



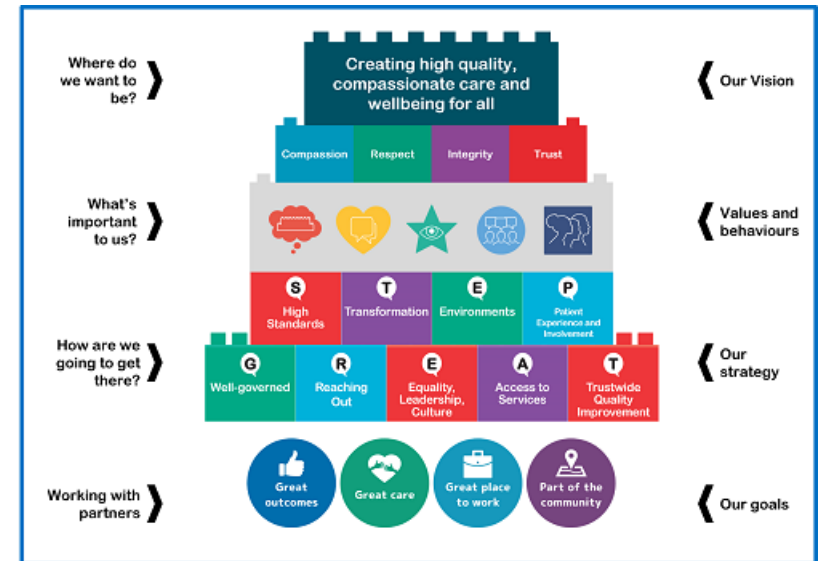
Leicestershire Partnership
NHS Trust

STEP UP TO GREAT STRATEGY – 2021/24 & LEICESTERSHIRE PARTNERSHIP TRUST STRATEGIC PLAN – 2022/23

Qtr3 Highlight Report

(Oct, Nov & Dec 22)

SRO - David Williams, Group Director of Strategy & Partnerships



OUR VISION

Is to create high quality, compassionate care and wellbeing for all. We will continue working towards this vision, by developing a great organisation, that is able to deliver great outcomes, with great people as part of our local communities.

Our goals



Great health outcomes

For everyone in every community across Leicester, Leicestershire and Rutland (LLR). Tackling health inequalities, working together to ensure there are safe, healthy places for people to live and work are important elements of the integrated care we can provide with others.



Great care

We want every service user and their family to have great care, we are playing our role in that by improving on the areas we know we need to improve on and seeking feedback and learning from our communities on other changes and improvements we can make.



Great place to work

Our 6,500 staff and volunteers provide services through over 100 in-patient and community settings, as well as in people's homes, across Leicester, Leicestershire and Rutland. We want to continue to develop LPT to be a great place to work and be an employer of choice. Having a great place to work helps us all to keep improving the quality of care we can provide.



Part of the community

With over 76,000 health and care employees in LLR we play an important role in our communities. The actions we take along with other providers, local authorities, universities etc. have a real influence on how we develop our communities. Through our strategy we are committing to think more about the impact on our communities and the decisions we can make to benefit them.

We will know we are successful when:

- We are consistently receiving positive feedback from the people who use our services and their carers. We will also be receiving assurance and positive feedback from our core regulators such as the Care Quality Commission (CQC) that we are providing a high standard of care.
- People can live at home for longer and better manage their health and well-being with support from health and care providers. People are supported to restore their health, wellbeing and independence after illness or hospital admission
- Patients/service users and staff share positive experiences, demonstrating patient-centred and joined up high quality, safe care which is accessible when and where it is needed.
- Children, young people and their families share decision making with our staff and have easy access to the right support, at home and at school.
- Our Children and Young People (CYP) are accessing care when they need it.
- More support for people with a learning disability to improve their health and wellbeing is available in the community, our service users tell us they are happy with our services, and fewer people with a learning disability need to be admitted to hospital.
- Our service users with Autism have a positive experience of our services and are supported to live well in the community. They will wait less time to receive care when they need it and will be supported to stay out of hospital as much as possible.
- We have the technology and support for staff and our communities to access services digitally that improves care, with support and alternatives for those who cannot.
- We have welcoming, clean and safe buildings that reduce risk of harm to patients and improve their privacy and dignity.
- Patient involvement is at the core of everything we do and outpatient satisfaction, and feedback reflects this.
- We feel clear and confident about how we are governed, and we use these practices consistently across the Trust. When we are an outstanding Well Led organisation, delivering best practice governance across our Group and system, demonstrating agile and effective decision making.
- We are positively contributing to local communities to help reduce inequalities.
- We value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust.
- We are delivering services that meet people's needs and are accessible to all, evidenced through meeting our local and national targets.
- All our people are empowered to lead and make improvements in their everyday work. When performance and outcomes are measured and monitored in a systematic manner that leads to quality improvements being delivered and sustained.



Key commitments:

- We will deliver safe care and reduce harm.
- We will reduce variation and create a safety learning culture.
- We will transform our patients' experience of care - making no decision about them, without them.
- We will create the conditions for quality.

Aims:

- We will demonstrably improve compliance against Health and Social care core standards and CQC registration requirements.
- Development of an implementation plan for the local National Patient Safety Strategy- includes pressure ulcers, deteriorating patient, self-harm, IPC, suicide prevention and least restrictive practice.
- Implementation of the Shared Decision-Making Framework

Slide 1 of 2

LEAD: Anne Scott

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next steps)
<p>Strengthen arrangements for the oversight of delivery against Care Quality Commission (CQC) standards.</p> <p>Development of a programme of development for Fundamentals of clinical care delivery</p>	Deanne Rennie	<ul style="list-style-type: none"> • Implementation of quality visits and quality huddles for inspection readiness. The impact of these visits is enhanced oversight of quality standards and a direct feedback mechanism for areas of good practice and improvement to teams. There have been a number of positive outcomes following this process including Phoenix Ward provider collaborative visits, Mental Health Act visits on Sycamore and Coleman Ward. • CQC assurance action plan outstanding actions remain on track for completion. The timeliness of the completion and ongoing oversight ensure we are complying with regulatory standards and delivering high quality care. • Trial and evaluation of a new self assessment tool for Valuing High Standards completed. This new tool will impact on a wider range of services having clear, evidenced oversight of the standards of care and help identify good practice and improvement areas. 		<ul style="list-style-type: none"> • Extend quality visits and huddles to CHS directorate • Continued monitoring of CQC actions and embeddedness • Launch of self assessment tool Valuing High Standards in FYPC • There are plans to review learning from the CQC best practice 'Safety culture: learning from best practice' report.
<p>Development of an implementation plan for the local National Patient Safety Strategy- includes pressure ulcers, deteriorating patient, self-harm, Infection prevention control (IPC), suicide prevention and least restrictive practice.</p>	Michelle Churchyard	<ul style="list-style-type: none"> • Project implementation group established and baseline review completed to establish the project plan for implementation of the new PSIRF framework. Taking a multidisciplinary led programme approach will support the culture shift required for the new framework. • Improvement programmes on pressure ulcers, deteriorating patient, self harm, IPC, suicide prevention and least restrictive practice in delivery. • New strategic pressure ulcer prevention group established with a work plan mapped to the NICE standards to reduce pressure ulcer incidence developed in our care. Review of pressure ulcer data set benchmarking how this aligns to the national audit/model hospital to know how we are doing • Development and implementation of the IPC winter plan. The Introduction of Lateral Flow Devices (FLD) testing all patient admissions, contact isolation, development of an influenza action card – impact reduced outbreaks, healthcare acquired infections and sustained patient flow. • Pilot phase of the use of body worn cameras to act as a deterrent and promote safety and learning, where patients are violent and aggressive towards staff and other patients leading to restrictive practices • The self harm group and Suicide prevention group have worked together review the new Self Harm NICE guidance and the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) suicide prevention toolkit for the majority of LPT MH Inpatient services to identify area of improvement. 		<ul style="list-style-type: none"> • Establishment of the project plan to transition to the new Patient Safety Incident Review Framework (PSIRF). Workshops with the Executive Team and Trust Board. • Shared pressure ulcer improvement collaborative planned with NHFT and the LLR Integrated Care System. • Shared Deteriorating patient improvement collaborative with NHFT. • Developing a system pressure ulcer prevention strategy. • Test SWARM approach (a step change in how the trust responds to safety incidents) methodology in hospitals for category 2's. • Equipment ordering review, clinical oversight of contract, rejections, who can order to reduce delays and associated harm. • Launch of the new Hydration Policy following learning from incidents/complaints. • Evaluation of the body worn camera pilot and review of potential roll out to all acute mental health wards and other mental health /learning disability wards. • Using the self assessment from the NICE guidance on self harm and the NCISH toolkit the Trust policy on self harm and suicide will be reviewed and improvement plans agreed.



