right from the patients', service users' and carers perspective.

	2016/17	2017/18	2018/19
<b>Compliments</b>	1707	1281	1200

## PALS Concerns and Enquiries

During 2018/19 we received 750 concerns and 694 enquiries from service users and carers.

	2016/17	2017/18	2018/19
<b>Enquiries</b>	553	632	694
<b>Concerns</b>	934	815	750

## Trust Wide Concern Themes;

- Patient expectations and service delivered
- Appointment delay
- Communication with carers
- Nursing care

## Examples of action taken to address examples of concerns

Reason for concern	Action taken
<b>Patient expectations and service delivered</b>	AMH/LD explained how therapy depends on establishing enduring relationships with the patient and emphasis on getting a patient well enough to be treated in the community.
<b>Appointment delay</b>	FYPC service apologised and advised dietician service is implementing way to manage timing of clinics in future to prevent further delays for patients.
<b>Communication with carers</b>	CAMHS discussed issues with mum and agreed to arrange a resolution meeting with neurodevelopment consultant for further assessment of child.
<b>Nursing care</b>	CHS new visit booked in the next day to review wound and ensure no further missed visits.

## Involving patients and carers in the infrastructure of the organisation

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In 2018 with the involvement of staff and patients the Trust refreshed its Patient and Carer Experience and Involvement Strategy and developed this as a plan on a page.

Our three promises remained the same for 2018/19.

### Our three promises

<b>We will listen and learn from our patients, their carer's and families about their experiences of our services and ask for their suggestions about how services can be improved.</b>	<b>We will do this by using various ways to gather feedback from patients and carers. We will find out what we need to improve, how to improve it and then check to see if it has been improved.</b>	<b>We will involve people that use and are affected by our services, especially those who find it hard to be heard and aren't often listened to. We will also show how we have listened to and involved people and what action we have taken.</b>
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## Patient Stories

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The Patient Experience Team continues to build a library of patient stories via transcripts and films. The stories are used for a variety of purposes, e.g. staff training and induction, team meetings and service development sessions.

Patient video stories are shown routinely to the Trust Board as part of the Patient Voice agenda. Topics have included services provided by the Community Integrated Neurological Stroke Services (CINSS), families experience in the transition from children to adult services, positive support received from the crisis team and crisis house, and patient experience whilst as an inpatient on the Agnes Unit.

## Always Events®

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Always Events® are defined as 'those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care system'.

After a successful pilot of Always Events® during 2019/20 the Trust's patient experience team are launching the methodology across the Trust. The Always ambition is to create a 'six in six' rolling programme of activity. This is an aim to have six teams engaged at different stages with a view that each Always event programme is completed within six months. The team are currently working with staff on wards, as well as teams in the community to review the benefits to patient experience of Always Events®, and include patients and carers in this method.

Some examples of Always Events® service improvements are below;

- **Wakerley Ward Mental Health Services for Older People;** feedback found that carers were not always able to get updates of a loved ones care as the staff on the wards didn't hold the information. The Health Care assistants have worked with clinical staff to improve the detail included in the handover documents and now provide feedback to family in regards to care and treatment in a timelier manner.  
**Aim statement (in the words of a patient);** "I will always get a response to my enquiry relating to care or treatment in a timely manner"
- **Heather Ward Bradgate Mental Health Unit;** feedback found that patients were not given enough time to prepare for their ward round, or to invite carers to attend. The staff have introduced pre scheduled ward rounds, and patients have co-designed the new ward round information sheets and are now better able to prepare, and involve people in these meetings.  
**Aim statement (in the words of a patient);** "I will always know when my ward round is, feel prepared for it, and know who is going to be there"

## Volunteers

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The Trust has around 400 active volunteers including former patients and service users. The time they give freely amounts to over 1,200 hours every week. The financial value of the contribution they make to the Trust, calculated using the formula recommended by the National Council of Voluntary Organisations (NCVO) is over £700,000 per year.

A team of 20 volunteer drivers enable patients and service users to access a wide range of Trust services, completing around 500 journeys every month.

New developments this year include:-

- New volunteer roles included Bread making clubs, Safe Well and Happy volunteer, Volunteer Assistant Psychologist at the Willows and Stewart House and Children's Occupational Therapy and Physiotherapy volunteer.
- An e learning module called Working with Volunteers was developed to guide and support staff concerning best practice in volunteer management.
- Long service was celebrated with 23 eligible volunteers.
- Volunteers were enrolled on u Learn for the first time with access to a wide range of e learning.
- Three fundraising events raised £1,177 for the Raising Health volunteering charitable fund.
- A café conversation event was held with the Community Health Services division to explore making greater use of volunteer support.

