Quality Account 2020/21

Creating high quality, compassionate care and wellbeing for all.

Contents

Part One:

Introduction

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 our Executive Director of Nursing, Allied Health Professionals and Quality, Dr. Anne Scott. Additionally, this year we have included information on the work that has been undertaken as a result of the COVID-19 pandemic.

- **Part two** outlines our new priorities for 2021/22. It includes information on how we have performed against our key quality metrics in making our care safe, effective and patient centred. It also includes information on our national targets and quality agenda including the required statements of assurance.

- **Part three** includes our progress towards our priority areas in 2020/21 and additional information on the quality of our services.

We welcome your feedback and 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*

Statement of Quality by Our Chief Executive

Welcome to Leicestershire Partnership NHS Trust's 2020/21 Quality Account.

The last year has been one of the most challenging years in the NHS's history, however, I am proud of our staff and the way they have continually stepped up to great in creating high quality, compassionate care and wellbeing for all. From working together in new and different ways to support our service users, to being rapidly responsive to care for Covid-positive patients, they have worked alongside our system partners, as a key player in the local NHS response to the pandemic. Our staff have been nothing short of phenomenal and I am grateful for this.

Some of the highlights from our achievements over the last year include:

- Setting up of a Trust wide incident control centre to maintain quality of response
- Launching an enhanced mental health offer through an acute mental health care hub and a central access point telephone to support patients needing urgent and emergency care
- Rapid set up of new surge wards to increase system capacity for the Covid response, including work with private providers
- Virtual consultations and telehealth innovations to continue to support our patients
- Enhancing our innovative digital offer for children, young people and families, specifically with support during Covid-19
- Continuing to enhance our patient involvement strategy, despite the restrictions, including the launch of our Peoples Council and working with our Youth Advisory Board, to build patient voice into everything we do.
- Leading on workforce for the Covid-19 vaccination programme, with LPT supporting Covid-19 vaccination hospital hubs and the mass vaccination centre. This included specialised vaccination clinics for people with learning disabilities, which were held up as an example of good practice.

I am also pleased that during this time, we have been a leading partner in establishing the East Midlands Mental Health collaborative, which has enhanced our work around provider collaboratives, and we are the regional lead for the adult eating disorders collaborative. We have also been successful in receiving funding for enhanced perinatal mental health services and have launched our CAMHS Beacon Unit – ensuring care is provided closer to home for our young people. For adult mental health services, our out of area placements has reduced to being consistently at zero, a great success story we are proud of. We have also progressed our learning disability services quality improvement programme with the system.

We are also pleased to share that the CQC warning notice against LPT has been removed, which is a credit to all our staff on the grip and leadership around improvements in the quality of our care and services. Throughout the year, we have shared our improvement journey and achievements with the CQC, from work around ligatures, estates and medicines management, to improvements in staff experience. We know we have more to do but we are confident in the progress we have made and the plans we have in place to address our challenges.

Finally, all of this would not be possible without our dedicated, committed staff. Their health and wellbeing remains our priority, nurturing their potential, through inclusive, compassionate leadership. We are all leaders and our leadership behaviours framework helps us all take personal responsibility for stepping up to great. Thank you everyone who makes up our WeAreLPT family – our staff, volunteers, service users and partners.

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

Angela Hillery, Chief Executive

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

2020/21 has been an extraordinarily challenging year and I am so proud of all our staff working together to respond to the COVID-19 pandemic as well as continuing to work collectively to create high quality, compassionate care and wellbeing for all our service users. I am delighted to have been appointed to the permanent position of Executive Director of Nursing, AHP's and Quality and couldn't be prouder of the work that has been achieved this year.

Quality has remained at the heart of everything we do. We have been able to rapidly set up surge wards, redeploy staff into new and different roles, and deliver virtual clinics/appointments as part of our response to the COVID -19 pandemic. Our priority throughout this has been the safety of our service users and their families as well as our staff, and we are proud to have launched a new People's Council to ensure patient voice remains at the heart of everything we do. Additionally, we have continued to provide staff flu vaccinations and ensure we play an important lead role within our local system to deliver the national COVID-19 vaccination programme.

I am proud that despite the challenges this year has brought for all our communities, we have continued to improve on our quality agenda. Some of the highlights in 2019/20 include our Healthy Together 0-19 service named as winners of the Forward

Healthcare Awards for its digital offer for our innovative websites www.healthforunder5s.co.uk www.healthforkids.co.uk and www.healthforteens.co.uk. During the COVID-19 pandemic, the three websites have become a vital tool for sharing important health and wellbeing messages with children, young people and families at a time when face-to-face contacts with health professionals have had to be restricted. Specific content on Covid-19 was developed at pace across all three sites from March, including advice about the emotional impact of the pandemic and how to manage this.

Our ground-breaking mental health project run by our volunteers also won a national patient experience award. The 'Knead to Chat' project, which uses the art of bread-making to help patients tackle mental health challenges, was announced as the winner of the Environment of Care Award at a virtual ceremony held by the Patient Experience Network on 14 September 2020.

The 2020 schools flu vaccination programme offered the nasal flu vaccine to pupils in Year 7 for the first time. In total, we provided 8005 flu vaccinations to school aged children across Leicester, Leicestershire and Rutland.

Staff health and wellbeing has remained a priority throughout, and we have run regular staff listening groups and 'Question and Answer' sessions on key areas throughout the pandemic. We were also able to virtually celebrate Black history month, South Asian Heritage Month and Lesbian, Gay, Bisexual and Transgender (LGBT) month alongside our staff support networks and our buddy Trust Northampton Healthcare Foundation Trust. We also hosted our annual AHP celebration event to connect allied health professionals not only across LPT but also

across the Leicester, Leicestershire and Rutland system.

I am delighted that we have been shortlisted for Health Service Journal award in workforce race equality. This award recognises initiatives that promote race equality and inclusion within the workplace and improve the experience of Black and Asian minority ethnic colleagues. Our chief executive made an open commitment to become an anti-racism Trust. Together we have travelled the extra mile to go over and above during unprecedented times; introducing ideas, programmes, events and training to progress our equality, diversity and inclusion agenda; we have more plans in place to build on our 'Together against Racism' work

I am also really pleased that we are seeing a significant positive shift in representation of our black and minority ethnic workforce in leadership roles and we absolutely recognise the importance of this to our staff and our local communities we serve.

Also, shortlisted for a Health Service Journal Partnerships award this year for the implementation of 'AutoPlanner'. This was to improve productivity and patient experience in our community health services. It has helped to increase the proportion of patient-facing time in a clinician's day and to achieve the right staff, right skill, right place, at the right time to provide high quality care, improved outcomes and a better experience for all. Working with Newton Europe, Leicestershire Health Informatics Service (LHIS) and TPP SystmOne we helped develop and implement the AutoPlanner functionality within SystmOne. Benefits included a reduction in missed visits, patients have an accurate care plan reflective of care needs, improved visibility and ownership of staff skills/competencies and improved data quality.

Thank you for taking the time to read our 2020/21 Quality Account, we truly believe that our staff have 'Stepped up to Great' this year.

Dr Anne Scott, Director of Nursing, AHPs and Quality

Leicestershire Partnership NHS Trust

Impact of the COVID-19 pandemic on Quality

In March 2020, the impact of the Covid-19 pandemic meant we had to significantly change the way in which we deliver services to keep both our patients, communities and staff safe. We had to adjust to new ways of working and think about how we would deliver on quality improvement as our priority shifted to safety across all our services. COVID-19 is a respiratory disease which affects people in many different ways, most people will suffer mild symptoms however some may need hospital treatment. LPT have cared for 642 Covid-19 positive patients at our inpatient areas in the last year as well as delivering care in our community services.

At Leicestershire Partnership NHS Trust, we are passionate about involving our staff, patients, carers, stakeholders, and the public. Not only did the pandemic affect our patients, carers, and our communities it also impacted significantly on our staff. It changed the way in which our patients and service users could access services, receive timely care and how carers and loved ones could visit and stay connected with patients in our hospital settings. Our staff had to also adapt through increased use of personal protective equipment (PPE) and change the way they delivered in care. The pandemic also affected the way we connect and respond to our service users. We had to change how we managed our complaints, how we undertook engagement and it also impacted on the launch of our new 'Friends and Family' patient feedback system.

It is difficult to capture all the work that has been undertaken in response to the pandemic but here are some examples.

- Established an Incident Control Centre to have clear oversight of our decisions and ensure national guidance was implemented. This centre has run since March 1st 2020, 8am-8pm 7 days a week.
- Extended our Patient Advice and Liaison Services (PALS) to a 7-day service
- Established the 'Message to a Loved One Scheme'. The scheme facilitates the sharing of messages between patients and their loved ones. It is available to all inpatients across the Trust.
- Set up all inpatient wards with iPads to enable patients to make FaceTime and Skype calls to their families.
- Paused the delivery of the Friends and Family Test in line with national guidance.
- Paused the investigation of clinical and medical complaints from 1 April 2020 for a period of three months in line with national guidance.
- Adapted involvement and care delivery with service users and carers to online formats where safer and clinically appropriate.
- Captured real-time feedback from those service users who used virtual communications to access their healthcare appointments e.g. via online platforms
- Launched the Central Access Point (CAP) In April 2020 as part of a national ask to implement 24/7 telephone service for urgent mental health support for anyone, any age. The CAP aims to provide helpful consideration of an individual's needs and route them to the right support, which may include further clinical assessment or signposting the individual to alternative support. The creation of the CAP also offers out of hours support to service users already in receipt of treatment and intervention by LPT.
- Established the 24 Hour Urgent Care Hub (MHUCH) for people with mental health difficulties. The MHUCH was developed and implemented in direct response to the COVID-19 Pandemic in a bid to support the wider health system by diverting as much demand away from the acute hospitals as well as support the timely release of ambulance and police colleagues. It provides a service for those patients who need

to access urgent mental health treatment and who would ordinarily attend A&E to receive urgent mental health assessment and intervention. The Hub commenced delivery on Tuesday 7th April 2020 at the Bradgate Unit.

- Worked with our partners across health and social care to increase the availability of beds as demands changed over the year.
- Reorganised our inpatient wards and pathways to reduce the spread of COVID in inpatient wards For the past year Hinckley has been our designated primary location for caring for Covid-positive inpatients. The staff have cared for more than 340 Covid-positive patients during the first 12 months, the majority of whom were able to return home, or to continue their recovery in care homes and other places with a lower level of care.
- Set up a Covid-19 virtual ward to support early discharge and enable people to be cared for in their home.
- Implemented Covid-19 vaccination centres at Loughborough Hospital, Feilding Palmer Hospital and the Peepul Centre. This included running bespoke session for people with Learning Disabilities and providing a roving team to vaccinate eligible patients all of the Trusts inpatient services.
- Ensuring we have focused on staff health and well-being and safety through training and access to additional support.

Infection Prevention and Control (IPC)

During the Covid-19 pandemic, the Infection Prevention and Control (IPC) team have provided crucial on-going specialist advice, guidance and support. As understanding of COVID-19 has developed, Public Health England (PHE) guidance on required IPC measures has been published and updated to reflect learning and new evidence. The team have worked with all services to ensure that as a Trust we have responded to maintain the safety of patients, staff, volunteers, and contractors in line with these updates. This has played a significant role in preparing and responding to try to reduce the spread of the virus, for example; ensuring staff have the right personal protective equipment (PPE), updating policies and guidance for staff, reviewing the environments where patients receive care, supporting and giving advice to staff, visiting the clinical areas, training sessions and webinars and managing increased incidences of infections or outbreaks.