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Slide 2 of 2

LEAD: Anne Scott

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next steps)
Implementation of the Shared Decision-Making Framework	Emma Wallis	<ul style="list-style-type: none"> • Initial review of the National Institute for Health and Care Excellence (NICE) guidance led by the Clinical Effectiveness Group chair. New task and finish group established to identify improvement areas and implement. This has enabled a clear baseline of where there is good practice and where we need to improve our approach to ensure service users experience shared decision making around their care. 		<ul style="list-style-type: none"> • Development of programme approach to improving compliance against the NICE standards and align to collaborative care planning and the move from the Care Programme Approach to Care coordination.
Delivery of Step up to Great for High Standards Programme for wider cohort of staff including community and Allied Health Professionals (AHPS).	Emma Wallis	<ul style="list-style-type: none"> • Programme commenced on 20 September 2022 and runs until April 2023. • Action learning sets commenced on 27 September 2022 and runs until 27 June 2023. Programme consists of nine band seven nurses, and five band 7 Allied Health professionals from all three directorates. The impact of this programme is the development of strong local clinical leadership across the nursing and AHP workforce which improve standards of care at local level. 		<ul style="list-style-type: none"> • Ongoing delivery of the programme and evaluation.
Delivery of the LPT inpatient ward accreditation programme.	Deanne Rennie	<ul style="list-style-type: none"> • New trust wide accreditation tool developed and trialled and evaluated in 3 clinical areas, Thornton Ward, Community Integrated palliative Care Team and Coalville Hospital Ward 2. This new tool is enabling wider team involvement in the accreditation process, cross profession conversations and is able to be used across a wider range of settings other than inpatients. Its design also reinforces the Trust values and strategy at a local level. 		<ul style="list-style-type: none"> • Implementation of self assessment programme commencing in FYPC/LD



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Aims (CHS):

- Remain focused on ensuring safe high-quality delivery of care by reviewing our clinical staffing models.
- Develop and implement a Winter plan that is integrated into system delivery
- Progress our Ageing Well accelerator work
- Address our waiting lists, particularly in relation to continence and Neurodevelopmental

LEAD: Samantha Leak

Community Healthcare Services

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next steps)
Ensure CHS delivery against Trust's People Plan. Vacancy reviews in most challenged areas – deep dive plan. International recruitment facilitation & onboarding. Start partnership working with key partners such as UHL to explore opportunities to integrate.	Sarah Latham & Gayle Philipson	<ul style="list-style-type: none"> • International recruitment has progressed well in the community hospital wards and we have started with 2 international recruits in the community which we hope to develop and build on numbers into 2023. This is providing a reduction in our nursing vacancy numbers and enabling better quality care to our patients and a reduction in agency spend. This team of nurses are a fantastic asset to Community Health services • UHL and LPT Therapies integration collaborative is well established sharing good practice and areas to work together to enable improvements for patients of LLR • Consideration to skill mixing and alternative approaches to maximise clinical time in our most challenged areas to ensure improved quality clinical time to our patients 		<ul style="list-style-type: none"> • Continue to support our International recruits ensuring independence and integration into the team • Expand the number of International recruits in the community setting • Progress skill mix opportunities • Enable clinicians to maximise their clinical time
Creating an integrated winter plan. Deliver actions from winter plan.	Sam Leak	<ul style="list-style-type: none"> • LPT winter committee established to develop and implement the winter plan to ensure we are as prepared as we can be over the challenging winter period • LPT winter committee links to SEB and to System Winter board to ensure a system approach to delivery 		<ul style="list-style-type: none"> • Continue to deliver the actions against the winter plan • Use the forum to consider and develop plans for other emergency planning situations
Progress our Ageing Well accelerator work.	Nikki Beacher	<ul style="list-style-type: none"> • This is now fully integrated into Community Health Services, and we are delivering the 2hr Crisis response and the 2-day target for services. This is ensuring earlier access and decreasing the need for Hospital attendance. • The Ageing Well accelerator work has been implemented and now fully embedded and primarily sits in the ICB pillar Home First Collaborative. Within the collaborative LPT have achieved success with a number of projects such as the implementation of the falls app, care home quality which has seen a decrease in admissions and the implementation of the 2-hour crisis response which have all had a positive impact for patients using our services. 		<ul style="list-style-type: none"> • Continue to ensure the delivery of the target
Improve mechanism for measuring and monitoring harm caused by long waiting. Clear trajectories and action plans for reducing waiting times. Working with system partners to explore collaborative approaches to decrease waiting times.	Nikki Beacher	<ul style="list-style-type: none"> • All services have a process in place to monitor patients 'waiting' over 12 weeks to prevent harm due to long waiting • CINNS and Continence deep dive, action plan and weekly meetings to review data, compliance and waiting list trajectories against demand and capacity. Now being completed with further CHS services. This has enabled increased capacity by prioritising clinical time and ensuring maximum efficiency. • Weekly PTL's with priority services and 1:1 sessions with staff to improve data quality issues, to ensure reporting is accurate. 		<ul style="list-style-type: none"> • Capacity and demand reviews completed providing valuable information for the system planning rounds 2023/24 • Delivery of service action plans to decrease waiting times



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- Respond to the outcome of the public consultation on mental health services and support.
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Aims (MH):

- Respond to the outcome of the public consultation
- Develop a clear SUTG MH Delivery Plan building on the outcome and learning from the consultation
- Progress our therapeutic inpatient workstream
- Improve access and reduce inequalities in access to Mental Health services

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LEAD: Tanya Hibbert

Organisational Risk Register (Jan 23) (This report only details combined RED residual risks)	
A lack of capacity within the workforce model and a high vacancy rate is reducing our ability to assess and follow up patients in community mental health services in a timely way, impacting on the safety of care and the mental wellbeing for our patients.	Ref No: 86

Mental Health Services

Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next steps)
Initial communication and engagement to staff (through event). Communication to staff through video, presentations and podcasts. Development of communication and engagement plan for ongoing engagement around outputs of consultation and next steps. Delivery of plan.	Louise Reilly	<ul style="list-style-type: none"> • Multiple communication approaches have been adopted: <ul style="list-style-type: none"> - Monthly all staff in directorate communication update sessions in place - Monthly newsletter created - Workstream meetings and communication in place • Two co-design sessions undertaken to develop 'improvement bridge' for staff in directorate to shape the staging of changes for the remainder of the year. To be concluded in a final session at end of January 2023 • Refreshed the Step up to Great Mental Health programme with detailed plan and communicated through team meetings. • These initiatives will ensure staff can contribute and influence the development of the MH delivery plan which will also aligns to the public consultation. 		<ul style="list-style-type: none"> • Blueprint communication document to be developed and communicated to support the launch of the accelerated implementation work to take place in 23/24. • Last co-design 'improvement bridge' workshop to take place (30th January) • Communication of outputs of improvement bridge and plan for 23/24 to be communicated through all staff and targeted team meetings across Q4.
SUTG-MH system-wide implementation plan developed re-including energising workstreams and programme governance. SUTG-MH VCS event to prepare partners for co-design. SUTG-MH transformation launch event to engage with staff and VCS and system partners set off work. SUTG-MH transformation plan agreed across system.	John Edwards	<ul style="list-style-type: none"> • Refreshed Step up to Great Mental Health transformation programme documents have been completed and new governance processes set up. This has been agreed through the SEB, EMB and is an item on January 23 Trust board. • Engagement with Voluntary sector has continued throughout 22/23. First formal network event took place in Morningside arena within Q3 with close to 100 attendees. • New shadow MH collaborative arrangements with LPT, wider system partners and VCS commenced in November 22. • These initiatives will ensure staff can contribute and influence the development of the MH delivery plan which will also aligns to the public consultation. 		<ul style="list-style-type: none"> • Fully implement new reporting structure as part of the refreshed Step up to Great MH new governance arrangements • Continue the new shadow MH collaborative arrangements • Launch detailed plan for MH transformation for 23/24 from outputs of 'improvement bridge'.



