



Leicestershire Partnership
NHS Trust

Step Up To Great Update

Trust Board
20 August 2021



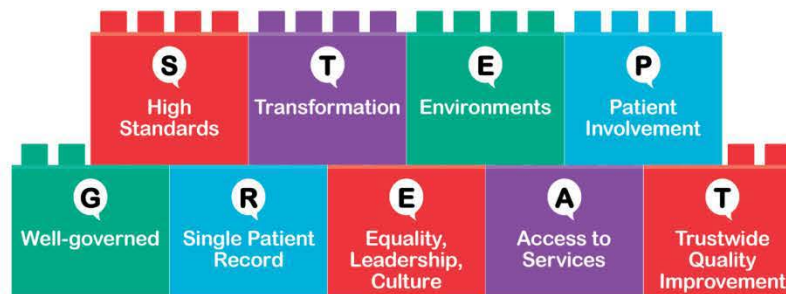
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“Creating high quality, compassionate care and wellbeing for all”



STEP up to GREAT



Introduction

This report provides an update on progress with the Trust's Step up to Great (SUTG) strategy.

Due to the work to develop a refreshed Trust strategy and the significant impact of COVID-19 on the Trust's work, we focused this report on capturing;

- how we have responded to the key delivery elements of “preserving life” during the COVID-19 major incident
- how the strategy refresh will pull through the priorities which require further time to deliver and embed.

High Standards

Improve standards of safety and quality



Progress & Update

1. Priority continues to be on ensuring infection prevention control measures in response to COVID-19.
2. Weekly Clinical Reference Group being delivered to support clinical oversight of recovery and clinical decisions for the Incident Control Centre (ICC) and clinical leadership in ICC.
3. Hand hygiene audit improvement programme continue to be delivered- data reported via Quality Forum.
4. Workstreams for pressure ulcers, deteriorating patient adapted in light of COVID -19.
5. Falls programme working well and ongoing improvement to be embedded in business as usual governance frameworks.
6. Accreditation has recommenced with Ashby Ward, Aston Ward and Stewart House (mental health wards).
7. Audit Management and Tracking (AMaT) tool is in use for seclusion and is being reviewed to strengthen quality oversight of seclusion processes.
8. Weekly cross directorate virtual meetings continue to be delivered for 'Foundation for Great Patient Care' to enable focused discussion and development on ensuring the organisations meets the CQC standards. This meeting is currently being refreshed.
9. New workstreams have been set for 2021/22 in line with priority quality improvement areas in nutrition, self harm & ligatures and continence.

Progress & Update

- 1. Ageing Well** : Recruitment commenced to support 2 hour/2 day response with September start dates for posts. Baseline data to be established by September. Action plan revisited once baseline data established. Also by September we will have completed the mapping of clinical criteria for nursing and therapy and move to consistency of approach with partners.
- 2. Community Services Redesign Phase 2** : Community Hospitals – CHS have agreed single bed base offer through system working group and Key Performance Indicators are being agreed.
- 3. Integrated MSK Therapy Services** : On hold through COVID – this is part of our system recovery and reset and form a focus within the LLR design groups that drive the work of our system transformation work.
- 4. Cardio Respiratory redesign** : Tele-health virtual ward offer plans being stepped up for Autumn for acute cardio respiratory patients to support step up and step down. Funding agreed and recruitment under way.
- 5. Discharge** : Engagement with voluntary sector to support increase in people being discharged from hospital on what is known as “Pathway 0”. These are patients who are able to return to their usual place of residence (including care home). Patients on this discharge pathway are fully independent (require no additional support) or are able to restart their existing service. 2 care home beds have also been set up to support rehabilitation and return home for other patients. Community Home First triage of inpatient discharges, supporting UHL Discharge Collaboration to ensure an integrated triage offer. Dedicated ambulance to support pre 12.00 and 5.00 discharges from UHL to LPT community beds.