## Patient Led Assessment of the Care Environment (PLACE)

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The Patient Led Assessments of the Care Environment (PLACE) are an annual assessment of the non-clinical aspects of the patient environment, how it supports patients' privacy and dignity, and its suitability for patients with specific needs e.g. disability or dementia. The 6 non-clinical domains are:

- Cleanliness
- Food and hydration
- Privacy dignity and wellbeing
- Condition & appearance

- Dementia
- Disability

Whilst the programme is voluntary, the assessments give patients and carers a voice and PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers;

- Putting patients first
- Active feedback from the public, patients and staff
- Adhering to basics of quality care
- Ensuring services are provided in a clean, safe environment that is fit for purpose

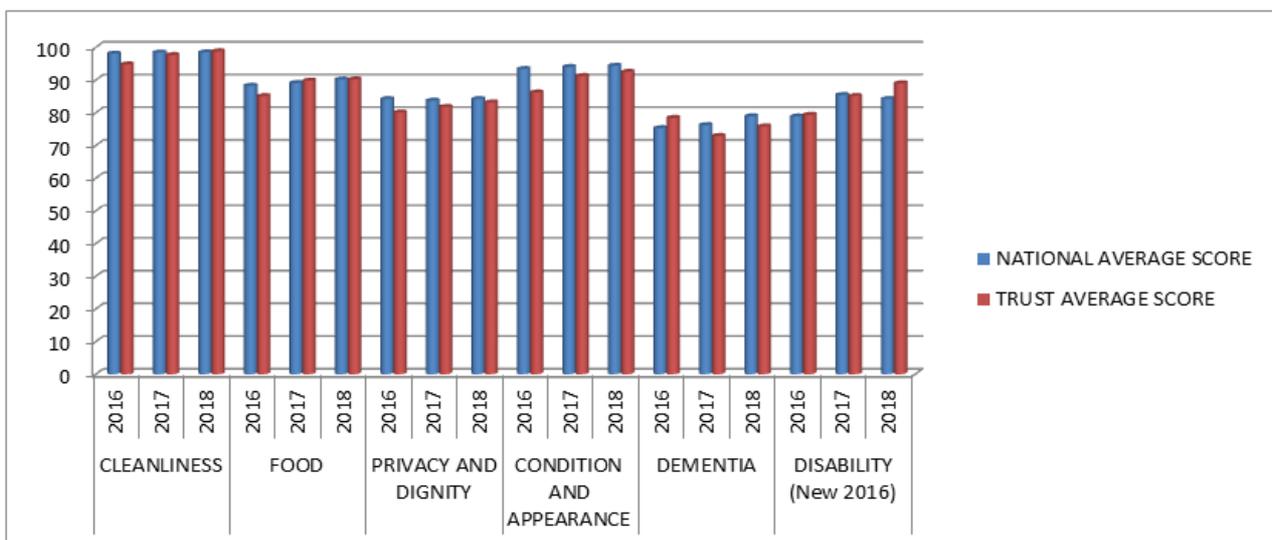
The PLACE assessments were undertaken in March and April of 2018 therefore the period of review is from March/April 2017 to March/April 2018. The PLACE scores for 2018 were received by the Trust in August 2018 and were published by the Health and Social Care Information Centre (HSCIC) at the same time.

Unlike previous years, all domains now have a 3 year comparable period. All site PLACE had a minimum of 2 patient/carer assessors and 2 LPT staff representatives. At a national level, average site PLACE scores have slightly improved since 2017.

At an organisational level, PLACE scores have improved in all 6 domains and are above the national average in 3, cleaning, food and disability. In response to the results, an action plan was developed containing the 441 actions as detailed from the completed assessment forms.

Of the 441 actions 56% have been completed to date. The Trust set aside £100,000 of capital funding to address priority items identified.

**Graph 1- PLACE: Trust and national average overall scores 2018**



**LEICESTERSHIRE COUNTY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
COMMENTS ON THE LEICESTERSHIRE PARTNERSHIP NHS TRUST QUALITY  
ACCOUNT FOR 2018-19**

APRIL 2019

The Health Overview and Scrutiny Committee is pleased to comment on the Leicestershire Partnership NHS Trust (LPT) Quality Account for 2018-19, accepts that it is a fair representation of the Trust's work over the past year and is not aware of any major omissions. However, the Committee feels that the Quality Account should give greater emphasis to the severity and longstanding nature of some of the quality issues identified by the Care Quality Commission (CQC).

