

Quality Account 2021/22



creating high quality, compassionate
care and wellbeing for all

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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 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, we have included information on the work that has been undertaken throughout 2021/22 because of the COVID-19 pandemic.
- **Part two** outlines our new priorities for 2022/23. 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 2021/22 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 LPT.feedback@nhs.net

Our Trust Board

As of April 2022

*Indicates joint role with Northamptonshire Healthcare NHS Foundation Trust (NHFT) as part of group model arrangement

NHS
Leicestershire Partnership
NHS Trust

 Cathy Ellis Chair			 Angela Hillery Chief executive			 Mark Powell Deputy chief executive		
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 Samantha Leak Executive director of community health services	 Fiona Myers Interim executive director of adult mental health	 Helen Thompson Executive director of families, young people and children's services and learning disabilities	 Sarah Willis Executive director of human resources and organisational development	 Chris Oakes Executive director of corporate governance and risk*	 David Williams Executive director of strategy and partnerships*	 Dr. Avinash Hiremath Executive medical director	 Dr. Anne Scott Executive director of nursing, allied health professionals and quality	

Statement of quality by our chief executive

The Covid pandemic has put enormous pressures and challenges on the NHS over the last two years, however we are proud of our staff and the way they have continued to step up to great towards our Trust's vision:

**“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 crisis response. Our staff have been nothing short of phenomenal and we are grateful for this.

During the course of this year, we have taken some time out to reflect on and refreshed our Step up to Great strategy, building on the solid foundation we have created since we introduced it in 2019. Our updated Step up to Great strategy is a culmination of our collective learning, achievements, feedback and national and local priorities, bringing together our focus for the next three years. We have retained eight of our nine original Step up to Great bricks and refocused the remaining brick from 'Single Electronic Patient Record' (implemented in November 2020) to 'reaching out.' You will also see the four goals of how Step Up to Great will help us to fulfil our Trust's vision as an active player in our system. Through our Step Up to Great strategy we will focus together on Great Health Outcomes, through Great Care, a great place to work and being an important part of our community. We are all leaders at LPT and can make a difference.

Despite the pandemic, our LPT family has continued to make improvements against our last Care Quality Commission (CQC) inspection in 2019. The CQC carried out a planned unannounced inspection of LPT between May and July 2021. The inspectors visited three of our 15 core services: two of our mental health services previously rated as inadequate and one mental health service rated requires improvement. They also inspected our Trust against the well-led domain, previously rated as inadequate.

Whilst only three of our 15 core services were visited in the inspection and our overall rating as a Trust remains at 'requires improvement', we are proud that we no longer have any core services rated as inadequate, our staff remain rated as 'good' for caring – reflecting our commitment to our values of compassion, respect, integrity and trust, and our well-led review has progressed from 'Inadequate' to 'Requires Improvement'. In particular the strength of the executive team was commented upon with markedly improved governance processes, vision and strategy, and an improved safety culture.

At the end of February 2022, we received a follow up unannounced visit by the CQC at the Bradgate Unit to review some areas since their last inspection. The CQC have recognised that the service has met all actions required in the enforcement action and in recognition of these improvements they have moved up ratings in the two key domains they inspected – Safety and Responsiveness. The Safety domain of the service has moved up from Inadequate to Requires Improvement and the Responsive domain has moved up from Requires Improvement to Good for

this service. We are pleased that the CQC has recognised the progress we have made towards elimination of dormitory accommodation for patients and improved privacy and dignity with signage and storage for patients. They were also pleased to see that the work had been undertaken to strengthen patient call alarms in our wards, though consistency needs strengthening in some parts and embedding this will be key. We know we have more to do; we will continue to build upon our improvements and are confident in our staff who have been amazing in responding to a Covid pandemic during this time.

From April 2021, we agreed to create a group arrangement with our buddy Trust NHFT. This does not mean our trusts are merging, or that we will become one organisation. For us, this evolution means that we have a unique and valuable opportunity to continue our strong relationship through an agreed formal way of working and one that allows the best of what we both do to continue to benefit our staff and those we care for. Quality improvement is one of the priority areas of focus as a Group.

Working in collaboration with system partners is a central focus of our vision for creating high quality, compassionate care and wellbeing for all. We welcome that there will be an integrated care system across Leicester, Leicestershire and Rutland by July 2022. This is great news for LLR and we welcome the opportunity this brings for all of us in LPT to build further upon our work with partners to improve outcomes for our patients and services users and reduce health inequalities. We are an active member of the ICS partnership board, executive and design groups transforming LLR. LPT is also leading the LLR transformation programmes for Mental Health, Learning Disabilities & Autism and Digital.

Finally, thank you to everyone who makes up the WeAreLPT family – our staff, volunteers, service users and partners. You have each played a significant part in our journey over the last year, whether that is in relation to service improvements or in our continued response to the pandemic. Working in partnership, listening to and engaging you, will remain our focus, as we continue to Step up to Great.



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) and quality

This past year has continued to be challenging for our service users, local communities, and staff. I am however incredibly proud and grateful to our staff for the way they have demonstrated incredible resilience and continued to work together to create high quality, compassionate care and wellbeing for all our service users. This year has brought new challenges with patients and staff being impacted on by new Covid variants as well as working hard to reset and rebuild our services.

We have continued to hold quality at the centre of what we do and ensuring a safety-first approach. This was evidenced by our CQC inspection in June 2021 where they noted “*an improved safety culture*” at LPT.

It was positive to see that the CQC recognised our improvement journey, and we no longer have any of our overall services rated as inadequate. We do however acknowledge that we have more to do to ensure that people who use are services consistently get the quality of care they deserve. I am delighted to see our dormitory work progressing which will help provide high quality environments and improve the privacy and dignity for our inpatients.

As the COVID -19 pandemic continued throughout 21/22 we have continued to be responsive to the frequently changing context and ensure we find new and innovative ways to deliver quality care. The development of our virtual wards has been one great example of system innovation. This has helped patients to be discharged earlier and through using digital technology keep them safe in their

homes. This work has been shared nationally. We have also been able to recommence our inpatient accreditation programme and launched the ‘Fifteen Steps’ programme to provide additional insight into our quality of care.

I am also very pleased that our People’s Council has continued to ensure the 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. This has included offering bespoke clinics for people with learning disabilities to support them in accessing the vaccination programme in a supportive way that meets their needs.

Our staff remain our biggest asset and I am very proud of the work we have done on international recruitment. Our first group of 30 international nurses who arrived in November 2021 are now qualified and very much a part of our teams, working with us. We are delighted to welcome them to Leicestershire Partnership NHS Trust and look forward to supporting their careers.

Staff health and wellbeing has remained a priority throughout, and we have continued to run regular staff listening groups and ‘Question and Answer’ sessions on key areas throughout the pandemic. We have also carried out our celebrations for Black history month, South Asian Heritage Month and Lesbian, Gay, Bisexual and Transgender (LGBT) month. We once again hosted our annual Allied Health Professionals (AHP) celebration event to

connect allied health professionals not only across LPT but also across the Leicester, Leicestershire and Rutland system. Additionally, we have celebrated International Women's day and International Men's day with a series of virtual webinars.

I continue to lead personally on my commitment to support a 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. I have led specific career events for our staff from Black, Asian and other ethnic minorities to support the career journeys for our AHPs and nurses.

I am proud that LPT is committed to ensuring local veterans, reservists and military families living in Leicester, Leicestershire and Rutland can access support when they need it. We have an active network of armed forces champions across the Trust, and we have recently

launched The Buddy2Buddy café-style virtual drop-ins aim to connect, support and empower veterans and their families, to share experiences and support their emotional wellbeing.

I was also delighted to launch our 'Step up to Great-Leading for High Standards' programme. This was a bespoke clinical leadership programme for band 7 inpatient staff and I am excited to develop this further for community staff and our Allied Health Professions Workforce.

Thank you for taking the time to read our 2021/2022 Quality Account, we truly believe that our staff have 'Stepped up to Great' this year.



Dr Anne Scott,
executive director of
nursing, AHPs and
quality

Impact of the COVID-19 pandemic on quality

As a result of the Covid pandemic we have continued to adapt the way we deliver our services to keep both our patients, communities and staff safe. LPT have cared for over 1800 Covid-19 positive patients at our inpatient areas in the last year as well as delivering essential care in our community services. We have also contributed to public and staff covid vaccinations programmes. Like 2020/21 the year has presented challenges and we have adapted, transformed and delivered essential services as well as introduced innovative ways of working and supported staff development.

At Leicestershire Partnership NHS Trust, we are passionate about involving our staff, patients, carers, stakeholders, and the public. The Covid-19 pandemic has affected our patients, carers, our communities and our staff. It changed the way in which patients and service users access services, have leave away from the wards, receive timely care and how carers and loved ones visit and stay connected with patients in our hospital settings. For some of our services this has meant doing things differently such as virtual consultations and appointments or monitoring services for patients at home, sometimes known as virtual wards using digital technology.

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.

It is difficult to capture all the work that has been undertaken in response to the pandemic but here are some examples. Some of these we have continued from the start of the pandemic in 2020 and some are new to 2021/22.

- Continue to operate an Incident Control Centre to have clear oversight of our decisions and ensure national guidance was implemented. This centre has run since 1 March 2020, 7 days a week and is there to offer support and guidance to our staff during the pandemic response.
- Regularly reviewed our visiting policies in line with national guidance and to support safe face to face visiting for patients receiving end of life care or patients significantly distressed and introduced a guide to safer visiting information leaflet to support anyone visiting patients on wards
- Continued 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.
- Ensured all inpatient wards have access to iPads to enable patients to make FaceTime and Skype calls to their families.
- Established a Clinical Reference Group to review impact to services and experience from a clinical quality, equality and safety perspective regarding access and recovery and restoration of services, the Covid-19 vaccination programme and implementing national guidance.
- Changed and flexed complaint investigation working day timeframes of clinical and medical complaints in response to the Omicron variant wave to 45 days in December 2021. 1 April 2020 for a period of three months in line with national guidance. Prior to this we were working towards reducing the previously agreed 40 working day timeframe introduced in Q4 in 2019/20 to 25 working day timeframe by end of Q4 in 2020/21.
- 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

- Introduced additional roving cleaning team staff to support enhanced cleaning in areas with increased incidences of Covid-19 infection
- Worked with our partners across health and social care to increase the availability of Community Hospital beds as demands changed over the year.
- Reorganised our inpatient wards and pathways to reduce the spread of COVID-19 in inpatient wards. North Ward Hinckley Hospital has been our designated primary location for caring for Covid-19 positive physical health inpatients. The staff have cared for more than 1800 Covid-positive patients in 2021/22, 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. Mental Health and Learning Disability Services have reorganised their inpatient wards to reduce the spread of Covid-19 by creating admission wards/ areas and a Covid-19 positive ward.
- Set up a Covid-19 virtual ward to support early discharge and enable people to be cared for in their home.
- Delivered Covid-19 vaccinations operating 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 for inpatients.
- Delivered a school age vaccination programme
- We established and led a new workforce bureau for Leicester, Leicestershire and Rutland to support the delivery of the covid vaccination programme with appropriately skilled staff.
- Ensured we have focused on staff health and well-being and safety through training and access to additional well-being 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 our 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.

Working in partnership

Working in partnership across Leicester, Leicestershire and Rutland (LLR) has been continued to be essential in responding to the pandemic. Our Incident Control Centre has continued throughout 2021/22 to ensure we respond to both national and local requirements and that 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. This partnership working has supported our move as become an Integrated Care System.

Mental Health Hub

The Mental Health Hub was developed initially in response to the Covid-19 pandemic and aimed to try and divert patients needing emergency mental support away from Accident and Emergency Departments.