Safeguarding

Nationally, as a result of pandemic there has been a significant impact on both the adult and children's safeguarding agenda. It is thought given the prolonged lockdown periods in the country and increases in isolation for households more safeguarding contacts have occurred. Nationally, there have been reported increases in serious domestic abuse cases, and child protection enquires; and additional pressures with online grooming and exploitation given many children have not been in school.

In response to these areas of challenge and difficulty, LPT staff have increasingly relied more on the advice and support from the LPT Specialist Safeguarding Team, often calling more frequently and for longer periods of time given the complexities and multi-agency services required.

Throughout the pandemic, there has been a programme of Quality Improvement to ensure a strong team approach. We introduced new ways of working and enabled an extension of the support offered to the services across the trust. This has included working with our commissioners to strengthen the safeguarding oversight and assurances using a new Safeguarding Assurance Template (SAT). This new methodology will be presented to NHS England and NHSE Improvement (NHSE/I) in 2021.

Working in partnership

Working in partnership across Leicester, Leicestershire and Rutland (LLR) has been crucial in responding to the pandemic. Our Incident Control Centre was set up to respond to both national and local requirements and ensure all new guidance and information had been received and acted upon.

Regular system meetings were held with our colleagues across LLR including University Hospitals of Leicester (UHL), Derbyshire Health United (DHU), East Midlands Ambulance Service and our clinical commissioning group (CCG), Local Authority partners, private and voluntary organisations. These remain vital in understanding infection outbreaks, pressures, and patient flow. By working together, it enabled a more streamlined effective service that is hoped to be a model for a more integrated care system moving forward.

During the last year Community Nursing and Therapy have transformed the way that the service is delivered in response to the pandemic with the rapid implementation of telephone and video consultations to patients where safer and clinically appropriate. This has been alongside continuation of traditional face to face delivery of the service for patients who require this. Through our Ageing Well accelerator site we have embedded the 'Home First' pathway, which avoids unnecessary admissions to hospital. We do this through a 2-hour urgent community response delivered jointly by health and social care partners across Leicester, Leicestershire and Rutland. In response to the pandemic a new discharge hub has also been developed to support timely discharges from hospitals to home.

In April 2020 work was also carried out to transform the care provided to people with learning disabilities across LLR to ensure people with learning disabilities could live good fulfilling lives within their communities. So far, we have launched a new specialised autism team and the Transforming Care Partnership (TCP) has carried out annual health checks for people with a learning disability or autism and reduced the number of people who are in hospital with a learning disability or autism by 29% despite the challenges of Covid; more information around this can be found in our annual report.

These are just some of the examples of how the Leicester, Leicestershire and Rutland system has worked together.
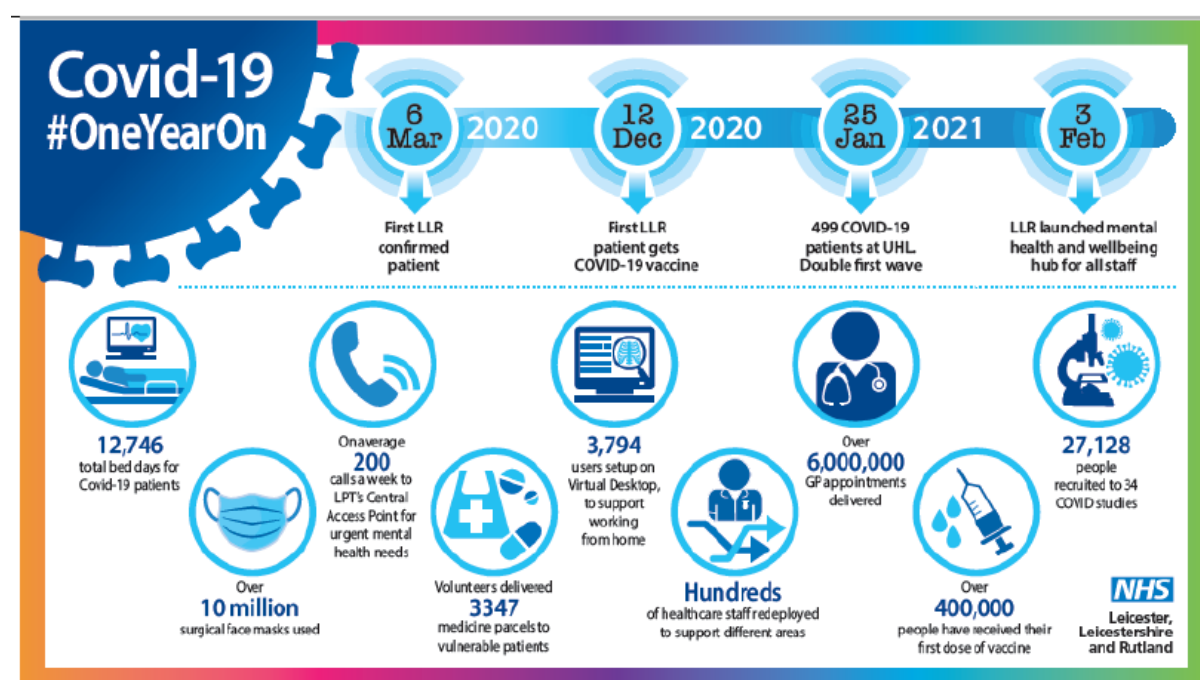
Other Quality Improvements

- The Directorate of Mental Health commenced works in March 2021 to eliminate dormitories across it's adult and older adult mental health inpatient wards. The elimination of dormitories was a programme the Trust had already committed to however we were able to commence earlier following a government announcement and injection of capital funds. The work is programmed to take place over 3 years. The aim of the project is to ensure that we deliver safe, high quality and therapeutic inpatient mental health care by improving the environment. Due to the constraints of the estate and the land locked issue of the building, during the phased completion of the project there will be a reduction of beds from 120 Adult Acute and 107 MHSOP to 97 Adult Acute and 96 MHSOP (subject to final planning). The potential impact in the reduction in beds will be managed and mitigated through other service developments as part of the Step Up to Great Workstream.

- Our state-of-the-art, purpose-built £8m mental health facility for young people, 'The Beacon', welcomed its first inpatients in November 2020. The Beacon, named to represent hope for a brighter future, was co-designed by staff from LPT's specialist child and adolescent mental health service (CAMHS) and young people. It offers a safe, welcoming and positive environment for individuals who need mental health inpatient care, supporting them, and their families, on the journey to recovery. Where appropriate, it will also help to ensure a smooth transition to adult services if required. More information and video tour link can be found in our annual report.

LPT Youth Advisory Board (YAB)

The YAB was established as a partnership between Leicester City Council (Rights & Participation Service) and Leicestershire Partnership NHS Trust in November 2019. The board was a response to a large-scale enquiry into the mental health services for children and young people that was run by the Local Authority youth council. The project report 'Generation Select" held a public inquiry into mental health services for children and young people, amongst its numerous recommendations, it was identified by Children and Adolescent Mental Health Service (CAMHS) senior leaders that participation of young people, including service users in service planning, delivery and evaluation was not consistent.

The work of the YAB over the last year has included:

- Developing video clips for young people with 10 second tips on how to cope during lockdown
- Delivering the Christmas Treat/Food Parcel Appeal which raised £520. 38 large packages made up of food and Christmas treats with bespoke parcels for Eating Disorder patients were distributed to the CAMHS bases in December. Positive feedback from clinicians has been received highlighting the impact on families.
- Supporting the recruitment process of CAMHS staff including senior leadership roles.
- Support from the OT CAMHS team with the 'YAB in Play' project.
- Involvement in the design of the new CAMHS Beacon Unit logo along with children and young people on the ward

People's Council

In September 2020, we launched our People's Council. The aim of the People's Council is to act as an independent advisory body for the Trust. Membership is made up of Patient and Carer Leaders with a lived experience of receiving healthcare services from Leicestershire Partnership NHS Trust (LPT) and Voluntary and Community Sector organisations who work with different communities across Leicester, Leicestershire and Rutland. The Council is chaired by Mark Farmer Patient Leader and Leicester and Leicestershire Healthwatch representative who is a participating observer at LPT's Public Board meeting.

Since its launch in September 2020 the People's Council is developing well. Through a series of development sessions with an external facilitator the Council has agreed behaviours, values and vision, including developing a relationship agreement that they would like the Trust Board to sign up to. Through an approach of true coproduction, the Council and its members have been making changes along the way in response to discussion and feedback and jointly deciding on how it will operate. For 2021/22 the Council are working on their priorities and have developed criteria against which they will assess their priorities. Emerging priorities include 'Step Up To Great for Mental Health', Equality, Diversity and Inclusion and the personalisation of care and personal health budgets.

The Council have created their vision:

'Providing an independent voice to ensure that LPT services are great for all'

Part Two

Our Priorities for 2021/22

In this section, we share our priorities for the year ahead. These are centred on the pillars of quality; safe, effective care and patient experience/involvement. They have been developed following a review of our existing quality data and identified themes in collaboration with our staff, stakeholders and patients and carers. We have consulted a wide range of audiences, reviewed historical data as well as other linking with other similar Trusts to ensure our priorities are beneficial to improving our patient care.

Our priorities link to our Step up to Great Strategy to ensure that as a trust we are 'creating high quality compassionate care and well-being for all'. As the pandemic has paused some of the progress in the 2020/21 priorities the Trust has taken the decision to develop and continue with some of these in 2021/22.

Our priorities for 2021/22 include:

Priority One: **Improving the quality of care to individuals at risk of self harm in inpatient settings.** **CQC domain: Safe**	Why was this chosen and what does this mean? • Keeping service safe and ensuring a positive experience of care is fundamental to LPTs vision of '*Creating high quality and compassionate care and well being for all*' • There is a need to make sure we keep our vulnerable service users who may potentially use non fixed ligatures safe from harm in our inpatient settings. • In response to the CQC and pandemic more focus was placed on fixed point ligatures and therefore it was decided in consultation to keep this as a priority for 2021/22. • Update for NHS Mental Health Trusts" published letter dated 20/8/2020 from Dr Kevin Cleary, Deputy Chief Inspector of Hospitals and lead for mental health at the CQC.
How will we do it? Q1 . • Review of 'The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) Self-Harm toolkit' based on NICE Quality Standard QS34. Core standards identified, gaps identified, and	**How will it be measured?** Q1 Evidence of review and action plan developed. Baseline audit of sample of case records within relevant service areas.

• quality improvement plan developed. • Baseline audit of records of patients admitted with thoughts of self harm including the risk assessment, risk formulation regarding self harm and care plan in place within 24 hours of admission.	Survey designed Evidence of feedback from patient is collated and themed.
Q2 • Survey staff skills, knowledge, and confidence on the management of service users presenting with thoughts of self harm using ligatures developed. • Review patient's feedback/ experience following incidents of self harm using non fixed ligatures. (debrief following incidents) • review, staff survey and patient's feedback develop a training plan to address quality improvement areas.	**Q2** Survey completed and analysed Training needs analysis plan completed
Q3 • To develop a Collaborative care plan to introduce personal safety planning and risk mitigation through environmental and clinical assessment within 7 days of admission. • Implement training and development sessions for staff based on quality improvement areas identified in Q1 and 2. • Review of self harm policy to include the management of service users presenting with thoughts of self harm using ligatures and post management of incidents.	**Q3** Evidence of training to core staff delivered. Policy and guidance includes specific reference to support for at risk of self harming through non fixed ligatures.
Q4 • Re-audit of sample of patients admitted with thoughts of self harm assessing the following are included: • psychosocial assessment of self-harm and risk formulation • A risk assessment and care plan in place within 24 hours of admission.	**Q4** Re audit identifies improvement in standards of care within clinical record. Improvement in knowledge and confidence evidence in staff. Evidence of feedback from patient shows positive impact.