The Committee shares the Trust's disappointment in the number of issues identified by CQC and has serious concerns regarding the lack of improvement since previous inspections. Although some of the estates improvements will take time, issues such as medication management, smoking and fire safety should have been resolved quickly. It is noted that the Trust has put in place a detailed improvement plan and long term quality improvement programme; however, the Committee is not reassured by this as similar action has been taken previously which did not have the desired effect.

It is pleasing that the Quality Account acknowledges that "achieving safe, effective and person centred care can only be sustained when a caring culture, professional commitment and strong leadership are combined to provide responsive accessible services". The most concerning aspect in the CQC report was the 'Inadequate' rating for 'Well-Led.'. Whilst this decline in performance is rightly noted in the Quality Account, insufficient consideration is given to how it will be addressed. The Committee believes that good leadership must be provided at the most senior level in order for the whole organisation to operate effectively, down to the operational level. It is welcomed that every month "Board members visit services to see the day to day activities of frontline staff and meet with patients to hear about their experiences", but the effectiveness of this is queried. A review of the LPT leadership needs to take place and there should be greater accountability from senior management and consequences if improvements are not made.

The Committee welcomes the establishment of a Suicide Prevention Group. It is noted that the need for training for all staff in suicide awareness 'is being considered' but the Committee feels this should be mandatory. More than one CQC report over recent years has emphasised the need for LPT to replace or remove ligature risks and ensure ligature risk assessments contain plans to be updated and yet it remains a problem.

The Quality Account addresses the issue of workforce recruitment in some detail which is reassuring, particularly, the “increased focus on clinical and professional leadership, clinical supervision and staff development programmes”. The Committee has raised the issue of recruitment at its public meetings over the past year.

The Committee notes the priorities for improvement during 2019/20 are:

- Engagement Listening and involvement with patients and carers;
- Care Planning;
- Reducing avoidable harm;
- Discharge and flow.

Whilst these priorities are welcomed, the Committee has concerns that insufficient progress will be made whilst the leadership of the Trust continues to be inadequate and wishes to see this as a priority.

Comments for the Leicestershire Partnership Trust Annual Report – Comments by Mark Farmer (HWLL HAB and LPT Lead) and Janet Underwood (HWR Chair)

We are pleased to comment on this report on behalf of patients, carers, their friends and family. Whilst we acknowledge that the Trust is open and honest about the challenges it faces, this last year has been a further challenging year for the Partnership and this is consistent with the feedback we receive.

We are very concerned about the lack of public engagement and its impact on strategic policy development, planning and service delivery.

Our triangulated information shows that there are concerns about Adult Mental Health Services and Children and Adolescent Mental Health Services. There are far too many adults, young people and children facing long delays to be seen and they can often receive poor quality services. As a result of public experience we have received, Healthwatch Leicester and Healthwatch Leicestershire have identified a strategic priority to review Community Mental Health Services later in 2019.

Having been involved with the Better Care Together review of Community Services across Leicester, Leicestershire and Rutland we receive regular reports about the delivery of Community Services and District Nursing. We are encouraged about the planned transformation these services and we will continue to work closely with the project Board to ensure the patient and public voice is heard.

Looking ahead, the future looks more positive. We have recently started to work with the Leicestershire Partnership Trust to ensure that strategic policy development, planning and service delivery is driven from a consumer's perspective. We are also keen to work with the Trust in the recruitment of the new CEO, following Peter Millers retirement.

Finally, we want to see a much quicker pace of change in the delivery of better outcomes for all, building on those areas where the Trust does things well and tackling those areas, which patients and their families/Carers are most concerned about. Healthwatch is already working more closely with the Trust to make this happen.

### **Healthwatch Rutland – additional comments to The LPT Quality Account**

We endorse the general comments made by Healthwatch Leicester and Leicestershire (HWLL) and would also like to add some specific points in response to the plans for the forthcoming year in the 2018-19 Quality Account.

#### 1. The CQC rating

Of great local concern is the latest CQC report on the Trust, published in February 2019, giving an overall rating of "requires improvement". Although we note that

immediate measures have been put in place there remain two issues we would like to see addressed.

First, as HWLL have mentioned, the chief executive is leaving his post. We would like to see that the recruitment process for his successor follows a similar process to that employed by the Clinical Commissioning Groups in recruiting a single accountable officer. This involved rigorous selection with the inclusion of professional and lay people on interview panels which hopefully has resulted in the appointment of the most effective candidate.

Second, we appreciate that the CQC rating is demoralising for staff members as well as patients. We would like to see action taken to encourage a positive workplace culture.

