



Step up to great

Our Quality Improvement Plan 2019 - 2021

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Introduction

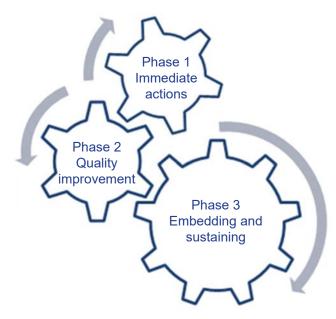
Welcome to our new Quality Improvement Plan.

This strategic plan, and the Directorate plans which underpin it, mark an important step forward for our Trust. They have been drawn up with input from our staff, patients, carers and other key stakeholders and reflect some of the things which matter most to these important groups.

They set out our ambitious plans over the next three years to deliver a longer term sustainable approach that makes sense to the front line and helps to deliver improvements in the priority areas communicated in STEP up to GREAT.

In keeping with or values we aim to use the actions set out in these plans to deliver the right care in the right place for our patients and ensure staff will feel proud to be part of Leicestershire Partnership NHS Trust (LPT).

Having focused considerable time and effort on delivering some immediate improvements and tackling some of our most urgent quality and safety issues post the publication of our CQC report, we are now seeking to move from a short term, reactive approach to quality and safety to a more comprehensive, strategic approach.



This approach will help to make a real difference for the better for our patients and support our staff in their efforts to deliver the high standards of care to which they aspire. This will be reflected within our CQC ratings at our next inspection.

Whether you are a patient, carer, member of staff or anyone else with an interest in the quality and safety of local healthcare, we hope you will find in these pages a clear statement of our intent, a strong commitment to continual improvement and a realistic and easy to follow route map of the next stages of our improvement journey.



Angela Hillery Chief Executive

Sue Elcock Medical Director

Anne-Maria Newham
Director of Nursing, AHPs and Quality

How we define quality and quality improvement

Quality must be the organising principle of our health and care service. It is what matters most to people who use services and what motivates and unites everyone working in health and care. But quality challenges remain, alongside new pressures on staff and finances.

In the past few years the NHS has had a number of inquiries that have identified poor practices and raised concerns about the quality of the services being delivered. These have been reported widely in the press and have caused the public to lose confidence in the services they may receive. Reports such as the Francis Report into Mid Staffordshire Hospital, the Morecambe Bay inquiry and the report into care at Winterbourne View Care Home are just a few.

Quality Improvement is a formal approach to analysing performance and systematic efforts to improve.

Improving quality is about continuously evaluating and iteratively improving what we do to make it better, ensuring that we do the right thing at the right time for every patient. To deliver this it is key that all staff are empowered to lead and

make improvements in their everyday work and that all performance and outcomes are measured and monitored in a systematic manner to ensure that quality improvements are made and sustained.

At Leicestershire Partnership NHS Trust we are taking an organisation-wide approach to improving quality. This can ensure that

local activities are aligned, coordinated and appropriately resourced, helping to avoid the fragmentation and duplication often associated with working only at the microsystem level. It also provides the strategic constancy of purpose, momentum and infrastructure necessary for multifaceted, cross-organisational initiatives to emerge.

What are the enablers of organisational improvement?

Translating a desire for change in an organisation-wide programme capable of delivering sustained improvements in safety, quality and experience presents a set of challenges. Through analysis of the peer-reviewed improvement literature and Health Foundation improvement programmes and publications, the enabling factors that contribute to the success of an organisational approach to improvement fall into four broad categories:

- Leadership and governance
- Infrastructure and resources
- Skills and workforce
- Culture and environment





Creating high quality, compassionate care and wellbeing for all









What the CQC said about us

What has happened so far?

The Care Quality Commission visited the Trust in November 2018 and published their findings in February 2019. Five complete services which were previously rated as requires improvement or risk assessed as requiring an inspection were inspected. The Trust was rated overall as 'Requires Improvement'.