The Hub has developed into an integral part of our urgent care pathway where we aim to complete a full holistic assessment within 2 hours of arrival in the hub. The referral rate into secondary care from the Hub is lower than that from A and E, supporting flow and reducing demand on beds. Our specialist teams have the expertise and experience to manage risk and identify alternative community-based support. The Hub has been very successful and feedback from service users, partners and staff has been overwhelmingly positive.

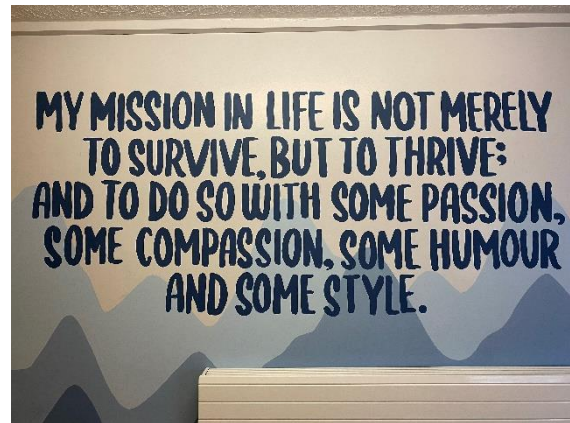


As the Hub develops and grows the hope is that it will continue to reduce the number of service-users accessing mental health services via a non-specialist emergency service route such as via A and E, East Midlands Ambulance or the police. The Hub will also reduce unnecessary attendance to the emergency departments where the physical environment is often not conducive for someone in a mental health crisis. The Hub provides a less pressured environment which means staff can spend more time therapeutically with service users devising bespoke plans of care.

The Hub also enhances the robust therapeutic engagement and support with community mental health teams, networks and/or services which in turn minimise the demands for inpatient admissions, allowing time for longer assessment or to put crisis plans in place. The Hub can provide direct access to senior mental health medical personnel and teams, such as Mental Health Practitioners, Psychiatrists, Crisis Resolution Team, and the wards. The Hub also provides advice, consultation, and referrals in a timely manner, even beyond the Hub to other allied professional services.

Mental Health Central Access Point

The Mental Health Central Access Point is a 24/7 freephone helpline for people of all ages in Leicester, Leicestershire and Rutland. It offers round-the-clock access to urgent mental health support for people, either calling about themselves or someone they care about. Calls are handled by experienced recovery workers from Turning Point co-located and supported by NHS clinicians. Callers are given emotional support and helped by using solution focussed interventions and signposting for onward help. Secondary mental health input can be arranged if required. The service also reviews and triages professional referrals e.g., from GPs.



Virtual Wards

As part of the Covid-19 response it was recognised there were some of Covid-19 patients who did not need to be in an acute hospital bed but still required oxygen or additional support at home to be able to be discharged safely. Working in partnership with University Hospitals of Leicester (UHL) and Spirit Digital (SD) (the providers of the digital technology) a Covid-19 virtual ward was implemented to help patients to leave hospital and be remotely monitored in their own homes using digital technology.

Patients were given access to software so that they could complete a daily questionnaire about their symptoms using their own mobile phone or tablet. Patients were also given a thermometer and pulse oximeter to input these readings daily. The information is then reviewed by the virtual ward team and depending on the information an appropriate response is provided. Patients remained on the virtual ward for a minimum of 14-days.

Since the virtual started in November 2020 372 patients have benefited from the remote monitoring at home with only 14 other these being re-admitted to hospital during their 14-day monitoring period. Due to the success of the Covid-19 virtual ward it has now been introduced for patients with Chronic Obstructive Pulmonary disease COPD which works in a similar way to allow the team to monitor COPD patients following a hospital admission but also people at high risk of a hospital admission by detecting and addressing signs of deterioration.

Transforming the care provided to patients with learning disabilities

Throughout 2021 work has been carried out to transform the care provided to people with learning disabilities across Leicester Leicestershire and Rutland (LLR) to ensure people with learning disabilities could live good fulfilling lives within their communities. We have launched 25 initiatives, each with their own task and finish group with wide stakeholder engagement including representatives from patient/carers forums.

The feedback from parents with children with learning disabilities has told us.

"This doesn't feel like a tick box exercise anymore." "You are really listening to what we are saying." "This is really encouraging and exciting."

"Thank you so much for today. K never smiles like that and I'm so proud of her. When you left, she said to me; 'that is the first person ever, that has done what they said they would'."

"Parents are left to carry the load of the process. We are enjoying the conversations we are having across the board."

"As parents we love coming on board with your projects, so parents' voices come through."

"It's great for parents' voices to be heard in developing referral forms. Previously we have never been able to see these, but they have affected us."

Quality improvements for staff

'Step up to Great' - Leading for high standards and compassionate care programme

The bespoke Step up to Great Leading for high standards and compassionate care programme was designed around the NHS Improvement ward leader's handbook to strengthen the professional and clinical leadership skills of the existing band 7 ward staff. The programme outline was developed in consultation with lead nurses and allied health professionals and supported by the Executive Director of Nursing for AHP and Quality. Each module has been designed by an expert in their field and the sessions are supported by action learning sets which are ran by an external facilitator. The programme commenced in April of 2021 and due for completion May 2022.

Director of Nursing Fellowship

The Director of Nursing Fellowship programme (DoN) offers a bespoke development opportunity for Band 5 nurses in clinical practice. Based on the Chief Nurse Fellow Model, developed by a team at Nottingham University Hospitals, the aim of the fellowship is to empower front line nurses to make a difference to patient care through a quality improvement project, whilst developing leadership and academic skills.

The first cohort of the DoN fellowship programme launched in September 2021 and consists of a taught element, insight opportunities and a quality improvement project relevant to their clinical areas. The taught elements of the programme were developed by the LPT Organisational Development Team (leadership), Quality Improvement Core Team (quality improvement) and Research and Development Team (research and academic skills). The taught elements are delivered by the respective teams and invited guests from other services such as local universities, library services and the Care Quality Commission.

The programme offers one day a week out of clinical practice for a period of one year to undertake learning activities and their quality improvement projects, whilst supported by a clinical and an academic mentor and engaging in six weekly action learning sets. Clinical mentoring and facilitation of the action learning sets are supported by the relevant Deputy Heads of Nursing in the fellow's clinical area. Academic mentoring is supported by multi-professional members of staff who are currently undertaking or have completed PhD or Doctoral study. Fellows also have a quarterly coaching session with the Executive Director of Nursing, AHPs and Quality, Dr Anne Scott.

The first cohort of DoN Fellows consists of six talented and enthusiastic Band 5 nurses who represent a diverse range of services across the three clinical directorates of Mental Health; Families, Young People and Children's Service / Learning Disability Services; and Community Health Services. Please see below for a summary of the DoN Fellows and their respective projects.

We anticipated that the current programme will be offered on an annual basis with the intention to expand this development opportunity to Allied Health Professional groups in future cohorts. We also envisage that the current programme will support recruitment and retention of staff, improve quality of care and service user experience through the quality improvement projects and that it will provide the fellows insight into the requirements of a clinical academic role in practice.

Quality improvements with our patients

LPT Youth Advisory Board (YAB)

The YAB continue to meet each week virtually as they have since March 2020. The board have continued to support and work on projects impacting young people across LLR over the last year. Wider partnership projects involved with include:



- Supporting and championing the LLR Better hospitals Leicester consultation, shaping solutions for improved environmentally friendly hospitals
- Supporting and promoting the Step up to Great Mental Health consultation with other young people.
- The YAB works nationally with the wider NHS Youth Forum programme across the country.
- Locally within and across LPT the group continue to be an active part of recruitment for new staff across FYPCLD including head of nursing, Mental Health in schools' teams, CAMHS and paediatrics.
- The board have worked interactively throughout the year and supported co-designing the Covid-19 vaccine digital video to support covid hesitancy amongst YP along with an information pack and presentation to support LLR partners working with CYP on covid related projects.
- The YAB have continued to shape local services including access and promotion of public health school nursing services, evaluating CAMHS eating disorder services, youth proofing patient information for SALT and CAMHS services including being part of overseeing care planning and strengthening the voice of CYP within MH services.
- In November 2021 the group had an "away day" at Leicester Outdoor pursuits centre, this enabled the group to physically meet safely and plan for the months ahead which included planning a successful Christmas campaign which provided over 50 packages to vulnerable CYP who accessed CAMHS services over Christmas.

People's Council

Since the council was established in September 2020 the work has continued throughout the year, including the setting of Priorities for 2021/22:

- Step up to Great Mental Health
- Equality, Diversity and Inclusion
- Personalisation of Care



The Council have worked with an external facilitator to help them establish their core purpose, which is to:

Providing an independent voice to
make LPT services great for all

- Be a voice for inclusion, equality and fairness making sure our diverse communities are heard within and across LPT
- Promote the voice of those with lived experience to be empowered in their own care within LPT, positively influencing so that services are co-produced and personalised around the needs of patients and carers
- Instil confidence in our work by being a carer/patient led team working in partnership with LPT to support improved quality of life for users and carers
- Work towards better outcomes for users of LPT services, making a difference through helping others to have a voice

In addition to this a set of principles on how the Council will work with the Trust Board were agreed.

As the Council approached its first anniversary an independent review has been undertaken looking at the activity of the Council over the last year and included interviews with members of the Council and a review of the Terms of Reference. The review recommended that:

- Expanding the membership of The People's Council to provide a wider viewpoint of LPT services
- Consider moving to face to face meetings to ensure better interaction with members
- Improve the impact of the Council
- Reform the Council to:
 - Speed up decision making
 - Provide more welfare support to members of the Council


The Council's Communications Sub-Group has been working to create a presence on social media and now have their own Twitter account @LPTCouncil and an email account where members of the public can contact them directly: lpt.peoples.council@nhs.net

Part Two: Our priorities for 2022/23


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'.


Our priorities for 2022/23 include:

<p>Priority One:</p> <p>To further consolidate the work completed in 2021/22 in improving the quality of care to individuals at risk of self-harm in an inpatient setting using non fixed ligatures.</p> <p>CQC domain: Safety</p> 	<p>Why was this chosen and what does this mean?</p> <ul style="list-style-type: none"> • This is an extension of the work started as part of the quality account 2021/2022 which was greatly affected by Covid. • 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.
<p>How will we do it?</p> <p>Q1 Baseline current practice within Acute Mental Health & CAMHS inpatient wards against the current practice within inpatient staff 'The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) Self-Harm toolkit' based on NICE Quality Standard QS34.</p> <p>Q2 Review of NICE guidance which is due to be published at the end of June 22, identify area of compliance, gaps and develop a quality improvement plan</p> <p>Q3 Baseline audit of records of patients admitted with thoughts of self harm including the risk assessment, risk</p>	<p>How will it be measured?</p> <p>Q1 To undertake a self-assessment of Acute and CAMHS inpatient services using the Safer services: A toolkit for specialist mental health services and primary care</p> <p>Q2 Evidence of review and action plan developed.</p> <ul style="list-style-type: none"> • A full review of the Trust Self-Harm reduction policy. <p>Q3 Baseline audit of sample of case records within relevant service areas</p>


