

Quality Account 2019/20



Creating high quality, compassionate care
and wellbeing for all.



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Part 1 – Welcome and Introduction to the Quality Account

CEO statement

Welcome to the latest Quality Account.

I am pleased to present the Leicestershire Partnership NHS Trust (LPT) Quality Account for 2019/20. The report details what the Trust has done to improve the quality of our services in 2019/20 and how we intend to make further improvements during 2020/21.

Leicestershire Partnership NHS Trust (LPT) serves a population of one million people, with a budget in excess of £250 million. We employ over 5,500 staff in a wide variety of roles, working alongside partners in health, social care, education, housing, police, voluntary sector and many more.

We have renewed our vision and strategy this year, to strengthen clarity around our key areas of focus. Our staff are working hard to make significant positive progress in these areas, with some really outstanding practice. We are pleased to have achieved our CQC action plan but know we have more to do.

Our new vision, co-designed by our staff, patients and volunteers, is keeping us on track: **creating high quality, compassionate care and wellbeing for all**. Our values of Compassion, Respect, Integrity, and Trust remain at the centre of everything we do. Building on this, we have co-produced a leadership behaviours framework to empower staff as leaders in achieving our vision – because everyone has the power to make a difference and take care of each other along the way.

We are delighted to have also launched our trust-wide quality improvement framework - WelimproveQ - in November 2019, which has been co-designed following staff feedback. It reflects our collective ambition to become a learning organisation, where we are all empowered to make improvements. It is already enabling our staff to undertake quality improvement at a local level.

Our STEP up to GREAT strategy has brought together feedback from staff, service users, patients, carers and stakeholders to focus our key priorities of quality and safety. It is about making a real and sustainable difference for our patients and supporting our staff to deliver high standards of care every day. We have introduced a robust governance framework to support this, and a sustained focus on quality improvement and culture.

We are pleased to have won numerous awards this year, which are highlighted in the Year in Review section. Notably, our partnership work with LHS and SystmOne providers TMP to introduce Autoplanner in our community nursing teams was awarded the **National HSJ Partnerships Award for Workforce Innovation**, as well as being a finalist in the Nursing Times Awards and the HTN (High Tech Newspaper) awards for work undertaken on Autoplanner in the adult continence service. We were also awarded Gold status for our work with Veterans – being one of the only a few mental health Trusts in the country.

The 'Knead to Chat' project has worked with adults, older people, young people and people with disabilities in the last year and made an astounding 1,000 loaves in 2019-20. The

project has run sessions with local people and organisations including: No 5 part of the One Roof Leicester homelessness organisation, Menphys, Leicestershire Recovery College and also with patients being supported by LPT and has been shortlisted for the patient experience network awards

Our pioneering ChatHealth digital development team have been shortlisted for an IT and Digital Innovation award at the HSJ Value Awards 2020. ChatHealth is a confidential messaging platform developed and piloted at Leicestershire Partnership NHS Trust. It enables service users to quickly and easily start a messaging conversation with a healthcare professional. The ChatHealth team now support other healthcare teams to set up safe and secure messaging helplines using LPT's well-evidenced clinical model.

The perinatal mental health service has launched the UK's first mental health ChatHealth text messaging service – called Mum's Mind. The new confidential service supports mothers and their families across Leicester, Leicestershire and Rutland via a dedicated text line.

Community nursing and community therapy has been transformed through the year, following significant engagement. We now have integrated 'Home First' teams providing nursing and therapy, based in eight hubs around Leicester, Leicestershire and Rutland, and working closely with social care colleagues in locality decision units to decide the best treatment plans for staff. The transformation places us ahead of our peers, and we are pleased to have been chosen as a regional accelerator site for the Ageing Well programme.

Amongst our innovations this year, we successfully rolled out electronic physical observations on 26 mental health and learning disability wards using software called Nerve Centre. This stand-alone system allows staff to record patients' physical observations in real time using hand-held Motorola devices. As well as replacing paper records, the system means that relevant ward staff can see up-to-date patient records and respond promptly and appropriately. Nerve Centre is planned to be used alongside SystmOne which will become the Trust's Single Electronic Patient Record (EPR) when it replaces the RiO system across mental health and learning disabilities services.

LPT is one of just a few Trusts in the UK with a Vagus Nerve Stimulation (VNS) service. VNS is a specialised invasive treatment for treatment-resistant depression. A device is implanted by a surgeon on the chest (similar to pace maker) and connected to left vagus nerve to constantly stimulate it. The VNS service is provided in the Electroconvulsive therapy (ECT) suite by a team of doctors and nurses, who have worked tirelessly in their own time to set up the service. We are the first Trust in UK to get sign-off from the Clinical Commissioning Group in setting this up and has developed a robust pathway with Nottingham to implant the device. We have collaborated on the region's first VNS implant in autumn 2019 with the patient reporting significant improvements in his mood and quality of life after experiencing treatment-resistant depression for more than three decades.

Thank you to all of our staff and volunteers, and to those service users, patients, carers and stakeholders who have contributed their thoughts and reflections on our services this year. We are firmly committed to listening to each other and working together to ensure our NHS continues to thrive as it – "touches our lives at times of basic human need, when care and compassion are what matter most" (NHS constitution, 2015).



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

Angela Hillery, Chief Executive

Leicestershire Partnership NHS Trust

Statement of Quality from the Director of Nursing, Allied Health Professions (AHPs) & Quality

Our staff at Leicestershire Partnership NHS Trust (LPT) want to make a positive difference to the lives of our population across Leicester, Leicestershire and Rutland across every service we provide. We want to do this through being open and honest, learning lessons, listening and using feedback to deliver improvements and fostering a culture of involvement. Being recognised with a 'Good' rating in the Caring domain supports our belief that we are putting the right attention on our patient experience – that we are making a difference. This is also supported by our new Trust vision '*Creating high quality, compassionate care and wellbeing for all*'; co-designed with staff, patients and carers.

We have invested in patient safety and built on feedback received from the CQC that our work in the Safe domain 'Requires Improvement'. We have good measurable outcomes and we are confident that we have strengthened our approaches to patient safety and our ability to deliver safe, quality care. We also recognise that further improvements are required across all domains following the feedback from the CQC. We have developed a Trust-wide approach to Quality Improvement to promote and embed learning and improvement in services. This supports frontline staff best placed to identify and make changes that are needed. We have many examples of both Quality Improvement and innovation across our services and have celebrated successes success National awards. This includes our recent Health Service Journal Award in Community Nursing Services for the National Innovation Workforce Award. We have implemented new governance arrangements across the organisation, so that the right information gets to the right place at the right time and our care has improved as we have made continued progress in ensuring that we provide the best possible standards of care to our patients.

We have also developed our strategy of 'STEP up to GREAT' which incorporates nine key priorities of work these are: High Standards, Transformation, Environments, Patient Improvement, Well Governed, Single Patient Record, Equality, Leadership and Culture, Access to Service and finally trust-wide Quality Improvement. This helps us be clear on what our priorities are to improve and share these with our staff, partners and service users, patients and carers.

Our commitment to improvements in quality and care for our patients and service users has resulted in external accreditation awards from the Royal College of Psychiatry in some of our inpatient areas. We have also commenced an internal Quality Accreditation program including Ward Accreditation which has shown some significant improvements in areas. The Trust has received some good feedback as part of the custody suite joint inspection between the criminal justice inspectorate and the CQC. LPT provide the mental health criminal Justice Liaison and Diversion Service (CJLDS) to police custody suites across Leicester.

We recognise that an enormous amount of work has been undertaken to co-design our new patient experience and patient involvement strategy, focusing on putting our patients, service users and carers at the heart of everything we do. We really value the continued dedication of our patients, service users, carers, family and friends, and staff and welcome feedback to improve the quality of our care and services.

'Our Future Our Way' is our culture, inclusion and leadership transformational change programme using the approach recommended by NHS Improvement. In 2019/20 this work has been led by over 90 change champions of staff, patients and volunteers to seek wider views, identify barriers and themes for improvement. Through this work our change champions have helped us identify key areas of improvement and in February 2020 we

launched our Leadership Behaviours Framework for all staff. This work supports that of our Freedom to Speak Guardian and the Guardian of Safe Working Hours to enable staff to speak out when they have concerns.

I hope you enjoy reading our Quality Account and that it provides a clear picture of how important quality improvement and patient safety is to us. Whilst we are clear there are further improvements to be made, we are proud of the work by of our dedicated staff and look forward to continuing our improvement journey and ensuring we deliver our vision of 'High quality, compassionate care and wellbeing for all' to the population of Leicester, Leicestershire and Rutland.'

Thank you for taking the time to read our 2019/20 Quality Account, reflecting on a busy year of how we have worked hard to improve the quality of services we provide.



Dr Anne Scott

**Interim Director of Nursing, AHPs and Quality
Leicestershire Partnership NHS Trust**

What is the Quality Account?

All NHS providers are required to produce an annual 'Quality Account' which summarises the quality of services provided. The Quality Account provides information and assurance to our patients, service users, carers, family members, commissioner, partner agencies and the general public that the Trust is addressing quality issues and maintaining standards.

This Quality Account is structured in 3 parts:

- **Part one** provides a welcome and introduction to the Quality account including statements from our Chief Executive Officer Dr. Angela Hillery and Director of Nursing, Allied Professionals and Quality, Dr. Anne Scott.
- **Part two** details progress towards our priority areas in 2019/20 and outlines our new priorities for 2020/21. It also outlines how we have performed against our key quality metrics, national targets, the quality agenda and the required statements of assurance by the Board.
- **Part 3** includes Additional information on the quality of our services

If you would like to know more about any of the examples of Quality Improvement or have any suggestions on how we could improve our Quality Account please contact:

feedback@leicspart.nhs.uk

Profile of the Trust

Leicestershire Partnership Trust is a Community and Mental Health Trust providing services to the communities' across Leicester, Leicestershire and Rutland. We work with a range of partners to deliver care and support to people and their carers in their homes and community or hospital based settings.

In 2019/20 our clinical services were organised in three directorates;

Adult Mental Health and Adult Learning Disability Services

- Services for adults with acute and enduring health conditions and complex learning difficulties providing the following:
 - Acute inpatient care
 - Acute assessment
 - Home treatment
 - Day care
 - Psychological therapies
 - Community based mental health care
 - Assertive outreach
 - Day care and prison healthcare
 - Locality based learning disability teams
 - Short break homes
 - Specialist inpatient care
 - Autism and outreach services

Community Health Services

- Community health services delivering a range of services across community and inpatient settings including:
 - General and stroke rehabilitation
 - End of life care
 - Physiotherapy
 - Occupational therapy
 - Speech and language therapy
 - Podiatry
 - Falls prevention
 - Mental health services for older people.

Families, Young People and Children's Services

- Public health, community, and specialist services for children, young people and families providing the following:
 - Healthy Together-health visiting and school nursing
 - Physiotherapy, Occupational Therapy and Speech and Language therapy
 - Immunisations and Vaccinations
 - Phlebotomy
 - Children and Adolescent Mental Health Services
 - Adult Eating Disorders
 - Community Paediatrics
 - Psychosis Intervention and Early Recovery teams
 - Nutrition and Dietetics
 - Diana Nursing Team



Map of Leicester, Leicestershire and Rutland

Our aim is to work with our patients, service users and carers and partners to deliver our Trust vision of:

‘Creating high quality, compassionate care and wellbeing for all’

Development of our Trust Vision and ‘STEP up to GREAT’ Strategy

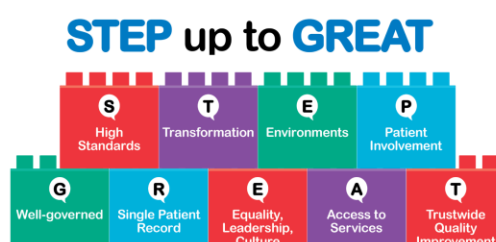
The new vision ‘*Creating high quality, compassionate care and wellbeing for all*’ was created in 2019 by our staff, patients, service users, carers and volunteers as part of ‘Our Future Our Way’ programme. This programme aims to make sure our staff, as well as our patients and service users, have a stronger voice within the organisation to help us improve.

During 2019/20, we developed a new strategy called ‘STEP up to GREAT’. By working alongside staff, patients, carers and other key stakeholders. This strategy helps us set out our key priorities over the next 3 years to help us improve and ensure our service users and carers receive the care they deserve.

We also recognised that we need to ensure our staff have the right conditions to work in so that they can provide the best possible care. We have developed 90 change champions, who are staff across the organisation, working as part of the ‘Our Future, Our Way’ programme. This aims to create a culture where staff can care for each other and our service users well, reflecting the Trust values of ‘Trust, Respect, Compassion and Integrity’ and in a way that values and promotes equality, inclusion and diversity.



“Creating high quality, compassionate care and wellbeing for all”



Part 2 - Priorities for Improvement

How did we do in 2019/20 and our future plans 2020/21?

Looking Back: Review of Quality Priorities for improvement 2019/20

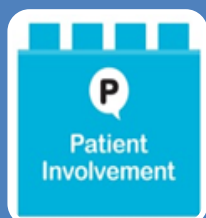
In this section, we review our progress towards the 2019/20 Quality Priorities. This will include:

- How we identified the priorities.
- An overview of each priority, what we have done and achieved and what we need to do next.

How did we choose our priorities for 2019/20?

The 2019/20 priorities were chosen as they were relevant across the range of services in the organisation. They also reflected the areas of improvement identified by the CQC and our patient, service users and carers. The priorities related to the 3 quality domains of patient safety, patient experience and effectiveness.

Following the development of the 'STEP up to GREAT' Trust Quality Improvement plan the priorities were linked to this.



Patient Experience

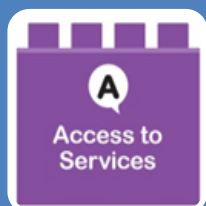
- 1.Improving patient engagement, listening and involvement
- 2.Making care plans more personal*

. *The priority relating to care plans was also a priority in 2018/19 and the section includes information on what we have done during 2018/19 and 2019/20.



Patient Safety

- 3.Reducing avoidable harm



Effectiveness

4. Improving how people access our services (Discharge and Flow)



Priority 1: Engagement, listening and involvement with patients and carers

What we said we would do and why this is important?

We said we would use our patient involvement and feedback to drive our improvements in to services and care.

Placing patients, service users, carers and their families at the center of everything we do is key to delivering high quality, compassionate care for all. It is essential to ensure that patients, service users, carers and the public are able to inform and influence how we deliver our services and how future services are designed.

What did we do and achieve?