This section provides a summary of the CQC's findings about our services. The Summary report and full CQC report can be found on the CQC website:

https://www.cqc.org.uk/sites/default/files/new.reports/AAAH7279.pdf

Overall rating: requires improvement

Are services safe?

Requires improvement

Are services effective?

Requires improvement

Are services caring?

Good .

Are services responsive?

Requires improvement

Are services well led?

Inadequate

1 Ensuring services are safe The CQC rated LPT as Requires Improvement because:

- The trust had not fully ensured that clinical premises where patients received care were safe, clean, well equipped, well maintained and fit for purpose.
- The management of seclusion documentation was poor.
- Medicines management within four of five services inspected, was unsafe and raised serious concerns.
- The CQC were not assured the trust had full oversight of risks within core services with inconsistent management of patient risk in three services.
- The trust did not comply with guidance on eliminating mixed sex accommodation in some services.
- Staffing shortages, sickness and use of agency presented issues for three services visited

2 Ensuring services are effective The CQC rated LPT as Requires Improvement because:

- Staff did not routinely complete individualised, person centred and holistic care plans for or with patients.
- Staff supervision and appraisal compliance on some wards fell below 75%.
- The trust did not provide data to demonstrate medical staff appraisal compliance.
- Not all teams had access to a full range of skilled staff to deliver treatment under best practice guidance.
- Staff did not routinely complete or record physical health checks on admission in some areas.
- Staff did not demonstrate evidence of collaborative working between wards, learning from incidents and sharing of best practise.

3 Ensuring services are caring The CQC rated LPT as Good because:

- Staff did not routinely complete Staff showed caring attitudes towards their patients and demonstrated a respectful manner when working with patients, carers, within teams and showed kindness in interactions.
- Patients and carers gave positive feedback about the caring nature and kindness of staff.
- Patients had access to advocacy services.

4. Ensuring services are responsive

The CQC rated LPT as Requires Improvement because:

- Trust oversight for access to care and treatment within four services was below expectation.
- Patients waited for long periods to access community services, bed occupancy within inpatient wards was high.
- Use of out of areas beds for acute wards for adults of working age.
- Waiting lists were considerable for specialist community mental health services for children and young people; children and young people in crisis had difficulty accessing help urgently, and carers had difficulty accessing beds in short breaks units.
- There were facilities that did not promote comfort, dignity and privacy.
- At times, services did not meet the diverse needs of those patients who used services.

5. Ensuring services are well led The CQC rated LPT as Inadequate because:

- A high number of concerns had not been addressed from the previous inspections. Significant issues with trust level governance, oversight of environments, a failure to address keys issues and a lack of pace with delivering essential improvements.
- There was a lack of an overarching strategy and vision for the Trust.
- Lack of robust governance procedures to identify and address issues in a timely way.
- Improvements were needed to how the Trust identifies and manages risk.
- Lack of a framework for co- ordinating, endorsing and therefore learning from the positive quality projects taking place.
- Limited approach to patient involvement and slow pace for implementing equality and diversity initiatives across the organisation.

What are we trying to achieve?

Our vision:

"Creating high quality, compassionate care and wellbeing for all"

The STEP up to GREAT Quality Improvement Plan is a high level document that sets out our intentions to deliver excellent care every time to every patient.

Our aim is to create a culture of continuous improvement and learning which is both patient centered and safety- focused.

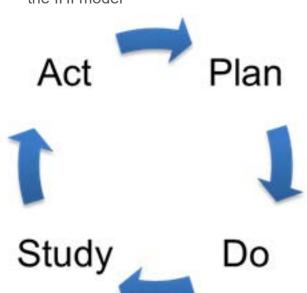
This plan will be closely linked with delivery of our clinical priorities as outlined within our Quality Account, our Clinical Quality Strategy, The People Strategy, the Care Quality Commission's (CQC) domains of safe, effective, caring, responsive and well-led and be supported by annual planning.