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Mental Health Services

Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next steps)
Development of environment to support therapeutic admissions: <ul style="list-style-type: none"> • Submit business case for Oxevision • ASD environment programme of work and the ordering of goods. 	Helen Perfect	<ul style="list-style-type: none"> • Oxevision business case has been completed and has already gone live on Aston Ward with Ashby next to go live by February. Early insights reports are being prepared to support full benefits realisation and evaluation. • ASD environment: Successful bid with NHS for one off funding for Sensory equipment to be available within MH acute inpatient wards has been completed. Equipment has been purchased which will enhance the service offer and achieve better outcomes for patients. 		<ul style="list-style-type: none"> • Continued delivery of these key programmes of work
Access to therapeutic interventions – Clinical Pathways: <ul style="list-style-type: none"> • Continue to work with professional group to review and develop ASD Pathway inc review of Workforce, Estate, Collaborative Care and Training. -Development of newly recruited ASD Care Navigator. • Launch physical health project group with new Team Manager for Older persons inpatients and physical health pathway. 	Helen Perfect	Care navigator for ASD pathway: <ul style="list-style-type: none"> • Recruited at risk to the Clinical Nurse (CN) post -review of CN role being undertaken to see if business case is required to continue • Draft pathway developed, stakeholder engagement to take place to move forward, this is part of the better Mental health for all Therapeutic inpatient project (Q4). This will provide parity of care for MH patients and improve the awareness of wider service offers to patients and carers. Physical health: <ul style="list-style-type: none"> • Recruited to a Team Manager for MHSOP And Physical Health. The role is providing oversight and leadership of the different physical health streams together, including physical health, smoking cessation, addressing substance misuse and dietetic support which will address inequalities and provide care for the most vulnerable across the LLR system. 		<ul style="list-style-type: none"> • ASD pathway - Draft pathway to be engaged upon and confirmed. • Physical health - Draft pathway to be completed and engaged upon.



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Mental Health Services				
Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next steps)
Workforce: <ul style="list-style-type: none"> • Complete SUTG workforce plan and governance framework. 		<ul style="list-style-type: none"> • Workforce plan in place for MH Directorate. Dedicated meetings and place and woven into the refreshed SUTGMH Transformation documents • Progress has been made with recruitment of a range of new roles as part of the workforce plan (including 24 clinical and business apprentices, and physician associates) which has reduced the number of vacancies and impacts positively on patient care and improve safety. 		<ul style="list-style-type: none"> • Refreshed workforce plan in place for 23/24 and agreed with NHSE • LPT Skill Mix Review modelling for ACP and MPACS in scheduled to take place.
Effective Discharge: <ul style="list-style-type: none"> • work on winter discharge plan and successfully implement schemes 		<ul style="list-style-type: none"> • Clear mental health winter discharge plan has been put in place • Frequent DTOC and discharge focused meetings established and undertaken (supporting the reduction of over 30 DTOCs to 14 by end of Q3) • 'Get in the Know' for mental health campaign established with extensive material to connect individuals and staff with the multiple voluntary sector and other complementary offers in local neighbourhoods to aid discharge and reduce escalations of need requiring admission over the winter period. 		<ul style="list-style-type: none"> • Learning from winter planning has been reviewed and taken into the 23/24 annual plan



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Aims (FYPCLD):

- Ensure the Best Start for Life and the importance of the 1001 first critical days
- Improve SEND provision
- Improve access and reduce inequalities in access to Mental Health services
- Increase the focus on Learning Disability
- Establish Neurodevelopmental Transformation Programme and LLR Autism service (CYP and adult)

CYP and Families and People with a Learning Disability

Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
<ul style="list-style-type: none"> • Have the children, young people and their families 'voice' in the planning of service provision in their local communities. • Ensure FYPCLD delivers against the Workforce Supply Delivery Plan 2021/22. • Submit a bid that ensures high quality and safety, for the Leicestershire and Rutland National Healthy Child Programme contract to take effect from September 2022. • Active participation in the bid to support the Leicester Family Hub development. • Effectively engage in the development of a Section 75 agreement with Leicester City Council's Public Health Commissioning Team, with an emphasis on integration between partners. • The first 1001 critical days: to continue to participate in the system-wide coalition of organisations to agree a strategic plan for the first 1001 days. • Adverse Childhood Events (ACEs) & trauma informed practice: participate in system-wide planning for trauma informed service delivery across the LLR workforce. 	<p>Janet Harrison Zayad Sauntally (involvement) Mandy White (workforce)</p>	<p>The achievements in Q3 will make an improvement and transform the experience for our patients.</p> <ul style="list-style-type: none"> • Co-production embedded into all transformation programmes. Experts by Experience, peer and parent expert roles established across services in order to meet local need. • Ongoing workforce development plan – bespoke recruitment events for Beacon and support roles to maintain safe and quality services. • Recruitment and Onboarding Officer role established with success and in line with vacancy/agency trajectory. Pilot scoped for Skills Partnership with Leicester College. This work will help to reduce the workforce gap, enhance career pathways into health careers, accelerate recruitment and onboarding of new staff and improve retention of new staff. • Bid process complete. New contract mobilised in September 2022. Ongoing development of SPOA/hub model which will improve the referral process and reduce waiting times. System and risk issues escalated through LPT and to ICB for collective action. • Directorate representation embedded into all three local authority Family Hub working groups; with engagement with parents, staff and partners on naming new Healthy Together single point of access (Healthy Together Helpline - HTH). Working collaboratively with partners and including the patient voice will ensure services are delivering in line with local needs. • Discussions with LA's regarding the interaction between Family Hubs (digital element) and HTH (provisional launch June 2023) which will progress integrated working at place/neighbourhood. • S75 – further collaboration with Leicester City Council to sustain a long-term partnership to strengthen integrated services. Draft specification prepared. Improved service delivery of the 0-19 Healthy Child Programme to children and families in Leicester City, through a shared agreement and resources. • Trauma informed - conversations with system continue and awaiting further guidance from ICB regarding benchmarking and next steps. Development session held in Q3. CAMHS Collaborative has developed TIC programmes with the University of Buckingham with opportunities for staff to participate and/or teach/facilitate in 2023. This work transform culture, upskills the team in TIC, supports and embeds good practice. 		<ul style="list-style-type: none"> • Ensure meaningful engagement and co-production is established in all projects and transformation. Expand peer/expert roles. Gather case study stories for Q4 review. • Commence pilot for skills partnership and review the outcomes from cohort 1. • Deliver HT 2022/23 mobilisation plan. • Active participation in Family Hub working groups with clear plan of FYPCLD integration opportunities. • Deliver 2022/23 FYPCLD Digital Plan. FYPCLD Digital Lead and Healthy Together Helpline leads to meet with LA's to discuss seamless interaction between two services. • S75 – commence public consultation on 16/1/23 for 12 weeks. Revisit service specification, EIA and Due Regard for Governance, social value and monitoring (plan to mobilise new offer from July 2023). • Continue dialogue between HT and Mental Health Support Teams to more effectively triage children and young people referrals. • Continue to participate in the system-wide coalition of organisations to develop a strategic plan for the first 1001 days.



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CYP and Families and People with a Learning Disability

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<ul style="list-style-type: none"> • Have the children, young people and their families 'voice' in the planning of service provision in their local communities with an emphasis on effective interaction with place-based parent carer forums. • Ensure consistent high-quality Education, Health and Care plans (EHCPs) in place to meet children's needs. • Participate in the forthcoming Leicester revisit inspection likely in February 2022. • Participate in the improvements to the Leicester local offer live planning for 2022. • Effective SEND Leadership • Ensure that service provision and planning is more inclusive i.e., autism friendly; and enables self-management for CYP and families. 	Janet Harrison Zayad Saumtally (involvement) Mandy White (workforce)	The achievements in Q3 will make an improvement and transform the experience for our patients. <ul style="list-style-type: none"> •Co-production embedded into all transformation programmes. Experts by Experience (EbE), peer and parent expert roles established across services in order to meet local need. This work ensures the voice of EbE/peers/parents experts is driving change and improving service delivery. 	Green	<ul style="list-style-type: none"> •Ensure meaningful engagement and co-production is established in all projects and transformation. Expand peer/expert roles. Gather case study stories for Q4 review.
		High quality EHCPs <ul style="list-style-type: none"> •Digital single point of contact for schools for annual review report requests commenced. The aim is to integrate and simplify the process for staff. •New templates developed on SystmOne and shared with teams via FYPCLD SEND Delivery Group. Shared information which will improve shared decision making and improve patient care. 	Amber	High quality EHCPs <ul style="list-style-type: none"> •Deliver Q4 workshop sessions with ICB and SEND DCO to improve quality of EHCPs. •Following the Leicestershire SEND reinspection in November 2022, significant progress will commence in January 2023 in improving the quality of EHCPs across the area system including local authority, schools and health services. •There will be a focussed integrated improvement plan led by the local authorities and the ICB, commencing in January 2023 and continuing into next financial year, hence the amber rating.
		Leicestershire SEND revisit inspection November 2022 <ul style="list-style-type: none"> •3 day inspection with involvement from Executive Director, service operational and clinical leads, clinicians in evidence sessions, focus groups and case-study preparation supported by LPT Compliance Team. •Additional evidence provided during inspection in respect of waiting time information and information shared with families during the period of time waiting for service. The improvements will reduce harm and improve patient care. 	Green	Leicestershire SEND revisit inspection <ul style="list-style-type: none"> •Deliver effective response to full inspection report with ICB. •Active participation in the likely development of improvement plan to address the quality of Education, Health and Care Plans for Leicestershire. •Deliver focus session with Leicestershire SENA teams to introduce Individual Health Care Plans (January 2023).
		Leicester Local Offer Live <ul style="list-style-type: none"> •FYPCLD Business Support Officer participation in 3 Leicester Local Offer Live planning groups. •Directorate funding transferred to Local Offer Live event to support hosting of 10 FYPCLD information stalls. •10 service areas participated in event for parents, carers on 10 November 2022. •Workshops delivered for Leicester Local Offer Live virtual event 16 and 17 November 2022 including Sensory Profiling by the Occupational Therapy Service. Planning informed by service users. 	Green	Leicester Local Offer Live <ul style="list-style-type: none"> •Evaluation of event feedback from families to inform future planning. •Review of LPT Local Offer Live information across Leicester, Leicestershire and Rutland.
		<ul style="list-style-type: none"> •FYPCLD continues to provide effective SEND leadership into the system with positive feedback received from all partners that enables effective collaborative leadership. 	Green	