## 2. The patient experience of community mental health services

We echo HWLL concerns that many adults, young people and children are facing long delays to be seen and they can often receive poor quality services. It is however difficult to comment fully on this topic of significant public interest, because much information is still to be confirmed in the draft Quality Account. For example on page 40 the patient experience of community mental health services gives two scores of 6.4 and 7.4 and “TBC” but no information that qualifies these scores.

## 3. The catheter pathway

Whilst we acknowledge LPT’s focus on the importance of preventing urinary tract infections in catheterised patients (p47), our local experience is that the catheter care in the community is far from satisfactory with district nurses failing to attend, in a timely manner, a patient in difficulties with a catheter. When a catheter becomes blocked a patient can quickly become distressed and the elderly, or disabled patients (or their carers) may have difficulty in dealing with the tubes, bags, connections etc. Patient distress and loss of dignity can easily arise.

## 4. Patient involvement

We are pleased to see that the Clinical Priorities for 2019/20 include ‘engagement, listening and involvement with patients and carers’. We believe that seeking their feedback consistently and effectively and then demonstrating how that feedback is assimilated into the Trust’s quality programmes is key to service improvement.

We also particularly like the celebration of ‘always events’ – a lift to the morale of staff and patients alike.

## 5. Carers

We note the emphasis throughout the 2019-20 plans on communication with carers and family members. We would like to see further specific consideration of the physical and mental wellbeing of carers and significant others who may be going through a traumatic time themselves as they support patients.

In conclusion, Healthwatch Rutland recognises the challenges to be faced by Leicestershire Partnership Trust over the next year and we look forward to working with the Trust to help overcome the difficulties.



Mark Farmer  
Healthwatch Leicester  
and Healthwatch Leicestershire



Janet Underwood  
Healthwatch Rutland

## **Clinical Commissioning Groups Statement Comments from NHS East Leicestershire & Rutland, Leicester City and West Leicestershire Clinical Commissioning Groups**

NHS East Leicestershire & Rutland Clinical Commissioning Group (CCG) is the lead commissioner for Leicestershire Partnership Trust on behalf of a number of commissioners and in this role the CCG is responsible for monitoring the quality and performance of services at Leicestershire Partnership Trust throughout the year. We welcome the opportunity to provide the narrative on the Quality Account for 2018/19 on behalf of West Leicestershire and Leicester City Commissioning Groups in Leicestershire. We have reviewed the account and would like to offer the following comment:

This is a wide ranging report and covers the key requirements for a quality account. CCG Commissioners would like to note in particular a number of areas within the account:

Priorities for quality improvement for 2019/20 are stated, focusing on four areas:

- Engagement, Listening and involvement with patients and carers.
- Care planning
- Reducing avoidable harm
- Discharge and flow

However it is observed that 3 of these priorities are the same as 2018/19, which leads commissioners to believe that these were not fully met. These priorities also appear to be reiterated in the Quality Performance section on pg. 38 of the account, so it is unclear whether there are effective delivery and governance mechanisms in place.

As there appears to be no detail of how the Trust may attempt different approaches or actions to ensure that the required changes are effected, commissioners are uncertain whether this year's progress has been fully reviewed to ascertain how the priorities may not have been satisfactorily achieved.

The report identifies how contractual arrangements with local commissioners are used, stating that quarterly meetings take place; monthly clinical quality review meetings currently are in place to monitor this, which would be useful to include in this section. The monitoring of the local quality schedule has also enabled identification of key areas of concern such as community nursing staffing and pressure ulcer prevention. Narrative on the Trust's progress on the quality schedule would be useful to obtain a balanced perspective on this. CQUIN outcomes for 2018/19 are stated, which is a quality account requirement, however there is no narrative as to what the quality outcomes for patients and staff were from these schemes. This would have been useful to evidence the quality improvements that were embedded and sustained.

Themes from the Mental Health Act commissioner visits during 2018/19 are stated, but again there is little narrative on how the Trust is working to address these. Whilst some of these themes cross reference with the CQC inspection findings, there appears to be lack of overall triangulation in order to provide assurance.

The Trust acknowledges that improvement of data quality is an ongoing priority, which commenced in 2016/17. Commissioners would find it useful to see the level of progress with this, and whether timescales are being met in order for this to be fully implemented. Data quality is vital to ensure accurate quality monitoring of services to affirm that effective services are in place.

Waiting times are identified as an area for improvement, but the report does not elaborate on which services are of key concern and what actions are in place to effectively address this.