	Evidence of supportive debrief in place and standards of care met through spot check of incidents.
• A Collaborative care plan environmental and clinical assessment within 7 days of admission. • Resample staffs' views staff skills, knowledge, and confidence on the management of service users presenting with thoughts of self harm using ligatures • Review patient's feedback/ experience following incidents of self harm using non fixed ligatures. (debrief following incidents) • Review of sample of incidents and debrief .	

Priority Two: **Using the feedback collected through the Friends and Family Test (FFT) to inform service and quality improvement and to continually improve the experience of those who use our services** **Implementation of the new FFT system across the organisation** **CQC domain: Responsive**	**Why was this chosen and what does this mean?** National FFT collection was suspended in March, resumed in September 2020 due to the COVID pandemic. Significant work has taken place to implement a new system and we are keen to learn and make the most out of our feedback.
How will we do it? Using feed collected through FFT for service and quality improvement Q1 all services implementing FFT Capture the experience of patients, carers and staff, using all available and appropriate tools. Measure - number of FFT feedback by service Q2 all services implementing FFT Analyse and understand the experience by identifying the 'touch-points' of a service and gaining knowledge on what people feel as they experience our services and when they feel it. Q3 Improve the experience by ensuring the feedback, both positive and negative, is heard	**How will it be measured?** • 40% of all community-based services implementing the new FFT system by end of Quarter 1 • 100% of all inpatient services implementing the new FFT system by end of Quarter 1 • 60% of all community-based services implementing the new FFT system by end of Quarter 2 • 100% of all community-based services implementing the new FFT system by end of Quarter 3
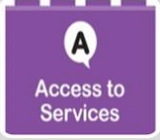
and understood by the relevant clinical and managerial teams. Receiving, analysing and presenting feedback and through our Quality Improvement approach involving patients, carers and staff in developing the solutions to improving patient and carer experience. – Q4 Spread and Adopt best practice across the Trust by sharing and showcasing where feedback has led to improvement and support staff and services to 'steel with pride' the improvements made.	• Thematic report on the trends of feedback received by service • Reports detailing a range of improvement projects being implemented on the back of the themes identified • Case studies of improvement projects and evidence of how the improvement has improved patient experience against agreed benchmark identified

Priority Three:	Why was this chosen and what does this mean?
Reduce the amount of time taken to investigate complaints	Feedback remains a vital tool in understanding and improving our services. Due to the pandemic complaints were paused nationally and so by keeping this as one of our priorities our focus can remain on improving the satisfaction of people using our services and create a culture of learning and improvement within our teams.
Improving the satisfaction of those who raise complaints within the Trust	
Design and implement new Peer Review approach for complaints for continual improvement	
CQC domain: Responsive	

How will we do it?	How will it be measured?
Improving the satisfaction of those who raise complaints within the Trust	- % of complaints acknowledged within three working days
Quarter 1: Review and evaluate current complaint satisfaction survey with service users, carers and staff	- Number of complaints responded to within the timeframe agreed with complainant
Quarter 2: Implement review survey to all new complainants within Quarter	- % of complaints responded to within the date agreed with the complainant
Quarter 3: Analyse and evaluate responses received in Quarter 3	- Number of complaints upheld or partly upheld in quarter
Quarter 4: Adopt new approaches were required	- Number of complaints ongoing after 6 months
Design and implement new Peer Review approach for complaints for continual improvement	- Number of reopened complaints
Quarter 1: Design peer review approach with service users, carers and staff	- Number of complaints formally investigated by the PHSO
Quarter 2: Test approach through two peer review workshops	- Number of complaints upheld or partly upheld by the PHSO
Quarter 3: Analyse and evaluate peer review process	
Quarter 4: Adopt and implement programme of peer review for the Trust	

Priority Four:	Why was this chosen and what does this mean?
Priority for improvement Ensure processes are in place to keep people safe whilst waiting to access to our services. **CQC domain: Responsive**	NHS waiting times have been a long-standing indicator of performance and as a Trust, we want to focus in on the impact of waiting on our patients. Covid-19 has affected the ability to run our services the way we normally would and, in some areas, has seen a rise in waiting times; therefore, we wanted to focus on keeping people safe whilst waiting.
How will we do it? Quarter 1-2 Enacting the access policy and making sure that this is consistently applied with standardisation across the three directorates. This includes best practice with running a Patient Tracking List (PTL) with clinical involvement Quarter 2-4 Review the focus on this away from harm to refocus towards 'Keeping people safe' whilst they are waiting for access to secondary services. - Improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight) - Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement) - Designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).	**How will it be measured?** Peer review measures include: - Frequency and evidence of Patient tracking List (PTL) held per month with date time by random peer service audit - Evidence of attendance of business, operational clinician at each meeting by random peer service audit - Evidence a patient risk review for re prioritisation in waiting for services: By random peer service audit - Evidence of information letter going to patients on waiting list.

Priority Five: **Introduce Patients as 'Partners in Patient Safety'.** **Improve the learning from Serious Incidents by applying the principles of the Patient Safety Incident response framework.** **CQC domain: Safe**	**Why was this chosen and what does this mean?** With a new national patient safety strategy, we want to ensure we are doing everything we can to keep our patients safe. By involving our patients as partners and looking at investigator development, we can focus on improving our culture and organisation.
How will we do it? **Patients as Partners** **Insight Quarter 1** 1. Use the National Patient Safety Strategy (2019) and its framework for involving patients in patient safety and recruit and induct 2 patient safety partners 2. Use the National Patient Safety Strategy (2019) and the support required for patients and their families who are involved in patient safety incident investigations to support this role development **Involve Quarter 2** 1. Introduce patient safety partners as integral part of the Patient Safety Improvement Group and the Suicide Prevention Group 2. Have a named family liaison officer as integral part of the corporate patient safety team **Improve Quarters 3/4** 1. Receive feedback from the Partners and respond as required. 2. Ensure Patient safety Partners have access to the nationally developed training 3. Receive feedback from the patients and families for the family liaison role and respond as required.	**How will it be measured?** 1. Introduction of 2 patient safety partners 2. Deliver updated and refresher Patient safety incident investigator training to staff already undertaking these investigations 3. Recruitment of dedicated investigators into role and agreed methodology and integration with clinical teams. 4. Implement any improvements recommended by the Royal College of Psychiatrists SIRAN accreditation review. 5. Evidence of strengthened involvement of patients as partners in the patient safety work for the Trust. 6. All action plans to be addressed within timescales.

4. Ensure family liaison officer has access to the nationally developed training

Improve the learning from Serious Incidents by applying the principles of the Patient Safety Incident response framework

Insight Quarter 1
1. Deliver updated and refresher Patient safety incident investigator training to staff already undertaking these investigations
2. Agree job descriptions for dedicated Patient safety incident investigators
3. Ensure action plans closed on time and report all exceptions by individual action through the Quality Forum.
4. Analyse Trust incident profile

Involve Quarter 2
1. Develop staff knowledge delivering in house training to improve system thinking.
2. Recruit dedicated investigators into role and agree methodology and integration with clinical teams.
3. Work with our Improvement Knowledge Hub to improve the quality of action plans
4. Work through exploring Governance Community of Practice to develop Governance team expertise
5. Undergo Peer reviewed for External accreditation for standards of SI investigation accreditation with the Royal College of Psychiatrists

Improve Quarters 3/4
1. Implement any improvements recommended by the Royal College of Psychiatrists SIRAN accreditation review.
2. Offer quarterly SI Investigators faculty 'lunches' where a patient or family member comes and shares their patient journey with us and their experience of the SI process for learning.

Our Statements of Assurance

NHS healthcare providers are asked to report on a series of statements in the Quality Account these include things like, our service information, our income, our records, governance, and information on our audits and research and information relating to our learning from deaths.

Our Services

During 2020-21, LPT provided and/or subcontracted 99 relevant health services. Mental Health and Learning Disabilities account for 56 services and Community Health Services make up the remaining 43. It should be noted that at times not all services were operating at full capacity due to the Trust response to COVID-19 and following national directives.

LPT has reviewed all the data available on the quality of care in all 99 of these relevant health services, both for services directly provided and for those services subcontracted. Robust monitoring both externally with commissioners (via contractual requirements to monitor agreed clinical quality performance indicators) and internally (via performance reviews and quality reports) ensures the highest standards are adhered to in the areas of infection control, patient safety, service user and carer experience, safeguarding, clinical effectiveness and compliance with regulatory requirements.

The income generated by the relevant NHS services reviewed in 2020-21 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2020-21.

Our Income

LPT income in 2020/21 was not conditional on achieving quality improvement and innovation goals through Commissioning for Quality and Innovation (CQUIN) payment framework due to the pandemic. The decision was taken by NHSE/I to nationally postpone CQUINs for 2020/21.

Our Records

Leicestershire Partnership NHS Trust submitted records during 2020/21 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 (as of Oct 2020):

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

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

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

Our Information Governance

The Trust has developed its Data Security and Protection Framework in line with the Data Security and Protection Toolkit. This 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.

Our Clinical Coding Audits

Leicestershire Partnership NHS Trust was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission

Our Research

Leicestershire Partnership Trust is passionate about providing our patients, service users, staff and carers with the opportunity to participate and lead in research. It is known this enhances care and helps services to deliver innovative, potentially life-changing interventions. Research also provides development opportunities for staff through the development of research career pathways. As one of our staff said earlier this year, *"research isn't about people in white coats, it's about what we do every day, and making it better".*

We are committed to developing, hosting and collaborating with local, national and international research through our partnerships with academic institutions. Most importantly, the Trust is a "category A" partner organisation of the United Kingdom Clinical Research Network (CRN), through the CRN East Midlands as part of the National Institute of Health Research (NIHR). We are also collaborating in other elements of the NIHR, namely:

- Applied Research Collaborative: East Midlands (ARC: EM)
- East Midlands: Academic Health Science Network (EM: AHSN).
- Leicester NIHR Patient Recruitment Centre (Late Phase Clinical Trials) and
- Hosting one of the 70@70 NIHR Senior Nurse and Midwife Research Leaders after a successful bid

Our research normally includes projects adopted across a range of our clinical service areas. The main areas for our research activity are:
- Dementia and Neurodegenerative Diseases
- Respiratory & Cardiovascular Rehabilitation & Physiotherapy
- Heart Failure
- Stroke & Diabetes
- Intellectual Disabilities
- Mental Health across all age groups.

However, during 2020-21, much of this work has had to be put on hold or ended, as a result of the pandemic. All research activity became focused on the pandemic response plan and supporting the Urgent Public Health Priorities. As a result, the monitoring of the usual performance metrics on study initiation and delivery were also paused as we needed to reprioritise in light of the pandemic. We are proud that the Trust set up Urgent Public Health (UPH) Studies within 9 days as required and has provided support to acute and primary care as part of this response.

Pictured to the right is one of our associate medical directors taking part in the SIREN study. This is a national study run by Public Health England investigating whether the presence of COVID-19 antibodies protects people against the virus, and if it does how long it lasts. LPT have recruited over 100 staff to take part.