Key commitments:

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- Address our waiting lists, particularly in relation to continence and Neuro.
- Work in partnership to develop and deliver a strategic plan to ensure the Best Start for Life and the importance of the 1001 first critical days
- Increase the focus on Learning Disability.
- Establish Neurodevelopmental Transformation Programme and Leicester, Leicestershire and Rutland (LLR) Autism service (children, young people and adults).
- Respond to the outcome of the public consultation on mental health services and support.
- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

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LEAD: Helen Thompson

Aims (FYPCLD):

- Ensure the Best Start for Life and the importance of the 1001 first critical days
- Improve SEND provision
- Improve access and reduce inequalities in access to Mental Health services
- Increase the focus on Learning Disability
- Establish Neurodevelopmental Transformation Programme and LLR Autism service (CYP and adult)

CYP and Families and People with a Learning Disability

Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
<p>Have the children, young people and their families 'voice' in the planning of service provision in their local communities.</p> <p>Ensure FYPCLD delivers against the Workforce Supply Delivery Plan 2021/22.</p> <p>Provide prevention and early intervention into schools and neighbourhood working.</p> <p>Provide crisis intervention 24 hours a day 7 days a week.</p> <p>Use best practice, PCNs, demographic metrics to target lowest referrers and priority areas.</p> <p>Ensure that service provision and planning is more inclusive i.e., autism friendly.</p> <p>Improving access for CYP to place-based mental health support within their school community through the ongoing development of the Mental Health Support Teams in Schools (MHSTs) programme.</p>	<p>Paul Williams Janet Harrison Zayad Saumtally (involvement)</p>	<p>The achievements in Q3 will make an improvement and transform the experience for our patients.</p> <ul style="list-style-type: none"> •Co-production embedded into all transformation programmes. Experts by Experience, peer and parent expert roles established across services in order to meet local need. •Ongoing workforce development plan – bespoke recruitment events for Beacon and support roles. Recruitment and Onboarding Officer role established with success and in line with vacancy/agency trajectory. Pilot scoped for Skills Partnership with Leicester College. This work will help to reduce the workforce gap, enhance career pathways into health careers, accelerate recruitment and onboarding of new staff and improve retention of new staff. •Early Intervention Eight qualified CWP's have been working at neighbourhood level to provide early intervention to increase access to mental health support. Earlier intervention will enhance service provision, patient outcomes and reduce the risks associated with waiting for appointments. •Crisis Support Crisis Plus team is fully staffed and is providing a service based at UHL Emergency Department 7 days a week, with 24 hour cover provided in conjunction with the all-age liaison team and the CYP Urgent Care Hub. Integrated LLR CYP MH pathway and team working. •Reducing Inequality Continue to use demographic data to target resource for additional capacity which will ensure we are offering our services to those who need it and the harder to reach groups. •Improve Inclusivity Launch of the ARFID (Avoidant Restrictive Food Intake Disorder) pathway for CYP with disordered eating and including autism and implementation of the Inpatient PBS team. This initiative has been implemented following an increase in ARFID cases and should help filter suitable cases for treatment with others being signposted to more suitable treatment and care. This will reduce waiting times, improve care and reduce the risks associated with waiting for treatment. •MHSTs Wave 7 launched with the new teams aligned to areas of deprivation and low MH referrals in Leicester City. This will help to reduce health inequalities and achieve parity of esteem for CYP located across the City. 	<p>Green</p>	<ul style="list-style-type: none"> • Ensure meaningful engagement and co-production is established in all projects and transformation. Expand peer/expert roles. Gather case study stories for Q4 review. • Commence pilot for skills partnership and review the outcomes from cohort 1. • Early Intervention • Evidence of increased alignment between early intervention teams in PMH and MHST. • Crisis support • Continue service provision and evaluate outcomes. • Reducing Inequality • Evidence of data driven decisions to target priority areas for reducing health inequalities in a neighbourhood/family hub model. Share learning. • Improve inclusivity • Expand training for autism and ARFID among practitioners and evaluate outcomes. • Ongoing delivery planning for wave 7 with Q4 project plan actions to be completed on time. Increase alignment between PMHT and MHST.



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Key commitments:

- Progress our Ageing Well accelerator work.
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- Increase the focus on Learning Disability.
- Establish Neurodevelopmental Transformation Programme and Leicester, Leicestershire and Rutland (LLR) Autism service (children, young people and adults).
- Respond to the outcome of the public consultation on mental health services and support.
- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

LEAD: Helen Thompson

Aims (FYPCLD):

- Ensure the Best Start for Life and the importance of the 1001 first critical days
- Improve SEND provision
- Improve access and reduce inequalities in access to Mental Health services
- Increase the focus on Learning Disability
- Establish Neurodevelopmental Transformation Programme and LLR Autism service (CYP and adult)

CYP and Families and People with a Learning Disability				
Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
<p>Clear evidence of work with CYP, families and multi-agency system partners.</p> <ul style="list-style-type: none"> • Vacancy, recruitment, training and onboarding priorities, as detailed in the plan. • Our service users with learning disability report having a positive experience of our services and are supported to live well in the community with wrap around support at the right time – patient feedback, audits. • Fewer people with a learning disability need to be admitted to hospital. • (IST) funding and support secured via the TCP three-year plan (from year 2). • Reduction in admissions to Agnes Unit or emergency acute admission, once bed is open. 	<p>Mark Roberts, Laura Smith (ASD) Sophie Pratt (ND) Zayad Saumtally (involvement)</p>	<p>The achievements in Q3 will make an improvement and transform the experience for our patients.</p> <ul style="list-style-type: none"> • The LLR LD&A Collaborative establishing itself with an agreed way of working and confirmed our partnership arrangements with the ICB and local authorities. This brings closer working and improved outcomes for local people. • Launch of all age ChatAutism service in October 22, shortlisted for Nursing Times award. . • Launch of 'Autism Space' hosted on LPT website. <p>These initiatives have reduced a CYP autism service gap which has resulted in achieving parity of esteem for this patient group.</p> <ul style="list-style-type: none"> • Learning from Lives and Deaths People with a Learning Disability and autistic people (LeDeR) reviews of autism deaths commenced, governance arrangements including EbE/Carer advisory board embedded. The learning will help to increase the life expectancy for LD patients. • Benchmarking of services against autism strategy progressing jointly with LA's. • Recruitment into AAAS Clinical Team Lead and Highly Specialist Autism Assessor posts with recovery trajectory for 18 week RRT anticipated through 2023. • Programme of post diagnostic workshops being delivered during 2022/23 which will upskill the team, improve patient care and family support. • Special Autism Team is providing earlier intervention which will prevent escalation and support admission avoidance. 		<ul style="list-style-type: none"> • Secure Executive sponsorship for Trust wide autism programme aligned to the SUTG Valuing High Standards accreditation. • Evaluation of LPT sensory friendly inpatients environments project due to commence. • Secure recurrent investment for the AAAS and SAT. • End of year evaluation of SAT. • Identify EbE to attend IMROC Autism Peer workers course funded by HEE. • Secure population health data on Autism. • Recruitment of band 8a 2WTE into the combined psychology team covering SAT and AAAS.