An update on the Freedom to Speak Up Guardian is provided, with an additional 15 F2SU partners within the Trust to support this area of staff engagement. Detail is provided on the Trust's Anti Bullying and Harassment Service (ABHAS), which additionally supports the work following the 2018 National Staff Survey findings.

External scrutiny of mandatory patient safety indicators has identified that there is a time delay between the date of incident and reporting date for a proportion of patient safety incidents. This will result in an under reporting of the overall numbers of patient safety incidents during 2018/19 – with a potential under reporting of those resulting in severe harm or death. This section of the report does not appear to include what remedial actions the Trust will take to address this, as well as ascertaining levels of safety risks. One Never Event occurred in the Trust last year, which was stated in the report; commissioners would find useful additional narrative on what was learnt and implemented across the organisation to prevent reoccurrence. The Trust received 2 Preventing of Future Deaths report (Regulations 28 and 29) from HM Coroner, with these requiring the Trust to take action. This section of the account provided explanation of the process, but no analysis of themes identified or actions taken. More detail on this would provide assurance to commissioners that the Trust is proactive in driving required quality improvements.

Throughout 2018/19, the Trust has faced continued considerable pressure to maintain safe staffing levels within inpatient and community services. The Trust has taken a number of measures to maintain and increase the number of registered nurses including regular job fairs and utilising other healthcare professionals that are employed in the services. Although there is a section within the report, the Quality Account would benefit from more detail to outline the specific pressure points, clinical risks and actions taken to address these.

Examples of Quality Improvements implemented in 2018/19 were demonstrated, which was positive to see. Patient experience improvement work during the year was also included, as well as results from national mandated surveys. Actions from these and informal patient feedback were stated, with an improvement plan to be enacted. The Quality Account also provides detail on a number of transformation projects, which was useful to see the progress to date with these and the anticipated outcomes for patients accessing and using these services.

Complaints, concerns and compliments were discussed in the account, with examples of actions taken to address complaints. Detail on how the Trust is planning to improve its' complaint handling process which is positive to see. Numbers of compliments received by the Trust was given; however it was disappointing to see

that these had declined from the previous year. A refreshment of the Trust Patient and Carer Experience Involvement Strategy has now been completed, so commissioners look forward to an improvement with this.

The CCG continue to have a positive relationship with the Trust and look forward to ongoing collaborative partnership working to ensure high quality mental health and community services for the people of Leicestershire. Collaborative work with the Trust will continue in the monitoring of progress against the priorities outlined in this Account, as well as providing commissioner support with the improvement actions outlined within this Quality Account.

## **Statement from the Trust's External Auditors (KPMG)**



### **INDEPENDENT AUDITOR'S LIMITED ASSURANCE REPORT TO THE DIRECTORS OF LEICESTERSHIRE PARTNERSHIP NHS TRUST ON THE ANNUAL QUALITY ACCOUNT**

We are required to perform an independent assurance engagement in respect of Leicestershire Partnership NHS Trust's Quality Account for the year ended 31 March 2019 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

#### **Scope and subject matter**

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents resulting in severe harm or death indicator (PSI);
- Care Programme Approach 7 day follow up (CPA).

We refer to these two indicators collectively as "the indicators".

#### **Respective responsibilities of the Directors and the auditor**

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2018 to May 2019;
- papers relating to quality reported to the Board over the period April 2018 to May 2019;
- feedback from the Commissioners dated April 2019;
- feedback from Local Healthwatch dated April 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated July 2018;
- CQC survey of people who use community health services national patient survey dated November 2018;
- the latest national staff survey dated February 2019;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2019;
- the Annual Governance Statement dated May 2019; and
- the Care Quality Commission's inspection report dated February 2019.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Leicestershire Partnership NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Leicestershire Partnership NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

#### **Assurance work performed**

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

#### **Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.



The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Leicestershire Partnership NHS Trust.

#### **Basis for qualified conclusion on the PSI indicator**

As set out in the Statement of Director's Responsibility from the Chief Executive of the Trust on pages 7 and 8 of the Trust's Quality Account, the Trust has concerns over the accuracy of data for the PSI indicator.

We found from our testing that five cases from a sample of twenty five were incorrectly graded as a major/minor incident, plus in ten cases out of the twenty five cases tested incidents have been uploaded to National Reporting and Learning System at least twice. We also noted in eight out of the twenty five cases tested delays between the time incidents occurred and the recording of information on the system.

#### **Qualified Conclusion**

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion on the PSI indicator' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

*KPMG LLP.*

KPMG LLP  
Chartered Accountants  
One Snowhill  
Queensway  
Birmingham  
B4 6GH

26 June 2019

## Appendix 1 List of LPT Services 2018/19

During 2018/19 LPT provided and/or subcontracted 100 NHS services. . Mental Health and Learning Disabilities account for 59 services and Community Health Services make up the remaining 41.