In order to achieve this ambition we have developed a three year plan to improve patient experience and involvement with our patients, service users, carers, partners and staff. This plan sets out three things we want to do:

- We will increase the numbers of people who are positively participating in their care and service improvement
- We will make it easy and straight forward for people to share their experiences
- We will improve the experience of people who use or who are impacted by our services



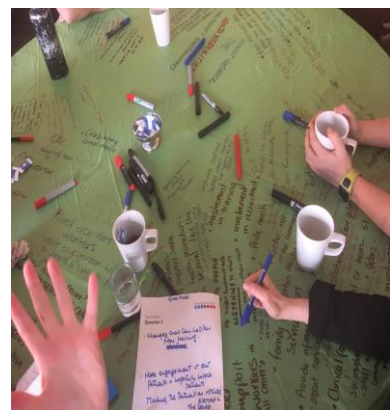
Examples of how these objectives are being delivered are set out below:

Within our Adult Mental Health and Older Person's Mental Health Services our aim is that every service user will be introduced to the concept of recovery and living well with their condition, using various resources at their care planning assessments and through Collaborative Care Planning.

- Our Recovery and Collaborative Care Planning Café (Recovery Café) have been set up to bring service users and clinicians together in a non-clinical environment enabling collaborative conversations focused on recovery and ensuring meeting service user's needs.
- Following a programme of engagement with children and their families our Immunisation Team introduced opt-out forms for immunisation, using the feedback gathered to inform changes in process to consent and opting out.
- Within our Learning Disability services, the Trust created a service user and carer facilitator role to raise and promote the opportunities for service users with learning disabilities and their carers to have their voices heard.
- The Trust have introduced co-designed Patient Reported Outcome Measures (PROMS). These PROMS are used to evaluate the experience of collaborative care planning within Adult Mental Health and Older Peoples Mental Health Services.

- Service users and carers with lived experience of accessing LPT adult mental health services, and colleagues from Turning Point have been trained to deliver PROM's, in order to gather the experience of those who have been involved in collaborative care plans.
- Within the CAMHS Service drop-in sessions aimed at children, young people and families have been introduced. The Trust has made space available for families to talk to clinicians, school nurses, care navigators, patient experience team and mental health professionals to share views about emotional wellbeing of child, feedback on any services received and any concerns.
- We have a programme of Always Events in place across the Trust. Always Events are about supporting services to optimise patient, service user and carer experience by staff co-designing with patients, service users and carers those aspects of care that matter the most and should always happen. This can only be developed with patients, service users and carers being placed firmly as a partner in the development of the experience, and co-production is key to ensuring services meet the needs of those who use or are impacted by that service and what matters to them. To do this a vision and aim statement is created through co-design, then the Always Event is developed using Plan-Do-Study-Act (PDSA) methodology, and measures are put in place to evidence the impact the Always Event has had, with a view to then sharing the learning.
- An example of an Always Events is demonstrated by Hynca Lodge, Community Mental Health Team (CMHT). The Team were struggling to gather feedback from service users and carers, and Family Friends Test (FFT) results were minimal. The team have been using the Always Event method in order to work with service users, patients and carers to make improvements to the service together. The team created a survey for both staff and service users/carers, and staff had a 4-week period of collecting feedback when out on visits with service users. The team also used there day centre to have a market place afternoon where local support services would showcase what was on offer to staff, service users and carers, and this also provided a space for staff and service users/carers to come together for a cup of tea and biscuit in order to discuss experiences of the service.

The team collected a host of feedback from the surveys and the market place and were able to highlight that what mattered most to patients and carers was being involved in decisions about them and in care planning, and feedback was that the team did this really well. Feedback also shown that the team were not so good at providing real life examples, stories and learning about recovery and this was another area that mattered to patients and carers. The team also discovered that the concept of 'recovery' was a difficult concept for staff, service users and carers and they did not really know what this meant.



Therefore for the teams Always Event it was decided that the focus would be on care planning and ensuring everyone was involved in collaborative care planning, along with introducing the concept of recovery and a toolkit of patient stories. This formed the below vision and aim statement as created by staff and service users/carers.

Vision statement (in the words of a service user); I will always be introduced to the concept of recovery and what this means to my journey of living well with my condition.

Aim statement; By November 2019, every service user will be introduced to the concept of 'recovery and living well with their condition' using various resources at their care planning assessments.

The team are finalising resources and then starting Plan Do Study and Act (PDSA) cycles to test the process at the care planning assessments before finalising a process to share across the whole team. They have already completed mini PDSA cycles on resources developed below;

- The team have worked with service users and carers to create patient stories that can be introduced at care planning assessments and future appointments.
- Powerful quotes have been captured from service users and carers and made into a booklet to leave with patients and carers after assessments and appointments.
- A prompt sheet has been co-designed with staff and service users in order to assist with conversations around recovery and 5 elements of CHIME and a leaflet has also been created from this introducing Recovery session.

Once the PDSA cycle is complete the team will roll out the Always Event as everyday business and measures will be put in place to evidence the impact this change has made.

How did we do?

Did we achieve what we set out to do in this priority?	GREEN	The Trust did achieve the priority during the year. The Trust will continue to seek methods of improving the communication with service users, carers as required by the strategy that has been introduced.
We said we would	What we achieved	
Immunisation team introduce opt out forms and teams gathered feedback from schools, children and families to inform changes in process to consent and opting out..	<p>There has been a dramatic increase in the uptake of immunisations with the new process that have been introduced. The Trust has worked with targeted schools, one with a high proportion of students from a Black and Asian Minority Ethnic (BAME) in the City which had low uptake of immunisations and as a result of that work the uptake has improved.</p> <p>After struggling to gather feedback from young people the Immunisation Team introduced coloured counters, green for a positive experience and red for negative</p>	

<p>Within the Learning Disability services, the Trust created a Patient and Carer Facilitator role to raise and promote the opportunities for service users with learning disabilities and their carers to have their voices heard.</p> <p>The Trust introduced a system of Patient Reported Outcome Measures (PROMS) where service users with lived experience of mental health services are collecting feedback from current mental health inpatients using a peer to peer approach.</p> <p>Within the Child and Adolescent Mental Health Service (CAMHS) Service drop-in sessions aimed at children, young people and families have been introduced. The Trust has made space available for families to talk to clinicians, school nurses, care navigators, patient experience team and mental health professionals to share views about emotional wellbeing of child, feedback on any services received and any concerns.</p>	<p>experiences resulting in a wealth of counters on regular basis.</p> <p>This work has resulted in a single point of contact for carers to support any queries/concerns, supporting staff to deliver experienced based co-design with service users in order to encourage user led approach to meaningful activities. The Trust has introduced caring for carers event to create a space for carers to connect, and share any feedback with the service.</p> <p>Learning Disability service users and carer facilitator. This role facilitates regular communications with carers of patients in inpatient and community services. Feedback on experience is discussed at Multi-Disciplinary Team meetings and actions/outcomes are fed back to carers.</p> <p>Service users and carers with lived experience of accessing LPT services, and colleagues from Turning Point have been trained to deliver PROM's Patient Reported Outcome Measures, in order to gather the experience of those who have been involved in collaborative care plans. Those trained are collecting feedback and this will help us learn what has been done well and further areas to focus on in order to improve collaborative conversations and collaborative care planning even further.</p> <p>Feedback on experience of care is provided in a range of ways ranging from Friends and Family Test, patient surveys, complaints and Patient Advice and Liaison Service (PALS) to deliberative feedback through involvement activities such as recovery cafes, focus groups and café conversations. The service user perspectives are key to understanding the lived experienced of those who are impacted by our services. Perspectives are provided through stories which are recorded and used to open every Trust Board meeting.</p> <p>Tailoring opportunities to provide feedback is essential. In order to ensure some of our harder to reach communities are able to provide feedback some services have developed different ways to collect experience of care</p>
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How do we know we have made a difference?

Through having a clearer approach to how we are able to involve, listen to and engage with our patients, service users and carers we are:

- Increasing the numbers of people who are positively participating in their care and service improvement
- Making it easier and straight forward for people to share their experiences
- Improving the experience of people who use or who are impacted by our services

The involvement of patients, service users and carers has made a difference at different levels across the organisation. For those patients and service users involved in their care planning through the Collaborative Care Planning conversations they are taking part in shared decisions about their own care. For those patients, service users and carers who take part in engagement activities with services or through our transformation work are making a difference in how services are designed and delivered, this includes:

- The Falls Prevention Service who have been working with service user representatives over the past 12 months in developing a lot of the prevention material currently being used for both service users and the wider community;
- The CAMHS Team has been working with young people to develop a workbook to support young people with ending therapeutic treatment. We know that this is an anxiety provoking time that can sometimes result in relapse, and they were keen to develop a resource which helped young people reflect on their experiences, develop resilience to support recovery and connect them to sources of support. The young people have been involved in all parts of the planning and development of the end product, clearly demonstrating a compassion and collaborative approach in their leadership of this project. The workbook is soon to be published and will be used across CAMHS services.
- The Occupational Therapy team has undertaken a review of their service delivery, incorporating the voices of our service users and colleagues to ensure they can provide the best possible service for our service users. The department decided to take on a new approach to the way they delivered their interventions. The team has altered their delivery holding breakfast groups on the ward. These not only promote independence, but ensure that service users continue to engage in everyday activities of daily living tasks, instilling a sense of ownership for their own recovery, but also supporting towards a sustainable discharge. The team has also been responsive by developing more psychological educational groups, due to high demand and popularity. The department now offers these intervention sessions, including a variety of anxiety management, coping skills and self soothe groups, on and off the wards, being inclusive to all. In addition, the off ward time table is centred around the service users core occupational therapy needs, and skill development in the core areas of daily living (function, physical health and meaningful occupations). These support our service users and teach them the vital skills to manage themselves and their mental health condition. The team strives to further develop their interventions for our service users, they actively collect feedback from sessions and this is beginning to form our department 'recovery tree'.

“Thanks for a superb meeting. It went really well and, for me, was the best meeting I have been to in all this time. It was really engaging and involved everyone, making everyone feel equally valued, and able to say what they wanted to. So huge thanks from me.”

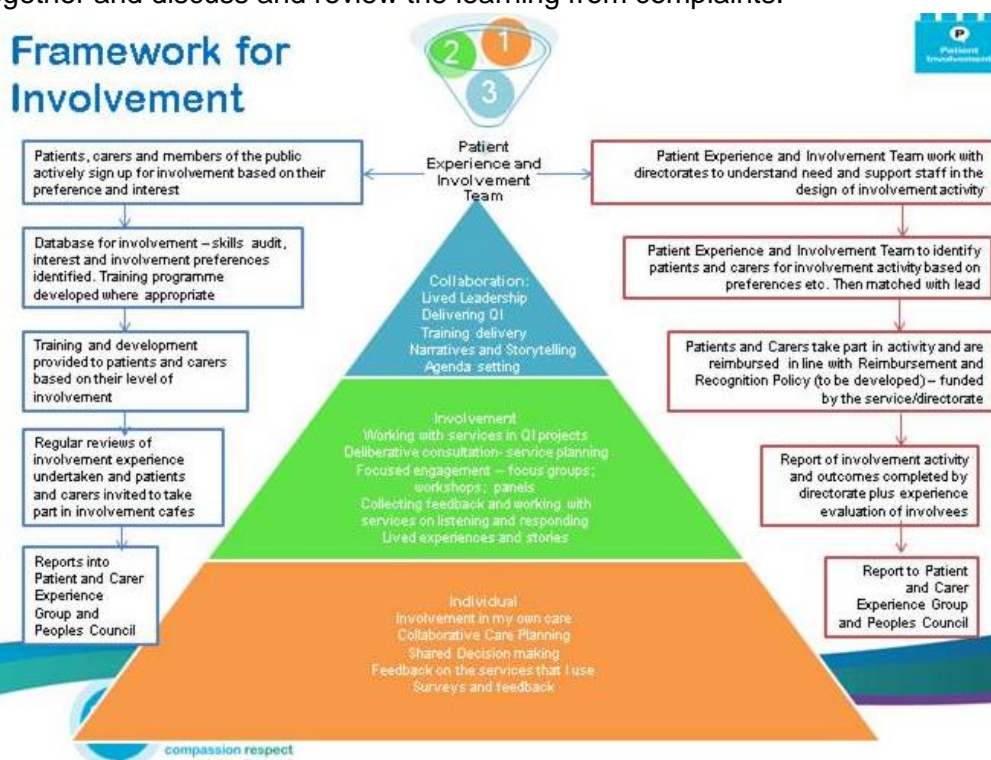
Patient Representative

What will we continue to do for 2020/2021?

Our three year plan sets out our ambition for 2020 and beyond and is embedded in the ‘STEP up to GREAT’ strategic priorities. Over the next year we will be actively recruiting new patients, service users and carers to get involved with the Trust. We will include a new ‘Welcome to Involvement Induction’ programme for service users and carers and a training and development programme which will provide those wanting to get involved with a range of skills and opportunities building on their lived experience. We will launch our Peoples Council in April 2020. The Council will have membership from patients, service users and carers with lived experience as well as local voluntary groups and organisations. The Council will act as a critical friend to the Trust when planning and delivering service user involvement across our quality improvement projects and working with our front line services.

We will continue to ensure the providing feedback on our services is easy and accessible. This will involve a re-launch of our Friends and Family Test, with a year- long programme of training and support for staff to enable them to capture, analyse, improve and measure improvement in patient experience.

Our focus on improving the learning from complaints and concerns will see the introduction of a complaints peer review programme where patients, service users, carers and staff will come together and discuss and review the learning from complaints.





Priority 2: Making care plans more personal

In 2018/19 the Trust included a priority to improve patient involvement in the planning and recording of their care. The Trust demonstrated improvement in involving patients in their care planning but recognised that more can be done so included it as a priority for 2019/20 quality report to ensure the work continued.

What we said we would do and why this is important

We said that we would improve the way in which service users were involved in their care planning so that they were more personal.

It is important that people are involved in the planning of their care as evidence shows us this improves outcomes and supports recovery and experience of care. Feedback after our Care Quality Commission (CQC) inspection in 2017 and in 2019 identified that one of the main areas that needed improvement was the engagement and the experience for service users and carers of collaborative care planning that was recovery orientated.

We had already undertaken work in 2018/19 to introduce the concept of collaborative care planning using 'CHIME' in Mental Health Services for Older People and @Thrive in Children and Adolescent Mental Health Services. We said that we would expand 'CHIME collaborative' approach for adults and @THRIVE for children so that we have organisational wide approaches. We wanted to use Quality improvement methodology across the organisation to change our approach to care planning.

What did we do and achieve?

We used the literature to help us understand what 'good' looks like for collaborative care planning and design a programme of work to help us achieve this across the organisation. The literature used included a major National Institute for Health Research (NIHR) study¹ undertaken by Manchester and Nottingham Universities into 'Enhancing the Quality of User Involved Care Planning in Mental Health Services' (EQUIP, 2015)². A further national multi-site study identified the barriers to processes that are required to be collaborative, recovery-focused and personalised. Although the EQUIP study was focused primarily into mental health services, we learnt that practices are applicable universally across physical and mental health care. The approach and practice changes helped our Mental Health Services for Older People move from a rating of 'Required Improvement' to 'Good' in January 2019 CQC inspection.