Transformation

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Key commitments:

- Progress our Ageing Well accelerator work.
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- Increase the focus on Learning Disability.
- Establish Neurodevelopmental Transformation Programme and Leicester, Leicestershire and Rutland (LLR) Autism service (children, young people and adults).
- Respond to the outcome of the public consultation on mental health services and support.
- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

Aims (FYPCLD):

- Ensure the Best Start for Life and the importance of the 1001 first critical days
- Improve SEND provision
- Improve access and reduce inequalities in access to Mental Health services
- Increase the focus on Learning Disability
- Establish Neurodevelopmental Transformation Programme and LLR Autism service (CYP and adult)

LEAD: Helen Thompson

CYP and Families and People with a Learning Disability				
Key Action 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
<ul style="list-style-type: none"> • (ND) launch Phase Two of the LLR Neurodevelopmental Transformation Programme. Enable implementation of the delivery model to address waiting lists/gaps in current service provision. • (ASD) our service users with Autism will have a positive experience of our services and are supported to live well in the community. • (ASD) our service users with Autism will wait less time to receive care when they need it and will be supported to stay out of hospital as much as possible • (ASD) deliver the change process for the AADS using the IDMF framework as a best practice tool. (Covid-19 considerations required). • (ASD) Develop the Evidenced Valid Predictor Test Self-completion Questionnaire for LLR Autism Diagnostics Pathways (Adults). • (ASD) develop a plan for workshops for 18–25-year-olds and test with a small group. • Continue to implement plans and new ways of working to meet increased demand and overall waiting times. • Agree plans and secure funding for Responsible Clinician for SAT for 2022-23. 	<p>Mark Roberts, Laura Smith (ASD) & Victoria Evans (ND) & Zayad Saumtally (involvement)</p>	<p>The achievements in this section will make an improvement and transform the experience for our patients. They also contribute towards achieving parity of esteem aligning with physical health services, reduce waiting times and harm and upskill the workforce supporting career progression whilst improving services for local people.</p> <ul style="list-style-type: none"> • First draft Business Case submitted and presented at SEB Clinical Exec board • ChatAutism expansion pilot • Training and competency framework agreed • HEE non-recurrent £21,000 funding for Health Training pilot site • EP funding and posts secured for 12 months • Launch of 1st ND Comms Newsletter • Solihull Approach approved for implementation to provide to all residents of LLR • Agreed Forms for Schools and Parent Carer, and Young Person form. • IM&T prioritisation group agreed support development of SystemOne unit. • Launch of all age ChatAutism service in October 22, shortlisted for Nursing Times award. • Launch of 'Autism Space' hosted on LPT website • LeDeR reviews of autism deaths commenced, governance arrangements including EbE/Carer advisory board embedded. • Benchmarking of services against autism strategy progressing jointly with LA's. • Recruitment into AAAS Clinical Team Lead and Highly Specialist Autism Assessor posts with recovery trajectory for 18 week RRT anticipated through 2023 • Programme of post diagnostic workshops being delivered during 2022/23 • SAT providing earlier intervention to prevent escalation and support admission avoidance 	<p>Green</p>	<ul style="list-style-type: none"> • Reformat business case into ICB business case template, to be presented to ICB • Deliver HEE Health Training pilot site by 31st March 2023 and evaluate • Accommodation schedule to be completed to support estates plan • Rollout Solihull Approach in LLR • Digital T&F Group to go live • Pilot GP Referral to be live in early 2023 • 2nd Newsletter to be circulated with focus on Child Young Person and Carer • Secure Executive sponsorship for Trust wide autism programme aligned to the SUTG Valuing High Standards accreditation. • Evaluation of LPT sensory friendly inpatients environments project due to commence • Secure recurrent investment for the AAAS and SAT • End of year evaluation of SAT • Identify EbE to attend IMROC Autism Peer workers course funded by HEE • Secure population health data on Autism • Recruitment of band 8a 2WTE into the combined psychology team covering SAT and AAAS



Key commitments:

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- Establish Neurodevelopmental Transformation Programme and Leicester, Leicestershire and Rutland (LLR) Autism service (children, young people and adults).
- Respond to the outcome of the public consultation on mental health services and support.
- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

Aims (Digital):

- Lead a clear digital plan that makes sure digital transformation is owned by LPT
- Ensure through a shared care record and other systems that staff have the information they need to do their job safely and efficiently at the point of care.
- Encourage a digital first approach, innovating whilst also supporting those who are not digitally literate
- Improve access and reduce inequalities in access to Mental Health services

LEAD: David Williams

Digital				
Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Develop Plans at directorate level Develop a network of digital champions Appoint Clinical Safety Officers	David Williams – supported by CTO (Tirath Singh) & CCIO	<ul style="list-style-type: none"> • Directorate level priorities discussed at directorate level meetings • 9 wards have been upgraded with improved wi-fi, and a roll-out of new devices has commenced. These 2 changes improve the mobile recording of patient observations and ways of working in our in-patient wards • Refresh of the digital plan has been delayed during the recruitment for the Director of HIS role • Clinical Safety Officers in each operational directorate now established, this reduces harm and risk to patients as well as improving patient outcomes. 	Yellow	<ul style="list-style-type: none"> • Translate priorities into directorate level plans • Commence Director of HIS role and review digital plans in order to have a refreshed plan from April 2023 • Recruit to digital champion roles across LPT • There are 2 other wards awaiting an upgrade and this upgrade will happen at the same time as they are refurbished as part of the dormitory elimination programme. • Explore links with primary care forums
Active engagement with LLR Shared Care Programme Ensure actions assigned to LPT are met in a timely manner, for timely staff access to shared care records Develop plans to ensure that LPT data is accessible TO LLR partners via shared care records	David Williams – supported by CTO (Tirath Singh) & CCIO	<ul style="list-style-type: none"> • LPT CCIO member of Shared Care Record (ShCR) Programme Board, Shared Care Programme reviewed and overseen at the LLR Digital Group, chaired by LPT. Communications shared with staff and a number of demonstrations of the record have been provided in LPT. • All actions are being met • Plan for LPT data to be consumed, is driven by ShCR Programme Board. On track 	Green	<ul style="list-style-type: none"> • Plan for LPT data to be consumed within the Shared Care Record, this is driven by ShCR Programme Board. On track • Understand Local Authority and UHL timelines for data to be uploaded to ShCR, test and review the benefits for LPT
Hold engagement sessions at IM&T Committee LLR Stakeholder Engagement	David Williams – supported by CTO (Tirath Singh) & CCIO	<ul style="list-style-type: none"> • Engagement sessions held on Digital Social Care Record, and LLR Shared Care Record which will improve information sharing and in turn better outcomes for patients. 	Green	<ul style="list-style-type: none"> • Develop and review our What Goods Look Like Plan for 2023/24 enabling us to ensure a clear plan is deliverable from April 2024.



Key Commitments

- Make the Trust a better place to work by ensuring staff are safe and healthy, physically and mentally well and able to work flexibly.
- Take action to ensure our Trust engages staff well.
- Recruiting and retaining our people.

Aim:

- We value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust

Slide 1 of 3

LEAD: Sarah Willis

Organisational Risk Register (Jan 23) (This report only details combined RED residual risks)	
High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2022/23.	Ref No: 85