### Mental Health and Learning Disabilities Services

#### Inpatients

Adult Low Secure

Assertive Outreach Inpatients

CAMHS Tier 4

Adult Forensic Non Secure Inpatients

Eating Disorder Tier 4

Adult General Psychiatry Inpatients

Huntingtons Disease Inpatients

LD Inpatients - Treatment and Assessment

LD Short Breaks

MHSOP - Functional Assessment

MHSOP - Organic Assessment

AMH Psychiatric Intensive Care Inpatient

MH Inpatient Rehabilitation Service

#### Non Inpatient Services

Acquired Brain Injury

Eating Disorders Service - Daycare

LD Community Team

LD Autism Service

LD Outreach

Health Facilitation Service

AMH Triage Car Service

Assertive Outreach Community

Eating Disorders Service - Community

Personality Disorder Service

Dynamic Psychotherapy Service

LLR Perinatal Mental Health Service

Liaison Psycho Oncology

Liaison Psychiatry

Cognitive Behavioural Psychotherapy

Community and Outpatients Forensic Team

Adult General Psychiatry-Acute Recovery

Team

Adult General Psychiatry Community and

Outpatient Teams

PIER

METT Centre

Huntingtons Disease Community

ADHD Service

Homeless Service (City)

Aspergers

Place of Safety Assessment Unit

CAMHS- Outpatient & Community

CAMHS - Young Peoples Team

CAMHS - Learning Disability Service

CAMHS Primary Mental Health Contract

CAMHS Paediatric Psychology

MHSOP Community Teams

MHSOP In-Reach

MHSOP - Memory Clinics

### Employment Services

MHSOP FOPALS

MHSOP Outpatient Service

Recovery College

CAMHS - Eating Disorders

SPA Acute Assessment and CRHT

Mental Health Triage Service (Urgent Care

Centre and UHL)

CAMHS Access Team

CAMHS Crisis and Home Treatment

Crisis House

Medical Psychology

Court Liaison and Diversion

Clinical Neuropsychology

### Community Health Services

Inpatients

ICS Beds

Intermediate Care and Community Hospital

Beds

### Non Inpatient Services

Continence Nursing Service

Respiratory Specialist Service

Hospice at Home

Specialist Palliative Care Nurses

Heart Failure Service

MSK Therapy

City Reablement Service

The Falls Clinic Program

Podiatry

Primary Care Coordinators

Single Point of Access (SPA)

Speech Therapy

Audiology

Childrens Occupational Therapy

Childrens Physiotherapy

Childrens SALT

Diana Community & Family Service (Cafss)

Diana Childrens Community Nursing

LNDS & HENS

Paediatric Medical Services

Named Doctor for Safeguarding

Designated Doctor for Safeguarding

Travelling Families Services

Mickey Buttons

Diana Transitions(City)

Death Overview panel

Looked After Children

Child Protection Medical Services

Diana Complex Care Team

Childrens Respiratory Physiotherapy

Community Nursing



	Safe	Effective	Caring	Responsive	Well led	Overall
Community health inpatient services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
End of life care	Good	Requires improvement	Good	Good	Good	Good
Forensic inpatient/secure wards	Good	Requires improvement	Good	Good	Good	Good
Community mental health services with learning disabilities or autism	Good	Good	Good	Requires improvement	Good	Good

### Appendix 3: Data definitions

#### CPA – 7 day follow-up

100% enhanced Care Programme Approach (CPA) patients receive follow-up contact within seven days of discharge from hospital

#### Detailed descriptor

The percentage of patients on CPA who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period

**Numerator** The number of people under adult mental illness specialties on CPA who were followed up (either by face-to-face contact or by phone discussion) within seven days of discharge from psychiatric inpatient care during the reporting period

**Denominator** The total number of people under adult mental illness specialties on CPA who were discharged from psychiatric inpatient care.

All patients discharged from psychiatric inpatient wards are regarded as being on CPA during the reporting period.

All patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care must be followed up within seven days of discharge.

Exemptions include patients who are readmitted within seven days of discharge; patients who die within seven days of discharge; patients where legal precedence has forced the removal of the patient from the country; and patients transferred to an NHS psychiatric inpatient ward. All child and adolescent mental health services (CAMHS) patients are also excluded.