The Urgent Public Health (UPH) research supported by the Trust Research Delivery Team during the year includes:

Category	Study	Purpose
UPH (1a)	CCP-ISARIC (Clinical Characterisation Protocol for Severe Emerging Infections in the UK)	Data from all new cases of COVID-19 abstracted from records to inform SAGE on disease profile, and treatment effectiveness
UPH (1b)	SIREN The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers	Exploration of the duration of immunity provided by prior exposure to COVID-19 in healthcare workers
UPH (1b)	BASIL C-19 (Behavioural Activation in Social IsoLation)	A trial of a psychological intervention to address mental health needs of older adults in isolation through COVID
UPH (1a)	VAC31519COV3009: A Randomized, Double-blind, Placebo-controlled Phase 3 Study to Assess the Efficacy and Safety of Ad26.COV2.S for the Prevention of SARS-CoV-2-mediated COVID-19 in Adults Aged 18 Years and Older (Janssen ENSEMBLE II)	Effectiveness trial for novel vaccine for COVID
UPH (1b)	UK-REACH	Ethnicity and COVID-19 outcomes in healthcare workers
UPH (1b)	Oximetry at Home	Patient experience of this new form of service provision
COVID-Related (Non-UPH Studies)		
Portfolio	Psychological Impact of COVID-19: An International Survey	76 recruits from LPT
Non-Portfolio	COVID-19 Resilience Study (Studying the impact of COVID-19 on the NHS workforce to guide trauma-informed and psychologically informed support provision)	82 recruits from LPT
Non-Portfolio	The Covid-19 Pandemic: Factors Associated with Adverse Mental Health Outcomes Among Health Care Workers (LPT Sponsored)	1185 Recruits (LPT & UHL)

The number of service users and other participants receiving NHS services provided or sub-contracted by Leicestershire Partnership Trust in 2020/21, that were recruited to participate in research approved by a research ethics committee as of January 31st, 2021 was 1273.

Although 60% of research activity at the start of the pandemic was closed or suspended, the Trust was able to maintain support for a substantial number of "Tier 3" portfolio studies. The studies that had continued support included "Genetic Links to Anxiety and Depression", SPRINT (ASD IN Adult Inpatients), CAP-MEM (Prevalence of memory problems in the elderly). This proportion was in line with similar providers and was maintained despite the challenging context and additional public health research activity.

We are very proud that during 2020/21:

> We continued to be in the top 10 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.

> We have embedded research is now part of the Step up to Great quality improvement agenda which will mean closer working with the Improvement Knowledge Hub.

> Saw the launch of the innovative "One in Three" campaign, aiming at addressing issues around treatment resistant depression, and developing a suite of alternative research trial opportunities for this important patient group.

Do you, or someone you know, have a history of depression that has not responded to treatment and would like to take part in research?

one in 3
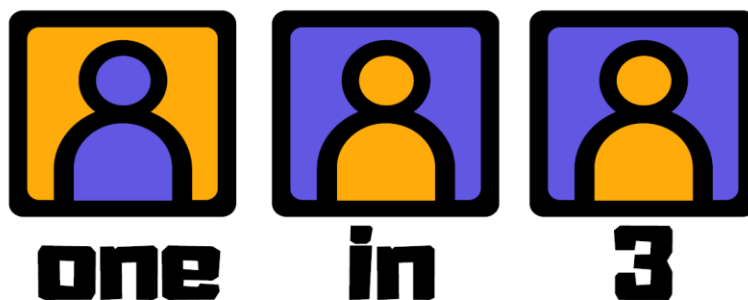
people with depression suffer from treatment resistant depression.[*]
Research aims to overcome this.

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

Our Audits - Improvement Knowledge Hub Core Team (IKH)

During the period of 2020/21, there were 9 National Clinical Audits and 0 National Confidential Enquires that LPT contributed to.

During this period, LPT participated in 100% of National Clinical Audits and 100% of National Confidential Enquiries of those which LPT was eligible to participate in.

These are set out in the table 1:

Table 1: National Clinical Audits and National Confidential Enquiries 2020/21

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
EIP spotlight audit (2020/21)
POMH – Topic 20a: Valproate prescribing
POMH – Topic 9d: Antipsychotic prescribing in people with a learning disability

Clinical Audits and Enquiries that LPT participated in and for which data collection was completed during 2020/21 are listed in table 2. 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.

Table 2: National Clinical Audits and National Confidential Enquiries submissions for 2020/21

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%
Diabetes Foot Care	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%
EIP spotlight audit (2020/21)	100%
POMH – Topic 20a: Valproate prescribing	100%
POMH – Topic 9d: Antipsychotic prescribing in people with a learning disability	100%

The report of a National Clinical Audit was reviewed by LPT in 2020/21 and the following actions are planned to improve the quality of healthcare provided.

Audit Title	Actions to be taken
Prescribing Observatory for Mental Health (POMH) – Topic 17b: The use of depot/ long-acting injectable antipsychotic medication	A collaborative care plan specific to patients on a depot/Long- acting injectable (LAI) is being developed for incorporation into SystmOne.

A multi-disciplinary team of medics and a senior matron are working to produce an improved collaborative approach with service users and professionals. This is to ensure collaborative care coordination and shared decision making, leading to improved treatment adherence and relapse prevention. |

A further 2 reports have been received and are in the process of review for Quality Improvement Planning. These are National Clinical Audit of Psychosis - Early Intervention in Psychosis 2019-2020 England Report POMH - Topic 19a: Prescribing for Depression

The reports of 20 local Clinical Audits were reviewed by LPT in 2020/21 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Actions to be taken
Covert Administration of Medicines	To establish a system to have SystmOne send Pharmacy an email when a covert admin form is started so pharmacy can follow up and chase to ensure nurses and others can complete their parts of the form.
	To review the covert admin form Capacity and Best Interest sections to determine if there's anything about the wording, etc. that makes it difficult to complete or might be contributing to low completion rates.
Use of Anticholinergic Drugs in Patients with Cognitive Impairment	The risks of anticholinergic cognitive burden to be highlighted in the letter to the GP (using the ACB tool)

	Anticholinergic medication to be discussed at the MDT following initial assessment (using the ACB tool).
NICE CG137 Epilepsy	To review epilepsy care pathway in light of proposed service developments to ensure compliance is made as easy as possible.
	To work towards setting up a specialist joint Learning Disability / Epilepsy clinic.
	To ensure availability of the epilepsy review form and to produce guidance regarding its use, particularly in the context of planned move to SystmOne.
	To develop a clearer system for identifying which is the lead service and who is the lead clinician for managing epilepsy within our patient group.
Management of The Upper Limb After A Stroke	To ensure the electronic ARMA and Nottingham sensory are placed on to SystmOne.
Transitions Out of Children and Young People's Mental Health Services	To explore establishing joint transition clinics between CAMHS & CMHT.

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 2020/21, the Trust's Clinical Audit Team supported 96 clinical audits. Around 100 audit criteria have been used in completed audits to re-audit whether standards have been applied to practice, for the benefit of patients in our care.

Key Achievements in 2020/2021

- **The team has supported 96 Clinical Audits.**
- **Clinical audit results have been communicated to staff through team meetings, staff briefings and communication posters.**
- **The Improvement Knowledge Hub 'Core QI Advisors' Team have expanded to cover all things quality improvement. Clinical audit is still a major part of our work and now supported within a QI framework. This will strengthen the impact of audit outcomes ensuring changes and are embedded.**
- **We have implemented a series of 1-hour quality improvement work-based learning training sessions, QI in a Box. This covers the basics of quality improvement and will help to build the Trust's ability to carry out effective quality improvement work, including clinical audit.**
- **The team has engaged in communities of practice for learning and attends East Midlands Clinical Audit Support Network meetings.**

Our Learning from Deaths

It is crucial to deliver the safest and most compassionate care to our patients, ensure the safety of our staff on the front line and of those working from home, and to appropriately review our deaths. This is so that we learn and identify improvements so that we have an open, transparent and learning culture. A lot has happened in terms of this work and our learning since our last quality account and the pandemic has transformed the way that we work.

We have welcomed a Trust wide 'Learning from Deaths and Suicide Reduction Lead', who is streamlining our Learning from Deaths Process. The Lead is combining her clinical and research skills to embed evidence-based improvements so that Leicestershire Partnership Trust (LPT) can be a leading organisation in the way we review and learn from the deaths of our patients.

We carry out monthly Learning from Deaths (LfD) meetings within Community Health Services (CHS) and Families, Young people, and Children's and Learning Disabilities Directorate (FYPC/LD). In the directorate of Mental Health and Mental Health Services for Older People (DMH/MHSOP) we have two meetings a month, to discuss, learn, and improve the care that we provide to our patients. We ensure multidisciplinary attendance to these meetings including consultants, nurses, AHPs and administration staff who are involved in the patients care journey. This is to provide different perspectives to optimise our learning.

Methods to review deaths are often cited, for example Structured Judgement Reviews are used in Acute Hospitals to make quality and safety judgements over phases of care provided to patients and provide a score for each phase. LPT is innovative in the way we care for our patients – with a focus on *people led care*. During 2020/2021, we ensured *people led learning* in how we reviewed our deaths, we incorporated the modified Structured Judgement Case Record review, (mSJR case record review) across all Directorates.

As a continuously improving organisation we take learning very seriously and investigate Serious Incidents (SI) in a robust manner, with support from the Corporate Patient Safety Team. NHS England (2015) describes Serious Incidents as adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. Serious Incidents are identified in Trust wide Weekly Incident Review Meetings.

During 2020/2021, 448 of Leicestershire Partnership NHS Trust patients died. This comprised of the following number of deaths which occurred in each quarter of that reporting period:
- 121 patients in the first quarter;
- 90 patients in the second quarter;
- 115 in the third quarter
- 122 in the fourth quarter.

By the 23rd April 2021, out of the total 448 deaths reviewed, 414 were case record reviews and 34 were both case review and Serious Investigations. The number of deaths reviewed by both a case record review and Serious Investigation during the year was:
- 8 in the first quarter
- 6 in the second quarter
- 11 in the third quarter
- 9 in the fourth quarter

1 patient representing 0.3% of 448 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:
- 1 representing 0.3 for the first quarter.
- 0 representing 0% for the second quarter.
- 0 representing 0% for the third quarter.
- 0 representing 0% for the fourth quarter.

Learning Impact and Actions

We have really tried to improve the way that we learn from the deaths of our patients. One of the ways we did that was to standardise the process across the Trust to ensure a consistency. Our Learning from Deaths and Suicide Reduction Lead to networked with and shadowed bereavement practitioners at neighbouring Trusts to gather effective practices and adapt it to our Trust. We also introduced the scoping exercises, which provide insights into procedures and processes as a means of improvement.

14 case record reviews were completed after 2019/2020 which related to deaths which took place before the start of 2020/2021. 0 representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using Ulysses (our reporting system for incidents) and a review of notes by the Learning from Deaths and Suicide Reduction Lead. Where there was uncertainty on the level of investigation verification exercise took place. 0 representing 0% of the patient deaths during 2019/2020 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Our Registration Status

Leicestershire Partnership NHS 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 2020/2021.

Our Care Quality Commission (CQC) Ratings

The Trust was not inspected during 2020 due to the ongoing COVID-19 pandemic. However, regular engagement has been maintained with the local CQC inspection team throughout the year to respond to any issues or queries that have arisen and to celebrate our success stories. The Trust has supported the CQC's Transitional Regulatory Approach by sharing additional information and continuing with CQC engagement meetings; also, since November 2020 we have scheduled two focus groups each month for the CQC to engage directly with our staff.

The current CQC inspection report dates from 2018/19. It describes the CQC's judgement at that time of the Trust's 'Well Led' framework – which sets out the management, leadership and governance of the organisation to assure the delivery of high-quality person centred care, support learning and innovation and promote an open and fair culture – as well as quality of care and the services offered in the following five core areas:

- 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, although there was a decline in the rating for 'well led'.