22/23 Plan	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next Steps)
<p>We will continue to deliver the LPT People Plan which focuses on:</p> <ul style="list-style-type: none"> • Looking After Our People • Belonging in the NHS • New Ways of Working • Growing for the Future 	<ul style="list-style-type: none"> • Mapping exercise with Directorate to establish practically what flexible working they can accommodate to make our approach more tangible and consistent. This will help retain existing staff and enable us to maximise our recruitment reach for additional staff and provide more resource to help care for our patients. • Introduction of support pack to give consistency to how new roles are introduced and embed learning. This is to ensure roles are sustainable, the experience of staff entering into them is good and that the new role is integrated with existing workforce to maximise patient experience and minimise risk. • Increased number of Education mental health practitioners and advanced clinical practitioners/approved registered clinicians. Improves the skills of our staff to provide great care. • MIDAS award for reverse mentoring programme. This programme helping develop our staff's cultural competence, allowing better understanding patient needs and LPT to be a great place to work • LLR and regional development programme for BAME nursing, midwifery and AHP colleagues bands 5 – 8a to increase numbers of BAME leaders at higher bands (DDL and DAL) aiding staff retention and strengthening our cultural competence. • Continuing to support LLR programmes supporting EDI and inclusive leadership including Cultural Competency Enabler, Active Bystander. Again this will enhance patient and staff experience. • Participation and continued support of LLR talent management plans, creating a system led approach to managing talent to help retain staff and develop the competency of staff to improve patient access to services. • Relaunch of Our Future Our Way, recruiting 80 new change leaders to improve staff and patient experience and for LPT to be a great place to work • Embedding NHSE&I Culture and Leadership Programme (CLP) framework, attracting £7k funding to improve staff and patient experience and make LPT a great place to work • Launch of LPT Senior Leaders Programme pilot in FYPCLD, supporting succession plans and develop inclusive, compassionate and system focussed leaders which will help retain existing experienced senior leaders, shape our succession plans and attract future talent. 	<p>Yellow</p>	<ul style="list-style-type: none"> • Engagement and work plans for Change Leaders to take forward workstreams to support culture and leadership programme of work • Executive engagement and discussions on culture and talent • Scoping of system talent management offer aligning with talent development of LPT leaders • Drafting of 2023 LPT People Plan • LPT learning as part of the Restorative Just and Learning course through Northumbria University. • Commitment to continue with Group Anti Racist Pledge and collaborative workstreams in 2023
<p>Continue to support our staff in their health and wellbeing</p>	<ul style="list-style-type: none"> • Winter Wellbeing Comms highlighting support on offer • Holidays together offer shared with staff • Discounted Wizard of Oz theatre tickets • Health and Wellbeing Roadshows • Establish menopause working group to co-create women's wellbeing pathway • Group events for International Men's Day and shared across the LLR – 3 day event. • Focus on back to basics and importance of taking breaks <p>All of these initiatives are based on improving staff experience, provide high quality wellbeing for all, and supporting staff retention and resilience to provide services to patients.</p>	<p>Yellow</p>	<ul style="list-style-type: none"> • System is looking to mobilise a wellbeing bus that can go out across LLR to signpost staff to financial wellbeing support. This will help us engage with hard to reach parts of our workforce to support them. • Schedule of further Health and Wellbeing roadshows in place • Awareness raising communications about potential areas of tax relief to support our staff finances. • Continue with establishing women's wellbeing pathway in collaboration with EDI women's network • Planning for 2023 Wellbeing Road Show



Key Commitments

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Aim:

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Slide 2 of 3

LEAD: Sarah Willis

Organisational Risk Register (Jan 23) (This report only details combined RED residual risks)	
High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2022/23.	Ref No: 85

22/23 Plan	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next Steps)
Put workforce at the centre of our plans so we can to sustain and where possible increase capacity	<ul style="list-style-type: none"> • Reintroduced stay conversations to help retain staff • Active cost of living support: Wagestream, temporary mileage rate, sign posting of financial support and wellbeing offers, involvement in establishment of 2 x foodbanks for Trust staff. Our staff are our key asset, and looking after our existing staff helps preserve our existing capacity so that new staff we attract in increase our capacity rather than backfill leavers. This is to provide high quality wellbeing for staff and retain our staff. • Tupe in of circa 300 estate staff including support to ensure that they were paid correctly and on time. Our aim here is to get the relationship off on a positive footing to help retain these staff and take care of the basics, so they are engaged as services develop further. • Relaunch of the Our Future Our Way change leaders to improve staff and patient experience and retention. 	Green	<ul style="list-style-type: none"> • Continuing temporary mileage uplift to ease financial pressures due to fuel inflation. • Involvement in establishment of 2 further foodbanks for Trust staff to support our staff wellbeing. • Reviewing recruitment and retention payment schemes to ensure we remain competitive in the recruitment market and can attract and retain our staff. • Engagement with change leaders to introduce new ways/approaches to working
Support our staff in developing their careers and enable them to progress so retaining them in the NHS	<ul style="list-style-type: none"> • Our Future Our Way Leadership, Inclusion and Culture Programme launched 25 November 2022, with 75+ Change Leaders from all areas, roles and backgrounds (including Bank), backed by Trust Board. They will engage with staff and service users to identify areas for improvement and co-design those culture changes with staff, improve staff and patient experience, improve retention and make LPT a great place to work • Refocus of the LPT Administrative and Clerical Improvement Group to identify opportunities for development and career progression for our non clinical workforce which aims to improve staff experience, improve retention. • Review of the Line Manager Pathway identifying skills gaps and value added learning, creating inclusive and compassionate leaders to make LPT a great place to work. • Engagement with LLR systems programmes of development and talent management to aid retention, succession plans. 	Yellow	<ul style="list-style-type: none"> • Refreshed leaver questionnaire process to help increase intelligence on why people leave and what we can do about it. • Further changes being consulted on around pensions schemes and flexibilities- communication plan to share information once final position known so that people understand their options and where possible stay in our workforce. • Refreshed TORs for the Administrative and Clerical Improvement Group with focus on development and career progression of non clinical workforce • Refresh of Line Manager Pathway • Continued engagement with LLR systems programmes of development and talent management.



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Slide 3 of 3
LEAD: Sarah Willis

Organisational Risk Register (Jan 23) (This report only details combined RED residual risks)	
High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2022/23.	Ref No: 85

22/23 Plan	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (next Steps)												
Ensure our workforce plans enable us to recruit a workforce to meet our future needs	<ul style="list-style-type: none"> • Embedding of establishment control and refining financial data to give accurate picture of vacancies. This will enable us to work smarter to target both recruitment and other approaches to delivering our workforce such as skill mixing to support patient access to our services. • Embedding of Recruitment planning tool and task and finish approach to give greater visibility and identify where further recruitment activities required to recruit key workforces within the Clinical Directorates. <table border="1"> <tr> <td>WTE vacancies</td> <td>Aug 2022</td> <td>01 Jan 2023</td> </tr> <tr> <td>Registered Nursing:</td> <td>468</td> <td>415</td> </tr> <tr> <td>Admin:</td> <td>106</td> <td>49</td> </tr> <tr> <td>nursing support:</td> <td>164</td> <td>149</td> </tr> </table> <ul style="list-style-type: none"> • Increased capacity of recruitment team to deal with the higher numbers of staff coming in and improve their experience. • Onboarding officers recruited to support new starters in their roles. Reintroduction of new starter surveys and new starter forums to help us connect with our new staff and ensure they have what they need to deliver their roles. • <u>Fellowships in Psychiatry</u>: 1 appointment underway, this offers a way of widening access to our medical workforce and helps support recruitment in a challenging area. This opportunity created a lot of interest so we are reviewing if we can appoint further from interested applicants. • Attended a range of third party recruitment events in October/November aimed at recruiting newly registered clinical staff to support our overall recruitment plans. • Introduced local assessment day approach for CHS community healthcare assistants and admin recruitment giving us strong grip on our recruitment approach. • Introduction of digital identity checking to support recruitment processes and bring people into the workforce easier and quicker. 	WTE vacancies	Aug 2022	01 Jan 2023	Registered Nursing:	468	415	Admin:	106	49	nursing support:	164	149	Yellow	<ul style="list-style-type: none"> • Trajectory and pipeline in place to achieve following vacancy levels in Q4 within the Clinical Directorates • Revisiting recruitment processes through Quality Improvement approach and developing skill set of new starters in recruitment team to enable them to manage the volume of recruitment coming through and improve the applicant experience. • Further work to have a fully accurate position of medical vacancies • System careers event for mid March to help attract people into careers in health and care and develop a future workforce • Further assessment days to recruit to residual nursing support vacancies so that we have the right staff level to support our patients. • Further marketing development of the Healthcare support worker/assistant on our website and in local media through NHSE funding to help with our recruitment drive • Develop resourcing plans for residual Enabling/Hosted services where there are a volume of vacancies, e.g. HIS so that we have the right staff available to support our clinical services.
WTE vacancies	Aug 2022	01 Jan 2023													
Registered Nursing:	468	415													
Admin:	106	49													
nursing support:	164	149													
Focus on meeting our requirement for registered staff including international recruitment (IR).	<ul style="list-style-type: none"> • Year to date 22 IR nurses started, 1 leaver. Shortfall against plan is around mental health nurse supply proving very challenging and IR physical health nurses preferences to not drive and to work in inpatient settings rather than the community opportunities we had identified for them. • Secured funding for 6 existing staff who are working in non registered roles to put them on a registration pathway, widening access to our candidate base to develop these staff to registered roles and provide services to patients. • Appointed backfill International Recruitment Matron to lead on our international recruitment strategy, a significant approach to helping reduce our registered nursing vacancies and maintain our services. • Attended exploratory meeting in Republic of Ireland and commenced relationship building with relevant universities as a potential country of supply for further international recruitment. 	Yellow	<ul style="list-style-type: none"> • Annual training need analysis submission and collation • 6 further IR mental health nurses expected in this period • Further engagement work with universities both within and outside LLR footprint • Working on supplier management of agencies to support further mental health international recruitment • Mobilising external advert for in country internationally trained staff who are working in non registered roles to put them on a registration pathway- this offers a way of maximising the skills of people already in the UK • Develop 2023/24 plan so that we have realistic numbers of IR nurses joining us that can be safely assimilated within existing teams. • Exploring further opportunities of recruitment from Republic of Ireland as a destination to secure registered nurses from. 												