Our model for improvement

Trustwide model for improvement:

- Focussing quality improvement on our strategic objectives
- Diverse and engaged steering group with multiprofessional leadership
- Defined methodology: PDSA (see below)
- Single point of access for support from a virtual faculty
- Training in a tiered approach based on the IHI model



The improvement journey

Developing an organisational approach to improvement in health care is a journey that can take several years. Here are six key steps:

Assessing readiness
How ready is your organisation for improvement, in terms of its learning climate, infrastructure, governance and leadership? Tools are available to help you assess your readiness and address any gaps.

Securing board support

The board must be confident in and committed to the organisation's improvement strategy and to building the skills and infrastructure needed. A strong clinical voice at board level can help make improvement a priority.

Securing wider organisational buy-in and creating a vision
Staff at all levels need the permission and time to engage in improvement. Consider building in stages, starting with enthusiasts then encouraging others to follow.



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The improvement journey: Why organisation-wide improvement in health care matters, and how to get started

Our objectives and priorities

Strategic Objective	Priorities	
Safe Deliver safe, effective, patient centred care every time.	High Standards - Improve standards of safety and quality	High Standards
	Trust-wide QI - Implement a Trust wide approach to quality Improvement	Trustwide Quality Improvement
	Access to Services - Make it easy for people to access our services	Access to Services
Partnership Partner with others to deliver the right care in the right place at the right time	Patient Involvement - Involve our patients, carers and families	Patient Involvement
Staff Staff will be proud to work here and we will attract and retain the best people	Equality, Leadership, Culture - Improve Culture equality and Inclusion	Equalty, Leadership, Culture
	Transformation - Transform our mental health and community services	Transformation
Sustainability Ensure sustainability	Well Governed - Be well governed and sustainable	G Well-governed
	Environments - Environments will be welcoming, clean and safe	E Environments
	Single Patient record - Implement single electronic patient record	R Single Patient Record

S High Standards

High standards

We will improve our standards of care and professionalism through:

- Developing an agreed set of clinical and professional standards and values that describe what constitutes safe and effective care to ensure consistent provision of high quality care with person-centred outcomes
- Nursing standards to be linked to the NMC Code & RCN Principles of Nursing Practice and Trust clinical priorities
- Reducing avoidable harm
- Co-creating personalised care plans and risk assessments
- Establishing a Professional Practice Model, benchmarking clinical practice, professional values, practice and career enhancing clinical education, and research and innovation
- Driving continuous improvements in patient outcomes, and increase patient satisfaction and staff experience at ward and team/unit level using QI methodology

- Focusing on developing the Ward/ Team Leader role accountability and responsibilities to ensure there are systems and processes for patients to receive high standards of care
- Increasing the number of improvement programmes undertaken using a QI methodology

- Trust wide accreditation programme to monitor and improve clinical standards
- Clinical audit and clinical practice benchmarking:
 - Medicines management
 - Safeguarding
 - Care planning
 - Seclusion practices
 - Falls reduction

- Infection control
- Risk assessment
- Physical health care
- Tissue viability
- Clinical audit and clinical practice benchmarking
- Nurse sensitive indicators monthly safe staffing
- Trust training compliance report monthly
- Patient Safety Thermometer monthly
- Serious Incident Log monthly
- Number of disciplinary cases Quarterly report from Professional Standards Learning Group
- Number of referrals to the NMC/HCPC- Quarterly report from Professional Standards Learning Group
- Adherence to up-to-date evidence based policies to support practice
- Clinical care complaints and concerns

Trustwide Quality Improvement

Trustwide quality improvement

We will design and implement a Trustwide programme of Quality Improvement that equips staff with the skills and resources to drive improvements by:

- Identifying and embedding an agreed
 QI methodology across the Trust
- Training and supporting staff in acquiring QI knowledge
- Establishing a 'virtual QI Faculty' utilising the skills of staff within the organisation and linking with partners across the system.
- Agreeing and launching our QI principles
- Embedding PDSA (plan, do, study, act) as the routine QI methodology in use across the Trust during 2019
- Ensuring a single point of access for support from QI teams
- We will start training our Ambassadors
- We will standardise our governance of and paperwork for QI projects across the Trust