The CQC issued a Warning Notice to the Trust on 30th 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, in particular the nine key improvement areas highlighted within the warning notice. This has led to significant progress and helped embed change across the Trust. We have also developed an action plan to build on our governance arrangements, resulting in a revised governance framework and a strengthened approach to managing risk.
A follow up inspection took place in June 2019 and we were pleased that the CQC found significant improvements had been made.

Further to this, we think it is important to share the quality improvement work that has been undertaken since the last inspection. This includes maintenance issues at the Bradgate Mental Health Unit being addressed, while the overall environment has been improved following completion of a refurbishment programme for all wards. New systems are in place for staff to report any repairs or maintenance issues.

Improvements in ligature risk assessment compliance have also been made, with an ongoing audit program to assure best practice is in place.
Quality Improvement cycles have been introduced and, as a result, have improved how staff record a patient's physical healthcare.

Meanwhile the Trust has ensured patients' privacy and dignity is maintained when receiving physical health observations. Clear guidelines are now in place on where and how physical health observations should be carried out on wards.

There is ongoing improvement work in relation to medicines management. Training sessions have been undertaken with inpatient Ward Sisters and Charge Nurses. This includes specific focus on labelling, disposal, reconciliation and ward level audit.

Smoking cessation continues to be offered to all patients on admission to our mental health wards with a variety of 'stop' treatments including nicotine replacement therapy (NRT) or free vapes offered. During the covid pandemic, as a pragmatic, interim measure the smoke free policy has been relaxed on our acute wards to allow and respect the choice of our acutely unwell patients, to use the option of smoking and vaping in designated outdoor areas / courtyards. This promotes a more secure safe distance for those smoking instead of congregating around hospital boundaries. Longer stay wards, low secure and PICU wards remain smoke free. This will be subject to ongoing review.

In addition, fire safety has been improved, with fire drills carried out regularly. Personal Emergency Evacuation Plans (PEEP) have been developed in partnership with patients who may not be able to reach a place of safety unaided.

We have introduced robust seclusion paperwork with ongoing training for our staff, and this has proved to be very positive. A full audit schedule is in place to monitor compliance. Furthermore, we have maintained patients' privacy and dignity as part of the Short Breaks Service by introducing both male and female only weeks.

Finally, we launched the *Step up to Great* strategy which addresses the nine key priorities identified in the warning notice. As part of this, the Trust has revised its organisational vision, with this being co-designed with our change champions, staff, service users and our volunteer services.

In addition, we have established a Foundation for Great Patient Care Learning and Sharing Forum, which meets weekly to learn lessons and drive on-going improvement.
The CQC has worked differently during the COVID-19 pandemic and have moved away from on-site inspections. The focus of assessments makes greater use of intelligence gathering and engagement. Whilst their regulatory role has not changed, they have paused routine inspections; instead, they have undertaken inspections of high-risk services, with onsite activity kept to a minimum.

Public reports which detail the full findings of inspections made to Leicestershire Partnership NHS Trust can be accessed via the CQC website. https://www.cqc.org.uk/provider/RT5

Ratings Trust-Wide

	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					

Our Performance

Our Quality Account performance is included as part of our Trust Board performance report to ensure our executive team have oversight. This also allows us to track and monitor progress throughout the year and identify areas of concern.

Indicator	Trust Score 17/18	Trust Score 18/19	Trust Score 19/20	Trust Score 20/21	National Average	Highest score 2020/21	Lowest score 2020/21
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)*	Q1- 98.2% Q2- 100% Q3- 83.4% Q4 -84.5	Not available *	Not available *	Not available *
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)*	Q1- 97.7% Q2- 96.1% Q3- 93.4% Q4 - 87.6%	Not available *	Not available *	Not available *
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	6.9 score	About the same	N/A	N/A

The percentage of patients aged: (i) 0 to 15 and	-	-	(i)4.17%	i) 31.8 %	Not available *	Not available *	Not available *
(ii) 16 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.			(ii) 9.28%	(ii) 32%			
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 incidents reported	PSI's 11128 out of 19206 incidents reported	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	11 Major Harm and 49 Deaths	Not available *	Not available *	Not available *

NHS Trusts are not required to commission external assurance on their 2020/21 Quality Account. NHS England and NHS Improvement are continuing to pause the collection and publication of some official statistics as a result of the COVID pandemic. This means that some national data will not be available to report for the 2020/21 account. Data quality checks are still ongoing as a result of the SystmOne migration, the figures included are monitored on a monthly basis and included in our board performance reports.

Our Data Quality

Leicestershire Partnership NHS Trust will be taking the following actions to improve data quality in 2021/22
- Continued use of patient tracking lists (PTL's) to better manage patient waiting lists
- Undertake a data quality review through the work of the SystmOne migration to ensure that data is accurate and complete
- Establish a programme of data quality improvement with the support of the Quality Improvement Team utilizing QI in a box
- A Data Quality Group has been established and a work plan devised to monitor all aspects of data quality work and provide assurance to the Board.
- Develop data quality metrics against which improvement can be measured

Part Three

Our Priorities for 2020/21

Our priorities for 2020/21 were chosen prior to the Covid-19 pandemic. As our strategy prioritised patient, service users and staff safety in relation to the spread and impact of infection the delivery of the 2020/21 priorities have been impacted on as a result. Nationally and locally, some information usually collected was stopped, staff were redeployed to respond to the demands of the pandemic and services adapted their delivery to maximise safety. Despite this, we have continued to work on the priorities where possible as outlined below.

What we said	Covid has greatly affected the progress on this priority. However, many of the positive initiatives to reduce access to items in the environment used as non-fixed ligature points has continued, for example using paper bags in bins not plastic bags and swapping all items bought in by patients in plastic bags to paper bags.
Priority 1 Patient Safety: Reducing Ligature Risk We will reduce our non-fixed ligature point incidents by 10% by the end of March 2021	During Covid, the CQC has issued new guidance around fixed ligature points and a letter promoting Trusts to speed up works to reduce fixed point ligatures which has further impacted on the progress and the ability to focus on non-fixed point. However, the work outlined below has been undertaken: A review of the Environmental management of ligature Trust Policy and the application of the LPT Environmental Ligature Risk Tool. Development of a ligature briefing pack and communicated changes to all staff regarding the application of the LPT Environmental Ligature Risk Tool. an adapted version of Manchester Audit Tool A re-assessment of all inpatient Mental Health and Learning Disability Wards was undertaken using the LPT Environmental Ligature Risk Tool, an adapted version of Manchester Risk Tool Fixed and non-fixed ligature risks for all wards added to the Directorate risk register Review of fixed ligatures across Mental Health and Learning Disability services and

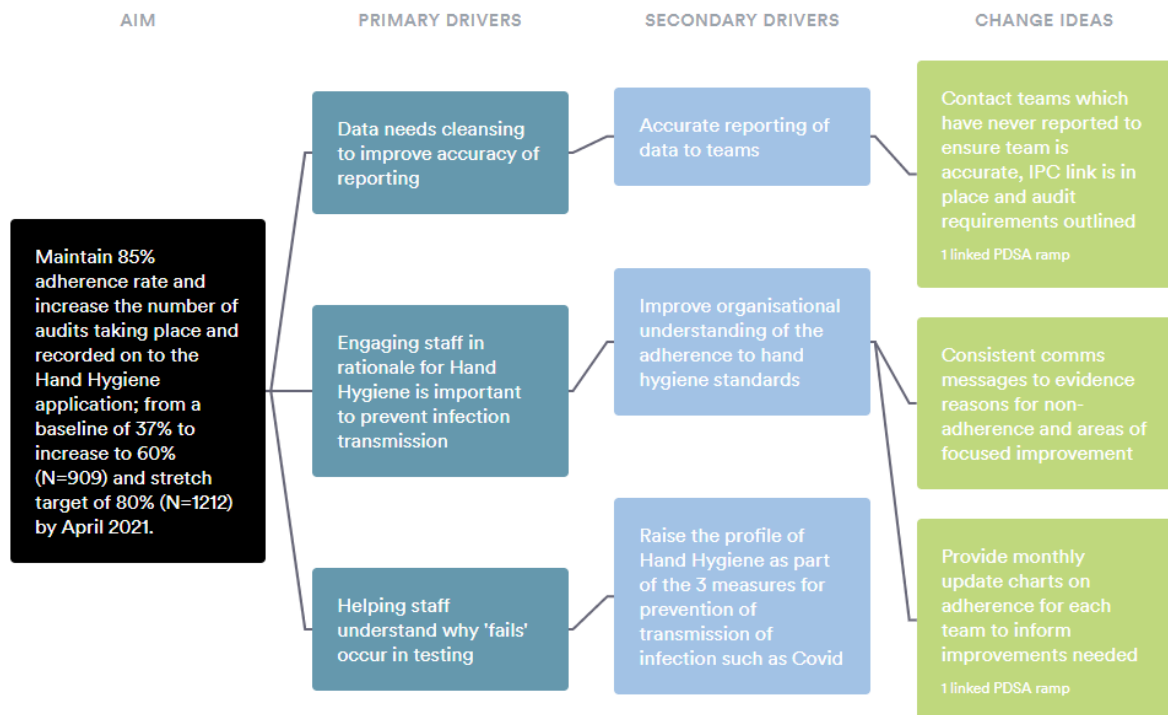| | highest priority trends agreed leading to the development of a planned programme to support fixed ligature reduction. |
	A Trust Ligature Group has been established to review the management of ligatures across the trust considering both fixed point ligature risk reduction and non fixed risks and has developed an action plan informed by "Update for NHS Mental Health Trusts" published letter dated 20/8/2020 from Dr Kevin Cleary, Deputy Chief Inspector of Hospitals and lead for mental health at the CQC and the CQC brief guide to ligatures points V5 issued in March 2020.
	Developed a ligature room by room at a glance board for each ward in Acute Services
	Reviewed and updated the ligature risk handover guide to support new staff and temporary workers, including how to manage a ligature incident
	Enhanced the local ward environmental weekly checks to look for any changes in ligature risks and items that suffer wear and tear
	Development of new ligature risk training piloted and a new e-learning resource with video
	Expansion of the ligature risk assessment with to Mental Health/ LD Community Teams and Outpatient areas
	Learning from other local acute Trusts regarding considering ligature risks in general hospital wards led to a Local review of ligature risks in the Community Hospitals and the provision of emergency equipment for ligature removal and training for staff.
	An external review of Ligature Risk Process took place by our buddy Trust NHFT.
	Observational work on Bosworth ward using a human factors and ergonomics approach identifying areas for improvement. Preliminary recommendations have been put forward around implementing Psychological Safety

	and principles of Just Culture and improved training.
	Sharing learning from incidents and implementing change.
	This is one of the key priorities we will continue to focus on and develop for 2021/22 working closely with the Trust Self-harm Group to explore the non-fixed ligature reduction.
How we monitored it	**How we measured it**
The group has a key trajectory of work to and including policy review, training, and recommendations to the capital programme, risk assessment review and non-fixed-point risk training.	To understand our baseline a review of current work was carried out, improvement actions identified and commenced. Observation work was also undertaken on site.