We have worked on improving the experience and engagement of service users and carers in their care planning across the trust. We used quality improvement work using Plan, Do, Study; Act cycles of learning in Mental Health Services for Older People in the community in 2019. Manchester University provided training for staff in collaborative care planning and EQUIP materials were widely disseminated across LPT in supporting this improvement initiative. This has included 10 c's to care planning information booklet and the supporting video³. Collaborative care planning practice guidance was written and made available on

¹ Grundy et al (2015) Bringing meaning to user involvement in mental health care planning: a qualitative exploration of service user perspectives.

² <http://research.bmh.manchester.ac.uk/equip>

³ <http://research.bmh.manchester.ac.uk/equip/mentalhealthcareplanning>

what 'good' looks like including establishing learning sets to share collaborative care planning examples and learning through making changes. The development of a Recovery and Collaborative Care Planning café has helped service users and staff shape the learning together and that has informed and benefited the outcomes of this programme of work.

The learnings have helped us design a formal programme of practice change which is now being rolled out across the Trust. From April 2019 to now, the Trust has developed 3 other quality improvement projects in implementing practice changes in collaborative care planning practice. These are in adult CMHT's, Inpatient's in Adult Mental Health, Learning Disabilities, and Mental Health Services for Older People and rehabilitation wards. Learning sets are established and are working at embedding 5 key universal practice changes have been developed from what was learnt.

1. Creating a booked space to have a collaborative conversation specifically focused into collaborative care planning
2. Constructing a collaborative care plan that has been co-produced with the service user and carer and the professionals providing care interventions
3. That the service user routinely receives a copy of their care plan
4. That care plans are routinely peer reviewed against exemplars and a checklist to improve the quality of how the plan is written from a professional perspective
5. A patient reported outcome measure (PROM) is undertaken to measure the experience of being involved in collaborative care planning

Whilst there has been an initial degree of success evidenced through self-assessment by quality improvement practice sites, sustaining these practice changes has proven challenging which was mirrored in the national research⁴. There are reported challenges from a practice perspective in finding the time to undertake these changes in particular on the wards and attendance at learning sets has been varied across the improvement projects. Further work is needed to understand how this space can be created routinely and address some of the barriers so that these practices become embedded.

In addition over 240 service users in the inpatient services drawn from across Adult Mental Health Services, Learning Disability and Rehabilitation were offered the opportunity to complete a 6 item Patient Rated Outcome Measure (EQUIP audit tool⁵) undertaken through a peer audit in 2019. The measure was undertaken by peer led audit team of service users who had received training in administering this supported by the patient experience team on the Bradgate Unit of which only 62 and over 50% of these respondents had not received a copy of their care plan. Reasons for this varied from not understanding the language in care plans to what a care plan was. Further collaboration with Manchester University will be undertaken to share what we have learned from this.

Recovery and Collaborative Care Planning Cafes

Recovery and Collaborative Care Planning Cafés have been run every month for the last 24 months. During 2019/20, 85 patients and carers and 139 staff have attended the cafes. Each café is based on the **CHIME** concept framework for personal **recovery** in mental health, having hope and optimism that **recovery** is possible and relationships that support this characterised by:

- Motivation to change;
- Positive thinking and valuing success;

⁴ Simpson et al (2016) Recovery-focused care planning and coordination in England and Wales: a cross-national mixed methods comparative case study

⁵ <https://www.click2go.umip.com/i/coa/EQUIP.html>

- Having dreams and aspirations.

At each café, a service user or carer talks to the café members about their experience of mental health using the CHIME model, this is then followed up by collaborative conversations between service users and carers and health professionals. Service users deliver masterclasses based on their experiences, they develop their presentations and co-deliver and facilitate the cafés. A number of Trust priorities have also been discussed at the café including our Trust vision.

Did we achieve what we set out to do in this priority?	RAG	
We said we would	What we achieved	
To expand the overarching 'CHIME collaborative' for adults and '@THRIVE' for children so that we have organisational wide approaches, bringing this work and intelligence together into a Quality Improvement Programme and to roll out using PDSA's.	<p>5 measures were used including:</p> <ul style="list-style-type: none"> • Collaborative conversations (EQUIP/DMU) • Collaborative care planning (Peer Review) • Copy of care plan (PROM/AUDIT) • Peer review (AMAT) • Patient rated outcome measure (EQUIP) <p>Gradual improvement across all 4 projects in holding collaborative conversations and more of a challenge in inpatient settings than community. However CMHT's need to recognise this as an intervention</p> <p>Collaborative care planning is improving supported by peer review & spot incisive audit in noticeable areas</p> <p>Copy of care plan is still challenging due to Electronic Patient Record (EPR) system although SystmOne solution planned</p> <p>Peer review underway though not embedded yet AMaT- Audit Management and Tracking system (AMaT)</p> <p>Patient Rated Outcome Measure – Only 27% patients in Bradgate Unit Quality Improvement Project agreed to do PROM. Patients not understanding what a care plan is.</p>	

How do we know we have made a difference?

Mental Health Services for Older People have improved their CQC rating from 'Requires Improvement' to 'Good' which included acknowledging the Quality Improvement Work and evidence of Collaborative planning. The learning from this is being shared across services at our 'Foundations for Patient Care Forums' and 'Collaborative Care and Recovery Cafes'.

Our Collaborative Care Planning Cafes are evaluated after each session and the comments below received by participants.

"I hope to see this approach adopted by the wider LPT teams, the connection and focus an emotion and focusing on identity is absolutely key to giving effective and supportive care"

"Let's start sharing the power and treat each other with respect, very meaningful"

What will we continue to do for 2020/2021?

Ensuring care plans are personalised and recovery focused will form part of the 'High Standards' priority within the 'STEP up to GREAT' strategic priorities. This will be delivered as a quality improvement piece of work with support from the Lead Nurses and Allied Health Professionals Group and engagement with our Patient Involvement leads, staff and service users. This will include embedding the five key principles of good practice for care planning:

Standards for Good Practice in Collaborative Care Planning	
1.	Creating a booked space to have a collaborative conversation specifically focused into collaborative care planning
2.	Constructing a collaborative care plan that has been co-produced with the service user and carer and the professionals providing care intervention
3.	That the service user routinely receives a copy of their care plan
4.	That care plans are routinely peer reviewed against exemplars and a checklist to improve the quality of how the plan is written from a professional perspective
5.	A patient reported outcome measure (PROM) is undertaken to measure the experience of being involved in collaborative care planning



Priority 3: Reducing Avoidable Harm

What we said we would do and why this is important?

We said we would ensure that comprehensive risk assessments were carried out for people who use our services and risk management plans would be developed in line with national guidance to safeguard patients. To do this we said we would review the current Trust clinical risk assessment policy to take into consideration inpatient, community and outpatient services so that it aligns with CQC findings.

It is important to have a robust clinical risk assessment process in place to keep our service users safe from harm. It is important that all clinical staff are familiar with what is good practice and what is effective risk assessment and management.

What did we do and achieve?

The focus on this priority has been on developing an agreed and clear process and policy. This was to ensure consistency and relevance across the range of services in and make sure our patients and service users could expect that their clinical risks will be assessed and reviewed as often as necessary to keep them safe and help recovery.

We have:

- Agreed new processes and revised our policy
- Developed a training programme for clinicians
- Identified the need for an easily accessible network of qualified support and advice for frontline staff



Additionally it was recognised the 'one size' does not fit all and that differing specialisms have different risk factors which need to be reflected in the risk assessment process, tools and documentation. One example of this is within the Specialist Children and Adolescent Mental Health Services. It was identified that the previous risk assessment tool did not reflect the literature on identified risk factors in children and young people. A Multi-agency learning Event was established 'Learning from Suicides in Children and Young People' led by the Clinical Director for Families Young People and Children and Learning Disabilities Avinash Hiremath in May 2019. This event was attended by agencies across Leicester, Leicestershire and Rutland and held at De Montfort University.

This work resulted in the re-design of the risk assessment process and tools for Children and Young People to reflect the evidence base and unique nature of children and young people. The tool was evaluated by practitioners and the findings presented at the Leicestershire Partnership Trust Quality Improvement conference.

How did we do?

Did we achieve what we set out to do in this priority?	R/A/G	
We said we would	What we achieved	
Ensure that comprehensive risk assessments are carried out for people who use services and risk management plans developed in line with national guidance to safeguard patients	<p>We have:</p> <ul style="list-style-type: none"> • Agreed new processes and revised our policy which is being implemented • Developed a training programme for clinicians • Identified the need for an easily accessible network of qualified support and advice for frontline staff <p>Redesigned the risk assessment tool for Child and Adolescent Mental Health Services (CAMHS) reflecting the literature on good practice.</p> <p>This is rated amber as there is further work to do on training and ensuring the new processes are embedded in practice.</p>	

How do we know we have made a difference?

Having a clearer and more consistent approach to how we assess and manage risks to patients and service users will help to ensure we keep them safe from harm and support recovery. We anticipate the evidence for impact of this improvement work will be clearer within the forthcoming year in our patient safety incidents, service users feedback, complaints and quality of safety plans.

What will we continue to do for 2020/2021?

A programme of training is being delivered to relevant staff to ensure they have the most up to date knowledge, skills and tools to be able to safely assess for risk and keep patients safe.

There is a clear system in place within CAMHS Services for reporting and monitoring if our patients have a risk assessment in place. Mental Health and Learning Disabilities Services records will be moved onto SystmOne Electronic Patient Record System. This will enable more effective monitoring and reporting of risk assessments in these services. The newly adopted 'Clinical Risk Assessment and Management Policy' includes clear ways of measuring if the changes are effective.

Key Performance Indicators for Monitoring Quality of Risk Assessments as outlined in the **Clinical Risk Assessment and Management Policy 2020**.

A. Number of staff completing risk assessment training

B. % of eligible patients with risk assessment in place

C. Timeliness of Risk assessments

D. Quality of safety plans in relation to known risks



Priority 4: Discharge and Flow - Improving how people access our services

What we said we would do and why this is important?

We said that we would improve how we make sure our patients and service users can access the right help when they need it quickly. We said we would do this by improving the way we monitored our waiting times and take action to reduce waits.

This is important because our patients and service users need to get the right help when they need it to improve outcomes and prevent harm. It is also important that the organisation has a good understanding of waiting times for services so that it can make sure resources are used in the best possible way and areas of greatest risk are identified quickly and supported. Additionally, the Care Quality Commission report in February 2019 identified that Children and Adolescent Mental Health Services had long waits for assessment and treatment.

What did we do and achieve?

We recognised the need to have much clearer information about how long people were waiting to access our services so that we could understand risks and make improvements. We developed a clear improvement plan with key areas of action highlighted below. This plan is monitored by the Trust Board every month.

1. Focus on data quality improvement by:
 - a. Developing demand and capacity capability.
 - b. Identify priority services where we may need additional initial expertise to support improvement.
2. Work with our commissioners to review access targets and where appropriate, consider a move towards treatment as well as access targets
3. Review, amend and publish our LPT Access Policy and standardise waiting time reporting 'rules' e.g. clock start/stop methodology and how we manage nonattendance for appointments.
4. Review, standardise and implement the Patient Tracking List (PTL) process to reflect the revised LPT Access Policy
5. Identify key priority services for waiting time improvements and focus on these key areas.
6. Executive team to provide monthly reviews of high priority service waiting time improvements
7. Strengthen our governance and assurance processes in relation to the impact of actions to improve high priority service waiting times
8. Use accredited expertise to support and analyse demand and capacity reviews, initially for high risk services, with a schedule for remaining services
9. Include our commissioners in a review of capacity, activity and demand management initiatives (initially for high risk services) to find joint solutions which support waiting times improvement
10. Ensure our high risk services have a clear waiting times improvement plan and review their associated risk assessments.

We measured progress in delivering the actions outlined above to ensure that they were being delivered in line with expectations. This included agreeing expected improvements and measuring delivery of these, improving processes to make sure we were managing

waiting times effectively.

At Directorate and Service level Patient Tracking Lists (PTLs) were either established in key services or expanded to include treatment as well as access.

We improved our data and a system to help us review information on waiting times which identified some people were waiting over 52 weeks for treatment. Additional processes were put in place to ensure ongoing monitoring of people waiting over 52 weeks and ensure that there were systems in place for keeping people safe whilst waiting for treatment. For example, this has included the Duty System and risk reviews in CAMHS services and Mental Health Services for Older People (MHSOP) and developing the use of caseload monitoring tools in Children's Therapy services.

Results

Did we achieve what we set out to do in this priority?	RAG	
We said we would	What we achieved	
Improved monitoring of waiting times and reduce waiting times	<p>We have:</p> <p>Introduced a clear system for reviewing waiting times and making sure information about services is reviewed by the Board.</p> <p>Delivered improvement plans to address waiting times in key areas for example, CAMHS. This has included:</p> <ul style="list-style-type: none"> • The introduction of daily Patient Tracking List meetings in CAMHS to ensure effective use of appointment and review risk to patients waiting. • Improving job planning for clinicians so that we are clearer on how many appointments we can offer. • Carried out demand and capacity work in key service areas so that we can use our resources most effectively. • Increasing our clinical staff to help us reduce our waiting times. <p>In Children's therapy services we have:</p> <p>Introduced a new caseload tool to enable better reporting and oversight of waiting lists. This is monitored through fortnightly patient tracking list meetings.</p>	

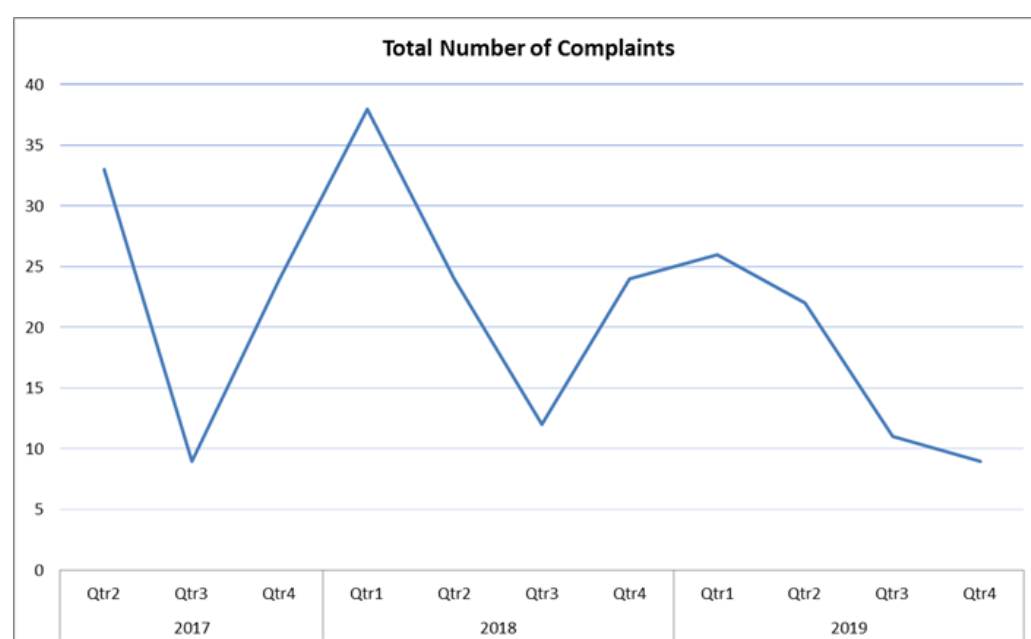
	We are working with our commissioners to review how we deliver our service in the best way possible.
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How do we know we have made a difference?