Transformation – Mental Health (MH)

Transform our mental health services



Progress & Update

1. Created a new Mental Health Urgent Care Hub for all ages at the Bradgate site to stream individuals away from the Emergency Department and create a space for assessment and support in a physical environment
2. Created a new Central Access Point (CAP) for mental health and learning disabilities to provide 24/7 direct access for members of the public, service users and professionals. This allows people to refer for urgent triage, signposting and, if required, leads to further assessment and treatment. The CAP also includes a new centralised triage of non-urgent adult mental health referrals (predominantly coming from GPs) to better support people into the right support first time.
3. Step up to Great Mental Health - Transformation programme public consultation launched and ran for 3 months closing August 15th. Over 60 public events including wide range of groups BAME/faith groups/approx. 4000 individual inputs to consultation. The Commissioning Support Unit will deliver the LLR independent summary of the consultation in October. Work streams underway and delivering on core aspects re all 4 components of SUTG MH i.e;
 - Community/Planned Care
 - Urgent Care pathway
 - Therapeutic Improvement of Inpatient areas
 - Neighbourhood

Progress & Update

1. Delivered provider collaborative model for regional Adult Eating Disorder Service - NHS England approval received for LPT to become the lead provider for the East Midlands Adult Eating Disorder Provider Collaborative that commenced on 1 April 2021 - collaborative is underway and governance arrangements currently being refined in partnership with Northamptonshire Healthcare Foundation Trust colleagues.
2. Transforming Care programme, 100% compliance of the Learning Disability Mortality Review (LeDeR) indicator, achievement of the annual health check indicator 29% reduction in inpatient numbers completed this year, benchmarked to 2014 data. A collaborative approach in place across Leicester Leicestershire and Rutland (LLR) from 1 April 21 – LLR Transforming Care Programme (TCP) delivery no longer in escalation with NHSEI. LeDeR, Annual Health Check, Inpatient trajectory and investment plans all now being managed by newly established LPT led multiagency TCP Collaborative.
3. Delivered the new Child and Adolescent Mental Health Service (CAMHS) inpatient unit - inpatient unit operationalised, continuous improvement programme in place overseen by Directorate, Enabling Services and Provider Collaborative's commissioning hub.
4. A 'LLR Learning Disability and Autism response service' has been mobilised. This service provides a multiagency process for agreeing any necessary interim care and support for individuals identified as high risk, in order to stabilise and reduce the risk - This was a particular focus of the LLR Learning Disability & Autism Covid SubCell and was established by the multiagency team. Now principle of Dynamic Support Register/Pathway has been adopted and is being implemented as part of admission avoidance work of the TCP Collaborative.

Progress & Update

1. **Estates Strategy** – We have focused Q1 on starting initial thinking on the revision of the long term strategic estates plan for LPT and work will continue on this to progress through Q2 and Q3. Plan will focus on supporting Clinical Strategies, SUTG, and supporting other key areas of focus such as finance, quality, workforce, finance and IT.
2. **Dormitory eradication** – Progressing with the conversion of dormitory rooms into single rooms across our Adult and older people mental health inpatient areas in order to improve the experience, privacy and dignity of our service users. This is moving forward well with one ward fully completed and a second to be completed in October. 8 wards feature within this scheme of work and early feedback from patients has been really positive.
3. **All Age Mental Health Inpatient Estate** - LPT funding has been approved for us to move forward with the development of the Outline Business Case (OBC) and we are working with clinical and operational teams to create an application for the 'New Hospital Programme' capital bid. The programme is estimated to require approximately £470m over 10 years. The priority for this scheme will be to replace old existing Bradgate wards as the age of the building and the internal technology and other infrastructure is becoming increasingly difficult to maintain.

Progress & Update

- 1. Implementation of new Friends and Family Test (FFT) system and relaunch of FFT :** Q1 FFT priorities have been achieved with over 80% of all community-based services now collecting their FFT data via SMS and 100% of all inpatient services collecting their data via iPads. The Trust response rate is currently at 9% (500 responses) with an overall satisfaction rate of 83%. This is much higher than the improvement trajectory of 4% from a baseline position of 2% last year.
- 2. Peoples Council :** Priorities have now been set for the People's Council and these are Step up to Great Mental Health; Equality Diversity and Inclusion and Personalisation of care. Monthly meetings with directors has commenced with Anne Scott attending the May meeting and Gordon King attending in July. The Trust board requirements have been agreed and signed off. 20 members at the time of writing report. but now doing a review of membership in light of agreed priorities.
- 3. Patient Involvement :** Walk and Talk sessions have commenced and launch of '*QI in a box*' has taken place. Patient and Carer Leadership Programme has been moved to the Autumn to allow for face to face delivery following feedback from participants about preferences of modes of delivery. The aim of this is to develop a framework that will support people to move through the continuum of involvement right through to gaining paid employment where identified as an aim for the individual.