Key Commitments:

- To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services, including Implementation of the new Friends and Family Test system across the organisation.
- Deliver continuous development of patient/carer participation and involvement.

Aim:

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

LEAD: Anne Scott

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
<p>Use feedback collected through the Friends and Family Test. Spread and adopt best practice across the Trust. Improve the experience by ensuring feedback, both positive and negative, is heard and understood by the relevant clinical and managerial teams.</p> <p>Increase members of our Patient and Carer Involvement Network. Development and implementation of a framework for lived experience. Integrated governance with the involvement of patient and carer leaders in corporate meetings & Trust service improvement programmes. Establishing a Community of Practice for staff.</p> <p>Use feedback to learn and make continuous improvement. Use feedback to learn and make continuous improvement Peer Review (PR). Reduce the amount of time taken to investigate complaints and improve the quality of our complaint investigations and responses</p>	<p>Alison Kirk</p>	<ul style="list-style-type: none"> 15 Steps Programme – 13 reviewers made up of service users/carers, and A&C staff have commenced 15 steps reviews at various services across the Trust. By enabling service users’ and carers’ voices to be heard clearly, the tool can be used to gain an understanding of how people feel about the care provided, how high levels of confidence can be built and what might be done to increase service user confidence as part of a continuous improvement journey. Patient Led Assessments of the Care Environment (PLACE) now completed, resulting in all identified issues being resolved, all contributing to improved patient experience across our sites. 10 assessments undertaken, resulting in a range of improvements to care environments including: improved patient facing information boards; litter picking rotas for inpatient open spaces; tv’s, radio’s and clocks being installed onto wards, where missing. Service user and carer involvement in recruitment - 10 panels providing a patient perspective took place during Q3. Having lived experience input into recruitment of staff which includes patient outcome questions at interviews and patient-led questions on which candidates are assessed aligns with valued-based recruitment triangulated with Trust values. Increase in patient leaders working collaboratively within service areas on medium and long term QI projects resulting in an increase in coproduction in quality improvement and transformation, patients are active partners in delivering quality improvement and transformation. Customer services training – all uLearn (LPT learning portal) modules reviewed with staff and lived experience representatives. This means staff have access to training and support materials to help them when speaking and engaging with patients and carers in their roles. Improvement in concern resolution at point of entry and reduction of concerns and complaints formally received. Foundations of patient care programme launched with 30 attendees made up of service users, carers focusing on patient centred improvements, experienced based co-design and collaborative working. This will increase staff capability and understanding of patient experience and involvement across the Trust. Second Complaints Peer Review took place with staff from across directorates and lived experience representatives – contributing to the ongoing improvement of the complaints process of the Trust. The aim of the reviews, which involve those with lived experience are to ensure that our complaints management and responses place the complainant at the centre. Improvements include our complaints letters, which have been made on the back of reviews, resulting in compassionate and responsive complaint responses. Friends and Family Test (FFT) – 9139 responses were received in the quarter. 86% of those responded provided a positive experience and 8% negative. Helpfulness of staff was the key theme for positive experience, whilst waiting and appointments represented the key theme for poor experience. 	<p style="background-color: #90EE90;"> </p>	<ul style="list-style-type: none"> Cocreation of values based recruitment questions with service users and carers deferred to Q4. Peer Review next session booked for Feb 2023. Establishment of directorate-level Patient Experience and Involvement Groups following recommendations from 360 Assurance Audit. Launch of Ulearn Customer Services Module. PALS – launch of new documents for management of concerns following PALS Review. Recruitment to 2 Patient Safety Partners and 6 Patient and Carer Partners Relaunch of People’s Council as part of the reset of the Council, recruitment of new members with enhanced role descriptions and role of the voluntary and community sector Re-introduction of service users into the Involvement Centre and Mett Centre Building Introduction of face to face sessions as part of Recovery College delivery Peer Support Worker training commences – fully delivered in-house via Recovery College. Youth Advisory Board (YAB)- Identify Lead for YAB for 2023/4 Carers- Identify LPT priorities and develop plan with working group against LLR carers Strategy (due to be launched and released Jan 2023).



Key Commitments:

- Providing leadership for ongoing improvement across our Well Led framework, informed by learning from others
- Contributing to the delivery of joint governance objectives under the Group Model with NHFT.
- Contributing to the development of ICS governance and risk systems.
- We have a clear data quality framework and plan that guides our delivery of great data quality.

LEAD: Chris Oakes/Sharon Murphy

Aims:

- Providing leadership for ongoing improvement across our Well Led framework, informed by learning from others.
- Contributing to the delivery of joint governance objectives under the Group Model with NHFT.
- Contributing to the development of ICS governance and risk systems.

Organisational Risk Register (Jan 23) (This report only details combined RED residual risks)	
Inadequate control, reporting and management of the Trust's 2022/23 financial position could mean we are unable to deliver our financial plan and adequately contribute to the LLR system plan, resulting in a breach of LPT's statutory duties and financial strategy (including LLR strategy).	Ref No: 81

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
To review the feedback from the CQC. Benchmark against two other Trusts (one to include NHFT)	Chris Oakes/Kate Dyer	<ul style="list-style-type: none"> • The latest CQC report has been reviewed and all well led related recommendations and learning have been captured on the Trust wide CQC action plan. The two must do actions are rated green (call bells closed and dormitories ongoing and on track). The two should do actions are also closed. • Directorate well led sessions are being delivered, FYPCLD and MH complete. • Draft well led statements developed with Trust Board and Directorates. • Discussions on managing well led within the directorates have been held with the corporate CQC team. To be incorporated into the accreditation work. • Benchmarking is captured via the joint governance workstream within the joint working group. • All actions will lower risks, improve dignity and respect along with better outcomes for patients using our services. 		<ul style="list-style-type: none"> • Complete all directorate well led sessions (CHS) • Finalise the well led statements and library • Commission external well led review with NHFT and deliver Trust Board development sessions alongside the review. • 360 Assurance to undertake well led governance review within the directorates • Ongoing well led development programme (including benchmarking) as part of the Joint Governance work with NHFT.
Formalise joint governance meetings Agree updated Terms of Reference (ToR) and formal agenda structures for executive team meetings Agree an approval levels process LPT to review output from 2021 Well Led review by the CQC.	Chris Oakes/Kate Dyer	<ul style="list-style-type: none"> • A Group Model MoU and Committees in Common ToR is in place, these have been reviewed, updated and approved for the current year by both Trust Boards in November 2022. • The group Committee in Common (CIC) is delivered by a Joint Working Group. A ToR is in place. The effectiveness of the JWG was assessed at the end of year one (21/22) and was found to be effective. The ToR was reviewed, updated and approved by both Trust Boards in November 2022. • Revised remit for SEB and EMB have been approved and these have been in place since September 2022. An approvals level flow diagram has been approved and will be subject to further review alongside the development of a SOP. • See above re CQC feedback • These actions will improve services for our staff and patients as well as reduce health and safety risks. 		<ul style="list-style-type: none"> • Finalise a SEB/EMB SOP • Update and finalise the approval levels • Ongoing JWG for oversight of joint programmes including the joint governance workstream. • Governance departments to take over the support for the JWG from January 2022.
Involvement in the governance group within the ICS	Chris Oakes/Kate Dyer	<ul style="list-style-type: none"> • LPT representation is in place for relevant ICB governance meetings ensuring the organisation is well-led at senior level. 		<ul style="list-style-type: none"> • To draw up a map of governance meetings, representation and feedback processes



Key Commitments:

- Providing leadership for ongoing improvement across our Well Led framework, informed by learning from others
- Contributing to the delivery of joint governance objectives under the Group Model with NHFT.
- Contributing to the development of ICS governance and risk systems.
- We have a clear data quality framework and plan that guides our delivery of great data quality.