We now have a clear system for monitoring our waiting times through our Strategic Waiting Times Group, Finance Performance committee and the Trust Board and through performance reviews. This is helping us pay attention and be able to respond to concerns around waiting times quickly.

We have reduced our waits in CAMHS for assessment and treatment over the past year.

We have a reduction in complaints in FYPC Services in relation to waiting times for CAMHS over the past year



What will we continue to do for 2020/2021?






Whilst we have made progress in some services and improved our data, information and governance processes we recognise there is still more work to be done. Therefore, continuing to improve our access to services is a key focus of work in our 'STEP up to GREAT' programme. Through this we will be working to continue to:

- Improve our waiting times
- Improve the quality and availability of data and information
- Work in partnership with our commissioners about our service offer and targets
- Build on our work on how we respond to our service demands in the best way possible
- Ensure we keep our service users safe from harm whilst waiting for treatment

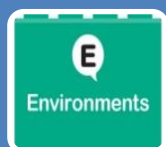
Looking Forward: Priorities for 2020/2021

Our priorities for 2020/2021 relate to the 3 quality domains of *Patient Safety, Effectiveness and Experience*. The Trust has identified these as key priorities based on CQC feedback, our STEP up to GREAT improvement strategy and what matters most to our service users and carers.

We have identified **Five Quality Account Priorities** for 2020/21. These are set out below and linked to our 'STEP up to GREAT' programme and the quality domains of patient safety, effectiveness and quality.

Descriptor	Measurement of improvement	Quality Domain	Link to STEP up to GREAT
1. Reducing Ligature Risk	We will reduce our non-fixed ligature point incidents by 10% by the end of March 2021	Patient Safety	
2. Improving hand hygiene	<p>Audits of health care workers adherence to recommended hand hygiene procedures will be maintained at an 85% compliance rate.</p> <p>We will increase the number of audits taking place and recorded on to the Hand Hygiene application; from a baseline of 37% to increase to 60%.</p>	Patient Safety	
3. Reducing length of stay in hospital	We will meet or improve on the benchmarked average length of stay for both community inpatient and mental health acute inpatient wards	Effectiveness	
4. Improving how we manage complaints	We will maintain a 90% 25 day response rate and reduce our clinical complaints by 10%	Patient Experience	
5. Improving service user feedback with Friends and Family Test (FFT)	We will increase response rate in line with baseline (Q4 19/20) improvement plan.	Patient Experience	

Priority 1 Patient Safety: Reducing Ligature Risk



Priority 1 Patient Safety: Reducing Ligature Risk

We will reduce our non fixed ligature point incidents by 10% by the end of March 2021

Why this is important?

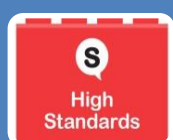
Patient safety and improvement of the experience of our patients is central to the Trust's approach to supporting patients, service users and carers.

How we will do this?

The Trust will ensure adequate training is in place to support ongoing practice improvement in the complex management of this risk area.

The Trust will work with patients and service users in specialist areas to educate and support them to understand the reduction in non-fixed ligature points.

Priority 2 Patient Safety: Hand hygiene



Priority 2 Patient Safety: Improving Hand Hygiene

Our audits of health care workers adherence to recommended hand hygiene procedures will be maintained at an 85% compliance rate.

We will increase the number of audits taking place and recorded on to the Hand Hygiene application; from a baseline of 37% to increase to 60%.

Why is it important?

Hand hygiene contributes significantly to keeping patients safe and is considered an important practice in reducing the transmission of infectious agents that cause healthcare associated infections.

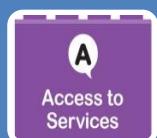
All healthcare providers must demonstrate compliance with the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and have systems and resources to monitor compliance with infection prevention and control including hand hygiene.

Adherence of Health Care Workers to recommended hand hygiene procedures has been reported as variable, with mean baseline rates ranging from 5% to 89% and an overall average of 38.7%.

How will we do this?

The development of a quality improvement work stream will be part of the overall High Standards work in 'STEP up to GREAT'. This will include promotion of the app, improving defining roles and accountability for infection control champions, clinical leads/managers and ward matrons, embedding hand hygiene as part of the ward and community services accreditation work.

Priority 3 Effectiveness: Reducing length of stay in hospital



Priority 3 Effectiveness: Reducing length of stay in hospital

We will meet or improve on the benchmarked average length of stay for both community inpatient and mental health acute inpatient wards

Why is this important?

We recognise that it is not good for our patients and service users to be in hospital settings longer than is necessary. We want to ensure we can reduce the length of time people have to stay in hospital and safely be cared for in their home environment.

As of January 2019 the length of stay (excluding leave) on acute Bradgate wards is 36.9 days. We want to reduce this to the national benchmark target of 33 days.

Our length of stay in Community Health Services as of January 2020 is at 20.4 days. The national benchmark is 25 days.

How will we do this?

There is a program of work to aid the discharge of people more promptly and reduce the length of stay our patient's experience. An enhanced Crisis and Home Treatment team is being established to prevent admission and support early discharge. We will also be working with our partner agencies and using the 'Red to Green' systematic approach on the wards; this involves following the patient pathway and rigorously checking twice a day that actions have been completed to ensure a timely discharge. Furthermore where possible we will prevent Out of Area admission.

Priority 4 Patient Experience: Improving complaints



Priority 4, Patient Experience: Improving Complaints

We will maintain a 90% 25 day response rate and reduce clinical complaints by 10%

Why this is important?

We recognise our patient and carer feedback is essential in improving our services. If our service users do not have a positive experience of our care we want to be able to listen well and respond to their complaints quickly. We also want to reduce the number of clinical complaints we receive by acting on concerns early thus avoiding the need for formal complaints processes.

How will we do this?

This will be achieved as part of our 'Patient Involvement' work in 'STEP up to GREAT' Quality improvement. It will include for example, creating a positive learning approach to complaints handling and ensuring complaints and compliments are shared widely – through the implementation of a complaints improvement plan which incorporates 'My Expectations' best practice. This will include a review of the current complaints process; training for medical and clinical staff; the establishment of a Complaints Review Group and re-introduction of a Complaints Peer Review Programme.

Establishing a People's Council - an advisory group made up of individuals with lived experience, and Voluntary and Community Sectors organisations who work with different communities across Leicester, Leicestershire and Rutland to regularly review progress against our patient experience improvement plans and actions

Integrating feedback from patients about their experience into governance processes and board meetings – through the newly established Quality Governance Structure and combined Patient and Carer Experience and Equality and Inclusion Patient Experience Group

Priority 5 Patient Experience: Improving Service User feedback



Priority 5 Patient Experience: Improving Service user feedback with the Friends and Family Test (FFT) Survey

We will increase the response rate in line with baseline (Q4 19/20) improvement plan.

Why this is important?

We recognise our patient, service user and carer feedback is essential in improving our services. If more people tell us about their experience we will have better information to help us understand what we are doing well and what we need to improve.

How will we do this?

This work is part of our STEP up to GREAT Patient Involvement priority. The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed. It is a quick and anonymous way to give views after receiving care or treatment across the NHS. A review of the current FFT system will be undertaken to ensure that our FFT feedback mechanisms are fit for purpose and provide staff and patients with the information that they need to respond to the feedback we hear. We will create a new electronic system to complement our paper system which will be simple and easy for patients, service users, carers and frontline staff to use and improve anonymity for feedback. We will develop patient, service user and carer involvement and engagement champions within services to help promote the Friends and Family Test. We will monitor our progress through the Quality Improvement Board meetings.

Statement of Assurances from the Board 2019/20

The Department of Health and NHS Improvement require us to include our position against a number of mandated statements to provide assurance from the Board of Directors on progress made on key areas of quality in 2019/20.

Review of services

During 2019/20 the Leicestershire Partnership NHS Trust provided and /or subcontracted 98 relevant health services. Mental Health and Learning Disabilities account for 57 services and Community Health Services make up the remaining 41.

The Leicestershire Partnership NHS Trust has reviewed all the data available to them on the quality of care in 98 of these relevant health services. Monitoring both externally with commissioners (via contractual requirements to monitor 80 plus clinical quality performance indicators) and internally (via performance reviews and quality reports).

The income generated by the relevant health services reviewed in 2019 -20 represents 100% of the total income generated from the provision of relevant health services by the Leicestershire Partnership NHS Trust for 2019 -20

Participation in clinical audits and national confidential inquiries

During 2019/20, the Trust was involved with:

- 11 National Clinical Audits and
- 1 National Confidential Enquires.

During that period, LPT participated in

- 91% 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 2019/2020 were as follows.

Title
National Clinical Audit of Psychosis (NCAP) – Early Intervention into Psychosis
UK Parkinson's Audit
Diabetes Foot Care
National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation
Sentinel Stroke National Audit Programme (SSNAP)
National Clinical Audit of Anxiety and Depression (NCAAD)
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – Long-term Ventilation
Prescribing Observatory for Mental Health (POMH) – Topic 7f: Monitoring of patients prescribed lithium
POMH – Topic 19a: Prescribing for Depression
POMH – Topic 17b: Use of depot / long-acting injectable antipsychotics (LAI)
POMH – Topic 9d: Antipsychotic prescribing in people with a learning disability
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)

The Audits and Enquiries that LPT participated in and for which data collection was completed during 2019/20 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
National Clinical Audit of Psychosis (NCAP) – Early Intervention into Psychosis	100%
UK Parkinson's Audit	100%
National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation	100%
Sentinel Stroke National Audit Programme (SSNAP)	100%
National Clinical Audit of Anxiety and Depression (NCAAD)	100%
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – Long-term Ventilation	100%
POMH – Topic 7f: Monitoring of patients prescribed lithium	100%
POMH – Topic 19a: Prescribing for Depression	100%
POMH – Topic 17b: Use of depot / long-acting injectable antipsychotics (LAI)	100%
POMH – Topic 9d: Antipsychotic prescribing in people with a learning disability	Data collection begins 03/02/20, ends 27/03/20
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	100%

The Podiatry Team is planning to participate in the diabetes foot care audit but have been delayed due to the pressures and priorities of the business team / Health Informatics Service.

The reports of three National Clinical Audits were reviewed by LPT in 2019/20 and the following actions are planned to improve the quality of healthcare provided.

Audit Title	Actions to be taken
National Clinical Audit of Psychosis (NCAP) – Early Intervention into Psychosis	<p>Continue to embed the use of the Process of Recovery Questionnaire (QPR) in the Psychosis Intervention and Early Recovery (PIER) team.</p> <p>Trial health care support worker home visits to carry out assessments for people unable to visit clinics.</p>

POMH – Topic 18: Use of clozapine	<p>Add consideration of smoking status to the process for clozapine technicians completing discharge letters with patients.</p> <p>Clozapine technicians will ask for ICD10 (the international classification of diseases) when meeting a patient and then manage in line with practice standards if the prescription is off-label.</p> <p>Weekly assessments for patients in first month of clozapine treatment to become part of the process.</p>
POMH – Topic 6d: Assessment of the side effects of depot/long-acting injectable antipsychotics (LAI)	<p>Community psychiatric nurses (CPNs) to conduct annual review of side effects for depot/LAI patients, using a structured side effects assessment tool e.g. Liverpool University Neuroleptic Side Effects Rating Scale (LUNSERS).</p>

A fourth report – National Clinical Audit of Anxiety and Depression (NCAAD) – has been received and is in the process of being reviewed.

The reports of 47 local Clinical Audits were reviewed by LPT in 2019/20 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Actions to be taken
Nursing Shift to Shift Handover – FYPC	Improvements made to handover sheet to ensure vital information captured.
Suicide Prevention on FYPC inpatient wards (modified Ward Manager's checklist)	New dashboard closely monitors quality of care plans and discharge plans.
Low Back Pain notes audit	Additional training, such as myth-busting scenarios and Acceptance and Commitment Therapy, is being developed.
Falls – strength and balance training	The City Inpatients Physiotherapy Team discussed existing exercises used in LPT which could be utilised in the inpatient setting and agreed standardised balance exercises to be used. The agreed balance exercises and types of appropriate physiotherapy intervention were then disseminated within the City Inpatient Physiotherapy Team.
Improving the management and care of patients with Diabetes 2018-19	<p>An ongoing review of methods of inpatient care planning at Bradgate Unit to allow for care planning to be patient focused, collaborative and needs based.</p> <p>3 Registered Adult Nurses (RGNs) have been appointed at Bradgate Unit increase involvement and assessments of patients with diabetes from the point of admission.</p> <p>Bradgate Unit has established a pilot GP clinic on Wednesday afternoons to support service users with diabetes and staff</p>

	<p>teams during their admission.</p> <p>Willows and Stewart House have introduced health and well-being clinics run by an RGN which cover diabetes where appropriate; care plans produced include healthy lifestyle advice and actions.</p> <p>Information displays about diabetes have been provided at Willows, available on each ward, for both patients and staff to support nursing staff in the care of diabetes and good care planning.</p> <p>A Working Group comprised of representatives from Bradgate Unit, Stewart House, and The Willows has been established, and is mapping processes to sustain and further improve levels of care.</p>
Transitions out of Children and Young People's Mental Health Services	<p>The findings of the audit were used to inform the development of the Trust's new transitions policy.</p> <p>There will be discussions within the Transitions Team about staff training that need to be implemented.</p> <p>The post-transition service user survey to be uploaded onto Survey Monkey so that patients can complete the survey electronically, as they do for the pre-transition survey.</p>

Clinical audit key achievements

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 2019/20, the Trust's Clinical Audit Team supported 145 clinical audits. Around 500 audit criteria have been used to re-audit whether standards have been applied to practice, for the benefit of patients in our care.

Key Achievements in 2019/2020 include:

- The team supported 145 audits.
- Audit results were 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.
- The team delivered a Clinical Audit for Quality Improvement training course twice a year and are developing a suite of training courses in other quality improvement techniques.
- The team regularly attend East Midlands Clinical Audit Support Network meetings.
- The team hosted the Trust's second Quality Improvement conference where WelImproveQ was launched to provide trust-wide support to quality improvement projects.