<p>formulation regarding self harm and care plan in place in line with the Updated Nice Guidance and Updated Self- Harm reduction policy</p> <p>Q4 Review/Benchmark of current self-harm reduction training against other MH Trust. Survey of staff skills, knowledge, and confidence on the management of service users presenting with thoughts of self-harm using ligatures</p>	<ul style="list-style-type: none"> • Evidence of feedback from patient is • collated and themed. <p>Q4 Survey Completed and Analysed.</p> <ul style="list-style-type: none"> • Findings from Benchmarking and review exercise translated in a Training need Analysis.
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<p>Priority Two:</p> <p>Embed the role of Patients as ‘Partners in Patient Safety’ and widen the scope of patient experience</p> <p>Aim: To have at least two patient partners at Patient Safety Improvement Group (PSIG) and Quality Forum (QF)</p> <p>Improved learning from Incidents by using creative communication.</p> <p>Develop more innovative ways of sharing learning from patient safety incidents by using a patient story style. Produce at least 6 stories each year for each Directorate and receive feedback on the effectiveness of this</p> <p>CQC domain: Safety/ Well-led</p> 	<p>Why was this chosen and what does this mean?</p> <ul style="list-style-type: none"> • We need to work in partnership with patients to change the culture- patient safety is key in everything we do, and patients and their families should be at the centre • The use of patient stories to share learning from incidents brings the patient and sometimes their loved one’s voice to the learning. Incidents are then seen as outcomes for patients rather than figures
<p>How will we do it?</p> <p>Q1 Recruit to the role</p> <p>Q2 Train our patient safety partners in up-to-date patient safety principles</p> <p>Q3 Introduce our patient safety partners to PSIG and Quality forum so they can start to see how we how we monitor and improve quality and safety</p>	<p>How will it be measured?</p> <p>Q1 Advert published and interest applications gathered</p> <p>Q2 Training complete</p> <p>Q3 Evidence from attendance at meetings</p>

Q4 Patient safety partners will feel an integral part of the team and feel they are invited to be part of our safety and quality process	Q4 Qualitative feedback from our patient safety partners and a forward plan of areas for improvement identified by our partners
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Priority Three: Through shared decision making and collaborative care planning we will transform our patients' experience of care - making no decision about them, without them CQC domain: Caring, Well Led 	Why was this chosen and what does this mean? Collaboration between patients and their healthcare professionals will empower people to make decisions about the care that is right for them.
How will we do it? Q1 Identify clinical and medical champions for shared decision making. Establish a multi-disciplinary Shared decision-making implementation group to develop delivery plan. Q2 Development of the delivery plan Q3 Implementation of the delivery plan Q4 Implementation of the delivery plan	How will it be measured? Implementation Plan for SDM, aligned to NICE Guidance. Multi-disciplinary Group established with membership of lived experience representatives Q2 Plan defined with key measurements Q3 Plan defined with key measurements Q4 Plan defined with key measurements

Priority Four: Priority for improvement To reduce number of pressure ulcers that develop and deteriorate in our care to improve patient outcomes and reduce harm associated with poor health CQC domain: Safety	Why was this chosen and what does this mean? Pressure ulcers remain a challenge for the patients who develop them and the healthcare professionals involved in their prevention and management. Despite extensive prevention programmes over recent years, evidence suggests about 1,700 to 2,000 patients a month develop pressure ulcers across the country.
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	<p>This project aims to reduce the number of pressure ulcers developed in LPT care</p> <p>In line with the National Wound Care Strategy Programme which was commissioned by NHS England and NHS Improvement.</p> <p>The reduction of patient harm and associated costs is positioned firmly in The NHS Long Term Plan (NHS, 2019).</p> <p>Pressure ulcers (PUs) have long been considered a preventable</p>
<p>How will we do it?</p> <p>Q1 All new patients to Community Nursing Home Visiting Services have the first contact assessment completed by a Senior Nurse</p> <p>Patients on the community nursing caseload, who have had their Category 2 pressure ulcer care formally delegated, to an HCA, will have a weekly Registered Nurse (RN) virtual review, which can be escalated to a RN visit where required</p> <p>Review and update the pressure ulcer training for LPT staff</p> <p>Q2 Roll out pressure ulcer prevention visits for those patients who are identified as at risk and meet criteria for visits</p> <p>Q3 Roll out Making Every Contact Count (MECC) in terms of pressure ulcer prevention.</p> <p>Q4 Raise awareness of pressure ulcer risk factors and share LPT resources with LLR Home care providers and care homes.</p>	<p>How will it be measured?</p> <p>Q1 – Creating a dashboard for oversight of pressure ulcers within hubs</p> <p>Reduction in Category 2 & 4 pressure ulcers that deteriorate</p> <p>Q2 – Via the pressure ulcer dashboard</p> <p>Reduction in Category 2 & 4 pressure ulcers that deteriorate</p> <p>Q3 – Via the pressure ulcer dashboard</p> <p>Reduction in category 2 pressure ulcers that develop in LPT care</p> <p>Q4 Reduction in pressure ulcers that occur in care homes and reduce gaps in care with home care providers across pressure ulcer prevention and proactive care.</p>

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 2021-22, LPT provided and/or subcontracted 105 relevant health services. Mental Health and Learning Disabilities account for 62 services and Community Health Services make up the remaining 43. It should be noted that in addition to the services above LPT has been a key provider in the rollout of the Covid 19 vaccination programme to the population of LLR.

LPT has reviewed all the data available on the quality of care in all 105 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 2021-22 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2021-22.

Our income

LPT income in 2021-22 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 2021/22.

Our records

Leicestershire Partnership NHS Trust submitted records during 2021/22 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 as of Month 12 2021-22 CDS Data Quality Dashboard):

1. 99.8 % for admitted patient care
2. 100% for outpatient care

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

- 99.8% 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 2021/22 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 in, develop and lead in cutting edge research. It is known that research fuels evidence-based practice, which enhances care and helps services to deliver better, potentially life-changing interventions.



Research provides development opportunities for staff, who may choose to lead research projects within LPT or go on to pursue a clinical academic career pathway. In LPT, the Research and Development Team supports Patient and Public Involvement in Research, where people who are at the receiving end of health and social care research are involved in setting research priorities. LPT aims to deliver high quality care to all patients and service users, research is one key driver to help achieve this.

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:

- NIHR Applied Research Collaborative: East Midlands (ARC: EM)
- NIHR 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:

- Neurodegenerative Diseases (Dementia and Huntington’s Disease)
- Mental Health across all age groups
- Early Psychosis
- Eating Disorders
- Schizophrenia/Schizoaffective Disorder etc.
- Intellectual Disabilities/Autism
- Health Inequalities
- Respiratory & Cardiovascular Rehabilitation & Physiotherapy
- Heart Failure
- Stroke & Diabetes

The number of service users and other participants (including staff) receiving NHS services provided or sub-contracted by Leicestershire Partnership Trust in 2021/22, that were recruited to participate in research approved by a research ethics committee as of 31st January 2022 was 1689 (302 Portfolio)

Our contribution to COVID-19 Research

The focus of a lot of research remains around Covid as highlighted in the table below

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 (supported by LPT staff alongside UHL)
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
UPH (1b)	Rehabilitation Exercise and psycholoGical support After covid-19 InfectioN' (REGAIN): a multi-centre randomised controlled trial	Clinical and cost-effectiveness of an intensive, on-line, supervised, group, home-based rehabilitation programme to support long-term physical and mental health recovery.
COVID-Related (Non-UPH Studies)		
Portfolio	Psychological Impact of COVID-19: An International Survey	Gain a better understanding of how COVID-19 and resulting lockdowns impacted individuals' emotions, behaviour and wellbeing
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)	Clinical staff experience of the impact of COVID-19 related stressors on mental health outcomes
Non-Portfolio	The Covid-19 Pandemic: Factors Associated with Adverse Mental Health Outcomes Among Health Care Workers (LPT Sponsored)	Over 1100 responses to this work across LPT and UHL
Portfolio	Rapidly formed COVID-19 teams in the NHS: implications for leadership, team-working, career intentions and individual mental health	This study aims to understand the implications of working in COVID-19 teams for leadership, team-working, career intentions, individual mental health.

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. This proportion was in line with similar providers and was maintained despite the challenging context and additional public health research activity.

As the year progressed, the priority was to comply with “Recovery, Resilience and Growth”, to examine which paused work could be restarted, and where new research could be safely started. The following list is a set of continued and new (non-COVID) research started in 2021/22:

Study	Purpose
BRIGHtMINDs	RCT of connectivity guided theta burst transcranial magnetic stimulation versus repetitive transcranial magnetic stimulation for treatment resistant depression
RESTORE-LIFE	Study to assess the effectiveness and efficiency of Vagal Nerve Stimulation Therapy as adjunctive therapy for treatment resistant depression
PAX-BD	Randomised placebo-controlled trial of Pramipexole addition to mood stabilisers for treatment resistant bipolar depression
STRATA	A multicentre double-blind placebo-controlled randomised trial of SerTRaline for AnxieTy in adults with a diagnosis of Autism
GLAD	Exploring the genetic risk factors for depression and/or anxiety
Pathfinder	A study comparing an adapted form of talking therapy called ‘Problem Adaptation Therapy’ to standard NHS treatment for people with Alzheimer’s disease who have become depressed.
HOMESIDE	Investigating the effects of music and reading for people living with dementia and their caregiver in decreasing behavioural and psychological symptoms of dementia.
Equity in dementia service provision	Investigating equity in service provision for people with dementia and their families, and specifically whether people from a South Asian background get the care and support they want and need.
ENROLL-HD	Enroll-HD is a clinical research platform and the world’s largest observational study for Huntington’s disease families.
NCISH	This study has collected in-depth information on all suicides in the UK since 1996. The recommendations have improved patient safety in mental health settings and reduced patient suicide rates, contributing to an overall reduction in suicide in the UK.
Hearing Nasty Voices	This study hopes to understand why some patients with schizophrenia listen to voices which they hear; this is to inform the development of psychological therapies to allow patients to disengage from these voices
RAPID-1 DFU	Exploring the safety and efficacy of additional RAPID Gel treatment to usual and customary care, in complete wound healing of chronic diabetic foot ulcers, within 12 weeks.
Palin STSC (8 - 14)	Palin Stammering Therapy for School Children (8-14) (Palin STSC) aims to help children to be more confident communicators.
DAISIES	The DAISIES trial aims to compare the clinical effectiveness, acceptability, and cost-effectiveness of two intensive treatment approaches in routine NHS practice: specialist inpatient treatment as usual (IP-TAU) and a stepped care approach.
Petals	This study is embedded within the DAISIES Trial, and aims to investigate experiences of treatment for Anorexia nervosa, in either inpatient or day patient treatment.

Safer Online Lives	Exploring the benefits of using the internet for people with ID, the risks they might come up against while online, the barriers they might encounter, and the opportunities offered by being online.
SPEAC	Survey of Professionals' Education and Awareness of Continence care
FLEX	FLEX: A novel online program for fatigue; a feasibility study
Far Away From Home	Understanding the impact of current practices for accessing inpatient care for adolescents with mental health difficulties: a multi-methods study

Working with the Quality Improvement (QI) Team

Members of the Research and development Team join the weekly Improvement Knowledge Hub Friday Huddles, where Conversation Starters are reviewed. Our role is to look out for projects which meet the remit of research, as well as support those whose projects may develop into research projects. We advise and support LPT staff members to apply for the appropriate approvals necessary for research in NHS e.g., Health Research Authority and NHS Research Ethics Committee approvals.



The Research and Development Team have developed 'An Introduction to Research' as part of the 'QI in a Box' series. These sessions support LPT staff members to learn about why research is important in the NHS, where it fits into QI projects and how to plan a research project. These sessions have been delivered since February 2021. In addition, the Research and Development Team supported the development, and currently delivers 'Ethics in Box'. This session introduces to staff the ethical considerations which might be necessary for a QI project.

Final successful completion for the Research Envoy Scheme

The Research Envoy Scheme was originally a pilot, funded by East Midlands Clinical Research Network, aimed at developing nurses and AHPs so that they can 'spread the message about research'. Following its success and impact LPT research and development developed its own version of the Research Envoy Scheme aimed at all patient-facing staff, which launched in 2020.