- Including staff surveys of knowledge of the QI principles
- Evaluation of the single point of access for QI support
- A clear training plan in place Percentage of ambassadors trained
- Evidence from directorate meetings of use of standardised governance and paperwork
- Monitoring the number of QI projects in place

Access to Services

Access to services

We will make it easier for people to access our services by reducing our waiting times through:

- Determining our priority services for waiting time improvements using a risk based approach
- Developing demand and capacity capability and a schedule of demand and capacity reviews across our services
- Engaging with our commissioners to review access targets to ensure they are safe, appropriate and deliverable
- Reviewing, amending and publishing a revised LPT Patient Access Policy
- A relentless focus on data quality improvements
- Providing the services with performance dashboards to support service level performance management
- Executive oversight through our revised performance management processes

We will ensure equality of access for all our patients by:

- Ensuring accurate and robust data collection to identify our patients diverse needs
- Reviewing this data on an ongoing basis and ensuring we make reasonable adjustments to support access to healthcare services
- Collecting and reviewing patient feedback to ensure we are listening and acting upon concerns raised

- Waiting time reports via service and directorate governance processes, executive team, performance management oversight group, FPC and Board which include:
- Our 6 national waiting time targets
- Our local waiting time targets (including CAMHS)
- Service line performance against waiting time improvement trajectories
- Patient and carer satisfaction surveys, complaints and compliments

High standards

By improving our standards of care and professionalism the expected outcomes are:

- An increase in patient and carer satisfaction with their care and experiences
- Increased learning from patient and carer experience
- An increase in patients actively involved in the care they receive
- Reduction in complaints for clinical standards of care
- Our rates of "harm free' care will increase with a reduction in harms associated with falls, pressure ulcers, Catheter Acquired Infections, medication errors and Clostridium Difficile infections
- Our mortality rates will reduce and robust Learning from Deaths process will be in place
- Our compliance rates will increase with the Trust five markers of Infection Prevention and Control

- Improved record keeping and care planning
- Reduction in practice concerns related to safe and therapeutic observations and seclusion practice
- Reduction in clinical care complaints and concerns
- Improved culture of learning and improvement to improve the overall safety of healthcare
- High level of training compliance



Trust wide quality improvement

By designing and implementing a trust wide programme of quality improvement the expected outcomes are:

- A programme of improvements in place that are delivered using a consistent methodology and are sustained over a prolonged period
- Strong clinical engagement with senior leaders driving change

Access to services

By making it easier for people to access our services the expected outcomes are:

- Improvements in achievement of national waiting time targets
- Improvements in patient and carer satisfaction surveys
- A reduction in complaints relating to waiting times and access
- Improvements in health outcomes for our patient population

Measuring for success - Partnership



Patient involvement

We will make it easy and straight forward for people to share their experiences by:

- Capturing the experiences of those who access our services where feedback is currently not proactively sought.
- Improving the way we collect feedback and make better use of alternative methods such as working with volunteers, social media and computerised systems.
- Working with our Experts by Experience to ensure we gather feedback from under-represented groups and our most vulnerable members of the community.
- Publicising where we have made changes as a result of feedback, refreshing the use of "You said...We did" posters.
- Clearly communicating the available feedback channels to those who access our services and raising

- awareness of how to pay a compliment, raise concerns, or make a complaint and how to access the Patient Advise and Liaison Service (PALS).
- Review our website to ensure it is inviting and accessible to patients

- Quarterly reports that evidence patient feedback through a range of mechanisms including Friends and Family Test (FFT), patient surveys and complaints
- Quarterly and annual report that triangulate the range of patient feedback and provide thematical reviews of patient experience, identifying trends and areas for improvement
- Evidence of implementation of action plans in response to patient experience, detailing lessons learnt and service improvement/change undertaken
- Quarterly and annual complaints reports

Measuring for success - Partnership

P Patient Involvement

Patient involvement

We will increase the numbers of people who are positively participating in their care and in service improvement by:

- Co-creating and producing our five year Patient Experience and Involvement Strategy
- Actively involving patients in decisions about their care and co-creating collaborative care plans
- Continuing our co-design approach in the development of our Experts by Experience programme
- Working closely with our volunteers to develop opportunities for involvement such as Talk and Listen volunteers
- Adopting best practice approaches to involvement and improvement such as Always Events and 15 Steps Challenge
- Creating a People's Council to discuss changes to the way we deliver services
- Ensuring there is a commitment at every level in the organisation to involve patients and carers in service improvement and design

- Exploring and trial various ways of facilitating and encouraging involvement across the organisation
- Ensuring we share great examples of where involvement is happening
- Communicating to all our staff the value, importance and expectation for meaningful involvement across all our services

 Strengthening our links with voluntary and community organisations so we can work together to involve patients and the public

- Producing a five year Patient Experience and Involvement Strategy
- Number of Experts by Experience recruited onto the EBE Programme
- Number of volunteers involved in patient experience and involvement activities
- Number of improvement programmes undertaken
- A central repository of patient involvement activities and improvements delivered
- A range of communication approaches/tools available to inform staff of the organisations ambition for patient experience and involvement
- Uptake of patient experience and involvement training by staff

Measuring for success - Partnership

Patient Involvement

Patient involvement

We will improve the experience of people who use or are impacted by our services by:

- Undertaking an organisation selfassessment using the Patient Experience Improvement Framework
- Making sure our staff have the right knowledge, skills, tools, and confidence to undertaken meaningfully involvement wherever possible
- Ensuring the Patient Experience
 Team work alongside frontline staff to translate feedback into local actions
- Creating a positive learning approach to complaints handling and ensuring complaints and compliments are shared widely
- Regularly review and report within the organisation on progress against our patient experience improvement plans and actions
- Integrating feedback from patients about their experience into governance processes and board meetings

 Evaluating our response to feedback with service users and patients to ensure that we are continually learning and improving patient experience



- Number of patient involvement and improvement projects/programmes taking place across the organisation
- Evidence of improvements/changes made to service delivery as a result of patient experience/involvement
- Improvement in self-assessment scores through the Patient Experience Improvement Framework
- Improvement in patient satisfaction captured through annual surveys and FFT feedback Improvement in CQC ratings
- Evidence of spread and adoption of patient experience and involvement approaches across the organisation

Our expected outcomes - Partnership

Patient Involvement

Patient involvement

By making it easy and straight forward for people to share their experiences. The expected outcomes are:

- A reduction in complaints
- Improved FFT (friends and family test) and patient survey scores
- An increase in the number of 'Experts by Experience' working with us
- Greater patient engagement in codesign of services
- Greater involvement of local community groups and the third sector in supporting us deliver care to our patients and community



Equality, Leadership, Culture

Equality

In Jan 2019 we worked with the national WRES team and launched our WRES improvement programme co-designing solutions with our BAME workforce to the barriers they have identified. We will encourage and improve equality, diversity and inclusion of our workforce by:

- Supporting our BAME staff to improve opportunities for and chances of career progression
- Delivering Unconscious Bias training
- Rolling out the LLR Reverse Mentoring programme
- Undertake interview skills training for the first cohort of BAME staff by the end of June 2019
- Launching a zero tolerance campaign.
- Delivering co-designed cultural competence training.
- Recruiting and training a number of BAME staff to be on interview panels by the end of August 2019
- Rewriting our recruitment policy by Oct 2019

We will measure this by:

- Numbers of staff engaging in reverse mentoring
- Performance against the WRES measures
- Staff experience ratings in the NHS staff survey

Leadership and culture

We will co-create a culture of collective leadership that engages staff and empowers them to improve the services we provide, demonstrated through:

- The five key elements which shape high quality care cultures:
 Vision and Values, Goals and Performance, Support and compassion Learning and innovation, Team work.
- In 2019 we launched the NHSi Culture and Leadership programme: The programme enables us to co-design solutions to our barriers together so that our staff feel more valued, supported and empowered. We are committed to creating an inclusive and compassionate culture that we can all feel proud of.