Quality improvement as a result of clinical audit

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 two examples of high compliance that was achieved following significant improvement as a result of clinical audits.

Vitamin D in over 65s population:

The Leicestershire Medicines Strategy Group (LMSG) report advises that being elderly (over 65) is a risk factor for vitamin D deficiency. It states that patients with risk factors should be advised to purchase supplement of 10 microgram vitamin D daily. This is also supported by NICE guidance PH56. The Leicestershire and Rutland Home Enteral Nutrition team cover all patients with an enteral feeding tube within this geographical area. There are a number of prescribed enteral feeds which are supplemented with varying levels of vitamin D. This re-audit found 100% compliance with all criteria for the process of supporting patients, showing improvements as much as 20%. Additionally, 59 out of 63 patients (93%) included in the audit had a vitamin D intake consistent with the recommendation of 10 micrograms. This is an increase from 86% in the baseline audit. The team will continue to monitor level of Vitamin D supplementation within the over 65 caseload. This process will continue to be supported by the flowchart and table that were produced in response to the findings of the baseline audit as these have demonstrated their usefulness in producing high standards.

T34 Ambulatory Syringe Pump:

The T34 is only used by the Diana Service for symptom control in End of Life and over recent years has rarely been used, therefore making it an important area to ensure staff competence has been retained as it is a task that will have been rarely performed if at all by some staff. This audit was unusual in that it assessed staff knowledge in the form of a quiz. Overall score on three questions that had been added since the baseline audit was 92%, high but still room for improvement. The score on all other questions was 100% showing improvements as much as 27%. To further improve staff knowledge the training has been reviewed and staff reminded of the need to receive the training annually (training needs are also part of the annual appraisal all staff at the Trust receive).

Participation in Clinical Research

Leicestershire Partnership Trust continues to provide our patients, service users and carers with 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. One of our carers has described research as 'zone of hope'.

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 service users receiving NHS services provided or sub-contracted by Leicestershire Partnership Trust in 2019/2020 that were recruited to participate in portfolio studies approved by a research ethics committee as of January 31st 2020, credited to Leicestershire Partnership Trust was 318 (EDGE – local data) and 362 (ODP – national data, includes confirmed and unconfirmed figures).

Our performance in study initiation, and consequently in study delivery continues to be strong. This is reported on the Clinical Trials Platform and focuses on speedy but robust set-up, and then delivering what we have promised to do. At the end of Q2 2019/20, 100% of completed trials had met or exceeded target, and Leicestershire Partnership Trust were 19th out of 201 NHS Trusts in ensuring "First Participant Recruited" from the date of site selection.

160 (44.2%) of these service users were recruited into the more complex interventional studies. This is a high proportion of interventional trials compared with the national figures (24%). Interventional studies, also called experimental studies, are those where the researcher intervenes in routine clinical care as part of the study design either through a new drug, new intervention or device.

RETAKE - One study provides our younger service users who have experienced a stroke with intervention that support them to return to work. This study is providing an otherwise unavailable intervention to our patients and service users and additional training for our staff. Through the Research Delivery Team, Leicestershire Partnership Trust is one of the leading recruitment centres for a study, which explores the role of autoimmune response and antibodies as a potential cause of some schizophrenia or psychosis. We also support studies testing different therapies and support structures as well as surveys including ones exploring attitudes to hearing voices and Post Traumatic Stress Disorder in Children.

During 2019/2020 the Trust was in the top 10 NHS trusts for the number of staff who had completed dementia research awareness training run by the initiative Join Dementia Research. This reflects the efforts and commitment within Leicestershire Partnership Trust for dementia research.

Nineteen clinical staff members participated as principal investigators in portfolio research approved by a research ethics committee at Leicestershire Partnership Trust during 2019/2020. 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 2019/2020, we have had two National Institute of Health Research (NIHR) Chief Investigators within the Trust. Our staff have been sharing their research through various publications, showing commitment to transparency and desire to improve patient and service user outcomes and experience. 36 articles were

published in 2019 covering a wide range of journals.

We also launched our Research Envoy Scheme which is providing training to nursing and allied health professional staff to enable them to raise the visibility of research within their services. Twelve staff are receiving a 12 day programme over seven months with taught days focusing on understanding clinical research and how to increase research conversations. They are also undertaking a small project which focusses on the links between research and STEP up to GREAT. More experienced research active staff are providing our Research Envoys with mentorship during this programme. It is hoped it will be rolled out annually in the future.

A full list of all research activity is available upon request via email to:

research@leicspart.nhs.uk

Examples of where research has improved the quality of care for patients and service users

A Community Health Service (CHS) Occupational Therapist explored patients and service users' views of the Meaningful Activity Coordinator (MAC) service during their inpatient stay as part of her Health Education England Bronze Clinical Academic Career internship.

The Occupational Therapist findings have informed the further development of the MAC service across all community hospital wards including the provision of meaningful activity trolleys across the inpatient wards and this has also led to a successful application to LPTs charity Raising Health for resources to support this work.

Another occupational therapist based in CHS has undertaken a study on participation and engagement using digital technology through exploring the experiences of visitors on St Luke's stroke rehabilitation unit.

Relatives reported experiencing anxiety early on in the rehabilitation process and found visiting challenging. However the provision of the touch screen with appropriate applications pre-loaded and training provided enabled them to engage with their relative and this increased their sense of purpose and achievement and enhanced the visiting experience.

Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of Leicestershire Partnership NHS Trust income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between East Leicestershire CCG and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

The total monetary income in 2019/20 that was conditional on achieving quality improvement and innovation goals was £2,659,457. Of this, all money was achieved through negotiations in the contract.

A number of patient centred outcomes were achieved including:

- 59.9% of staff had a flu vaccination to prevent the spread of flu. This was an improvement from 54% since the previous year.
- A robust monitoring of patients to assess for alcohol and tobacco screening and advice has been significantly improved.
- 6 month stroke reviews undertaken to identify if a patient has any unmet needs, whether any further interventions are required and to signpost them to the appropriate support to meet these needs. LPT is one of the top performing trusts in the region.
- 72 hour contact following discharge from a mental health facility. 72 hour follow up is a key part of the work to support the Suicide prevention agenda within the NHS Long Term Plan. The National Confidential Inquiry into Suicide and Safety in Mental Health (2018) found that the highest number of deaths occurred on day 3 post discharge. By completing follow up in 3 days, providers support the suicide prevention agenda, ensuring patients and service users have both a timely and well planned discharge.

Further details of the agreed goals for 19/20 and for the following 12-month period are available electronically at feedback@leicspart.nhs.uk

The Care Quality Commission (CQC)

The Care Quality Commission (CQC) inspection report 2018/19 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 ratings stayed the same for the majority of services inspected, and there was a decline in the rating for Well-Led.

The CQC issued a Warning Notice to the Trust on the 30 January 2019. This was served under section 29A of the Health and Social Care Act 2008. An immediate improvement plan was developed in response to weaknesses identified during the inspection, and in particular the nine key improvement areas highlighted within the warning notice; this has led significant progress and embedded change across the Trust. We also have an action plan to build on our governance, this has resulted in a revised governance framework and a strengthened approach to managing risk.

The CQC carried out a re-inspection in June 2019. We welcomed their report which recognised the significant progress and improvements we have made this year.

We acknowledge the further work required to continue to address the weakness identified in the original inspection report dated 20 February 2019, and the subsequent report issued on the 6 August 2019 in which further recommendations were made. We have a Foundation for Great Patient Care group which meets fortnightly to learn lessons and drive on-going improvement.

Public reports which detail the full findings of inspections made to Leicestershire Partnership NHS Trust can be accessed via the CQC website.

37TU <https://www.cqc.org.uk/provider/RT5>

Ratings for the whole trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good ↔ Jan 2018	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Requires improvement ↔ Jan 2018	Requires improvement ↔ Jan 2018
Mental health	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Inadequate ↓ Feb 2019	Requires improvement ↔ Feb 2019
Overall trust	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Inadequate ↓ Feb 2019	Requires improvement ↔ Feb 2019

Ratings for Mental Health Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019	Inadequate Feb 2019	Inadequate Feb 2019
Long-stay or rehabilitation mental health wards for working age adults	Inadequate Feb 2019	Inadequate Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Inadequate Feb 2019	Inadequate Feb 2019
Forensic inpatient or secure wards	Good Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Child and adolescent mental health wards	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Wards for older people with mental health problems	Good Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Wards for people with a learning disability or autism	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019
Community-based mental health services for adults of working age	Requires improvement Jan 2018	Requires improvement Jan 2018	Good Jan 2018	Requires improvement Jan 2018	Good Jan 2018	Requires improvement Jan 2018
Mental health crisis services and health-based places of safety	Requires improvement Jan 2018	Good Jan 2018	Good Jan 2018	Requires improvement Jan 2018	Requires improvement Jan 2018	Requires improvement Jan 2018
Specialist community mental health services for children and young people	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Inadequate Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019
Community-based mental health services for older people	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Community mental health services for people with a learning disability or autism	Good Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016
Overall	Requires improvement Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Inadequate Feb 2019	Requires improvement Feb 2019

Ratings for Community Health Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Requires improvement Jan 2018	Good Jan 2018
Community health services for children and young people	Good Nov 2016	Good Nov 2016	Outstanding Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Community health inpatient services	Requires improvement Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Community end of life care	Good Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Overall*	Good Jan 2018	Requires improvement Jan 2018	Good Jan 2018	Good Jan 2018	Requires improvement Jan 2018	Requires improvement Jan 2018

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

CQC national briefing on sexual safety within mental health trusts

The Trust contributed to the CQC's review of sexual safety on mental health wards. We have conducted our own internal review and are piloting the NHSI mental health sexual safety programme; this has been separated into distinct areas of harassment and assault. A ward charter has been created which all three wards in the pilot have signed up to. The learning will be shared nationally.

Our registration status

The Trust is required to register with the Care Quality Commission (CQC). We confirm that all our services are registered and we have no conditions of registration. The CQC has not taken any enforcement action against the Trust during 2019/20.

Mental Health Act Inspections

The CQC undertook twenty one Mental Health Act focused visits between January 2019 and January 2020. These visits were unannounced and covered all mental health inpatient settings across all services.

MHA focused visits result in individual actions plans reporting compliance with MHA Code of Practice requirements. There were a number of recurring themes identified during these visits requiring a Trust response, namely:

- Section 17 Leave of Absence – although the mechanisms in place for recording were positively received, the CQC identified a number of instances where patients had not been given copies of this record.
- Section 132 Information for Patients, Relatives and Carers – the processes in place for recording were again commended, however the CQC identified a number of instances where the process in place had not been followed.
- Care Planning – evidence of inclusion of the patient, relative and carers in the care planning process remained a recurring theme for the CQC.
- Environmental issues also remains high on the CQC agenda.

The Senior MHA Administrator was recently invited to attend a national reform project group looking at HM Tribunal and Court Services, specifically the Mental Health Tribunal Service. The processes in place at Leicestershire Partnership Trust for monitoring and reporting the Act were noted as 'exceptional' and 'gold standard', and suggested setting a benchmark for other Organisations.

Use of NHS Numbers

Leicestershire Partnership NHS Trust submitted records during 2019/20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 100% for admitted patient care

- 100% for outpatient care

Which included the patient's valid General Medical Practice Code was

- 99.7% for admitted patient care
- 100% for outpatient care

Information Governance Assessment

The Trust has developed its Data Security and Protection Framework in line with the 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 is a self-assessment tool that requires organisations to provide assurance 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 met.

Clinical Coding

The Leicestershire Partnership NHS Trust was not subject to **Payment by Results** clinical coding audit during 2019/20 by the Audit Commission.

Learning from Deaths

The Trusts approach to learning from deaths is taken very seriously. The process was developed in line with the July 2017 NHS Improvement document titled "Implementing the Learning from Deaths framework: key requirements for trust boards" stated that Learning from Deaths framework placed a number of new requirements on trusts: with which we are compliant and continuingly learning and strengthening.

The trust also benefited from joining the Mazars mortality review network and continuing to engage with a regional mortality review group. Further to this the Leicestershire Partnership Trust has more recently reviewed their internal governance arrangements in relation to Learning from Deaths following a review by 360 assurance.

(27.1) During 2019/2020 410 of Leicestershire Partnership NHS Trust patients which were in scope for review died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 102 in the first quarter;
- 92 in the second quarter;
- 122 In the third quarter;
- 94 in the fourth quarter.

(27.2) By March 2020 281 case record reviews and 37 investigations have been carried out in relation to 410 of the deaths included in item 27.1. In 3 cases a death was subjected to both a case record review and a Serious Incident (SI) investigation. The number of deaths in each quarter for which a case record review and an investigation was carried out was:

- 0 in the first quarter
- 2 in the second quarter

- 1 in the third quarter
- 0 in the fourth quarter

(27.3) 0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter;
- 0 representing 0% for the second quarter;
- 0 representing 0% for the third quarter;
- 1 representing 1 %for the fourth quarter.

These numbers have been estimated using the case record review modified from the national structured judgement review template. LPT will also review deaths that meet the criteria for investigation using the Serious Incidents framework NHS England/Improvement and identified learning.

(27.4 & 27.5) During this year LPT have identified some valuable learning to improve our processes. We are constantly challenging the effectiveness of our learning processes and building on them.

Our Families and Young People Directorate have further improved their process by rapidly reviewing their child deaths rather than waiting for the Child Death Overview Panel (CDOP) process. The value of this new process is that FYPC can identify key learning points outside and more rapidly than the CDOP process

Specific learning for LPT included;

It was identified that there may have been unnecessary admissions from community hospitals to the acute Trust. This was based on decisions made by the Out of Hour medical cover. The development of the nerve center application to support decision making has been prioritised to ensure that patient's deterioration is escalated promptly and managed in hours where possible.

The Diana Service who care for patients with life limiting conditions reflected on care delivered to patients and agreed to build on their processes by holding regular supervision and case record reviews for patients with skin damage to ensure that all options have been fully explored.

The team also reflected around cases where care was shared with multiple teams and have explored the use of hand held records to ensure that all teams have access to the most up to date information in relation to care.

Where cases are complex and adults are deemed to have capacity the challenge for the multi-disciplinary team is when to intervene and when to involve family members. It was agreed that all patients should have formal documented risk assessment and care plans even when their care is only delivered by medical staff.

Where cases are complex the multidisciplinary team should have regular supervision and healthy challenge should be encouraged to ensure that all options of treatment for very complex patients have been considered.

Community Health Services have this year identified the need to strengthen the process for re-assessing patients for their risk of Venous Thromboembolism (VTE blood clots) The Trust is compliant with the assessment when the patient is first admitted. We have however

identified that were a patient's condition changes which results in reduced mobility staff are not always re assessing the risk.