What we said	What we did
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%.	Hand hygiene has never been more important to ensure the spread of infection is reduced. The following actions were undertaken: - Reviewed the issues in compliance. - A quality improvement project was set up to find different ways to improve both the number of audits and compliance**.** - Teams and services lines were checked and verified. - Communication messages and focused campaigns reiterating the importance of hand hygiene at every level were delivered throughout the year. - Staff were informed of how to report and why were consistently included in communication bulletins. - Contact made with under reporting teams to improve scoring and understand how as a Trust we could make logging compliance easier.
How we monitored it	**How we measured it**
Monitored through the Infection Prevention and Control (IPC) group and Quality Forum committees.	Weekly reporting results shared with IPC links and managers. The project diagram below shows the focus of the quality improvement plan and the

Teams monitoring own performance with support from the IPC team.	graphs shows the increasing audit results to achieve the 60% target whilst maintain on above 85% compliance. The focus is now around sustaining those levels and adapting our approach to reflect the new ways of working where teams are more remote/working virtually.

Hand Hygiene: Driver Diagram

Hand Hygiene: Audit Results from Trust-wide Teams as a percentage

What we said	What we did
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 1. Average Length of stay (excluding leave) from acute Bradgate wards Target is <=33 days (national benchmark) 2. Average Length of stay Community services National benchmark is 25 days.	Bed management teams constantly review beds to ensure the patient has the right care required. Data is collated and reviewed locally and nationally. LPT worked as a key system partner to support the 'Discharge Hubs' and implementation of the Discharge to Assess pathways across Leicester, Leicestershire and Rutland. Working with system partners we ensured that patients were able to be cared for at home wherever possible. The Central Access Point and Mental Health Urgent Care Hub enabled us to make the right decisions rapidly. The development of system cells and use of technology enabled better system working and solution focused approached to workforce, discharge and flow issues. Improved use of digital technology has enabled improved monitoring of patients virtually so that they may be better cared for in their home setting and reduce the need for hospitalisation.

How we monitored it

Measured as part of the system patient follow data and reported through the board performance reports.

How we measured it

Mental Health (*Bradgate Unit*)

Quarter	1	2	3	4
Average Number of days	41.3	26.2	32.8	30.7

Community Services

Quarter	1	2	3	4
Average Number of days	15.3	15.3	16.4	16.8

Community services have consistently met the national target and mental health teams have significantly reduced length of stay.

What we said	What we did
Priority 4, Patient Experience: Improving Complaints We will maintain a 90% 25-day response rate and reduce clinical complaints by 10%	There was significant impact from COVID-19 on how the Trust delivered its complaints function throughout the year. During the first wave of the pandemic The Trust took a carefully considered decision, in line with national guidance, to place a pause on the complaint process to help staff focus on their frontline duties. Throughout the period of pause, the Complaints Team continued to work with anyone wishing to raise concerns to try to seek informal resolution in the first instance and, where this was not possible, their concerns were formally registered.
How we monitored it The Complaints Team implemented a revised complaint management document which emphasises the requirement and needs of the complainant but equally as important learning and action planning. There have also been changes to improve the link between the concerns in the complaint and patient safety; this has been further supported by the attendance from the Complaints Team at the Weekly Incident Review Group. The introduction of Complaint Clinic's has seen an improvement in the management of complaints and the quality of final response letters. The clinics are facilitated by the Director of Nursing, Quality and AHP's and supported by the Lead Nurse for Patient Safety and Complaints Manager.	**How we measured it** In quarter 3, the Trust delivered two further virtual Complaint Clinics which shared best practice on response writing and identifying learning from complaints. Further support was provided to directorate staff with their complaint investigations in light of the second national lockdown and the associated pressures on service delivery. 54 complaints were formally registered between October-December 2020. 54% of complaints were responded to within the timeframe agreed with the complainant of which 66% of those complaints were within 25 working days 84% of complaints formally registered were acknowledged within 3 working days 2 complaints where referred to the Parliamentary and Health Service Ombudsman where they were formally investigated. Of those complaints, one was fully upheld, and one is awaiting a decision. Between October-December 2020 the Trust saw a significant reduction in the number of complaints formally attributed to the medical profession. There were 10 complaints formally registered in comparison to 37 medical complaints in the previous quarter. This equates to 19% of all complaints formally registered in the quarter.

What we said	What we did

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.
	National FFT collection was suspended in March, resumed in September 2020.
	
	NHSE suggested looking at other methods of collecting feedback which we did in LPT. Local surveys have been used in some service areas during this time to ensure patient experience continued to be collected, this included:
	
	    • Virtual Appointments
	
	    • Central Access Point
	
	    • Mental Health Urgent Care Hub
	
	    • Podiatry Service
	
	    • Community Nursing hubs
	
	The Family and Friends Test [FFT] question, "How likely are you to recommend our services to family and friends?" was changed by NHS England in September 2020 to; "Overall, how was your experience of our services?"
	
	NHS England/Improvement have advised that Trusts only collect data where they feel it is safe and appropriate to do so, focus is on collecting what we can and acting on what we hear.
	
	Implementation of the new FFT system continues. All inpatient services were brought online at the beginning of December 2020 and are collecting FFT through an App on iPads allocated to services.
	
	Roll out of the SMS system in community services had been delayed due to issues in terms of data quality and the move from Rio to SystmOne for AMH services. The 'go live' date for SMS collection was February 2021.
	
	Some FFT data has continued to be collected during Q3, with some wards testing out and using the new FFT question and additional patient experience questions which we co-designed with patients earlier in the year.

How we monitored it	How we measured it
Early data from the FFT implement in inpatient wards demonstrates that patients are reporting a positive experience of their treatment with the Trust.	National reporting requirements for FFT for Mental Health and Community Trusts commenced in February 2021, with reporting of data collected from December 2020.

Our Staff and Culture

Staff Survey Results

Our staff survey results for 2020 saw significant improvements in our staff engagement, morale and a culture of safety. Even though it has been an incredibly difficult year for our staff, they have reported feeling listened to. This reflects the ongoing improvement journey of LPT and the value we place on our workforce who have worked so incredibly hard under such challenging and unique circumstances this past year. We know we still have more work to do including ensuring staff feel they can deliver the quality of care they aspire to and that we continue to embed our leadership behaviours framework into practice. Further information on our staff survey results can be found in our Annual Reports and Accounts.

Change Champions

Our cultural programme – Our Future Our Way, which is focused on Leadership, Inclusion and Culture continues with the longstanding enthusiasm and passion of our Change Champions. This year they have delivered our new Leadership Behaviours for All training across the Trust. Our new leadership behaviours have also now been built into our appraisal system and staff are already feeling the benefits of having focused development conversations that consider performance, health and wellbeing, career aspirations and objectives for the year ahead. We have started working on our improvement areas of 'Meaningful Data', 'Compassionate Policies' and 'Blame-free culture'. We are looking forward to evaluating the impact of the improvements we have made with our people in 2021. Alongside this evaluation, we will also be asking staff what their challenges, areas for concern in relation to leadership, inclusion and culture are and identifying new areas for improvement, to make LPT a great place to work and receive care.

Our leadership behaviours are:

Valuing one another

Recognising and valuing people's differences

Working together

Taking personal responsibility

Always learning and improving

Freedom to Speak Up

Leicestershire Partnership NHS Trust is 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. 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. The Trust actively encourages people to speak up if they have any concerns about anything that get in the way of providing safe and good care. Even when things are good, but could be even better, we should feel able to say something and should expect that our suggestion is listened to and used as an opportunity for improvement.

The national contract specifies that all NHS Trusts are required to have a nominated Freedom to Speak Up (FTSU) Guardian. The FTSU Guardian role specifically supports the national drive for positive cultural change by giving workers the freedom to speak up and raise concerns so that this becomes business as usual for all NHS staff.

Staff across the whole work force are actively encouraged and enabled to speak up about their experiences or raise concerns through a variety of routes, for example
Directly to their line manager, senior manager or member of the Executive team
- Freedom to Speak Up Guardian
- Human Resources
- Occupational Health services
- Staff-side and Union Representatives
- Staff Network Support Groups including -
- Black, Asian and Ethnic Minority Network (BAME)
- Mental and Physical Life Experience (MAPLE)
- Young Voices network
- Working Carers
- LGBTQ (SPECTRUM)
- Listening Ear – Chaplaincy Service
- AMICA – counselling services
- Senior Independent Director or any of the other Non-Executive Directors

The Trust now has 27 volunteer FTSU Partners who play an important role in positively promoting the key messages about speaking up and widening the reach of the FTSU agenda.

Given the national acknowledgment of additional barriers for speaking up and the disproportionate impact of COVID-19 on certain groups of staff, it is essential that the Trusts FTSU partner network is representative of the workforce in terms of equality, diversity and inclusion and professional groups. The Trust now has representatives from all staff support networks (BAME, MAPLE, Working Carers, SPECTRUM and LPT Young Voices) and has partners in a variety of services and disciplines including physical health and mental health teams (nurses and Health Care Support Workers), Allied Health Professionals and administrative roles across the breadth of the workforce.

The Trust's Freedom to Speak Up: Raising Concerns (Whistleblowing) policy describes how staff can speak up and identifies contact details for relevant support routes including confidential email address for the FTSU Guardian and the option to 'speak up' anonymously using the Trust Feedback number. The policy also publishes the contact details for other external agencies such as Care Quality Commission, specific professional bodies and national helplines. The policy and additional advice and guidance on speaking up (including downloadable leaflets and posters) are available on the internal intranet site StaffNet.

The role of the FTSU Guardian is to offer independent, impartial and non-judgemental advice and/or practical support where requested to those that want to speak up. The service is promoted widely through, internal communication routes and different media including eNewsletters and bulletins, social media (Facebook and Twitter) and posters across Trust sites. The Trusts commitment to 'making speaking up business as usual' and the role of the FTSU Guardian 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.

Part of the role of the Freedom to Speak Up Guardian is to ensure that staff receive feedback on how their concerns are being addressed e.g. who is conducting the service review or investigation, what they found and what, if any, subsequent actions are being taken recognising confidentiality issues as appropriate. Feedback can be verbal or via email and given either by the FTSU Guardian or by the relevant senior manager. Feedback is seen as a significant aspect of a learning and improving culture and therefore the ongoing response when someone speaks up supports the development of trusting relationships and builds confidence in the speaking up process.

Ensuring that people who speak up do not experience detriment is a central commitment of the Guardian's role and staff are regularly reminded that they should not tolerate any negative consequences of their speaking up. 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. When a case has been closed, we take the opportunity to ensure that the staff member does not feel they had suffered detriment as a result of raising their concern, and we asked them - 'Given your experience, would you 'speak up' again". This information is included in the quarterly data submissions to the National Guardians Office. To date the FTSU Guardian has not received any reports that staff feel they have suffered detriment as a result of speaking up.

As seen in the table below there is an upward trend in the numbers of staff that are contacting the FTSU guardian highlighted in the year on year comparison. There has been a significant increase in concerns raised through the FTSU process in the first 3 quarters of 2020-2021 which suggests an increasingly healthy culture where staff feel safe and able to speak up.