## CRT Gatekeeping

**The number of admissions to the Trust's acute wards that were gate kept by the crisis resolution home treatment teams during the quarter.**

### **Detailed Definition:**

The number of admissions to the Trust's acute wards that were gate-kept by crisis resolution home treatment teams

An admission has been gate kept by a crisis resolution team if they have assessed the service user before admission and if they were involved in the decision-making process, which resulted in admission.

### Total Exemption to CR/HT Gatekeeping

- Patients recalled on Community Treatment Order.
- Patients transferred from another NHS hospital for psychiatric treatment.
- Internal transfers of service users between wards in the Trust for psychiatry treatment.
- Patients on leave under Section 17 of the Mental Health Act.
- Planned admissions for psychiatric care from specialist units such as eating disorder units are excluded.

### Partial exemption:

- Admissions from out of the Trust area where the patient was seen by the local crisis team (out of area) and only admitted to this Trust because they had no available beds in the local area. CR team should assure themselves that gatekeeping was carried out. This can be recorded as gatekept by CR teams.

## Patient safety incidents

**The percentage of patient safety incidents resulting in severe harm or death.**

Numerator – The number of reported patient safety incidents resulting in severe harm or death reported through the National Reporting and Learning Service (NRLS) during reporting period.

Denominator – The number of reported patient safety incidents at a trust reported through the NRLS during the reporting period.

## Glossary

### **Adult Mental Health Services (AMH)**

This is the division which provides adult mental health services.

**Adult Mental Health - Learning Disabilities (AMH-LD)** A sub-division of AMH responsible for the provision of Learning Disability Services.

### **Black and Minority (BME)**

Black and Minority Ethnic or Black, Asian and Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent.

### **Care Pathways**

These determine the locally-agreed, multi-disciplinary practice based on guidelines and evidence, where available, for each specific service user group.

### **Care Programme Approach (CPA)**

A system of delivering community services to those with a serious mental illness, based upon the four principles of assessment, care plan, care co-ordination and review. Implicit in all of them is involvement of the person using the service, and where appropriate, their carer.

### **Care Quality Commission (CQC)**

The Care Quality Commission replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Local application of the Mental Health Act is now included as part of the CQC's Comprehensive Inspection Programme.

### **Child and Adolescent Mental Health Services (CAMHS)**

CAMHS is a range of services for children and young people aged up to 18. Young people between 16 and 18 years can access CAMHS or other adult services, depending on which is felt to be more useful for their needs.

### **CHIME**

Connectedness, Hope and optimism, Identity, Meaning, Empowerment (CHIME)

### **Clinical audit**

Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

### **Clostridium difficile (CDiff)**

CDiff is a species of bacterium that causes diarrhoea and other intestinal disease when competing bacteria are wiped out by antibiotics.

### **Commissioning for quality and innovation (CQUIN)**

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.

### **Commissioners**

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning Groups are the key organisations responsible for commissioning healthcare services for their area. They commission services for the whole of their population, with a view to improving their population's health.

### **Community Health Services and Mental Health Services for Older Persons (CHS/MHSOP)**

This is the division which provides inpatient community services, community services, and mental health services for older people.

### **Families, Young People and Children's Services (FYPC)**

This is the division which provides services to families, young people and children.

### **Friends and Family Test (FFT)**

FFT is a patient metric to test likelihood of recommending our ward / service to friends and family if they were to need similar care or treatment. Scores are now shown as the percentage of people who express 'extremely likely' and 'likely' to recommend the service to their friends and family (from a 5 point range from; 'Extremely likely' to 'Extremely unlikely').

### **Health & Social Care Information Centre (HSCIC)**

A national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care; HSCIC is an executive non-departmental public body, sponsored by DoH.

### **Healthcare Associated infections (HCAI)**

HCAI are infections acquired as a consequence of a person's treatment by a healthcare provider, or by a healthcare worker in the course of their duties. They are often in a hospital setting, but can also be associated with clinical care delivered in the community.

### **Healthwatch**

Healthwatch is the consumer champion for Health and Social Care. A local Healthwatch is an independent organisation, able to employ its own staff and involve volunteers, so it can become the influential and effective voice of the public. It

keeps accounts and makes its annual reports available to the public. It replaced LINKs (Local Involvement Network), has taken over their responsibilities and has implemented additional services around advice and guidance.

The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their community.

### **Integrated quality and performance reports (IQPR)**

A monthly report which gives levels of compliance with our improvement priorities, the Monitor Compliance Framework and CQC registration requirements. The report also provides the current monthly data and trend analysis across each of the Trust strategic objectives including all local commissioning targets and internal Trust targets.

### **ICD-10**

the 10th revision of the International Statistical Classification of Diseases and Related Health Problems, a medical classification list by the World Health Organisation.