To address this we have undertaken a review of the current literature and NICE guidance with particular reference to patients who are admitted in relation to their mental health. Their reduced mobility can be as a result of their reduced motivation to mobilise rather than immobility.

We have commenced a Quality Improvement project to look at methods of assessing patients' level of activity accurately and where reduced motivation is identified a series of strategies to improve this will be tested. We have also commenced an improvement plan to improve other areas of compliance with re assessment and investigation of suspected VTE.

During review of deaths in adult mental health it was noted that a number of patients Did Not Attend (DNA) their most recent appointments prior to their death. This is also a finding from the National Confidential Enquiry into homicide and suicide by mental health patients. The Trust policy was reviewed in light of this learning and whilst the policy was compliant with the NHS standard contract and had additional guidance for patient with severe mental health it was felt that a more proactive approach was required for patients with severe and complex mental health needs and as such the process is being strengthened to identify and capture where possible the patients who's mental health is deteriorating and preventing their attendance. In addition to looking at the clinical risk, the Trust also considers one or more of the following options; telephone the patients, write to them directly and offer an opt in letter also copying the GP for oversight.

(27.6) The Trust held a 'Learning From When Young People Take Their Lives' Multi-agency conference in May 2019. Over 150 delegates from social care, health, police and education as well as voluntary agencies attended the conference. This was organised in response to findings from CDOP related to suicides in under 18 year olds. The conference focused on risks related to neurodevelopmental factors, isolation, and early intervention. There was a need for all agencies to use the same language when considering risk. This work has developed into a multi-agency roll out of IThrive across Leicester Leicestershire and Rutland (LLR) partnerships.

(27.7-27.9) There were 20 serious incidents completed during 2019/20 that related to a death that occurred in 2018/19. This number has been estimated using Ulysses, the Trust's incident reporting system and evaluated outcome of a formal root cause analysis investigation. 0 death representing 0% of the patient deaths during 2018/19 was judged to be more likely than not to have been due to problems in the care provided to the patient.

NICE

The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for providing national guidance on treatments and care for people using the NHS in England and Wales. LPT has a NICE guidance policy in place which covers the implementation and monitoring of all national guidance for best practice.

Working in partnership

In 2019 University Hospitals of Leicester NHS Trust, Leicestershire Partnership NHS Trust and the University of Leicester announced the creation of a new partnership to link excellence in research, education and health service delivery across the county.

The three organisations have signed a Memorandum of Understanding to form Leicestershire Academic Health Partnership (LAHP). The partnership will be guided by a board comprising the most senior leaders of each organisation and others, who will oversee a number of strategically important research projects. These priorities for the new partnership will include some of the big health challenges that are faced in the county, such as frailty in an ageing population, mental illness, minority ethnic health and healthcare data for research.





Joint work with LOROS takes a step forward



Work has continued to improve the service provided to complex palliative and end of life patients in LLR. Staff from LPT and the hospice charity LOROS began working side-by-side from a coordination centre at New Parks Health Centre. They assess and triage referrals, and then decide who is best placed to provide that care. At some point in the future both LOROS and LPT palliative care staff will be based at LPT's eight community nursing and therapy hubs in delivering care in the new Integrated Community Specialist Palliative Care Service.



Accreditation Schemes

The services below have undertaken the following accreditation schemes in 2019/2020. By actively participating in these staff members are engaging with quality improvement and striving for *high quality, compassionate care and well being for all*.

Scheme	Service	Accreditation status
<p>'Veteran Aware' accreditation</p> 	Trust wide	LPT is now one of just two mental health Trusts and a total of 36 NHS Trusts in the UK awarded the Veteran Aware mark by the Veterans Covenant Healthcare Alliance (VCHA). It highlights NHS Trusts that have made a series of pledges, such as ensuring members of the Armed Forces communities are never disadvantaged when receiving care, training staff on veteran-specific needs, and supporting the Armed Forces as an employer.
<p>Royal College of Psychiatrists</p> 	Agnes Unit	It has been accredited by the College, the professional body responsible for raising and setting standards in psychiatry, until February 2022. This is the fifth successive two-year stamp of quality approval for the unit, which offers person-centred care for patients from a multi-disciplinary team. This follows a stringent independent assessment by external reviewers under its Accreditation for Inpatient Mental Health Services (AIMS) programme
<p>Royal College of Psychiatrists</p> 	Langley Ward, situated within the Bennion Centre	The Royal College of Psychiatrists has an accreditation programme for inpatient eating disorder services. Every three years a full review of wards is carried out on its behalf by the Quality Network for Eating Disorders (QED), with an interim review after 18 months. LPT is delighted to have received confirmation from the QED that the high standards of patient care identified during the previous full visit in 2015 continue to be maintained, and the ward accreditation will remain in place
<p>Royal College of Psychiatrist</p> 	Bradgate Unit	The ECT (electroconvulsive therapy) clinic provided by LPT's specialist mental health acute recovery team has been re-accredited by the College and rated 'excellent' following an independent review.

Royal College of Psychiatrists 	Kirby ward and Welford ward	Kirby ward and Welford ward awarded the Royal College of Psychiatry accreditation for quality care
Unicef 'Baby Friendly' accreditation status 		Since 2016 the Trust has held the Unicef 'Baby Friendly' accreditation status, recognising the high quality of our breastfeeding support to families

Learning from Serious Investigations (SI)

During 2019/20 staff reported a total of 19393 incidents, of these, 141 met the criteria for reporting as a Serious Incident (SI). 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. As part of our improved incident management processes, the initial review of incidents will be conducted locally by directorate managers in the area with support where required from the Patient Safety Team. Directorate managers work to a ten day timeframe to sign incidents off and confirm the harm rating. Our Commissioners also review our S.I investigations to provide assurance that the investigation is robust and the actions appropriate.

Some of the learning we have identified as a Trust include:

- The importance of the 'Tissue Viability Team' continuing to review all Grade 4's to provide advice and confirm grading. They provide advice and support in relation to all aspects of pressure ulcer prevention and management. Patient and family information to support patients in making choices and understanding the importance of preventing pressure ulcers when they are at home in their own homes.
- There needed to be a review of the reliability of scheduling Registered Nurse Visits to those patients who require them including the need to find a way of prompting staff to re review the patients risk assessment when the patient's condition changes.
- The Pressure Ulcer group are developing a 'your skin matters' improvement plan. This will be reviewed as each incident is considered and any new learning included in this overarching plan.
- NHSE have worked with NHS Trusts to support them to develop a zero approach to in-patient suicides resulting with a Trust-wide plan. This includes patients on authorised and unauthorised leave. Whilst developing this and on review of our local data, we are extending the focus of this work to include patient's within 10 days of discharge and patients under the care of the Crisis Team. As this plan develops and learning is identified this approach will be widened.
- Falls Huddles have been put in place to reduce repeat falls. Delivery of huddles is improving but further work to be done re consistency and effectiveness. The Falls Group reviews the data and produces a thematic review based on completed SI Investigations for patient falls causing 'moderate harm' or above.

Never Events

NHS improvement describe Never Events as ‘serious incidents that are entirely preventable because guidance or safety recommendations providing strong systematic protective barriers are available at national level, and should have been implemented by all healthcare providers.

The Trust has had no Never Events during the year. The last Never Event in the Trust was in 2017.

Statutory Duty of Candour

The CQC document, “Regulation 20:Duty of Candour” states that our responsibilities under Duty of Candour are triggered by the occurrence of a notifiable Patient Safety Incident that, “in the reasonable opinion of a healthcare professional, could result in, or appears to have resulted in:

- (a) The death of the service user, where the death relates directly to the incident rather than to the natural course of the service user’s illness or underlying condition, or*
- (b) Severe harm, moderate harm or prolonged psychological harm to the service user.”*



The Trusts Duty of Candour policy has been rewritten and strengthened to ensure the process is clearer and teams are offered support and training where required. The process for reviewing all incidents has been improved to ensure that incidents are reviewed in a timely way and the degree of harm considered ensuring appropriate level of investigation and compliance with the formal ‘Duty of Candour’ process. Staff are encouraged and supported to follow the principles of ‘Being Open’ with all incidents.

As an organisation we are committed not only to complying with the formal duty of Candour whilst ensuring that this is undertaken in a compassionate way that does not cause further psychological harm. To support and further strengthen this we have recently held a ‘Compassion in Healthcare’ event which has been well received across the Trust. This event focused on the importance of empathy and its impact on well-being in complaints and serious incidents. Due to the feedback and the success we have arranged a further date.

The Trust has no reported breaches of the duty of Candour requirements during 2019/2020.



What do our staff say?

Annual NHS Staff Survey

Staff engagement and experience is central to the annual NHS Staff Survey. In November 2019, 2422 staff, that's 46% of our staff, took the time to complete the 2019 NHS Staff Survey. This is just 2% below the average for the 31 Trusts that are in our benchmark group of combined community/mental health/learning disability Trusts.

The Trust has been going through a period of significant change and the results of the 2019 survey reflected this, as well as replicating some of the themes highlighted through the Our Future Our Way programme. We were pleased to maintain our position against 8 of the 11 themes in the staff survey including equality and diversity, health and wellbeing and the quality of care.

In terms of our comparison with similar Trusts, we remain the same or better than our comparators on 6 of the 11 themes but are below the benchmark average for the remaining 5.

We continually review all survey results – both the Annual Staff Survey and our local Staff Friends and Family Test/Pulse Survey - to ensure that our programmers of activity focus on the issues that matter to, and make a difference to staff and improve the care they provide for patients. Information is available within the Trust down to team level so that any local issues can be addressed.

5 areas where we are performing well:

- Making adequate adjustments to enable staff to carry out your work.
- Opportunities for flexible working patterns
- Immediate managers taking a positive interest in staff's health and well-being
- Teams having a set of shared objectives
- Staff receiving feedback about changes made in response to reported errors, near misses and incidents

5 areas for improvement:

- Experienced discrimination at work from manager / team leader or other colleagues in last 12 months.
- Staff feeling unwell as a result of stress
- Staff involved in deciding on changes that affect their work area / team / department
- Perception of quality of care staff give to patients
- Recommendation of the Trust as a place to work

Future priorities and targets

We aim to improve continuously the experience of our staff and the care we provide to our patients. Our key areas of focus in relation to staff include:

- effective local leadership
- line manager development
- communication and engagement
- health and wellbeing
- bullying and harassment
- quality improvement
- equality, diversity and inclusion

These will be taken forward through various programmes of work including:

- **Our Future Our Way** – culture, leadership and inclusion programme
- **WeImproveQ** – clearly identifiable routes for staff to have and implement great ideas.
- **Senior Leadership Forum**
- **Workforce Race Equality Standard (WRES)** - Selected to participate in cultural change pilot with national WRES team – 2 year programme, commencing mid 2020.

Staff Member Story

We also recognise we need to improve the experience of bank staff and our Black and Ethnic Minority workforce. The work we are doing to improve how we ensure we promote equality, diversity and inclusion for all our workforce is described by Dan, our Temporary Staffing Manager in his own words.



Dan's Story

Hi I'm Dan; I'm currently the Temporary Staffing Service Manager for Leicestershire Partnership NHS Trust. I'm quite a simple guy, who has a genuine love for our NHS.

My mother worked hard as a nurse in this very Trust for all of her working life and seeing how much this gave her it was a sensible option to follow suite. So my journey in health care started back in 2001. After realising this was the avenue I wanted for my career I joined the NHS in 2003 as a Health Care Support Worker.

Coming into LPT in 2016 I had no idea what to expect. The one thing I did know was I was going to work with the patient group that I found most rewarding and that was Mental Health rehabilitation (Stewart House). I settled in quickly and found my feet and it was not long until I spotted the BME staff support group something that leapt out to me.

I understood why others wanted to come to LPT and that was because they wanted to grow talent and develop its workforce to be the best it could be! I also noticed a 9 month leadership development program that the Trust was about to pilot called WeNurture so I applied and for and before I knew it I was accepted! Whilst on the WeNurture program I had a chance to understand the world of temporary staffing and alongside this I soon learnt that there would be a chance to lead a service! Stepping away from the frontline after 15 years to try my hand at something new was very nerve racking; but I was keen to learn and bring frontline experience working with bank and agency staff.

Having only completed my role for a number of months the chance also came up to be the Black Asian Minority Ethnicity staff support group lead for the Trust. I could not turn this down as someone that understands this agenda I would like to see if I can support others in our Trust to overcome some of the barriers faced by this group within our workforce. For me I soon learnt of the realities of what being BME in the NHS meant for others, and was quick

to learn of NHS England's National Workforce Race Equality Standard team (WRES). What they did to highlight inequalities and difference's faced just based on your ethnic background was something that really opened my eyes and felt that what they had achieved in our NHS was incredible.

Our NHS has many good programs and processes for its permanent workforce; our bank staff are NHS workers not agency and stand by the Trust core values so we should hear what there experience of working in our trust is like. So after several months of negotiations and discussions we had a survey that was ready to go and so we launched it. Year one got us a good bench mark of completions and data but did highlight significant variations in experience based on race. This was something I knew would come about following all the feedback and concerns raised by others around the Trust but seeing this data really brought the message home. Having this new found understanding of bank staff really geared up our service to focus on specific work in response to our bank workforce and I can tell you it was not easy to make the changes and deliver on what we needed to change. The main point for me has been to give a bank staff a true voice and one which is heard! If we get it right for our bank staff we will see migration of bank workers into permanent roles and see agency staff migrate into bank or permanent roles too. A big saving for the NHS right? The bottom line is culture and if you get this right and all workers can feel included and welcome you will have a positive workforce and from this the patient satisfaction will increase!

I shared our findings with senior leaders and also suggestions on what LPT could do to make improvements for all BME staff in the Trust. One of these recommendations was to invite the WRES team to come and work with us and offer support and guidance. They did indeed come to our aid and met with 140 odd staff in one day to get an impression and from this they gave us an action plan to work on. This action plan was very closely aligned to what we as a staff support group had recommended and having this supported by WRES was a great achievement. More so what made me feel good was their recognition of our bank staff survey and what it had highlighted but more so I could see a level of excitement from the team in its potential positive impacts and changes it could bring the wider NHS.

Improving working conditions and saving money lots of it! Getting recognition for being the first Trust to do this survey was something I was proud of and I have continued to drive in our Trust. I have built some strong and powerful relationships and helped influence change and highlight that things are not always as they seem. It has been a journey so far that had lots of great highs but also many deep and saddening lows. Our bank staff offer us so much as a Trust and we must continue to recognise this, each bank staff member is a human being and being treated fairly and supported is so imported if we want to grow our workforce and build a positive and strong reputation as a Trust.

For the 3 years being in this role to say I have been behind bringing about real changes and can say that nothing is outside of your reach you just have to have enough belief in what you are reaching for. And for me that is fairness! No one person can change the world and I have really understood how important having a good solid and supportive network is and this applies outside of your manager and team! LPT has a lot of talented individuals that are yet to be recognised.