7 Research Envoys completed the scheme which ended with a celebration event on 3rd December 2021.

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

Our audits - Improvement knowledge Hub (IKH)

During the period of 2021/22, there were 5 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 2021/22

Title
Sentinel Stroke National Audit Programme (SSNAP)
EIP spotlight audit (2021/22)
POMH – Topic 14c: Alcohol detoxification
POMH – Topic 19b: Prescribing for depression in adult mental health services
POMH – Topic 20a: Valproate prescribing

Clinical Audits and Enquiries that LPT participated in and for which data collection was completed during 2021/22 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
Sentinel Stroke National Audit Programme (SSNAP)	100%
EIP spotlight audit (2021/22)	100%
POMH – Topic 14c: Alcohol detoxification	100%
POMH – Topic 19b: Prescribing for depression in adult mental health services	100%
POMH – Topic 20a: Valproate prescribing	100%

The reports of two National Clinical Audits have been received and are in the process of review for Quality Improvement Planning. These are POMH - Topic 18b: Clozapine and POMH – Topic 20a: Valproate prescribing.

The reports of 9 local Clinical Audits were reviewed by LPT in 2021/22 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Actions to be taken
Medicines Code - prescribing & administration 2021-22	A system update to be made to enable height and weight data to be populated from patient medical record to EPMA record to improve weight recording on EPMA in the DMH Directorate (DMH).
Patients on CPA: Communication with General Practitioners	Results have fed into our inpatient CPA QI project to ensure that there is a consistent approach to ensuring that care plans are sent to GPs within 48 hours for discharged inpatients on CPA and that this is embedded in clinical practice.
Quality standards for community CAMHS	Set up routine monitoring of record keeping ensuring that the voice of children, young people and families are captured and evident within the electronic patient record.
Reducing the need for restrictive interventions - Seclusion practice	Positive & Safe Lead to attend junior doctor training to train junior doctors in seclusion policy.
	Quality of completion of seclusion documentation to be routine part of nursing supervision.
Use of anticholinergic drugs in patients with cognitive impairment re-audit	SystmOne to be used to ensure GPs aware of the patients with ACB / AEC score of 2 or above who need their medication reviewed.

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 enables continuous quality improvement.

During 2021/22, the Trust's Clinical Audit Team supported 33 local clinical audits.

Key Achievements in 2021/2022

- The team has supported 33 local clinical audits.
- 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 continued training LPT staff in clinical audit as part of our 1-hour quality improvement work-based learning training sessions, QI in a Box.
- The trust has continued to invest in an audit management and tracking system (AMaT) which all clinical audits will eventually be on by the end of March 2022.
- The team has presented at the third Clinical Auditorium held in January 2022 on getting the most from your clinical audit career

- The team has engaged in communities of practice for learning and attends East Midlands Clinical Audit and Improvement Network (EMCAIN) meetings.
- We were part of the team that organised the LLR Academy's 2021 Lead, Connect and Care Festival week (13th – 19th November 2021)

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 the deaths of patients in our care. 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' governance quality and assurance coordinator to support all three directorates. They are strengthening the processes and embedding the theming of our learning which was developed over 2020/21.

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) and the directorate of Mental Health and Mental Health Services for Older People (DMH/MHSOP). There are Monthly meetings in each Directorate to discuss, learn, and improve the care that we provide to our patients. We ensure multidisciplinary attendance to these meetings including consultants, nurses, Allied Health Professionals (AHP's) and administration staff who are involved in the patients care journey. This is to provide different perspectives so we can get the best learning together.

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 2021/2022, we ensured *people led learning* in how we reviewed our deaths, we continued to use the modified Structured Judgement Case Record review, (mSJR case record review) across all Directorates, with the addition of formalised themes for learning.

As a learning organisation we take learning very seriously and investigate Serious Incidents (SI) in a robust manner. This year the Patient Safety Team have expanded to include specialist investigators to support the Patient Safety Strategy direction of travel. Incidents requiring a higher level of investigation are discussed and identified in trust wide weekly incident review meetings.

During 2021/2022, 538 of Leicestershire Partnership NHS Trust patients who died were considered for Learning from Deaths review. This comprised of the following number of deaths which occurred in each quarter of that reporting period:

- 121 patients in the first quarter
- 126 patients in the second quarter
- 153 in the third quarter
- 138 in the fourth quarter.

By the 1st of April 2022, out of the total 538 deaths reviewed, 538 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:

- 16 in the first quarter

- 3 in the second quarter
- 11 in the third quarter
- 4 in the fourth quarter

1 patient representing 0.002% of 538 of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter.
- 1 representing 0.008% for the second quarter.
- 0 representing 0% for the third quarter.
- 0 representing 0% for the fourth quarter.

As a result of the Covid surge in 2021/22, a number of cases were not reviewed as the Trust operated interim governance arrangements. All directorates have a plan to complete any outstanding reviews which is being facilitated by the new Learning from Deaths Governance and Quality Assurance coordinator.

DMH had 6 cases for learning from deaths review from quarter 4 2020/2021 that were outstanding at the start of 2021/2022. These outstanding cases were identified, and the completed reviews discussed at the DMH Learning from deaths meeting held on 12th April 2022. 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). There were 0 SI cases outstanding from quarter 4 2020/2021 at the start of 2021/2022.

Learning Impact and Actions

We have worked hard 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. We have further strengthened the relationship between the themes from learning from Deaths and incident investigations to ensure that these are robustly being addressed. Another positive improvement over this year has been that the LeDER clinical leads are now hosted within LPT and therefore we will be closer to the learning coming from these reviews.

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. Following the inspection of 2021, we were issued with warning notices in relation to call bells and alarms, privacy and dignity and dormitory provision. However, following a re-inspection in February 2022, the CQC have recognised that the service has met all actions required in relation to the warning notices. Furthermore, in recognition of these improvements the rating has moved up ratings in the two key domains they inspected – Safety and Responsiveness.



- The Safety domain of the service has moved up **from Inadequate to Requires Improvement**
- The Responsive domain has moved up **from Requires Improvement to Good** for this service.

LPT has not participated in any special reviews or investigations by the CQC during the reporting period.

Our Care Quality Commission (CQC) Ratings

The Care Quality Commission (CQC) carried out a planned unannounced inspection of Leicestershire Partnership NHS Trust (LPT), between May and July 2021.

The inspectors visited three of our 15 core services: two of our mental health services previously rated as inadequate and one mental health service rated requires improvement (2019). They also inspected our Trust against the well-led domain, previously rated as inadequate.

Findings showed an improvement in the Well-led domain which has progressed from 'Inadequate' to 'Requires Improvement' with many 'Good' characteristics including significant improvements in leadership, governance, oversight of performance and risk, and an improved culture and engagement with staff and people using services. We also retained the overall rating of 'Requires Improvement' and the 'Good' rating for 'Caring'.

Safety is our number one priority, so we are pleased that the CQC report has recognised “an improved safety culture” at LPT.

“There was an improved safety culture in the organisation. Safety first was a common theme in trust board meetings and committees. Improvements had been made in screening serious incidents, ensuring lessons were learnt from incidents and action plans included embedded evidence to demonstrate learning. Safety was not compromised by finance.”

Other recognised improvements consisted of

- Out of area placements for people requiring Mental Health beds in crisis have drastically decreased
- Staff manage risks better and have reduced ligature risks to keep our inpatients safe, an area previously highlighted for improvement.
- Elimination of mixed sex accommodation
- Improved seclusion environments
- Significantly improved medicines management
- Improved patient involvement in planning care and service improvements
- Mental health patients have good access to physical healthcare and support to live healthier lives
- Practice good infection prevention control

- Complaints are taken seriously, and lessons shared with staff to keep improving.
- A positive culture and staff morale
- Improved engagement with stakeholders
- Our active role with partner organisations to improve the health and wellbeing of people in Leicester, Leicestershire and Rutland.
- Commitment to improving equality, diversity and inclusion
- Significant support for staff health and wellbeing and their career progression
- Involvement in the design of services with patients/service users, staff, partners, the public.
- Outstanding practice in patient and carer involvement and engagement with inpatients in our adult learning disabilities mental health unit.



We are committed to eliminating dormitory and shared sleeping accommodation to ensure better privacy and dignity for our patients. We have been successful in gaining national funding to eliminate dormitory accommodation. The first phase of the works has been completed and all wards at the Bradgate Mental Health Unit (BMHU) are now single occupancy. Patients now have their own bedrooms rather than sleeping in shared accommodation. A rolling programme is in place to complete the remaining mental health wards by 2023.

Alongside the dormitory work significant investment has been made with new signage designed with our patients to remind staff to knock before entering and we have also included new signage on our observational panels. Additionally, we have checked and replaced missing or damaged curtains to ensure patients privacy and dignity is maintained. We have also implemented a new fast track system whereby any damaged or broken curtains are prioritised within maintenance jobs. Since the inspection we have implemented a robust process to ensure monitoring of maintenance issues.



In line with new national guidance, we have invested in updating our patient call alarms and systems needed for all areas to ensure patients can call for help. Within mental health wards, patients are individually risk assessed and issued a personal safety alarm that allows a patient to alert staff when they need support or any assistance.

Furthermore, we have introduced new storage facilities for patients, which has now been implemented across mental health wards. This allows patients easy access to their belongings.

We recognise work will be ongoing and as such we regularly update our CQC colleagues on the progress of works, respond to any queries or concerns and celebrate our success stories.

In May 2022, the Care Quality Commission (CQC) published a report following a focused unannounced inspection of the acute wards for adults of working age and psychiatric intensive care units in February 2022. The unannounced inspection took place to check whether specific improvements had been made following the previous inspections in May to July 2021.

It has been a consistent part of our Step up to Great improvement journey to put improved patient experiences and safety as our highest priority, and we are pleased that the CQC has recognised that significant progress continues to be made by our staff and leaders.

The CQC have moved up our ratings in this core service in recognition of these improvements in the two key domains they inspected – Safety and Responsiveness. The Safety domain of the service has moved up from Inadequate to Requires Improvement. The Responsive domain has moved up from Requires Improvement to Good for this service.

The CQC did not inspect the other domains of Effective, Caring and Well-led hence our overall rating for these domains remain the same and the overall core service rating remains Requires Improvement.

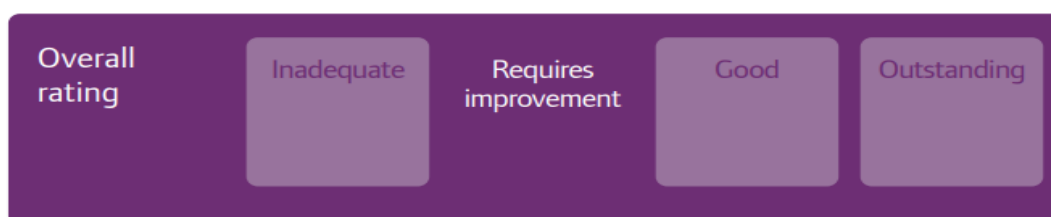
The CQC report concludes that we have met all actions required in the enforcement action issued at the last inspection.