- Staff experience ratings in the NHS Staff survey
- Demonstrating effective leadership
- Staff retention, sickness, performance, staff experience, teamwork

Our expected outcomes - Staff



Equality

By implementing a programme to improve equality, diversity and inclusion of our workforce the expected outcomes are:

- By the end of March 2019 will have agreed key actions with our BAME workforce to improve their experience
- By end of May 2019 we will have commenced our reverse mentoring programme and our unconscious bias training
- By the end of June 2019 we will have undertaken interview skills training for the first cohort of BAME staff
- By end June 2019 we will launch our zero tolerance campaign
- By the end of July 2019 we will have delivered co-designed cultural competence training
- By the end of August 2019 we will have recruited and trained a number of BAME staff to be on interview panels
- By the end of Oct 2019 will have re-written our recruitment policy

Long term outcome measures

- Further improvement in staff experience reflected in NHS staff survey
- Improvements in workforce race equality standard WRES

Leadership and culture

By creating a culture of collective leadership that engages and empowers staff the expected outcomes are:

Outcome/Measures

Phase 1 Discovery

 Launch of the discovery phase of the culture leadership programme in April 2019, with a Board report in September 2019

Phase 2 Design

 Co-design solutions and formation of a new People Strategy between September to November 2019

Phase 3 Deliver

 By November 2019 and 2020 onwards we will launch the People Strategy, roll out solutions and embed into everyday practice

Long term outcome measures

- Further improvement in staff experience reflected in NHS staff survey
- Improved staff retention, sickness, performance, staff experience, teamwork



Transformation

We will transform our all age mental health services by:

- Agreeing a preferred new model of service delivery from the range of options co-produced with patients, carers and staff
- Agreeing the workforce and finance required to deliver the new model
- Engaging the public about the proposed new delivery model
- Testing features of the new model including trailing a newly configured and enhanced locality team in one area
- Developing a network of peer support workers, who have lived experience, to strengthen our clinical delivery teams
- Setting out a 30-month phased implementation plan with associated outcome measures

We're on a five-year journey to transform care in all our mental health and learning disabilities services, through improvements co-designed with service users, carers, staff and other stakeholders





- Delivery against the phased implementation plan which will be in place by the end of October 2019
- Measuring referrals, activity and response times Patient and carer satisfaction surveys
- At least 10 peer support workers will be visible in practice and feel capable and supported
- Seeking the views of stakeholders who refer to the service
- Staff survey and engagement score

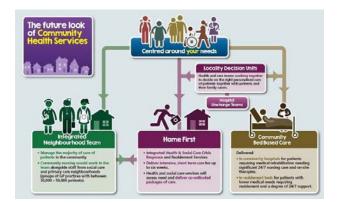


Transformation

We will implement a new modelof care in our community nursing and therapy services by:

- Reviewing the evidence base and best practice examples to give us the best chance of success
- Co-creating a new model of care which reflects the involvement of our staff, service users and local population and will ensure:
- People are managed in the most appropriate setting
 - People with long term conditions will be identified earlier and proactive care put in place to avoid exacerbation of their condition(s).
 - People are enabled to self-care within defined clinical thresholds for their long term condition.
 - People are supported to restore their health, wellbeing and independence after illness or hospital admission

- Health and social care services are available when the patient needs them.
- Peoples' experiences improve through a easy to navigate and better co-ordinated system.
- We will work with our commissioners to develop a new service specification and implement these changes during Quarter 3/4



- Patient and carer satisfaction surveys
- Attendance at primary care network MDT meetings
- Auditing patient involvement in their care plan and their goals
- Seeking the view of partners who refer to our services
- The percentage of people whose Modified Westcomes Outcome score is maintained or improves
- The number of people who die in their preferred place of death
- The number of patients with a named key worker
- Measuring our referral, activity and response times