### **Information Governance Toolkit**

The framework by which the NHS assesses how well we meet best practice for collecting, storing and sharing information about people. These standards cover information governance management, confidentiality and data protection, information security, information quality and the keeping of all records.

### **Leicester, Leicestershire and Rutland (LLR)**

Our local healthcare area.

### **Learning Disabilities Services**

This is the division which provides services for adults with learning disabilities.

### **Leicestershire Health Informatics service (LHIS).**

Providing IT support for public and private sector organisations.

### **Mental Capacity Act 1983 (MCA)**

This is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.

### **MARAC**

Multi-Agency Risk Assessment Conference

### **Mental Health Act (MHA)**

Amended in 2007, the MHA sets out treatments, rights, etc., for those with mental disorders, and also the legal powers of detention of doctors and Approved Mental Health Professionals. It outlines a legal framework which must be followed to ensure rights are protected.

### **Methicillin-Resistant Staphylococcus Aureus (MRSA)**

A common skin bacterium that is resistant to a range of antibiotics. 'Methicillin-resistant' means the bacteria are unaffected by Methicillin, a type of antibiotic that used to be able to kill them.

### **MHSOP**

Mental Health Services for Older People

### **Multi-Disciplinary Team (MDT)**

MDTs are composed of members from different healthcare professions with specialised skills and expertise, who collaborate together to make treatment recommendations that facilitate quality patient care.

### **NHS number**

The NHS number is the mandated national unique identifier for patients. It must be used alongside other demographic information to

identify and link the correct records to a particular patient.

### **National Institute for Health and Clinical Excellence (NICE)**

The National Institute for Health and Clinical Excellence provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health.

### **National Institute of Health Research (NIHR)**

A national body established to commission and fund NHS and social care research in public health and personal social services. Its role is to develop the research evidence to support decision making by professionals, policy makers and patients, make this evidence available, and encourage its uptake and use.

### **National Patient Safety Agency (NPSA)**

A national agency which leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.

### **National Reporting and Learning System (NRLS)**

A central database of patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.

### **Non-portfolio Research**

The majority of these studies are relatively small-scale, local studies (formerly known as "own account" research).

### **PIER**

Psychosis Intervention and Early Recovery (PIER) Services

### **Portfolio Research**

These are studies that are of "high quality", as determined by being awarded funding on a

competitive basis from an eligible funding body (such as MRC, NIHR, HTA, SDO, RfPB etc.). In most cases these are multi-centre studies aiming to recruit large numbers of participants, so as to produce the best possible evidence. The majority of these studies are “adopted” by Topic Specific Networks such as MHRN (Mental Health Research Network), CRN (Cancer Research Network), DRN (Diabetes Research Network) or directly on to the UKCRN Portfolio through the NIHR-CSP (Central Sign-off for NHS Permission) system managed by the Comprehensive Local Research Networks (CLRN).

#### **Quality Schedule**

LPT’s Quality targets and goals as agreed with the three local Clinical Commissioning Groups. Progress against delivery is monitored by Commissioners on a monthly basis through formal meetings, and by visits.

**Secondary Users Service (SUS)** A single source of comprehensive data, available to the NHS, to enable a range of reporting and analysis.

#### **SNOMED**

SNOMED is an international standard for clinical coding which the NHS in England is adopting by March 2020, to replace a variety of coding systems that are used at present.

#### **STP**

sustainability and transformation partnership

#### **Summary Hospital Level Mortality Indicator (SHMI)**

An indicator which reports on mortality at Trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by the Health and Social Care Information Centre (HSCIC) with the first publication

having been in October 2011. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

#### **SystemOne**

Clinical system which clinicians use to document patient records.

#### **TPP**

develop and supply clinical software including SystemOne

#### **Trend**

A trend refers to the concept of collecting information and attempting to spot a pattern, or trend, in the information. A trend line presents the ‘trend’.

## Feedback your views

This is the Quality Account and we want this report to be used to inform discussions about how we could improve our services. The Trust welcomes your questions or comments on the issues raised in this document or any of its services.

Comments should be sent to:

**Chief Executive**  
**Leicestershire Partnership NHS Trust,**  
**Riverside House/Bridge Park Plaza,**  
**Bridge Park Road,**  
**Thurmaston,**  
**Leicester,**  
**LE4 8PQ.**

Telephone: 0116 295 0994 and ask for the communications team  
Email: [feedback@leicspart.nhs.uk](mailto:feedback@leicspart.nhs.uk)

This document is also available on our website at:  
[www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)  
(After 30<sup>th</sup> June 2019)