Progress & Update

Governance and Risk:

1. Annual Governance Statement compiled
2. Improved Head of Internal Audit Opinion
3. Established Group Governance Structure and agreed objectives for the joint governance programme
4. Embedded governance for Adult Eating Disorder Provider Collaborative
5. Completed effectiveness reviews for Board sub-committees
6. Continued to embed our new ways of working

Finance:

1. Continue to plan the long term financial strategy to ensure LPT contributes to the delivery of the LLR 4 year financial strategy.
2. The Trust's financial governance continues to operate according to our Standing Financial Instructions (SFIs).

Single Patient Record

Implement single patient record



Progress & Update

1. Data quality improvement groups established to develop and build new ways of working that increase the benefits from the connected IT system.
2. SystemOne Newsletter and comms are in place with: Monthly newsletter (previously launched) with key features, case studies, top tips and operational updates.
3. Monthly webchats – the first to be an open Question and Answer session with support from members of the workstream and Leicestershire Health Informatics Service.
4. A dedicated intranet section for directorate info around SystemOne
5. There is continued training available for users of SystemOne. These events are running throughout June and July.
6. Throughout the organisation we do also have a network of superusers and clinical champions who can provide informal support to their colleagues.
7. LPT is appointing a Medical Lead for the support of SystemOne based within the Mental Health Directorate, to support the improvement of the configuration and workflow within the system as part of the optimisation plan.
8. New Clinical Safety Officer in post.
9. Governance structure led by members of the DMH management and clinical leadership team and LPT data quality committee supporting the review of the benefit of SystemOne and the improvement in data quality.

Equality, leadership and culture

Improve culture, equality and inclusion



Progress & Update

1. Review of Trans Employee, Reasonable Adjustment and Equal Opportunity Policies (due for adoption in October 2021)
2. Development of the Equality Diversity & Inclusion (EDI) Strategy 2021/25 (due for adoption September 2021)
3. EDI Workforce Group met on 26 May and highlight report produced. Some key actions centre on the need to review the recruitment and selection policy and practice through the lens of inclusion, including the approach to implementing diverse interview panels.
4. System wide reverse mentoring programme (lead by LPT's Head of EDI) has recruited 82 participants and is midway through a very well received initiative (due to conclude by December 2021)
5. System wide Cultural Intelligence Training being designed in partnership with the Midlands Academy
6. Race Equality and Cultural Intelligence Training continuing to be delivered through MS Teams.
7. Highly interactive Enact Drama based workshops run on Microaggressions and Allyship (May 2021)
8. Compassionate Conversations: Understanding BAME communities run monthly.
9. Pride month celebrated with sessions run including external speaker on Trans equality (June 2021)
10. Interview skills training for BAME staff run (May 2021)
11. 2nd cohort We Nurture targeted programme for BAME staff started (June 2021)
12. Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans in development and data reports compiled.
13. Provision of evidence at Leicester City Council's Scrutiny Committee on Black Lives Matter (June 2021)
14. Submission of NHSEI 6 high impact action plan response to the regional NHSEI team (June 2021).
15. Staff Network Meetings held across 7 networks including launch of new Womens Network.
16. Directorate level EDI Groups across CHS and AMH held during May and June 2021
17. FYPC anti-racism group meeting on a regular basis and developed action plan
18. Antiracism reading group established and meeting.