G Well-governed

Well governed

We will ensure the Trust's positive achievement of external regulatory body inspections and introduce effective governance arrangements across the Trust to maintain ward to board understanding by:

- Developing robust corporate governance arrangements that ensure Executives, Board Committees and Trust Board have oversight of key challenges in the Trust
- Revise governance structures to improve the robustness of the information flows and establish standards to provide a consistent framework for reporting information from ward to board and from board to ward
- Strengthen and embed the risk management and assurance framework arrangement
- Introduce revised Trust performance management arrangements including a revised accountability framework



- Ensuring all our frameworks keep the organisation safe for patients and are working effectively and efficiently
- Achieving significant assurance opinion from internal audit
- Testing our governance arrangements to ensure that they are fit for purpose and support delivery of the Board's strategic objectives
- Monitoring and managing the delivery of our quality improvement programme



Well governed

We will ensure the Trust's positive achievement of external regulatory body inspections and introduce effective governance arrangements across the Trust to maintain ward to board understanding by::

- Scoping the introduction of a central corporate governance office
- Creating a supporting structure that develops a culture of learning across the Trust
- Continue to develop Ward to Board activity
- Introducing changes to the leadership and operational structures
- Providing additional governance training for officers and staff in key areas
- Ensuring the key internal control mechanisms are operating effectively and are reported through the governance structures

- Ensuring all our frameworks keep the organisation safe for patients and are working effectively and efficiently
- The visibility of the Executive and Non-Executive team to Trust staff
- Achieving significant assurance opinion from internal audit
- Testing our governance arrangements to ensure that they are fit for purpose and support delivery of the Board's strategic objectives
- Monitoring and managing the delivery of our quality improvement programme



Well governed - stakeholder engagement

Together with our Leicester, Leicestershire and Rutland (LLR) partners and stakeholders we will develop the LLR Integrated Care System (ICS) by 2021 by:

- Co-producing the LLR ICS plan with our Health and Social Care partners
- Developing the LLR Health System Plan in 2019/20 alongside that of the Trust
- Playing our part in delivering the overall financial control total for the LLR health system
- Developing the LLR long term plan to ensure the clinical and financial sustainability of our wider system
- Developing, with our partners, the architecture and governance arrangements that allow us to operate as an ICS, in the interim and in the long term



Better care together

Leicester, Leicestershire & Rutland health and social care

- Production of an LLR ICS delivery plan
- Production and delivery of the LLR plan for 2019 including the system financial control total
- Production and agreement of the LLR long term plan
- Production and agreement of the ICS governance arrangements



Well governed - financial sustainability

We will deliver our statutory financial duties and financial plan by:

- Devolving clinical service revenue budgets to our divisions for delivery.
 Corporate budgets will be devolved to our enabling directorates
- Developing and implementing a cost improvement programme with clear and clinically agreed quality impact assessment
- Developing and implementing a capital programme that meets the requirements of our CRL (capital resource limit) and supports of estates and IM&T requirements

To progress these priorities in 2019/20 we will:

- Set and agree a financial plan which is aligned to our overall Trust plan.
- Develop an approach to future efficiency and effectiveness which is fully aligned to our quality improvement priorities and informed by our current performance against national requirements or benchmark



- Monitoring delivery against our financial plan on a monthly basis
- Monitor our efficiency and effectiveness against national benchmarks (e.g. GIRFT and Model Hospital)
- Production of a QI enabled efficiency strategy



Environment

We will improve the quality of our buildings and ensure they are safe clean and welcoming by:

- Eliminating all dormitory style accommodation in our acute and older peoples mental health inpatient and replace with en-suite single rooms by 2030
- Developing a business case for an interim solution
- Ensuring mitigations are in place to manage privacy, dignity and safety in the existing dormitory accommodation
- Ensuring all buildings are maintained to appropriate standards of safety and cleanliness
- Enhancing the efficiency and effectiveness of our estate and our estate management and governance arrangements

To progress these priorities in 2019/20 we will:

 Refresh our estates strategy to ensure it meets the current and future needs of our patients

- Develop the Strategic Outline Business Case for the replacement of our adult and older peoples mental health beds
- Ensure that our estate backlog maintenance programme is prioritised to meets the needs of our most high risk areas
- Continue to rationalise the estate
- Review our facilities management arrangements to ensure that our estate remains clean and safe on a day to day basis

- Producing a revised estates strategy which will be presented to the Board in September 2019
- Producing a Strategic Outline Business Case which will be approved by the Board and submitted to NHSi in September 2019
- Timely delivery of our estates backlog maintenance programme
- Achievement of our milestones for the building of the new CAMHS inpatient unit on the Bradgate site
- Ensuring facilities management response times and escalation processes in line with national expectations Ensuring facilities are in line with infection prevention and control national requirements
- Ensuring cleanliness scores are in line with national requirements
- Monitoring the number of sites we manage



Single electronic patient record

We e will improve patient care through a single electronic patient record by:

- Delivering the Single Electronic Patient Record project plan by ensuring there are adequate resources in line with the plan and that there is robust project management.
- Facilitating all staff to access one electronic patient record across LLR and that staff are trained accordingly.
- Facilitating more effective and responsive communication between clinicians and between primary and secondary care services



- Meeting the key milestones within the detailed project plan
- Safe transfer to one electronic patient record
- The production of a benefits realisation project review post completion

Our expected outcomes - Sustainability

Transformation



Well governed



In transforming our all age mental health services and a new model of care in community nursing and therapy services, the expected outcomes are:

- Development of models of care that enables the Trust to better manage capacity and demand
- Improvements in achievement of national performance standards
- Improvements in key quality indicators
- Improved patient satisfaction
- Improved staff recruitment and retention

By positive achievement of external regulatory body inspections and introducing effective governance arrangements across the Trust, the expected outcomes are:

- Improvements in CQC ratings for the Well-Led domain
- Achievement of a significant assurance opinion from internal audit
- A reduction in the emergence of unknown risks across the Trust resulting in harm to patients or staff
- Full compliance achieved with regulatory requirements
- Greater ownership and understanding of governance throughout the organisation from Board to Ward

In delivering our statutory financial duties and financial plan the expected outcomes are:

- A reduction in risk to the quality of care we deliver by ensuring services are delivered in the most efficient and effective way.
- Achievement of all statutory financial duties survey

Our expected outcomes - Sustainability

Environment



Single electronic patient record



By improving the quality of our buildings and ensuring they are safe, clean and welcoming the expected outcomes are:

- The risk of harm to patients is reduced
- Patient satisfaction will be improved
- Staff satisfaction at work will be improved
- Privacy and dignity for our patients is improved.
- The risk of breaches of health and safety regulations is reduced
- The Trust will meet all IPC regulations and best practice
- Environmental audit results will improve
- The delays in backlog maintenance will be reduced

Through implementing a single EPR the expected outcomes are:

- Patient safety incidents will reduce through the provision of better real time information
- Staff satisfaction will improve due to the provision of patient information via a single format
- Communication between the Trust and external health partners will improve thus reducing patient risk

Governance

Each Directorate will develop a **directorate improvement plan** which will be the vehicle to deliver the priorities within this Strategy, however these will be localised to the issues and ambitions of each Directorate. Each plan will be developed with the Directorate leadership team and will include all of the improvement plans required to deliver the Directorate business plan.

The Directorate Improvement plans will be the **single plan** that will draw together and monitor all action plans across the Directorate. Within each ward and department there will be a lead who will own their local plan as the single plan to deliver all quality improvements in their area.

The Directorate improvement plans will be managed through the **monthly performance review process** and will be reviewed formally at a monthly Trust **Quality Improvement Board**.

The plans will be led at ward and department level by **clinical and operational leaders who are responsible for quality** in their area as part of their leadership role.

Each Directorate will support their clinical and operational leaders to design and deliver local improvement plans. This will **involve engagement** of ward and departmental teams.





If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.

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