More information: <https://www.leicspart.nhs.uk/news/cqc-recognises-further-improvements-in-acute-wards-for-adults-of-working-age-and-psychiatric-intensive-care-units-at-leicestershire-partnership-nhs-trust/>

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>

Last rated
5 May 2022

Leicestershire Partnership NHS Trust



Are services

Safe?	Requires improvement
Effective?	Requires improvement
Caring?	Good
Responsive?	Requires improvement
Well-led?	Requires improvement

Overall rating

Inadequate

Requires improvement

Good

Outstanding

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Requires Improvement	Good
Community health services for children, young people and families	Good	Good	Outstanding	Good	Good	Good
Community health inpatient services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Community end of life care	Good	Requires Improvement	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires Improvement	Good	Good	Inadequate	Requires Improvement	Requires Improvement
Community mental health services with learning disabilities or autism	Good	Good	Good	Requires Improvement	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Wards for people with a learning disability or autism	Requires Improvement	Not rated	Not rated	Not rated	Requires Improvement	Requires Improvement
Forensic inpatient or secure wards	Good	Requires Improvement	Good	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Wards for older people with mental health problems	Good	Requires Improvement	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Substance misuse services	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Community-based mental health services for adults of working age	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement

Ratings

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	Trust Score 21/22	National Average
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 - Suspende d* (95.9% locally reported)	Q1- 98.2% Q2- 100% Q3- 83.4% Q4 -84.5	Q1 – 97.3% Q2 – 100% Q3 – 99.1% Q4 – 99.5%	Not available
The percentage of patients on CPA (care programme approach) who were followed up within 72 hour after discharge from psychiatric inpatient care during the reporting period.	Previous data for 7 day follow up Q1- 96.9% Q2- 96.7% Q3- 69.2% Q4- 68.8%	Previous data for 7 day follow up Q1- 73.4% Q2- 83.0% Q3- 81.6% Q4- 94.6%	Previous data for 7 day follow up Q1- 93.1% Q2- 90.8% Q3- 97.3% Q4 - Suspend ed (97.4% locally reported)	Previous data for 7 day follow up Q1- 97.7% Q2- 96.1% Q3- 93.4% Q4 - 87.6%	72 Hour follow up M1 – 60% M2 – 78% M3 – 72% M4 – 62% M5 – 60% M6 – 68% M7 – 54% M8 – 56% M9 – 60% M10 – 59% M11 – Not Published M12 – Not Published	72 Hour follow up M1 – 76% M2 – 76% M3 – 74% M4 – 78% M5 – 76% M6 – 77% M7 – 75% M8 – 74% M9 – 73% M10 – 73% M11 – Not Published M12 – Not Published

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	6.4	Somewhat worse
The percentage of patients aged: (i) 0 to 15 and	-	-	(i) 4.17%	i) 31.8 %	0%	Not available
(ii) 16 or over readmitted to a hospital which forms part of the trust within 30 days of being discharged from a hospital which forms part of the trust during the reporting period.			(ii) 9.28%	(ii) 32%	7.8%	
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	PSI's 12701 out of 21659 incidents reported	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	11 Major Harm and 72 Deaths	Not available

**NHS Trusts are not required to commission external assurance on their 2021/22. NHS England have retired the national return collection process for the Gatekeeping and CPA 7-day follow-up indicator. The latter has now been superseded with a 72-hour follow-up metric, which will be monitored using data from the Mental Health Minimum Dataset (MHSDS). Data quality checks are ongoing, 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 2022/23

- Incorporated data quality as a key component of the Trusts Strategy, STEP up to GREAT
- Implementation and application of the Trusts Data Quality Kitemark Framework against KPI's
- Approval and implementation of a Trust wide Data Quality Framework and associated Plan
- Development of Data Quality training for all staff and identification of key data quality roles for role specific training
- Delivery of a Data Quality Assessment application for clinical teams to be able to review and understand their data quality performance


Part Three: Our priorities for 2021/22

Our priorities for 2021/22 were chosen to look at key aspects of safety, effectiveness and patient centred care and align with our 'Step up to Great' strategy. Some of the progress of these has been impacted on with the response to the Delta and Omicron covid variants. Despite this, we have continued to work on the priorities where possible as outlined below.


<p>Priority One:</p> <p>Improving the quality of care to individuals at risk of self harm in inpatient settings.</p> <p>CQC domain: Safe</p> 	<p>How we measure it?</p> <p>Q1 Evidence of review and action plan developed. Baseline audit of sample of case records within relevant service areas. Survey designed Evidence of feedback from patient is collated and themed.</p> <p>Q2 Survey completed and analysed Training needs analysis plan completed</p> <p>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.</p> <p>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.</p>
<p>How we monitored it?</p> <p>Q1</p> <ol style="list-style-type: none"> 1. 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 quality improvement plan developed. 2. Baseline audit of records of patients admitted with thoughts of self harm 	<p>What we did?</p> <p>We reviewed '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 quality improvement plan developed.</p> <p>We undertook a baseline audit of records of patients admitted with thoughts of self harm including the risk assessment, risk</p>

<p>including the risk assessment, risk formulation regarding self harm and care plan in place within 24 hours of admission.</p> <p>Q2</p> <ol style="list-style-type: none"> 3. Survey staff skills, knowledge, and confidence on the management of service users presenting with thoughts of self harm using ligatures developed. 4. Review patient's feedback/ experience following incidents of self harm using non fixed ligatures. (Debrief following incidents) 5. review, staff survey and patient's feedback develop a training plan to address quality improvement areas. <p>Q3</p> <ol style="list-style-type: none"> 6. To develop a Collaborative care plan to introduce personal safety planning and risk mitigation through environmental and clinical assessment within 7 days of admission. 7. Implement training and development sessions for staff based on quality improvement areas identified in Q1 and 2. 8. 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. <p>Q4</p> <ol style="list-style-type: none"> 9. Re-audit of sample of patients admitted with thoughts of self harm assessing the following are included: 10. psychosocial assessment of self-harm and risk formulation 11. A risk assessment and care plan in place within 24 hours of admission. 12. A Collaborative care plan environmental and clinical assessment within 7 days of admission. 13. Resample staffs' views staff skills, knowledge, and confidence on the management of service users 	<p>formulation regarding self harm and care plan in place within 24 hours of admission.</p> <p>We undertook a staff survey around skills knowledge and confidence of managing service users who present with thoughts of self harm and ligature and analysed the results.</p> <p>Debriefs reviewed for incidents and findings showed these were not always consistent.</p> <p>E-learning Ligature cutters training developed, and practical session agreed.</p> <p>Self harm policy reviewed and included Strong Battery Alert and FYPC ligature & head-banging protocol. A full policy review is pending the NICE guidance under consultation, due to be published end of June 2022</p>
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<p>presenting with thoughts of self harm using ligatures</p> <p>14. Review patient's feedback/ experience following incidents of self harm using non fixed ligatures. (Debrief following incidents)</p> <p>15. Review of sample of incidents and debrief</p> <p>.</p>	
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<p>Priority Two:</p> <p>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</p> <p>Implementation of the new FFT system across the organisation</p> <p>CQC domain: Responsive</p> 	<p>How we measured it?</p> <ul style="list-style-type: none"> • 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 • 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
<p>How we monitored it</p> <p>Using feed collected through FFT for service and quality improvement</p> <p>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</p> <p>Q2 all services implementing FFT Analyse and understand the experience by</p>	<p>What we did</p> <p>60% community and 100% inpatient FFT targets reached. We launched a FFT Newsletter, delivered masterclasses and ran drop-in clinics.</p> <p>We also launched a competition for wards and services to submit how they were sharing actions taken on the back of the feedback they have received via- You said we did Boards. The winning ward chosen</p>


<p>identifying the 'touch-points' of a service and gaining knowledge on what people feel as they experience our services and when they feel it.</p> <p>Q3 Improve the experience by ensuring the feedback, both positive and negative, is heard 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. –</p> <p>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.</p>	<p>by panel of patients and carers was Mill Lodge</p> <p>The impact of the pandemic has meant that some community services are still not collecting FFT data due to a range of reasons including having to change approach from SMS/text to personal calls to patients to capture feedback about the care received.</p> <p>The pandemic also resulted in delays to working with teams on reviewing FFT data. It has been agreed that this work will now commence in 2022/23 and forms part of the priorities for the year.</p>
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<p>Priority Three:</p> <p>Reduce the amount of time taken to investigate complaints</p> <p>Improving the satisfaction of those who raise complaints within the Trust</p> <p>Design and implement new Peer Review approach for complaints for continual improvement</p> <p>CQC domain: Responsive</p> 	<p>How we measured it?</p> <ul style="list-style-type: none"> • % of complaints acknowledged within three working days • Number of complaints responded to within the timeframe agreed with complainant • % of complaints responded to within the date agreed with the complainant • Number of complaints upheld or partly upheld in quarter • Number of complaints ongoing after 6 months • Number of reopened complaints • Number of complaints formally investigated by the PHSO • Number of complaints upheld or partly upheld by the PHSO
<p>How we monitored it</p> <p>Improving the satisfaction of those who raise complaints within the Trust</p> <p>Quarter 1: Review and evaluate current complaint satisfaction survey with service users, carers and staff</p> <p>Quarter 2: Implement review survey to all new complainants within Quarter</p> <p>Quarter 3: Analyse and evaluate responses received in Quarter 3</p> <p>Quarter 4: Adopt new approaches were required</p> <p>Design and implement new Peer Review approach for complaints for continual improvement</p> <p>Quarter 1: Design peer review approach with service users, carers and staff</p> <p>Quarter 2: Test approach through two peer review workshops</p>	<p>What we did</p> <p>Review of survey has been undertaken in partnership with representative with lived experience of complaints. Draft questions are being developed and tested. Delays due to capacity within team due to Covid 19 pandemic. Working is continuing in Q4 and will carry over into 2022/23.</p> <p>Initial discussions on Peer Review approach have taken place. Delays due to capacity within team due to Covid 19 pandemic. Working is continuing in Q4 and will carry over into 2022/23.</p>

Quarter 3: Analyse and evaluate peer review process	
Quarter 4: Adopt and implement programme of peer review for the Trust	

<p>Priority Four:</p> <p>Priority for improvement</p> <p>Ensure processes are in place to keep people safe whilst waiting to access to our services.</p> <p>CQC domain: Responsive</p> 	<p>How we measured it?</p> <p>Peer review measures include:</p> <ul style="list-style-type: none"> • 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.
<p>How we monitored it?</p> <p>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</p> <p>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.</p> <ul style="list-style-type: none"> • 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 	<p>What we did?</p> <p>The access policy has been signed off and all Directorates are now using QI methodologies including PTL's, Demand Capacity analysis and Waiting list validation as standard operating processes towards waiting times management.</p> <p>The focus on Keeping People Safe as an approach and principle is being enacted by Directorates.</p> <p>Covid-19 has impacted on waits to treatment. Directorates continue to track waiting times to ensure people are kept safe whilst waiting. Within community mental health teams staff continue to contact patients whilst they are waiting to ensure they are safe and give them the opportunity to be re-prioritised if required. Within CBT services recruitment is taking place and a new model designed to work more closely with CMHTs. A reduction in wait times is expected to be delivered via Step Up to Great Mental Health.</p> <p>Joint system working is being scoped with UHL to look at the best ways to reduce</p>

and sustainable change in the most important areas (Improvement).	<p>the number of people waiting for the continence service.</p> <p>Within the speech and language therapy teams considerations are being given to implement a 'duty' system a team of staff review patients whilst waiting so they were not on individual therapy caseloads.</p> <p>Triangulation of intelligence data from concerns and complaint is being reviewed to look at patients experience whilst waiting</p>
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<p>Priority Five:</p> <p>Introduce Patients as 'Partners in Patient Safety'.</p> <p>Improve the learning from Serious Incidents by applying the principles of the Patient Safety Incident response framework.</p> <p>CQC domain: Safe</p> 	<p>How we measured it</p> <ol style="list-style-type: none"> 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.
<p>How we monitored it?</p> <p>Patients as Partners</p> <p>Insight Quarter 1</p> <ul style="list-style-type: none"> • Use the National Patient Safety Strategy (2019) and its framework for involving patients in patient safety and recruit and induct 2 patient safety partners • Use the National Patient Safety Strategy (2019) and the support required for patients and their families who are involved in patient safety 	<p>What we did</p> <p>Patients as partners</p> <ul style="list-style-type: none"> • Delay in recruitment to Patient Safety Partners is due to ongoing pandemic. We also need to ensure that the new patient safety partners are aligned with the proposed lived experience framework. National Target is to recruit 2 patient partners by July 2022. • Recruitment to commence in Q1 2022, forming part of the first cohort of patient and carer partners in the trust.