Access to services

Make it easy for people to access our services



Progress & Update

- 1. Adults and Older People** – In Q1 the MH Central Access Point (Crisis Line) has, as a result of increasing its call handlers, reduced the time taken to answer calls which as a result has seen a dramatic improvement despite an overall increase in the number of calls being received. People receiving inpatient mental health care are also being supported to leave hospital much quicker with the service reaching the national average for length of stay. This has ensured availability of beds for patients most in need and improved overall access. The Trust has also maintained its position of not sending any adult mental health patient out of area due to bed capacity demonstrating a continuation of improved access within LLR.
- 2. Children and Young People** – We have utilised MH Investment money in Q1 to focus on prevention in mental health of young people and have introduced schemes to take services out into the community. It is key that services are in more accessible locations such as schools and some examples of this are; the intensive community support team which is offering therapies to prevent crisis and reduce risk of admission as well as help reduce pressure on A&E. There have also been new initiatives in CAMHS Eating Disorders with the introduction of the home intervention treatment service. This looks to keep children safe whilst they are awaiting an inpatient admission. In Q2 onwards we are boosting MH Support Teams utilising external funding to increase to a wider geographical spread. The focus is on staff working in a greater number of schools to support children and young people with early onset mental health and to build emotional resilience to prevent more acute mental health problems.
- 3. Remote Access to Care** - Continuation of review of digital patient appointment platforms underway through Triple R (Reflect, Reset and Rebuild) programme utilising feedback from front line and clinical staff as well as patients. Survey and telephone interviews underway to capture the feedback. Currently exploring four different platforms. Looking at the best platform that will support both 1-1 interactions as well as group therapies. Aiming for having an agreed platform in place by Autumn 2021.

Trust-wide quality improvement

Implement a trust-wide approach to quality improvement



Progress & Update

1. Full Quality Improvement (QI) Change Programme established for Trust wide Quality Improvement and all 16 of the 360 Assurance Actions met. Signed off at Quality Assurance Committee.
2. Delivered pilot of QI training and rolled out across the trust with 12 month plan to January 2022. QI in a box series is now being rolled out 50 weeks a year and underpinned by NHSI QI Fundamentals. Full Quality Service Improvement and Redesign (SQIR) training on pause at NHFT although delivering QSIR lite.
3. 'LifeQI' system reporting 126 QI projects and ability to report on SUTG and Care Quality Commission (CQC) domains for LPT and Directorates. (Portfolio report enclosed evidencing SUTG and CQC Key Lines Of Enquiries and by directorate)
4. Clinical Audit and the National Institute for Health and Care Excellence (NICE) Quality Standards programmes strengthened by implementing into the Audit Management and Tracking System (AMaT) April 1st 2020 - March 31st 2022 - Underway

Priorities to carry forward will include...

Priority

High Standards	<ul style="list-style-type: none">• Co-creating personalised care plans• Reducing avoidable harm• Driving continuous improvements in patient outcomes.
Trustwide Quality Improvement	<ul style="list-style-type: none">• Training and supporting staff in utilising QI knowledge• Continue to embed PDSA
Access to Services	<ul style="list-style-type: none">• Capacity and demand modelling based on new blended ways of delivering patient contacts• Review access targets in partnership with commissioners• Data quality improvements• Service level performance dashboard implementation
High Standards	<ul style="list-style-type: none">• Improvement in patient and carer satisfaction• Increase in patients actively involved in the care that they receive• Reduction in complaints from patients and carers in relation to standards of care• Reduced mortality rates• Compliance with IPC
Patient Involvement	<ul style="list-style-type: none">• Delivery of patient experience and involvement strategy inc;• Increase in methods and spread across services of capturing patient and carer feedback• Accessibility of forms of communications
Equality, Leadership & Culture	<ul style="list-style-type: none">• Delivery of the Trust's People Plan• Improvement in WRES standards• Phase 3 of Leadership and Culture Programme – Deliver Phase

Priorities to carry forward

Priority

Transformation

- Mental Health – Delivery of Step Up To Great Mental Health
- CHS – Delivery of Ageing Well, Alignment to ICS buckets
- FYPC – Delivery against TCS, All age ED

Well Governed

- Financial sustainability plan
- Stakeholder engagement
- Delivery against ICS plan

Environment

- Development of a strategic estates plan
- Continue delivery of elimination of dormitories programme
- Business case for the reprovion of adult and mental health inpatient estate

Single EPR

- Continuous improvement of the single EPR including improved communication between primary and secondary care

Timeline for Strategy Refresh