FTSU Activity

	Q1	Q2	Q3	Q4	Total
18/19	21	21	14	25	81
19/20	19	31	32	37	119
20/21	44	42	41		127
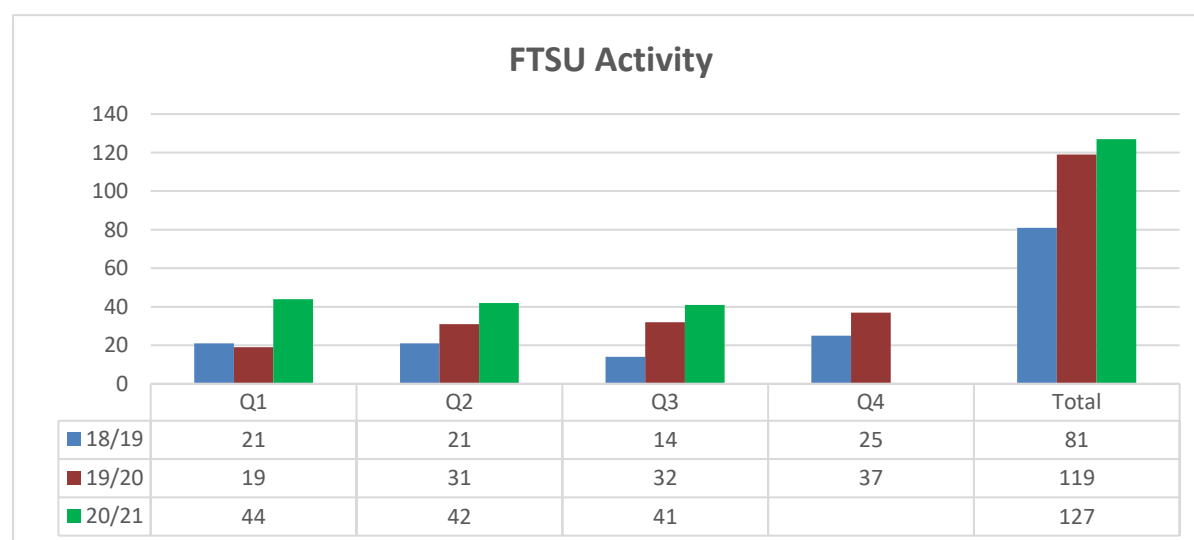
The Trust has prioritised reducing incidents of bullying, harassment and abuse towards our staff through the 'Our Future, Our Way' culture programme This piece of work involves collaboration between clinical, patient safety teams, Human Resources, Organisational Development and Freedom to Speak Up to embed key messages and best practice.

Publication of the co-produced statement of Leadership Behaviours offers clear guidelines relating to our Trust Values and the expectation to demonstrate positive behaviours at all times. The current Anti-Bullying and Harassment Policy has clear guidelines in relation to Bullying, Harassment and Victimisation and identifies where staff can obtain support and advice about informal and formal processes.

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.

We have recently recruited a new 'guardian of safe working hours' to represent and resolve issues related to junior doctors working hours. This role works independently to the Trust and is subject to 62 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.

A number of measures have been put into place, in consultation with the Specialty Registrar (StRs), to ensure StRs remain safe whilst working on call. Next day compensatory rest is provided to address rest breaches and hotel accommodation is available if a doctor feels unsafe to drive home after an on-call duty.

StRs have created a small group to work with the Director of Medical Education and the Trust Mental Health Act Assessment Lead to resolve issues. Although on call duties are very busy, StRs welcome the training the shifts provide

Patient Experience and Involvement

As we enter the third year of our three-year delivery plan, we have now laid down our foundations for high quality, sustainable and influential patient and carer involvement. This proactive 'Patient Experience and Involvement Delivery Plan' sets out our approach to delivering our Patient Involvement priority, it is designed to ensure we deliver continuous improvement in patient and carer involvement and experience of care delivered by the Trust.

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

Our approach has been to work collaboratively with our patients, carers and staff, recognising the lived experience, knowledge and skills that individuals can offer. In order to build capacity and capability across the Trust we have developed our framework for involvement.

Examples of how we are developing our Framework for Involvement

- Co-designed a pathway for service user/carer involvement, which includes an 'Expression of Interest' form, and 'Skills Audit' in order to match people to projects as well as enabling us to get to know people beyond their conditions.
- A registration process in order to sign up to our service user/carer network
- Creation of a new Involvement leaflet in order to grow the network for involvement purposes
- Patient representatives in Our Future Our Way project

- Co-created a Trust Involvement Charter which encompasses how staff and service users/carers will work together, as well as a code of conduct which is underpinned by the Trust values of Trust, Respect, Integrity, and Compassion
- Co-creation of an 'Activity Brief and Agreement Form'. A signed agreement between the service and individual involved, outlining the level of commitment, agreed role description, and type of reward/recognition offered.
- A working group establishing patient-led questions, value statements and scenarios to be used within recruitment processes. These questions will be based on the new behaviours' framework for the Trust.
- Reward and Recognition policy created from best practice and informed by active engagement and individual feedback. Currently in consultation
- Twelve patients and service users have taken part in our first Patient and Carer Leadership Programme. The aim of the programme is supporting our patient and carers leaders to develop their skills and confidence in their involvement roles. Planning is now taking place for these individuals to work more collaboratively alongside staff.
- Co-designed our "Introduction to Involvement" workshop. The workshop is offered to everyone who signs up for involvement with the Trust. The sessions which have been designed with our involvement network members include:
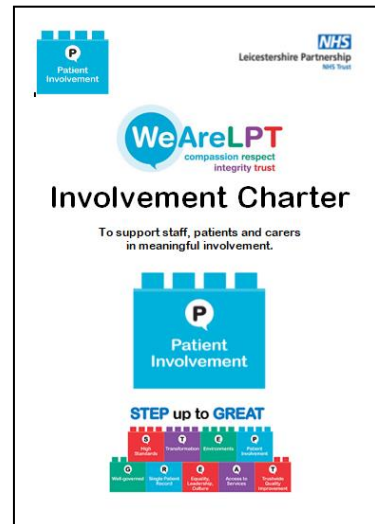
Introduction to Involvement	Strategic Workshop	Recruitment Training
Working together as equal partners	Setting out local and national context	Recruitment & selection process
LPT's Involvement Framework	An introduction to the NHS	Job description & person specification
LPT's Involvement Charter	How does the NHS in England work	Interview questions/presentation
Confidentiality agreement	Integrated care systems	Types of involvement in recruitment
Skills, Experience, Needs & Interests form	What is 'Step up to Great'	Confidentiality
Support & training we offer	Support LPT can give you	Do's and don'ts of interviewing
Reward & recognition policy		Recording/scoring the interview

Examples of Involvement from across the Trust

- Representatives from the service user and carer network have worked collaboratively with staff in to co-produce and design LPT's Mental Health and Wellbeing Workbook. The workbook is aimed at those who maybe struggling throughout the Covid 19 pandemic aimed and includes service users/carers, staff and the people of Leicester, Leicestershire and Rutland. The book is available in a range of languages.

- Learning Disabilities Talk and Listen Group - The Talk and Listen Group comprises of 15 people with Learning Disabilities who provide advice and consultation to

services or individuals on the best ways to involve and provide services for People with Learning Disabilities. They meet monthly and are supported by Speech and Language Therapist Team.

- The Eating Disorder team have worked in collaboration with young people from the inpatient unit, along with young people who accessed group work at Artemis House, in order to design a Moving On Booklet, to support young people when being discharged from the service. The booklet will include key information to support safe/smooth discharge, wellbeing and personalised helpful information to reflect on post CAMHS interventions. 70 copies have been professionally printed to trial across CAMHS with various teams to understand how useful they are across the services, with a view to adaption, if required.

- On the Agnes Unit, which is our inpatient facility for people with a Learning Disability it was identified that patients required a new format in order to share their views. This has included, but is not extensive to, the implementation of the 'My Voice' document on all pods so that patients are able to organise their thoughts in preparations for meetings, whether that be weekly ward rounds, a review, or as an opportunity to provide general feedback to the service. Meetings now also start with the patients views at the core of the agenda, if this is not appropriate the family's views are included. Previous meetings were organised where patients joined in at the end of the meeting, whereas starting with the patients views at the beginning, generally enables patients to be more involved in the decisions about their care and treatment.

- In our Mental Health Services for Older People virtual carers forums are in place for those who care for patients staying at the Bennion Centre.   The service have also set up a group of for grown-up children who have parents on our wards as it was identified that there was no support available for this group, This has been well received by those who attend and addresses a gap in support for those family members who are not direct carers but who have family members in our services.

Ensuring Service-users are involved in planning their care

The Trust has relaunched the monthly virtual Recovery and Collaborative Care Planning Cafes The cafes are a shared space for staff, service users, carers, and VCS groups to come together around the collaborative care planning, and the mental health recovery concept of CHIME (Connectedness, Hope, Identity, Meaning and Empowerment), with each café being themed around a CHIME concept. You can find out about the history of the cafes via this link; https://www.leicspart.nhs.uk/wp-content/uploads/2020/11/What-are-the-Recovery-Cafes.pdf

We have continued our work on collaborative care planning by:

- Delivering a trust wide learning set with clinicians on continuously improving collaborative practice and embedding recovery orientated practice.
- Delivering work based collaborative care planning learning sessions and a set of CHIME conversational tools for clinicians.
- Working with De Montfort University and our commissioners to deliver 'Strengthening Conversations for Change Course' for 120 district nurses, police, and social workers virtually.
- Evaluating our 'Strengthening Conversations for Change' Course with our partners.
- Implementing a collaborative care planning peer review tool using an Audit Management and Tracking system (AMaT) to enable monitoring of care planning standards.
- Co-producing with clinicians and service users the collaborative care planning clinical screens on our electronic patient record now live on SystmOne.

Accreditation Schemes

Accreditation brings together key measures of nursing and clinical care into one overarching framework that helps to assess the quality of care on a ward, unit or team level.

Our Community Health Services, in-patient wards had started a programme of internal accreditation with excellent results in 2019/20. This year we have further developed our accreditation tool and process to enable an internal programme of Quality Accreditation. This will assess quality across all clinical areas, starting with in-patients and progressing to community services reflecting the High Standards work within our Step up to Great Strategy. The new tool and process have been piloted on Heather Ward (May). Two further wards have completed the accreditation process, Coleman Ward (September) Bosworth Ward (October) and both wards achieved a silver rating. Covid-19 impacted on the continued delivery of the internal and external accreditation programmes. However, we are looking forward to recommencing this work in 2021/22.

WeImproveQ

'WeImproveQ' is the Trust wide Quality Improvement Programme which was launched in November 2019. It is aimed at continuing to improve the quality and experience of those people who use our services. This has been developed and implemented as part of our 'Step Up to Great Strategy'. 'WeImproveQ' has been co designed and developed with staff and resulted in a programme based on 6 key principles;

1. One Shared Approach,
2. Knowledge and Skills
3. Working in Partnership
4. Sharing Good Practice
5. Continuous Improvement
6. Using data for measurement.

Our staff told us that they need to feel equipped with the 'skills, knowledge and resources to learn about QI and making their own improvement projects happen' .We are doing this through establishing our Improvement Knowledge Hub (IKH) which is made up of a 'IKH core' team and a network of IKH Advisors and QI Champions. Clinical Audit is still a key function of the team's programmes of work to fulfil our statutory requirements and has been enhanced by the WeImproveQ quality improvement principles. Our progress against the 6 principles is detailed below.

1. **One Shared Approach**

We have continued to train our staff in 'one shared approach' through the NHS Improvement Model using Pan, Do, Study, Act (PDSA).

2. **Knowledge and Skills**

We are helping our staff learn about and apply quality improvement skills to apply the NHS Improvement Methodology through our work based learning programme and developing a community of QI practice.

Progress in 20/21 includes:

- Adapting our work-based learning QI programme 'Qi in a Box' into a virtual learning format delivered during the Covid pandemic. The 60-minute QI sessions were piloted between September and December 2020 resulting in 12 sessions being tested and 104 staff completing. The initial evaluation and learning from feedback has resulted in recommendations for strengthening and refining the sessions. We have launched a full 12 months training launched in January 2021-January 2022.
- We have continued to support two electronic systems, *Life QI* and an *Audit Management and Tracking System* (AMaT) which also help our staff to learn how to apply the 'One Shared Approach' to QI and strengthen our knowledge in Clinical Audit and application of NICE quality standards.
- We have 95 registered QI projects delivering quality improvement work across a range of services and 212 license users of Life QI across LPT to date
- Our partnership approach to developing QI in Leicester, Leicestershire and Rutland (LLR) through the LLR Academy launched a QI Masterclass series on the 16th February 2021 and welcomed Don Berwick as our first guest speaker.