<p>incident investigations to support this role development</p> <p>Involve Quarter 2</p> <ul style="list-style-type: none"> • Introduce patient safety partners as integral part of the Patient Safety Improvement Group and the Suicide Prevention Group • Have a named family liaison officer as integral part of the corporate patient safety team <p>Improve Quarters 3/4</p> <ul style="list-style-type: none"> • Receive feedback from the Partners and respond as required. • Ensure Patient safety Partners have access to the nationally developed training • Receive feedback from the patients and families for the family liaison role and respond as required. • Ensure family liaison officer has access to the nationally developed training <p>Improve the learning from Serious Incidents by applying the principles of the Patient Safety Incident response framework</p> <p>Insight Quarter 1</p> <ul style="list-style-type: none"> • Deliver updated and refresher Patient safety incident investigator training to staff already undertaking these investigations • Agree job descriptions for dedicated Patient safety incident investigators • Ensure action plans closed on time and report all exceptions by individual action through the Quality Forum. • Analyse Trust incident profile <p>Involve Quarter 2</p> <ol style="list-style-type: none"> 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. 	<p>Learning from incidents</p> <ul style="list-style-type: none"> • 8 Incidents investigators have been recruited and are in post. Investigators are fully trained and have incident caseloads. External feedback from commissioners have shown improvement in quality of reports. • The corporate patient safety team have developed training in the use of a human factors model- System Engineering initiative for patient safety (SEIPS). This has been shared at numerous committees and leadership forums. • Patient safety training for all LPT staff has been developed nationally and will be mandatory for all LPT staff including bank staff and introduces to the new principles of the patient safety strategy. There has also been targeted training within the mental health directorate to support CQC findings. • The corporate patient safety team continue to strengthen investigation processes and have designed quality checklists to incorporate recommendations by the royal college of psychiatrists. • On hold due to covid however scoping virtual platforms for patients to share their journey and experience to support SI learning.
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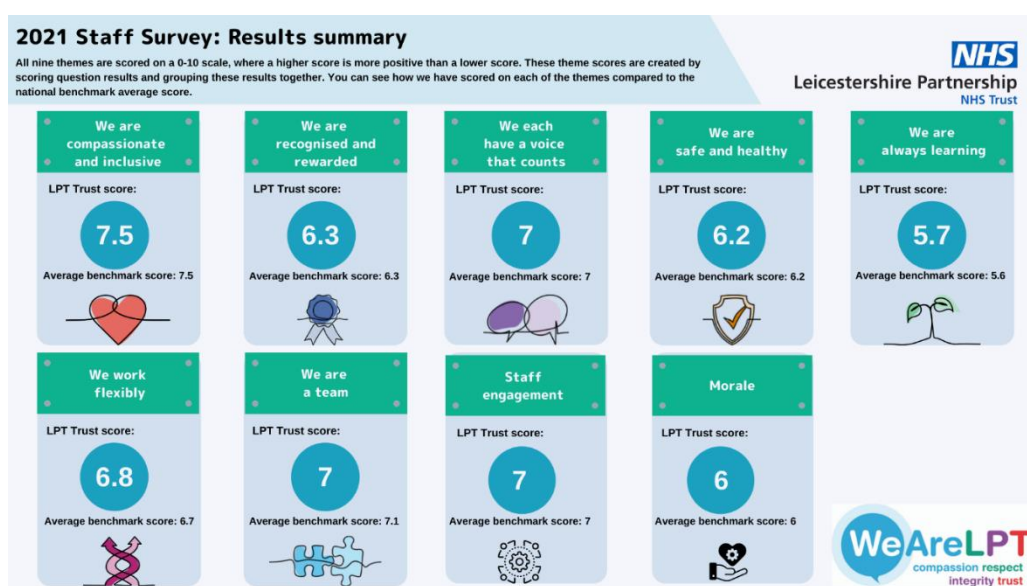
<ol style="list-style-type: none"> 3. Work with our Improvement Knowledge Hub to improve the quality of action plans 4. Work through exploring Governance Community of Practice to develop Governance team expertise 5. Undergo Peer reviewed for External accreditation for standards of SI investigation accreditation with the Royal College of Psychiatrists <p>Improve Quarters 3/4</p> <ul style="list-style-type: none"> • Implement any improvements recommended by the Royal College of Psychiatrists SIRAN accreditation review. • 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. 	
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Our staff and culture

Staff Survey Results

52% of colleagues from across the Trust completed the staff survey sharing views on what it is like to work in LPT, what works well and what can be done differently.

Findings showed compared to last year, staff have reported a more positive experience around health, wellbeing and safety at LPT. Further information on our staff survey results can be found in our Annual Reports and Accounts.



Our Future Our Way- Change Champions

Our Future Our Way continues to support our staff and to make LPT a great place to work. This programme focuses on our culture, inclusion and leadership and is aligned to the Equality, leadership and culture brick of our Step up to Great strategy.



Whilst the pandemic has slowed down our progress slightly with our 9 priorities, we have seen further alignment of our Leadership Behaviours for all, with an increased uptake of our training and more conversations taking place about them, as part of staff appraisals.

Our leadership behaviours are:



Valuing one another



Recognising and valuing people's differences



Working together



Taking personal responsibility



Always learning and improving

We have also responded to a request from our Change Champions to introduce a new improvement workstream to support our administrative and clerical colleagues. This group is now increasing awareness of this professional group of staff, have already developed and delivered new record keeping training and intend to increase the number of available training courses and career development opportunities for this valued group of staff.

We have also delivered on actions within our People Plan, to design and deliver a new Compassionate and Inclusive leadership programme along with Coaching Skills for Managers programme. This will further embed our ambition of collective leadership, where all staff at LPT feel valued, have a voice, are able to contribute to decisions and be innovative to improve our services to our patients.

Freedom to Speak Up

When things go wrong, we need to make sure that lessons are learnt, and things are improved. If we think something might go wrong, it's important that we all feel able to speak up to stop potential harm. Even when things are good, but could be even better, we should feel able to say something and be confident that our suggestion will be used as an opportunity for improvement. Making Speaking Up Business as Usual (National Guardians Office 2020)



The CQC recognised a 'positive culture' since the last inspection and commented on the developments in the work that had taken place around 'speaking up'. The recent staff survey also showed as a trust we believe in 'safety first' and that 82% of colleagues feel comfortable in speaking up and raising concerns around unsafe clinical practices. This was well above the national average of NHS Trusts. The Chief Executive is the lead Director for Freedom to Speak Up (FTSU), which signals to staff the importance the organisation places on speaking up about patient care, quality improvement and resolving work related issues.

Colleagues across the whole work force are actively encouraged and enabled to speak up about their experiences or raise concerns in line with the Trust Freedom to Speak Up: Raising Concerns (Whistleblowing) policy. The policy advises speaking up to line manager or senior manager in the first instance, however it also includes alternative routes to support colleagues including:

- CEO 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

In addition, there are 23 volunteer FTSU Champions who play an important role in positively promoting the key messages about speaking up and widening the reach of the FTSU agenda. They can offer support and signpost colleagues to appropriate services as required. The Trust Champions network has representatives from all staff support networks and from 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.

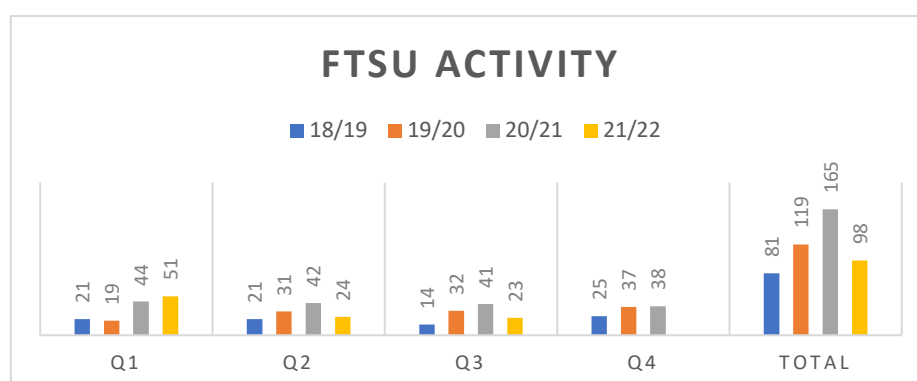
The FTSU Guardian provides independent, impartial and non-judgemental advice and/or practical support when requested by those that want to speak up. The service is promoted widely through, internal communication routes and different media including eNewsletters and bulletins, social media (Facebook and 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.

An essential part of the Freedom to Speak Up process is to ensure that the people who speak up receive feedback on how their issue is being managed or addressed e.g., who is conducting the service review or investigation, what they have found, is there any wider learning or opportunities for service improvements and what 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 phase of a learning and improving culture and therefore the ongoing response when someone speaks up supports the development of trusting relationships, builds confidence in the speaking up process and promotes openness and transparency.

Ensuring that people who speak up do not experience detriment is a significant 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 because 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 which suggests an increasingly healthy culture where staff feel safe and able to speak up.



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.

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.

The Guardian works closely with the Medical Director, Director of Medical Education, Medical staffing team, Junior doctor representatives and the BMA representative.

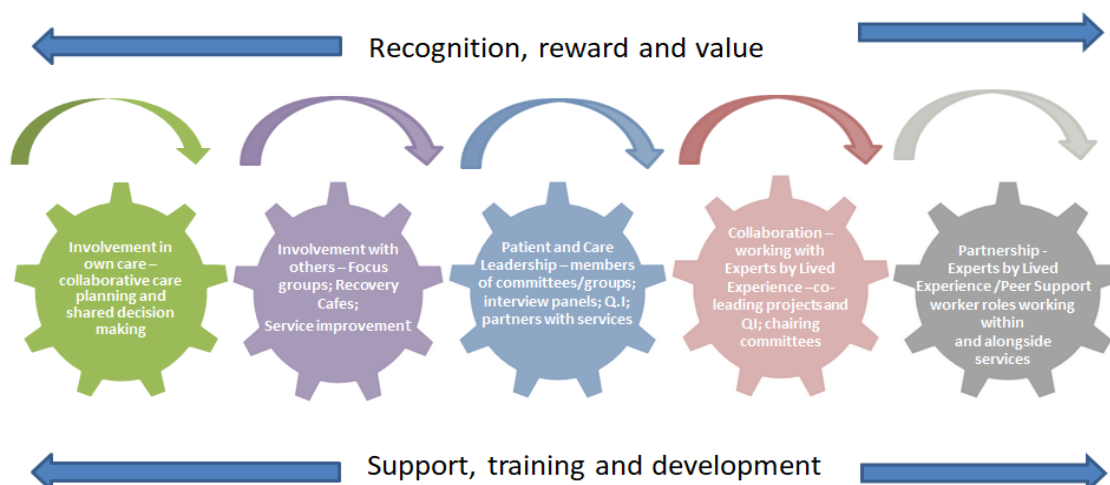
The Guardian chairs the Junior Doctor Forums (JDF's) which are held every 8 weeks.

At the JDF's, matters relating to Exception reports, rota matters, training and education matters, working environment issues and contractual matters are discussed. These discussions inform the quarterly report on the Trust's performance against the terms and

conditions of the Junior Doctor contract; and is provided to the Quality Assurance Committee and the Trust Board.

Patient experience and involvement

Over the last 18 months, through the delivery of the Step up to Great Patient Involvement Delivery Plan we have established a strong framework for involvement. This has enabled the Trust to reduce differences in the way service users and carers are involved in both decisions about their own care, through the introduction of collaborative care planning and in service improvement through the involvement framework (set out below).



Our service user and carer network continued to grow over the year, and we now have over 140 people registered on the network working with us at various levels of involvement in order to improve services.

We launched our first Involvement Prospectus which included all our training and development opportunities for the involvement network members, to better support and equip people to be able to get involved at various levels across the Trust. This also included the opening of our staff Health and Wellbeing sessions to include our volunteers, and those working on involvement projects with us. Our second cohort of patient leaders also successfully completed Patient Leadership training which included the below modules.

- Understanding patient involvement and leadership in practice
- Diversity in patient involvement and leadership
- Influencing people in meetings
- Sharing patient experiences

We also launched an introduction session on what it means to get involved in partnership with the Recovery College, the session is co-delivered with someone with lived experience who talks about their involvement journey with us. The sessions have been very well received and have been a great approach in registering people to the involvement network, and then matching them to projects.