My vision is that anyone could speak to a bank staff worker and they could talk from there heart about how they feel a true sense of belonging while working for us. This is our NHS and every little thing you do in it will impact someone's life.



Our staff and our culture- Change champions

'Our Future, our way' aims to understand and improve the current culture at LPT, making it great place to work for all of our staff and a place to receive great care. We recognise that we need to care for our staff so that they can care for our service users and that this directly impacts on the quality of

care provided.



Our Priorities

Our staff, service users, volunteers and stakeholders have helped our change champions to identify 9 priority areas that we need to address to help us have the best culture at LPT.

A clear vision

To create and own a clear vision that is supportive of and shows compassion towards patients and staff.



Leadership

To develop successful and supportive managers/leaders across all levels to have the right skills and behaviours that reflect our values.



Valuing one another

To ensure we communicate with compassion and respect to show that we value one another in everything we do.



No bullying

To take a Zero Tolerance approach to bullying behaviours, to speak up and support each other.



Blame-free culture

To create a blame-free culture built on trust, by actively listening, learning, caring for and valuing all staff.



Supportive appraisals

To strengthen the quality of our appraisals as a fundamental aspect of staff feeling valued, supported and motivated.



Compassionate policies

To ensure our policies for staff and patients are compassionate, supportive, inclusive and that they are applied consistently and fairly.



Meaningful data

To ensure we all collect and produce information which is meaningful and of high quality to continuously improve our ways of working.



Remove silo working

To work collaboratively, learning and improving together as an efficient and effective organisation.



Through collective leadership, with all staff working together, taking personal responsibility and co-designing our improvements alongside each other, we will Step up to Great.

In order to make improvements to our Culture, Leadership and Inclusion our Chief Executive wrote to all staff members asking them if they wanted to get involved in a programme to make improvements – Our Future Our Way. 92 staff came forward to take on the role of Change Champion and within this role they interviewed our Board, Staff, Stakeholders, Volunteers and Patients asking them what they felt and thought about the current culture. 9 areas of improvement were highlighted and work has already started on those to give a clearer and more focused vision for the organisation. Our Change Champions, staff and patients co-designed our new vision and voted on the one they all agreed was the best. We have now also created a Leadership Behaviour Framework and this is for all staff to work with and to hold each other to account. The themes for these are; Recognising and valuing people's differences, Working together, Always learning and improving, Taking personal responsibility and Valuing one Another. These behaviours will support staff

to work cohesively and harmoniously and this will only have a positive impact on our patients and their families. We will continue on our journey of improving and making LPT a great place to work and receive care.

Some Key comments from our Change Champions:

“By learning new skills and collecting information from across the trust ,the change champion programme has gone from strength to strength and can only going forward have a positive effect on improving LPT” .

“The conversation has been insightful and It has been an emotional journey for all, but one that continues to be worth taking”

“A great opportunity to make LPT a great place to work”

Youth Advisory Board



The Youth Advisory board was set up in 2019 to allow young people to be involved in improving the services at LPT and across Leicester Leicestershire and Rutland.

The group meet on a monthly basis to participate in discussions including patient experience audits, waiting areas and information available to young people that is easily accessible.



“I decided to get involved with the youth advisory board because I have the confidence to do so. Not many people with adverse childhood experiences have the ability to speak up. I see this board as an opportunity to speak up and initiate change. It is the chance to have my voice heard by those who will listen and have the authority to take things further. Difference has to start somewhere; this group is taking steps in that direction. Meeting with people such as Paul Williams (head of services for both out/inpatient CAMHS) allows networks to be built. For example, he has access to CAMHS centres and has invited us to come and inspect the waiting rooms. Through this we can judge the efficiency and suitability of these spaces – the first steps in reshaping these services for its optimum environment. I enjoy taking part in knowing that the work we do may come to help many young people in the future.”

Casey- Youth Advisory member

Community Mental Health Survey 2019

There were 259 completed surveys in the 2019 Community Mental Health Survey. This survey is used to look at the experiences of people receiving community mental health services. The results highlight many areas that require improvement. Based on the scores for this year it has been agreed that the focus for improvement for the next year will be:

- Support and Wellbeing
- Crisis care
- Planning your care

The proposed response to the results for 2019 is to align all improvements to the three-year delivery plan for the STEP up to GREAT Improvement Plan for Mental Health. The improvement plan has been developed in line with this and demonstrates the Trust's longer term commitment to the improvement of community mental health services.

Reporting against Core Standards

Quality of Data

This year, we undertook a number of data quality initiatives to improve the quality of patient data held on our clinical systems. This included the continued use of patient tracking lists (PTLs) to better manage patient waiting lists, to ensure patients received a care programme approach (CPA) review following discharge from our mental health inpatient services and to improve recording of when patients had been 'gatekept' to enable patients to be treated at home rather than be admitted to a mental health inpatient unit. We also implemented a data quality self-assessment tool to support clinical teams to improve their data quality practice to meet the principles of our new data quality policy.

During 2020/21, Leicestershire partnership NHS Trust will be taking the following actions to improve data quality. We will continue to roll out and embed the data quality self-assessment tool to further support best data practice; and continue the PTLs which have proven to have a significant effect on improving our data quality. We have also committed to work with our commissioners to improve the completeness and accuracy of the patient information we record on our clinical systems and share to the 'secondary uses service'.

External assurance

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

- The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period.
- The percentage of patients on CPA (care programme approach) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.

Indicator	Trust Score 17/18	Trust Score 18/19	Trust Score 19/20	National Average	Highest score 2019/20	Lowest score 2019/20
*The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period.	Q1- 99.6% Q2- 99.2% Q3-100% Q4- 99.5%	Q1- 99.6% Q2- 100% Q3-N/A Q4- N/A	Q1- 84.5% Q2- 99.1% Q3-98.7% Q4 - Suspended * (95.9% locally reported)	At end of Q3 97.9%	At end of Q3 100%	At end of Q3 80.0%
*The percentage of patients on CPA (care programme approach) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.	Q1- 96.9% Q2- 96.7% Q3- 69.2% Q4- 68.8%	Q1- 73.4% Q2- 83.0% Q3- 81.6% Q4- 94.6%	Q1- 93.1% Q2- 90.8% Q3- 97.3% Q4 - Suspended * (97.4% locally reported)	At end of Q3 95.0%	End of Q3 100%	End of Q3 77.9%

Core indicators

Indicator	Trust Score 17/18	Trust Score 18/19	Trust Score 19/20	National Average	Highest score 2019/20	Lowest score 2019/20
The trusts "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.	7.4 score	6.4 score	7.1 score	About the same	N/A	N/A
The percentage of patients aged: (i) 0 to 14 and (ii) 15 or over readmitted to a hospital which	-	-	(i) 4.17% (ii) 9.28%	Not available	Not available	Not available

forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.						
The number and, where available rate of patient safety incidents reported within the Trust during the reporting period.	PSI's 10.244 out of 16,285 incidents reported	PSI's 10344 out of 16223 incidents reported	PSI's 12368 out of 19393 total	Not available	Not available	Not available
The number and percentage of such patient safety incidents that resulted in severe harm or death	34 incidents 0.3%	4 majors and deaths	5 major harm and 21 deaths	Not available	Not available	Not available

Notes on selected Metrics

Readmission rate: The existing quality account definition is broad; LPT provides the number of readmissions (by defined age group) based on patients readmitted to any hospital between April 2019 and March 2020. The Trust did not submit readmission data previously.

*Due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response, NHS England paused the collection and publication of some official statistics including The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period and *The percentage of patients on CPA (care programme approach) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.

Furthermore some national average data is not available.

Part three: Other Information on Quality Performance 2019/20

Our Performance against the Single Oversight Framework Targets and Indicators

Indicators	2019/2020		2018/19	2017/18
	Threshold	Actual	Actual	Actual
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on the incomplete pathway	>=92%	64.26%	99.25%	96.96%
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	>=56%	72.73%	71.82%	74.37%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards b) EIP services c) community mental health services (people on care programme approach)	-	-	A) 96% B) 91% C) 87%	A) 98% B) - C) 88%
Care Programme Approach (CPA) follow-up; proportion of discharges from hospital followed up within 7 days	>=95%	94.69%	82.82%	79.87%
Admissions to adult facilities of patients under 16 years old	0	0	1	0
Inappropriate out-of-area placements for adult mental health services- (bed days)	0 (by mar-21)	6785	3462	4497

Statement on progress in bolstering staffing in adult and older adult community mental health services, following additional investment from local CCGs' baseline funding.

Currently LPT are in the set up first phase of central access and urgent response arrangements for mental health. This service offer will integrate liaison related services together to the new Core 24 offer.

Establishing a central access point and urgent response 24/7 service which will be staffed by training call handlers, mental health nurses and other mental health experts, the service will provide advice, guide to wider support. For those whose needs require immediate support then the new Core 24 team will provide rapid assessment and work seamlessly with the Adult and Older People's crisis team and Central Access point to offer further.



Freedom to speak up- Pauline Lewitt- LPT Freedom to Speak up Guardian
Freedom to Speak Up – ‘Together we are making speaking up business as usual’

“The Freedom to Speak Up Guardian works alongside the Trust leadership team to support the organisation in becoming a more open and transparent place to work,

where all staff are actively encouraged and enabled to speak up safely” – National Guardians Office

We are committed to creating 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. Here at Leicestershire Partnership NHS Trust the Chief Executive is the lead Director for Freedom to Speak Up, which signals to staff the importance the organisation places on speaking up about patient care, quality improvement and resolving work related issues. Staff are encouraged to speak up and raise concerns with their line manager, with another member of the leadership teams or directly with the Freedom to Speak Up (FTSU) Guardian.

The FTSU Guardian provides confidential and impartial advice, or practical support where requested, to those that want to speak up about patient care, quality improvement or to resolve work related issues.

In 2019, the Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy was reviewed and updated in line with current guidance from NHS Improvement & NHS England. The policy provides assurance to staff and explicitly states that harassment or victimisation, of anyone speaking up and raising a concern, or any form of reprisal will not be tolerated and could be dealt with through disciplinary procedures.

The Policy identifies a variety of ways in which staff can speak up within the Trust in addition to the FTSU Guardian or manager for example, the Chaplaincy ‘Listening Ear’ service, AMICA counselling services, Occupational Health service, Human Resources and Staff-side services. However, the policy also identifies the specific non-executive director with

responsibility for FTSU, and other external mechanisms such as Care Quality Commission, specific professional bodies and the National Whistleblowing help-line.

Furthermore, the FTSU Guardian is tasked with raising awareness about speaking up and supporting the development of an open and transparent culture. The role of the FTSUG is being promoted widely through, internal communication routes including eNewsletter, Team Brief and social media, Trust-wide emails, posters across Trust sites, computer screen savers, face to face meetings, team presentations and advertised drop-in sessions held jointly with the Chaplaincy service across Leicester, Leicestershire and Rutland. The Trusts commitment to 'making speaking up business as usual' is also highlighted at all induction sessions for new staff, including corporate induction specifically for qualified and non-qualified staff, bank staff and volunteers. Bespoke presentations are delivered to medical trainees and students, including nursing associates, apprentices and other Allied Health Professionals.

Freedom to Speak Up Partners

In addition to the FTSU Guardian, the Trust has introduced the role of Freedom to Speak Up Partners. In 2019, the Trust delivered the National Guardian's Office's (NGO) foundation training to all partners from our Trust and to Guardians from several other Trusts in the East Midlands region. The introduction of the partner role has increased the reach of the FTSU agenda and helps to embed the key messages. The Trust now has 18 volunteer partners across the organisation with representatives from a wide cross section of the work force and includes members from each of the Trusts five staff support groups.

We are committed to creating 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. Our Freedom to Speak Up (FTSU) Guardian and The Freedom to Speak Up: Raising Concerns (Whistleblowing) policy support this. The FTSU Guardian provides confidential and impartial advice, or practical support where requested, to those that want to speak up about patient care, quality improvement or to resolve work related issues. 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 18 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 their 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, specific professional bodies and the National Whistleblowing help-line.

Guardian of safe working hours

In 2016 the national contract for junior doctors was introduced to prevent and safeguard doctors against working excessive hours and ensure the safety of both the doctor and patient is not compromised. Dr Jesu from Leicestershire Partnership Trust acts as the 'guardian of safe working hours' in organisations to represent and resolve issues related to junior doctors working hours. This role works independently to the Trust and is subject to

external scrutiny by the Care Quality Commission (CQC) and Health Education England (HEE).

The Role of the Guardian is to:

- Champion safe working hours;
 - Oversee safety related exception reports and monitor compliance;
 - Escalate issues for action where not addressed locally;
 - Require work schedule reviews to be undertaken where necessary
 - Intervene to mitigate safety risks;
 - Intervene where issues are not being resolved satisfactorily;
 - Distribute monies received as a result of fines for safety breaches;
 - Give assurance to the Board that doctors are rostered and working safe hours;
 - Identify to the Board any areas where there are current difficulties maintaining safe working hours;
 - Outline to the Board any plans already in place to address these;
 - Highlight to the Board any areas of persistent concern which may require a wider, system solution.
-



Quality Improvement and innovation (WeimproveQ)

Our aim is to build on our foundations through our 'STEP up to GREAT' programme so that we are continuously improving what we do for the people that use our services.

Our staff have told us that you want to learn about how to take forward your own local quality improvement ideas and projects, and to feel equipped with the skills, knowledge and resources to do so.

We want everyone to feel that they are a leader at LPT. Everyone has the power to make a difference and take responsibility for continuous improvement.

We are already doing some fantastic quality improvement work across the Trust but what we have lacked is a co-ordinated approach to doing it or to sharing the learning from it. We have developed WeImproveQ to empower staff, based on their feedback and from good practice elsewhere.

We are committed to embedding continuous quality improvement, learning and action in the quality and safety of our services and to showing how this is making a difference for our STEP up to GREAT strategy. We look forward to everyone getting involved and bringing their ideas for improvement to life!

- We have launched **WeImproveQ** – a new co-designed model of shared principles and approach to support staff to make improvements
- New virtual **Improvement Knowledge hub** of advisors and a **QI champions network** is in place to support staff, alongside communities of practice
- Advisors are undertaking **QSIR training** and a training programme is being developed for staff



Let's step up together to keep improving.

We have developed a quality improvement approach consisting of 6 key principles to help equip us with the skills and resources to consistently drive improvements.

Want to know more? Head to:
www.leicspart.nhs.uk/weimproveQ



Leicestershire Partnership
 NHS Trust

Annex 1: 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.

AMaT- Audit Management and Tracking is an innovative system designed to make auditing easier, faster, and more effective. Auditing is a vital part of healthcare, helping to improve patient care, manage risk, and comply with reporting requirements. But it is also time-consuming, labor-intensive, and often slow to deliver results and actions

Black and Asian Minority Ethnic (BAME)

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

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.