3. **Working in Partnership**

We are committed to working with partners as a co-productive approach with families and service users is important at all stages of designing, developing and implementing quality improvement. There is a focus on recovery and living well with conditions in all of our QI work.

In 20/21 we have;

- Increased our service user and carer involvement up by 100% with 28 projects.
- Strengthened our network of IKH Advisors in QI across the trust. Our network of QI champions is also growing every day and supports the continued development of WeImproveQ.

4. **Continuous Improvement**

We already have some fantastic examples of quality improvement and can evidence this through our LifeQI system where we record these. We will showcase these improvement stories and what we have learned every year at our LLR Academy partnership QI conference. Unfortunately, this year our showcase conference was cancelled due to the pandemic.

5. **Sharing Good Practice**

Through our learning sets and communities of practice, we have shared evidenced based approaches and good practice across the trust through having conversations about learning

about QI in practice in the real world with our staff, service users and carers.   Our software system LifeQI also supports this learning and sharing of good practice through a national online community sharing their QI projects and stories.

6. Using Data for Measurement

We are developing our use of meaningful data to help staff find ways to measure and track progress with their quality improvement projects. Based on a self-assessment scale developed by the Institute for Healthcare Improvement (IHI), we ensure that QI projects have progress scores which allow LifeQI users to track their improvement projects progress over time. This rate of progression is particularly useful when we are looking at a collection of QI projects at a programme, collaborative or organisational level.

Our Summary Statement

The Quality Account has presented an overview of the quality of our services including the statutory reporting requirements. In spite of the challenging year, we have continued to work hard to achieve our vision of '*Creating high quality compassionate care and wellbeing for all*'. Our Step up to Great Strategy continues to be the driving force to achieve this. We are proud of the values and leadership behaviours that have been demonstrated by our workforce in response to the COVID-19 pandemic and these will continue to be important as we focus on recovery as part of the community of Leicester, Leicestershire and Rutland.

Annex 1: Glossary

Adult Mental Health Services (AMH)

This is the division which provides adult mental health 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, labour-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 (CHS)

This is the division which provides inpatient community services and community services.

Department of Mental Health Services (DMH)

This is the division which provides adult and older persons mental health services.

Families, Young People and Children's Services (FYPC/LD)

This is the directorate which provides services to families, young people and children and Learning Disability Services.

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.

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).

POMH

Prescribing Observatory for Mental Health

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.

SystmOne

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 2020/21 and supporting guidance Detailed requirements for quality account 2020/21

• 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 2020 to March 2021

– Papers relating to quality reported to the board over the period April 2020 to March 2021.

– Feedback from commissioners dated May 2021

– Feedback from local Healthwatch organisations dated May 2021

– Feedback from overview and scrutiny committee dated May 2021

– 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 2020

– The latest national staff survey March 2021

– 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: 9th June 2021..Chairman

Date: 9th June 2021..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 2021

The Health Overview and Scrutiny Committee accepts that the Leicestershire Partnership NHS Trust (LPT) Quality Account for 2020/21 is a fair representation of the Trust's work over the past year. The Committee recognises that it has been an exceptionally demanding year for LPT due to the Covid-19 pandemic and thanks all LPT staff for their work and dedication during this difficult period.

The Committee has in the past raised concerns regarding leadership at LPT and it is reassuring that the management situation at LPT is now more stable and there is a greater emphasis on nurturing and developing leaders throughout the Trust. The Committee has raised concerns about the health and wellbeing of NHS staff during the pandemic and it is pleasing that the introduction to the Quality Account from Angela Hillery makes it clear that this is a priority.

The Committee is pleased that all CQC regulatory notices relating to LPT have been removed. The Step up to Great strategy which addresses the nine key priorities identified in the previous warning notice is welcomed and the Committee looks forward to receiving updates on progress with the strategy.

It is right that LPT has kept the CQC updated with progress of its improvement journey, though the Committee notes that due to the pandemic the Care Quality Commission have been unable to carry out an on-site inspection of LPT so would be unable to gain as accurate a picture of the Trust's performance as in previous years.

The Committee congratulates LPT for the many awards it received over the year and it is commendable that the Trust has continued to be innovative during the pandemic.

With regards to the new Central Access Point the Committee is pleased to hear that a 'no wrong front door' policy is in place which means that a patient will never be turned away and told to present elsewhere. The Committee is aware that a campaign has taken place using social media to publicise the Central Access Point phone number but believes that further work is needed to increase awareness.

The Quality Account states that during the pandemic telephone and video consultations have been held with patients where clinically appropriate. The Committee applauds LPT's efforts to maintain a service during the pandemic but has

concerns that serious issues with patients could be missed using these methods of communication which would have been picked up during face to face consultations and hopes that LPT has been monitoring the impact of this change in service delivery method.

The Committee is surprised that the Quality Account makes little reference to the Bradgate Unit and the plans to cease the use of dormitory accommodation at the Bradgate Unit. The Committee has raised concerns that these plans would reduce the overall number of beds at the unit, but received reassurances from LPT that the process would be managed in a phased way and there would be no sudden drop off in bed numbers. It is also surprising that the Quality Account makes little reference to CAMHS and the Beacon mental health facility for young people at Glenfield Hospital which welcomed its first inpatients in November 2020. These new facilities could have an important impact on the performance of the Trust.

Over the last year the Committee has taken a particular interest in the experiences of patients with learning disabilities and the Quality Account makes some reference to this issue but could go further. The disparity in outcomes for patients with learning disabilities is concerning.

The Committee welcomes the priorities for 2021/2022. Bearing in mind the nature of the pandemic it was timely that Improving Hand Hygiene was a priority for 2020/21 and logical that this is again a priority for the coming year. Reducing length of stay in hospital continues to be an important challenge for the whole of the health service therefore it is appropriate that this remains a priority for 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

Leicestershire Partnership Trust quality Account 2020-2021

Statement from Healthwatch Rutland

We are grateful to Leicestershire Partnership Trust (LPT) for giving Healthwatch Rutland the opportunity to comment on the draft 2020/2021 Quality Account.

Healthwatch Rutland now regularly meets with key senior staff members of LPT. These meetings have provided Healthwatch Rutland with the means of passing on to LPT the concerns and queries raised by Rutland people and, in turn, pass on information about LPT and the services provided to local residents. During this time we have witnessed the increasing confidence, enthusiasm and ambition for constant improvement within the Trust. This is especially so in response to the very poor Care Quality Commission ratings in 2019. The Trust has travelled a long way and we congratulate all LPT staff.

On behalf of Rutland people, we would like to thank everyone at LPT for their tremendous hard work throughout the pandemic.

The Quality Account is testament to the ongoing improvements being made; robust data collection is now being used very effectively to support a programme of constant improvement and also to identify problem areas.

We would appreciate greater detail about service provision in the community hospitals, specifically at Rutland Memorial Hospital and Melton Mowbray hospital, where services are particularly relevant to Rutland residents.

We strongly commend the continued and growing involvement of patients and family members in the activities of LPT, both in planning their care and in assuring the delivery of the Trust's objectives. Development of the People's Council and Youth Advisory Board show a strong commitment to improving engagement and involvement that we are delighted to support.

Annex 5 Stakeholder feedback

Statement from Healthwatch Leicester and Leicestershire

Healthwatch Leicester and Leicestershire has continued to have a strong and productive relationship with staff at all levels of the organisation.

Due to the pandemic, it has been a particularly challenging year for LPT. LPT have responded to the challenge very well and brought in many initiatives, including the Central Access Point for Mental Health at speed to ensure that services were not too adversely impacted. We were particularly amazed by the work that LPT put into making sure that people with learning disability got vaccinated. We would like to thank all staff on behalf of the people of Leicester and Leicestershire for the hard work they have put into managing pandemic, going above and beyond the call of duty.

LPT is increasingly engaging well its partners to deliver Leicester, Leicestershire and Rutland system approaches to health and social care. This is already beginning to result in benefits to patients and carers locally, leading to some real momentum in improving children and young people mental health services, neurodevelopmental, adult and older people and community-based services such as Home First, which is helping to keep people out of hospital.

We have also heard how LPT is working with the IAPT to work to ensure that there is a seamless service between the two. Healthwatch continues to receive feedback on this and will be keeping an eye if the bouncing around the system between providers finally ends.

The Trust has spent the last year strengthening its approach to patient and carer involvement, providing clearly coordinated and consistent approach to it. A big development within this is the establishment of LPT People's Council which operates as an independent advisory Council to the board of LPT and is led by patients and carer leaders, with representatives of local voluntary and community organisations. The Council has been established and is operating in a co-produced way and has recently selected three areas on which to focus it's attention, including Step Up To Great for Mental Health consultation, Equality, Diversity and Inclusion at the Trust and how care is personalised.

There are significant long waits for some specialist mental health services. There is a plan in place to address through the total redesign of Adult Mental Health Services, through the Step Up To Great for Mental Health programme. Helping patients recover whilst they are waiting for treatment is part of this need and must enable staff to look beyond the current very risk based approach to managing waiting lists. Healthwatch LL reviews were undertaken into two of those areas, these were a review into the changes made to Children and Adolescent Mental Health Services (CAMHS) and Urgent Access to Mental Health services. Our review into CAMHS found that there had been an improvement in reducing waits for initial assessments, however, there had been an increase in wait times for treatment. This needs to be urgently addressed and we hope that finances such as through the Mental Health in Investment Standards is prioritised towards this.

Our review into Urgent Access to Mental Health services raised concerns around access times to the Central Access Point and the need for a high-quality consistent initial treatment offer to help people recover from their urgent mental health episode. Our report highlights there is a lack of information out there around the role that other providers have in helping to respond to urgent mental health needs, with many service users and carers seeing it as a GP/LPT issue and calls upon LPT to work their partners to provide an integrated urgent access to mental health services offer. We are pleased to see LPT are now leading and being part of several provider collaboratives and we hope this leads to an improvement in those services being delivered through them. We would like LPT to work with Healthwatch to understand how the patient and carer voice will be heard within those services to ensure that they are shaped around the needs of the many different communities within them and how they can be held to account for delivery.

Comments by Mark Farmer- Board Member for Healthwatch Leicester and Leicestershire and board lead for LPT.

Annex 6 Stakeholder feedback

Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs)

We thank Leicestershire Partnership NHS Trust for the opportunity to comment on the Quality Account 20-21.

The Covid-19 pandemic brought with it unprecedented challenges and the Trust has responded effectively by providing digitally enhanced services, 24 hours urgent care hub and new wards to increase capacity.

We note the dedicated work undertaken to remove the CQC regulatory notices and all the improvement work that is continuing under the 'Step up to Great' quality improvement framework.

It has been a pleasure to see the CAMHS Beacon unit operational and our children and young people able to access this modern inpatient facility. It was also positive to note the Trust's work with the Youth Advisory Board which will ensure that the voice of children and young people will inform service changes.

We are in agreement with the quality priorities set for 21-22, there needs to be continued focus on ensuring that all ligature risks are reduced, including at the CAMHS inpatient unit and while we are in the process of restoration and reducing waiting lists, it is vital that there is risk based approach on those that are waiting to ensure there is no harm.