Two patient involvement initiatives achieved national recognition as finalists in the annual Patient Experience Network (PENNA) Awards 2021. The Recovery and Collaborative Care Planning Cafes were shortlisted in the “Strengthening the Foundation” award category and the Mental Health and Wellbeing Workbook in the “Support for Caregivers” award category. The Recovery and Collaborative Care Planning Cafes were runners up in their category.



Patient and Carer Involvement in Quality Improvement (QI)

Over the year around 50 Quality Improvement projects registered onto the Life QI system (which is our tool for recording QI projects) identified with some level of patient involvement including gaining patient/carers insight or patient and carer leaders working collaboratively with staff as part of the project team.

The Trust has a series of QI training called ‘QI in a box’ and we have worked with a patient leader to co-design an introduction to involvement to support staff when they are looking to involve in their QI projects. This session is also co-delivered with the patient leader and is now offered as part of the QI in a box series, and we have also delivered a few bespoke sessions to teams/services.

Developing a Lived Experience Leadership Framework

A small group of people with lived experience are working with the Trust to develop a Lived Experience Leadership Framework. The aim of the Framework is to set out how the Trust can work with people with lived experience as equal partners to improve services. The Leadership Framework is based on the Patient Leadership Triangle which was developed at Sussex Musculoskeletal (MSK) Partnership (Central). It represents the roles of, and relationships between, Patient Director (executive level), Patient and Carer Forum (governance level) and Patient & Carer Partners (improvement level).

Involvement of those with Lived Experience in recruitment

Over 20 patients, service users and carers, including members from our Youth Advisory Board, have now received training in recruitment to enable them to get involved in staff recruitment. This includes the development of values- based questions which can be used in interviews where we have not been able to involve patients, service users and/or carers directly. During the year several recruitments have taken place with patients, service users and carers taking part in panels, these include Mental Health Practitioner roles, Quality Improvement Clinical Lead, Complex Trauma Pathway Lead and Peer Support Workers.

Examples of Involvement from across the Trust

<p>Directorate of mental Health</p> <p>For world suicide prevention day in September the Safety Planning service user group, working alongside the LPT Suicide Prevention lead, held a patient led creative workshop focusing on Creating Hope Through Action</p> <ul style="list-style-type: none"> • Many great discussions on what Hope looked and felt like to different people. • Many creative pieces were made, along with poems of Hope which have been used to feed into resources to support personal safety planning. • Two people with lived experience that attended the workshop have now also registered for involvement and joined the patient safety working group 	<p>Community health services</p> <p>The Single Point of Access Team (SPA) has made improvements to the telephone options following feedback from patients and carers.</p> <ul style="list-style-type: none"> • This has resulted in a reduction in the number of options provided, making selection much easier for the caller. <p>Cardi-Respiratory team recruiting its first patient leader to work on quality improvement project improving access and uptake of digital technology to support the care of adults with long term conditions.</p> <ul style="list-style-type: none"> • Collaboration with LPT and UHL to develop a new integrated asthma pathway. • They are also attending various training and development and would like to offer peer support to other service users, as well as offer a peer led education session.
<p>Families, children and young people and learning disabilities</p> <p>Patients and carers have provided input to the Quality Network for Eating Disorders (QED) as part of the outpatient service accreditation process.</p> <ul style="list-style-type: none"> • Involvement was sought from past inpatients, day patients and their families/carers to be part of a working party looking at models of care as part of the East Midlands Provider Collaborative and have had a great response <p>A programme of 8 engagement sessions took place at the Beacon Unit</p> <ul style="list-style-type: none"> • The interactive creative sessions have involved both staff and young people taking part in group poems, short story telling and other group work word games. • Feedback received on the sessions is being used to form the evaluation of the 8-week intervention. 	<p>Learning Disabilities - Agnes Unit</p> <p>The Phoenix Charity visited the Agnes with George the Reindeer and Chester the Dog over the festive period</p> <ul style="list-style-type: none"> • Patients enjoyed the visit along with turkey and stuffing cobs, hot chocolates, non-alcoholic mulled wine, and mince pies. The Unit now have new user-friendly signage up, which supports patients and families to navigate the building. <p>Meaningful activity</p> <ul style="list-style-type: none"> • Every patient is having a review of their timetables which includes evening and weekend activities for them to support their needs and preferences in engaging with meaningful activities

Accreditation schemes and 15 Steps programme

This Accreditation Programme is part of our Step Up to Great Strategy and aligns to our high standards brick. The purpose of this programme is to enhance the quality of care received by our patients. We plan to extend the accreditation standards further into outpatient areas throughout 22/23 and have already seen continued progress in the roll out of accreditation for in-patient services with increasing numbers of wards achieving either bronze or silver accreditation on their journey to Gold.

Alongside the accreditation scheme we reintroduced the 15 steps programme in October 2021. The 15 Steps Challenge focuses on seeing care through a patient or carer's eyes, and exploring their first impressions.



The purpose of the visit is to support staff, and others to work together to identify improvements that can be made to enhance the quality of care and the quality of the environment to improve the service user experience. It is a collaborative process and provides a simple way of understanding service users' first impressions more clearly and how this impacts on their initial experiences of care. It also supports learning across the Trust and the sharing of good practice.

WelImproveQ

'WelImproveQ' 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'.



'WelImproveQ' has been co designed and developed with staff and resulted in a programme based on 6 key principles:

- One Shared Approach
- Knowledge and Skills
- Working in Partnership
- Sharing Good Practice
- Continuous Improvement
- Using data for measurement

To further strengthen this LPT is in a group model with Northampton Healthcare Foundation Trust (NHFT) where we are working together on our shared approach to QI. WelImproveQ is a critical part of the enabling function bringing together QI, Clinical Audit and NICE and establishing a comprehensive programme of work-based quality improvement.

WelImproveQ has delivered the following outcomes:

- Identified and started to embed an agreed QI methodology across the Trust.
- Trained and supported over 200 staff in acquiring QI knowledge through our internal training sessions and the Quality Service Improvement Redesign (QSIR) programme.
- We have continued our 1-hour quality improvement work-based learning training sessions, QI in a Box. We currently have 13 'boxes' covering the basics of quality improvement and have more in development.
- Provided training and support around QI for our preceptees and Director of Nursing Fellowship.
- Introduced QI at the junior doctor's inductions and the Step Up to Great Leading for High Standards and Compassionate Care Programme.

- Established a 'virtual QI Faculty' in the improvement knowledge hub, supporting a weekly design huddle utilising the skills of staff within the organisation and linking with partners across the system including research, patient experience, staff experience and lived experience.
- Supported 204 projects including 28 completed - as recorded on Life QI, our web-based platform for supporting QI projects.
- 328 users registered on Life QI.

Project example

One example of a successful project aimed to reduce insulin incidents in the community setting. Insulin therapy accounts for around 100,800 visits from community nurses each year within LPT Community Health Services. Patients on insulin therapy who cannot manage their own treatment independently must be confident that clinicians are working within the safest framework possible to reduce errors. Clinicians told us that they did not feel existing systems supported this and incident data corroborated this view. Following discussions between a clinical educator and staff a pilot set of notes and draft process sheets were produced. A single team in a single hub was chosen as a pilot site for changes. The initial pilot site showed zero incidents following the introduction of the new notes and process. The process and notes are being rolled out to other sites.

On AMAT we have 64 ward and area audits – audits with regular (usually monthly) data collection that give a continuous picture of performance. The majority of these are used by individual teams and wards as part of their own local quality control for high standards. Some form part of the Trusts' wider assurance and governance process, for example around medicines management.

During the latter half of 2021 we were part of the team organising the quality improvement aspects of the LLR Academy's Lead, Connect and Care Festival held in November. This was a joint effort between LPT, University Hospitals of Leicester NHS Trust, Northamptonshire Healthcare NHS Foundation Trust, Nottinghamshire Healthcare Trust, and LOROS. The festival brought together professionals from the health, social care, emergency services workforce and the charity sector to celebrate and explore the very best in leadership development, quality improvement and health and Wellbeing. The week-long virtual event opened on World Kindness Day on the 13th of November. The event included sessions from expert speakers, world-café style meetings showcasing improvement initiatives from across LLR, Nottinghamshire and Northamptonshire and wellbeing sessions designed to improve physical and mental health. Over 600 people attended during the week.

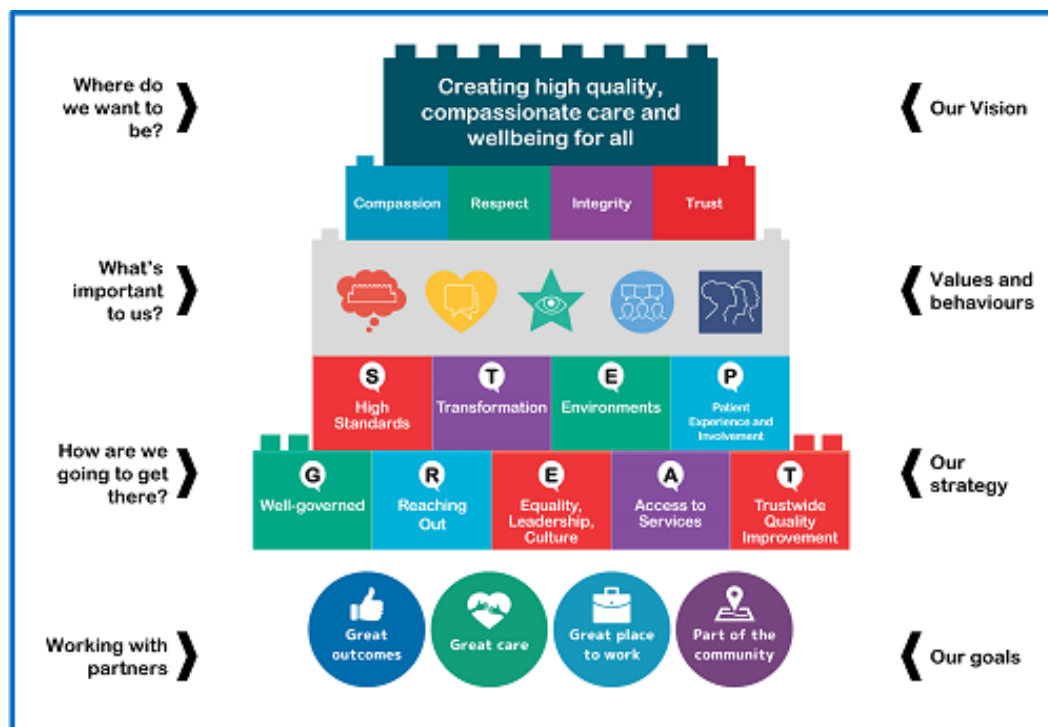
The next phase of the QI journey is being developed and during January to March 2022 the offer is being refreshed to enable effective prioritisation of resources to achieve trust wide priorities and to continue to grow capacity and capabilities within the workforce. The business case for the future capacity of the QI function is to be agreed by the trust during February 2022.

Our summary statement

The Quality Account has presented an overview of the quality of our services including the statutory reporting requirements. Despite the challenging year, we have continued to work hard to achieve our vision of 'Creating high quality compassionate care and wellbeing for all'.

We are proud of the values and leadership behaviours that have been demonstrated by our workforce in response to another challenging year as a result of 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.

Our Step up to Great Strategy has been revised and continues to be the driving force to achieve this. We have retained eight of our nine original Step up to Great bricks and refocused the remaining brick from 'Single Electronic Patient Record' (implemented in November 2020) to 'Reaching Out.' You will also see the four goals of how Step Up to Great will help us to fulfil our Trust's vision as an active player in our system. Through our Step Up to Great strategy we will focus together on Great Health Outcomes, through Great Care, a Great Place to Work and being an important Part of Our Community. We are all leaders at LPT and can all make a difference.