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 directorate 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').

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.

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.

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.

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 Care Excellence (NICE)

The National Institute for Health and Care 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 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).

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).

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

SystemOne

Clinical system which clinicians use to document patient records.

Annex 2: Statement of directors' responsibilities for the quality account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality account (which incorporate the above legal requirements) and on the arrangements that NHS Trust boards should put in place to support the data quality for the preparation of the quality account.

In preparing the quality account, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS Trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality account 2019/20
- The content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2019 to March 2020
 - Papers relating to quality reported to the board over the period April 2019 to May 2020
 - Feedback from commissioners dated 07/05/2020
 - Feedback from local Healthwatch organisations dated 30/04/2020
 - Feedback from overview and scrutiny committee dated 22/04/2020
 - The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009.
 - The latest national patient survey published November 2019
 - The latest national staff survey February 2020
 - CQC inspection report dated 2019
- The quality account presents a balanced picture of the NHS 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, is subject to appropriate scrutiny and review

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



Cathy Ellis
Chair



Angela Hillery
Chief Executive

Date: 27th May 2020.....*Cathy Ellis*.....Chairman

Date 27th May 2020.....*A Hillery*.....Chief Executive

Annex 3 External Audit Statement

LEICESTERSHIRE COUNTY COUNCIL HEALTH OVERVIEW AND SCRUTINY COMMITTEE COMMENTS ON THE LEICESTERSHIRE PARTNERSHIP NHS TRUST QUALITY ACCOUNT FOR 2020-21

MAY 2020

The Health Overview and Scrutiny Committee is pleased to comment on the Leicestershire Partnership NHS Trust (LPT) Quality Account for 2019-20 and accepts that it is a fair representation of the Trust's work over the past year. The Committee congratulates LPT for the many awards it received over the year such as the National Innovation Workforce Award.

The February 2019 CQC inspection report did recognise that some improvements had been made since the previous inspection and we welcome these. The Committee is pleased that LPT has achieved its CQC Action Plan. However, it is reassuring that the Trust is still not satisfied and acknowledges that there is much more work to do to improve the quality of care at LPT.

The Committee has in the past raised concerns regarding leadership at LPT and is of the view that this topic is given insufficient regard in the 2019-20 Quality Account especially given that the CQC inspection report dated 20 February 2019 rated the Trust as "Inadequate" overall for Well-led. The Committee welcomed the appointment of Angela Hillery as Chief Executive but seeks reassurance regarding the other management roles within the Trust and has concerns regarding the high turnover of staff at management level. The fact that the CQC has not taken any enforcement action against the Trust during 2019/20 does not mean that there are not serious issues which still need to be resolved.

The Committee has scrutinised the 'STEP up to Great' programme, welcomes the aims set out in the programme and looks forward to receiving progress updates in future. The Committee notes the aim set out in the Quality Account that where possible LPT will prevent Out of Area admission and the Committee is aware that there is a national target set that by March 2021 there be no out of area mental health placements. Whilst LPT is currently within the trajectory to meet that target the Committee has concerns that it could be difficult to sustain

The Committee welcomes the plans to cease the use of dormitory accommodation at the Bradgate Unit and replace with individual bedrooms but is concerned that this will reduce the overall capacity of the unit particularly in the second and third year of the plan and so would like to see how capacity can be maintained.

The Committee notes that Priority 4 for 2019-20 was improving Discharge and Flow and whilst the Quality Account covers actions taken to improve flow and reduce length of stay in hospital, the Account does not review discharge performance for 2019-20. It would be helpful if more information regarding discharge was included in

the Quality Account. The Committee has considered the issue of discharge from LPT in the context of a report from Healthwatch Leicester and Leicestershire regarding prescribing and received reassurance that early conversations were had with patients regarding discharge and that they had enough medication to last a minimum of two weeks. It is pleasing that LPT is moving towards using the TPP SystmOne electronic patient record (EPR) system therefore in future GPs will be able to check SystmOne to view a prescription issued by LPT.

The Committee strongly welcomes all the priorities for 2020/2021 as most of these are all highly important issues which the Committee has sought reassurance on in the past. Ligature risks have been raised as a concern in several previous CQC reports and the Committee has been concerned that the situation has not improved. Hopefully setting this as Priority 1 for 2020/21 will ensure the issue receives due prominence and attention.

The Committee is interested in the reasons why improving hand hygiene was chosen as a priority for 2020/21 and seeks clarification on whether this is a response to the recent spread of COVID-19 or whether there have been more general issues with hygiene at LPT.

In conclusion, the Committee is of the view that the Quality Account is accurate and provides a just reflection of the healthcare services provided.

Annex 4 Stakeholder feedback

Healthwatch Leicestershire, Healthwatch Leicester

Over the last year, there has been a significant and rapid turnaround in the way that the Trust is led. The new Chief Executive Angela Hillary is bringing a totally approach to her predecessor. She has an open and supportive approach and she follows up everything she promises to do making people feel very valued. She is developing a system wide approach to tackling the challenges faced by patients and carers and is leading several delivery groups to make this happen. She has also made lines of accountability very clear. She has also developed additional leadership capacity to her team to address the areas where there are performance gaps, for example in Adult Mental Health. As a result, the general view of LPT has improved.

The Trust has always begun to deliver the new community service delivered in conjunction with the local authorities, the process of change management has been well led by Rachel Billsborough, the Director of Community Services at LPT. The way in which she and her Department led this work with the CCG and other partners was exemplary and has already led to improved outputs. The model used, needs to be rolled out to other projects.

There has been also a significant improvement in the Trust's planned approach to engaging patients and carers. The appointment of a new Head of Patient and Care Experience and Involvement, Alison Kirk, has led to a renewed focus behind dealing with complaints. There is a new complaints review group and all complaint responses are being signed off by the Chief Executive. This is sending a positive message that complaints are being taken very seriously. There is also a patient and carer engagement and involvement group and a developing People's Council, which will be led by patients and carers. It is too early to say what impact these new groups will have on delivering a better patient and carer experience, but things are most certainly going in the right direction. There is a real commitment to training and developing in staff in improving patient and carer experience. There are patient champions in place and there is training for all levels of the organisation to understand what more needs to be done. They are also planning to move away from low level co-designed work to co-produced work, giving patients and carers a leadership roll in making great things happen at LPT.

Finally, there are great plans in place to make things better for patients and carers. There is already some emerging evidence to suggest that their improvement work is making a difference. I am always made to feel very welcomed at all their meetings. They are very keen for me to get involved in as much as possible, as the voice of patients, carers and their families and friends. They are beginning to positively respond to the matters I raise on behalf of patients and carers.

Areas for improvement

Whilst there has been some improvement in wait times in treatment in the mental health side of the Trust, patients and carers needing support with their mental health,

are increasingly concerned about how long it is taking to seen to be assessed and treated. The waiting list for some mental treatments is significant, with some people waiting many years before being treated for their personality disorder. It is good to see that they plan to address these challenges in their Step up to Great mental health plan, however, things need to be urgently improved. Patients can not be left this long for treatment, as their condition no doubt gets worse. The Step up to Great plan delivery, needs to be co-produced with patients and carers. Commitments to this have been secured from the Director of Mental Health, Gordon King.

There is lots of attention and detail on risk and this again is another in which we have seen an improvement at the Trust, in that they know what they are. However, there is often too much focus on risk and little focus on this is what patients and carers think about our services and these are the outcomes we need to achieve to improve. We feel that the Board needs to move away from this is the problem, to this is what we are going to do about it at a high level.

Some facilities at LPT are not disabled friendly. There needs to be a top priority focus within their plans to resolve this and make sure all disabled patients and disabled carers can access all their services. In relation to other elements of their estate, the plans to end dormitory style accommodation need to happen.

The Trust needs to be more visible at partnership events. Senior management is missing from council led partnerships and Learning Disability Partnership in the city. Given they take key strategic decisions on the direction of travel that these board take, for example, the Learning Disability Partnership Board, recently launched a Health and Social Care Strategy for the City, at the launch event, there was no high level representative from LPT. This sent the wrong messages to learning disabled people and their carers.

Whilst there is staffing support for Patient and Carer experience work, there are little resources to make Patient and Carer work happen. There needs to additional resources to help them carry out research, for communication tools, to training patients and carers to take part and to pay their expenses, e.g paying for carers to cover a carers work so that they can engage in LPT's work.

The Board of LPT is not representative of the communities of Leicester and Leicestershire. However, it is great to see so many women in leadership on there. We are working with LPT to address the challenges it faces and look forward to strengthening even further our work together in order to improve services for patient, carers, friends and family.

Mark Farmer, Healthwatch Leicester and Healthwatch Leicestershire Board Member and representative to the Board of the Leicestershire NHS Partnership Trust. Healthwatch Board Champion for Mental Health and Learning Disability.



Annex 5 Stakeholder feedback

Healthwatch Rutland response to the Leicestershire Partnership NHS Trust Quality Account 2019-2020

We thank Leicestershire Partnership NHS Trust (LPT) for the opportunity to respond to the 2019-2020 draft Quality Account. It is apparent that the Trust has truly become a 'learning' organisation over the last year in that it has placed great emphasis on partnerships with patients and their significant others, staff, clinical expertise and guidelines, academia and stake holders and is prepared to listen, learn and improve services. From the Healthwatch Rutland point of view, this has been borne out by our greater inclusion in strategic planning and opportunities to meet with senior staff in order to act as a 'critical friend' by challenging problem areas, representing the public voice and getting updates about innovation and progress. Many positive steps have, indeed, been made over the last year in response to the poor 2019 Care Quality Commission report. We commend the Trust, and on behalf of patients, carers and families we would like to thank staff for their hard work and dedication.

We particularly recognise the emphasis that LPT has placed on improving care for those with mental health difficulties and learning disabilities across all age ranges and this is well documented in the report. However, although the CEO refers to the transformation of Community nursing and therapy services and the new integrated 'Home First' teams in her initial statement, we find there is a lack of detail in the Account about this how this has been translated into LPT front line working practices. In addition, the second phase of Community Service Redesign which started in 2019 and continues in 2020, is looking at future utilisation of beds and planned care in the community, is of particular relevance, and concern, for Rutland people. Healthwatch Rutland has heard from many residents who consistently tell us they would like to see services at the Rutland Memorial Hospital expanded as part of the 'care closer to home' transformation. We would therefore like to see commentary on how well the integrated Home First teams and Locality Decision Units have operated in the early period of implementation and plans for realising the full Home First vision going forward into 2020/21.

We are pleased to see the focus on a co-design approach to improve patient experience and would welcome more information about how you have reached out into our communities to achieve this. During 2020/21 we would like to see how you are working with hard to reach and minority groups to help them better understand your services, across mental health, learning disability and community nursing. Healthwatch Rutland would be very happy to help communicate information and promote your engagement activities in our communities in Rutland.

Janet Underwood

Dr Janet Underwood PhD
Chair, Healthwatch Rutland

healthwatch
Rutland

Annex 6 Stakeholder feedback

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 NHS 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 2019/2020 on behalf of West Leicestershire and Leicester City Commissioning Groups. We have reviewed the account and would like to offer the following comments:

The Quality Account provides information about how the Trust has worked within the last year to make meaningful and sustainable improvements, and it is aiming to continue to improve the quality and safety of the services that it provides for service users and their families even further.

As Commissioners we were pleased to note all the positive work that has taken place to date within the organisation in respect to the “STEP up to GREAT” strategy, which incorporates nine key priorities of work including: High Standards, Transformation, Environments, Patient Improvement, Well Governed, Single Patient Record, Equality, Leadership and Culture, Access to Service and the trust-wide Quality Improvement. In addition we welcome the launch of the trust-wide quality improvement framework “WelmpoveQ” that took place in November 2019.

We also note the numerous examples of when the work of the Trust has been recognised within national awards, and this should be commended, particularly when work has been extremely innovative e.g. the launch of the UK’s first mental health ChatHealth text messaging service “Mum’s Mind” which provides a new confidential service that supports mothers and their families across Leicester, Leicestershire and Rutland via a dedicated text line.

In respect to CQC compliance ratings, it has been positive to see the improvements that the Trust has made throughout the last year e.g. how the Mental Health Services for Older People have improved their CQC rating from ‘Requires Improvement’ to ‘Good’, however there is an acknowledgement that further work needs to be undertaken to raise the overall CQC rating for the organisation.

We welcome that in 2020/2021 the Trust will be actively recruiting new patients, service users and carers to get involved with the Trust and will be launching a Peoples Council, which should be a powerful force in supporting service user and carer involvement across the wider organisation.

We note that the Trust is continuing to work to address a number of challenges, particularly waiting times for children and young people and adult access to services and treatment, and that this work will continue into 2020/2021.

The Trust has identified 5 Quality Account Priorities for 2020/2021 which include: reducing ligature risk, improving hand hygiene, reducing length of stay in hospital, improving the management of complaints and improving service user feedback. These quality priorities appear appropriate for the service and, if achieved, should make significant improvements to the overall quality of care. However, when comparing the draft Quality Account for 2019/2020 with the published Quality Account for 2018/2019 we note that some topics previously included, these were: sections in respect to Infection Prevention and Control, HM Coroner including Prevention of Future Death (PFD) Reports and Safeguarding Children and Vulnerable Adults, and therefore we recommend that consideration should be given to inclusion of these topics within the final published report. In addition we noted that identified that the draft Quality Account for 2019/2020 did not include a feedback mechanism for whistle blowing or description of any mechanisms in place to monitor the work of the guardian of safe working hours and confirmation of whether they are able to resolve issues raised.

The style, content and format of the Quality Account was felt to be very readable with complex terms explained in an easy to understand language. Abbreviations were also clearly explained. The document benefitted from the inclusion of a comprehensive glossary of terms

Finally, whilst on the whole the DRAFT Quality Account is very positive, informative and well-written, it was felt that the final version should contain additional detail as to how the Trust will report back on progress in delivering the quality indicators to their patients and the wider public.

The CCG has a positive relationship with the Trust and looks forward during 2020/2021 to continued collaborative partnership working to ensure high quality mental health and community services for the people of Leicester, Leicestershire and Rutland, as well as providing commissioner support with the improvement actions outlined within this Quality Account.

Annex 7 Stakeholder feedback

Statement from the Trust's External Auditors

The Department of Health and Social Care issued guidance on 23rd March 2020 outlining auditor assurance work on quality accounts and quality reports should cease for 2019/20 due to the COVID 19 pandemic.

The amended regulations also mean there is no fixed deadline by which providers must publish their 2019/20 Quality Account. NHS England and NHS Improvement have recommended for NHS providers that a revised deadline of 15 December 2020 would be appropriate, in light of pressures caused by COVID-19.