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.

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.

DoN- Director of Nursing

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.

Integrated Care System (ICS)

Are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Leicester, Leicestershire and Rutland (LLR)

Our local healthcare area.

Learning Disabilities Services

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

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 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.

SystemOne

Clinical system which clinicians use to document patient records.

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

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

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

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

- The content of the quality report meets the requirements set out in the NHS Trust annual reporting manual 2021/22 and supporting guidance Detailed requirements for quality account 2021/22
- 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 2021 to March 2022
 - Papers relating to quality reported to the board over the period April 2021 to March 2022.
 - Feedback from commissioners dated May 2022
 - Feedback from local Healthwatch organisations dated May 2022
 - Feedback from overview and scrutiny committee dated May 2022
 - 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 2021
 - The latest national staff survey March 2022
 - CQC inspection report dated 2021
- 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: 10th June 2022 *Cathy Ellis* Chairman

Date 10th June 2022 *A Hillery* Chief Executive

Annex 3: External Audit Statement

LEICESTERSHIRE COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON THE LEICESTERSHIRE PARTNERSHIP NHS TRUST QUALITY ACCOUNT FOR 2021-22

MAY 2022

The Health Overview and Scrutiny Committee accepts that the Leicestershire Partnership NHS Trust (LPT) Quality Account for 2021-22 is a balanced representation of the Trust's work over the past year and is not aware of any major issues omitted from the report.

The Committee notes that the Care Quality Commission report of 29 October 2021 rated LPT as 'requires improvement' which is disappointing, though the Committee notes that improvements had been made since the previous CQC inspection and welcomes the action plan LPT put in place to address areas of concern. The Committee has been informed that regular discussions take place between LPT and CQC regarding progress, which is reassuring, and that LPT also identify its own areas for improvement and communicate with CQC about those. The Committee is aware that mandatory training is one area which CQC identified for improvement but the Omicron variant of Covid-19 has meant that LPT has not made the required progress with regards to catching up on mandatory training and therefore is unlikely to be CQC compliant in this area.

The Committee accepts that the Covid-19 pandemic presented many challenges for LPT with regards to performance. However, one area which should not have been affected by the pandemic is the culture and professionalism of staff, and the pandemic should not be used as an excuse for failings in that area. The Committee is pleased that staff and culture is addressed in the report and that staff have reported a more positive experience around health, wellbeing and safety at LPT.

The Committee has great concerns about the impact of the Covid-19 pandemic on the mental health of the population of Leicestershire. The Committee notes that the Mental Health Hub was developed in response to the Covid-19 pandemic and aimed to divert patients needing emergency mental support away from Accident and Emergency Departments and the Committee is pleased that it is intended that the Hub will remain in place.

The Committee is pleased that the Mental Health Central Access Point is working well but notes that public awareness of the service is low and is pleased that LPT is carrying out communications campaigns to raise awareness.

One area of LPT's work which has received a lot of attention over the last year but is not covered in depth in the Quality Account are the drop-in centres for anyone to come and talk about their mental health known as crisis cafes. The Committee welcomes the launch of these cafes, but notes that they are mainly run by volunteers and questions how that is being managed and what training the volunteers receive. One area of concern for the Committee is a lack of access to mental health support for people living in rural areas therefore it is pleasing that some of the crisis cafes are located in market towns.

The Committee notes that the LPT priorities for both 2021-22 and 2022/23 link in with the CQC inspection domains which makes sense, though the Committee is of the view that the priorities could have been more clearly presented and highlighted in the report.

The Quality Account clearly sets out the different facets of the Step up to Great Strategy. Over the past year the Committee considered the format and findings of the Step up to Great Mental Health Consultation and welcomed the breadth of the consultation work. The Committee believes that the Strategy needs more emphasis on partnership working and how the work of LPT fits with the GP model and the prevention work of Public Health. The Committee would welcome even closer working between LPT and Leicestershire Police and would recommend that LPT also links in with Community Safety Partnerships who have a breadth of relevant expertise. The Committee will be interested to observe how the implementation of the new Integrated Care System impacts on partnership working.

In recent years the Committee has looked at the inequality in outcomes faced by people with learning disabilities using health services. It is therefore pleasing that the Quality Account covers this issue in depth and the Committee welcomes the work of LPT to transform the care provided to people with learning disabilities.

One area which the Committee has taken a particular interest in over the past year is the services available to help people with eating disorders. Whilst the Committee welcomes the investment and expansion in services for those people, it was disappointing to learn at one of our Committee meetings that there is a lack of local data regarding the numbers of new adults being dealt with. It is pleasing to note from the Quality Account that LPT is intending to carry out research into eating disorders.

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 Draft Quality Account 2021-2022 Statement from Healthwatch Rutland

We thank Leicestershire Partnership Trust (LPT) for the opportunity to comment on the draft Quality Account for 2021-22. We support the ongoing commitment from LPT management to continued improvements in all their departments and operations and their concern for staff wellbeing despite all the difficulties created by the COVID-19 pandemic.

Patient services

Although we know that a lot of work has been centred on adult mental health services through the Step up to Great mental health programme, we can see no evidence in the Quality Account of measures to improve waiting times for access to Children's mental health services (CAMHS) and therapies. Feedback from Rutland families to Healthwatch Rutland indicates little resilience and continuing long backlogs in these services. We would like to see specific priority work in 2022-23 to tackle this.

We also note that a step-down facility for COVID-19 positive patients requiring inpatient care has been set up in Hinckley. Travel to this facility is particularly challenging for carers and families from Rutland. Healthwatch Rutland would like to see how the Trust will measure and use patient and family satisfaction rates and experiences to assess the quality of this service.

The draft Quality Account demonstrates much work to maintain and improve patients' services despite the added pressures of the ongoing COVID-19 pandemic. We welcome the positive actions taken to keep waiting list patients safe as described for priority 4. We would value the provision of data to evidence the success (or otherwise) of this approach along with information about patient experience and feedback of waiting patients.

Engaging with patients, friends and families

We note the ongoing focus on strengthening patient and carer involvement in Trust work. We appreciate that delays in recruiting patient safety partners and slow uptake of the new Friends and Family Test system have been caused by COVID-19 challenges, and welcome that the Trust recognises the need for renewed efforts to prioritise these activities in 2022/23.

Healthwatch Rutland will watch with interest, how the positive transformation and coproduction work with patients with Learning Disabilities and their families is carried

forward. The bespoke COVID-19 vaccination clinics for people with learning disabilities have been valued, although the clinics have not been in Rutland itself.

Staff welfare, recruitment and retention

We acknowledge the difficulties, nationwide, of recruiting and retaining staff. LPT is being proactive in managing this by caring for and training and developing staff in addition to overseas recruitment. We would also encourage, wherever possible, moves towards apprenticeship schemes and placements for trainees – both of which receive minimal attention in the draft Quality Account. This would equip and provide a workforce for the future. It is pleasing to see that there remains a focus on research and we hope this will continue and that research opportunities will be offered to all staff members as part of their support and development.

Healthwatch Rutland finds the progress with work to support staff in the 'Freedom to Speak Up' (FTSU) programme very encouraging. As evidenced through the staff survey, 82% of colleagues feel comfortable in raising concerns around clinical practices. The embedding of the FTSU Guardian, and ongoing support for FTSU champions shows a clear commitment to a culture of learning from occasions when things have gone wrong. This, in turn, promotes good patient care and safety.

In conclusion, Healthwatch Rutland has valued a continuing strong and productive relationship over the year with LPT staff and senior management teams and we look forward to another year of working together on this journey of continuous improvement.

Janet Underwood

Dr Janet Underwood PhD
Chair, Healthwatch Rutland



Annex 5: Stakeholder feedback

Leicestershire Partnership Trust Draft Quality Account 2021-2022 Statement from Healthwatch Leicester and Leicestershire

We would like to begin by noting the areas in which LPT continues to make improvements: LPT responded to the CQC inspection in 2021, and took immediate steps to improve on all areas, with a focus on improving patient safety.

The Trust has been working to provide technology-based care, resulting in continuous health monitoring for those that would benefit from it. This is leading to reduced travel for appointments and resources being used in a more effective way.

LPT has committed to supporting carers and recognises that with its partners, it needs to do more to support them, as a result a strategy is being developed to ensure there is a focus on the needs of carers.

LPT has been successful in signing up to a number of national initiatives including Advancing Mental Health Equality and review of the Mental Health Care Act work in conjunction with the Royal College of Psychiatry.

LPT has given strong system leadership to transforming learning disability and neurodevelopmental services, which is resulting in more patient centred care being put into place.

LPT continues to ensure that there are no out of area placements in mental health, which against all the pressures created by the pandemic is an even more impressive achievement which ensures that a patient's support network is nearby and on hand to support them.

LPT has worked to ensure that the patient and carer voice is being heard in the design and delivery of its services, with plans to take this even further with the establishment of a patient and carer leadership framework. There are regular system meetings that place to talk engagement and insight, and LPT have shown leadership in how to do engagement and involvement well.

LPT has reinvested back into local voluntary and community sector services, which is welcomed. It is planning to work with the sector to not only help deliver services, but to help it engage with the populations that they serve.

Areas for development

We would like to see a renewed focus on getting down unacceptably long waits for mental health services, especially for personality disorders, dementia diagnosis services and child and adolescent mental health secondary mental health services.

We are concerned that the waiting lists in some areas have worsen in the last year and therefore call upon LPT to take urgent action to rectify the situation. We do note that a number of factors have been outside LPT's control, and are factors which are affecting all health and social services across the country.

We also feel it is important for LPT to layout its plans to deliver highly personalised care across all the services it provides, through working within the ICS to deliver more personal health budgets, which give the patient and their carers the power to personalise their care, with the support and guidance from those at LPT caring for them.

LPT estates doesn't always allow for the best patient care to be provided, with some buildings that are not fully accessible and others which are outdated and lack modern facilities.

The health and social care landscape is changing over the forthcoming year as a result of the establishment of what it will do practically to reduce health inequality in Leicester and Leicestershire. The draft guidance for Trusts within the ICB arrangement, refers to patient and carers being involved with decisions at all steps, including within their governance structures, therefore, LPT could find success in working with its partners to reduce health inequality if those experiencing the inequality are the ones driving the change.

The Trust would benefit from ensuring that it uses all the intelligence it has at its disposal, including complaint trend information and information from engagement work to inform the decisions it takes, in partnership with patients and carers.

The patient and carer stories heard by Trust Board focus on the stories of people where they have been provided with a good service. The Board would benefit from hearing from people where the service needs improving.

Healthwatch is planning to visit LPT services over the next year, using our powers of enter and view to review the patient and carer experience, which we will believe will be beneficial to the development of LPT services moving forward.



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 21 - 22.

The Covid-19 pandemic brought with it unprecedented challenges and we welcome the continued response to this and the commitment to review and manage policies accordingly. The pandemic has encouraged service change and welcome the continued quality improvement promoted through the current situation noting the development and sustainability of the mental health hub and virtual ward for patients with COPD.

We support the recognised response of the pandemic on the workforce and confident that the measures described will positively support staff wellbeing in particular the Director of Nursing fellowship for the development opportunities this will bring.

We are pleased to note all the improvement work that is continuing under the 'Step up to Great' quality improvement framework and eager to see this continue through the next year.

We acknowledge and support the continued Trust's work with the Youth Advisory Board which will ensure that the voice of children and young people will inform service changes. Service user experience is clearly demonstrated as a clinical quality indicator within the quality priorities set out for 2022/23. We agree with the quality priorities, in particular continuing the focus on ensuring that all ligature risks are reduced, including at the CAMHS inpatient unit; and the priority to reduce the development and deterioration of pressure ulcers in line with the NHS Long Term Plan.

We look forward to maintaining our longstanding relationship with LPT as we develop into the ICB and thank them for continued professionalism and expertise.