Aims:

- Invest in our resources to deliver optimal health outcomes
- Spend public money in the most efficient and effective way
- We have a clear data quality framework and plan that guides our delivery of great data quality

LEAD: Chris Oakes/Sharon Murphy

Finance & Data Quality				
Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
<p>Deliver the 2021/22 capital and revenue plans</p> <p>Development of a clear financial plan for 2022/3 which aligns to Trust Strategy and LLR system plans</p>	Director of Finance	<ul style="list-style-type: none"> • The Trust is on track to deliver the 2022/23 capital plan. There are competing pressures but these are expected to be managed throughout the remainder of the year. • The Trust is not on track to deliver the initial revenue plan of breakeven. The LLR system have worked closely in Q3 to understand what the likely position will be. A number of mitigations have been enacted and achieved. • The Trust has commenced work on the 2023/24 financial plan with draft financials produced. 		<ul style="list-style-type: none"> • It is expected the Trust's achievement of it's capital plan will be confirmed in Q4. • The Trust will embark on the NHSE protocol process and submit a revised revenue FOT that we expect to achieve. • The 2023/24 financial plan will be formalised and shared at various committees and with ICB colleagues.
<p>To take part in and report on the use of resources audit.</p> <p>Counter fraud functional standards – assessment submission</p>	Deputy Director of Finance	<ul style="list-style-type: none"> • The Trust is compiling evidence and corresponding narratives to demonstrate value for money in relation to the KPMG VFM exercise. • The Trust was rated green in all but one area of the counter fraud functional standards. One area "Access to and completion of training" was rated amber. This relates to difficulties in uploading the new training pack onto uLearn. 		<ul style="list-style-type: none"> • Continue to work with KPMG regarding any queries from the VFM audit • Support 360 Assurance where possible in re-establishing fraud training on uLearn.
<p>Review data quality policy</p> <p>Develop data quality improvement plan</p> <p>Data protection and security toolkit - submission</p>	Head of Data Privacy	<ul style="list-style-type: none"> • Data Quality Policy under review and due to be returned to Data Quality Committee in February 2023 for approval. • Data Quality Plan rewritten to reflect key priorities for delivery over the next 15 months. • Data Quality Plan approved at Data Quality Committee 06/12/2022. • Data Security and Protection Toolkit (DSPT) requirements for 2022/23 assessed. • Completion of Data Security and Communications Training and awareness campaign. • DSPT Requirements provided to requirement owners. • New Data Privacy Team approach to DSPT implemented. • Having robust and reliable data builds confidence so the Trust can shape services aligning with local needs that get better outcomes for patients and staff. 		<ul style="list-style-type: none"> • Approval of Data Quality Policy. • Implementation of Data Quality Plan requirements for Q4 with highlight reports to Data Quality Committee. • Progression of Data Quality Communication Campaign. • Preparation and delivery of DSPT Baseline submission.



Key Commitments:

- Ensure a sustainable local community
- Create a sustainable planet
- Support the reduction of poverty through employment and job creation, anchoring wealth in LLR through our procurement processes
- Positively supporting economic and regeneration policies and practices that will support the most vulnerable within our society.

Aim:

- Support a sustainable local community in LLR
- Positively support environmental, economic & regeneration improvements, policies and practices in LLR
- Supporting our most vulnerable in society; raising health equity across LLR

LEAD: David Williams

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Review the current work with other NHS partners, local authorities and other stakeholders and identify areas of work where LPT can work with others to support our sustainable communities.	David Williams/Alison Gilmour David Williams/Alison Gilmour and John Edwards	<ul style="list-style-type: none"> • We have met with 2 local colleges and developed proposals for how we can support people to come into the NHS. The local colleges have specialist support to enable those who are nearly work ready to become work ready. We have agreed these proposals in Q3 and identified we would pilot them in Q4. We are having early discussions with our local universities about how we can connect support to students from the universities and from the NHS. Our work with the VCS in LLR has been highlighted in the transformation brick. 		<ul style="list-style-type: none"> • In Q4 we expect to deliver our new ways of working with the college, this will increase the number of people working in FYPCLD (our initial pilot area). This supports our local communities through looking to develop communities and provide work locally. • Further meetings with universities will identify a care pathway and then inform the timeline for the delivery of this.
To have an agreed set of principles that set out our commitments to this aim, agreed through our Trust public board meetings	Overall principles David Williams & Alison Gilmour Recruitment & volunteering Sarah Willis Sharon Murphy/ Sarah Hollichead	<ul style="list-style-type: none"> • We are collating our current reaching out activity and social value. We have shared our work with our senior leadership forum and are currently identifying our strengths and areas for development. This work will support our communities to develop and should enhance LPT's reputation in the community, increasing our recruitment and improving our retention for existing staff. 		<ul style="list-style-type: none"> • We will complete and publish our review of our current provision for social value, we will have a plan for how we will improve our reach and social value for 2023/24.
In our first year of this aim we will be a member of the local authority and NHS group to reduce health inequalities in LLR and play a full role in agreeing a plan and implementing that plan to improve equity.	David Williams/Haseeb Ahmed/ Mark Powell	<ul style="list-style-type: none"> • We have attended and supported the ICB equity group and have commissioned additional work to learn more about any inequity in our services for people with Autism. Working in partnership with Leicester City Council we are also reviewing access and outcomes from some services for our different communities. 		<ul style="list-style-type: none"> • In Q4 we expect to conclude this work and then share the outcomes. This will enable pathways to change and develop, providing more equitable services. The exact changes will be identified after the analysis of the information.



Key Commitments:

- Therapeutic environments that improve outcomes for people using services by supporting safe, joined up, person-centred care.
- A positive and effective working environment for all staff building on the learning from post Covid 'reset and rebuild' work.
- Greener NHS buildings and identifying our route to net zero.

Aim:

- Therapeutic environments that improve outcomes for people using services by supporting safe, joined up, person-centred care
- A positive and effective working environment for all staff
- Greener NHS buildings and identifying our route to net zero

LEAD: Paul Sheldon

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Eradication of dormitory accommodation Update of Strategic Outline Case for health campus	Chief Finance Officer / Associate Director of Estates & Facilities / Head of Capital Projects	<ul style="list-style-type: none"> • Major project to eradicate dormitory accommodation has met CQC requirements in Bradgate, with all 4 older wards completed on time, on budget. The work will improve privacy and dignity for people using our inpatient services. Patient and staff feedback has been very positive with the aim to improve the recovery time for those using inpatient services. • Other sites incl. Bennion and Evington are on site. 		<ul style="list-style-type: none"> • Bennion planning delay by the City Council is nearing resolution and will start on site Jan 2023.
Implement facilities management business case to deliver the capacity and capability for high quality estates	Chief Finance Officer / Associate Director of Estates & Facilities	<ul style="list-style-type: none"> • Successful implementation of FM Transformation Business Case. LPT took on all services from 1/11/2022. • Helpdesk operations in place. • Safe transfer of staff. • These changes have resulted in local people being employed by the Trust who are delivering services for local people living in and around LLR. 		<ul style="list-style-type: none"> • Estates & Facilities team to continue to develop LPT's systems and processes in managing the inherent issues resulting from transfer from UHL. • Continue to recruit to vacant posts.
Provide an initial focus on developing green plan action and embed sustainability in everyday working.	Chief Finance Officer	<ul style="list-style-type: none"> • All new build capital schemes have NZC included in engineering and construction plans, e.g. P001. • Draft sustainability plans complete and socialised in LPT. • The aim is to improve inpatient services that will aid recovery, expedite discharge and supporting people to return to their homes. 		<ul style="list-style-type: none"> • Corporate appointments to lead sustainability agenda to be made.



Key commitments:

- Improve access in a prompt responsive and suitable manner.
- Ensure that the Standard Operating Procedures governing access are being adhered to consistently across all areas.
- Improving data quality and performance monitoring in relation to access.

Aim:

- Improve access in a prompt responsive and suitable manner.
- Ensure that the SOPs governing access are being adhered to consistently across all areas.
- Improving data quality and performance monitoring in relation to Access.

LEAD: Dr Saquib Muhammad

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
Support the implementation of the policy framework - improving Access policy implementation across all 3 directorates.	Directorate Business Managers	<ul style="list-style-type: none"> • Improving Access Policy implemented across all clinical directorates, improving awareness of the importance of robust and consistent waiting list management which will feed into the review of the Improving Access Policy in Q4. • A copy of the policy is available on the LPT website and can be accessed by staff and public. 		<ul style="list-style-type: none"> • Review 'priority services' to ensure continue to fit the criteria. • Adjust service classified as a 'priority' , adding or removing as required. • Review, consult and update Improving Access Policy to reflect changes required since last review (2020). • Re-establish Improving Access Group in line with updated ToR and agree work plan for 2023/24
Ensure all services have an SOP for access.	Directorate Business Managers	<ul style="list-style-type: none"> • All services have a SOP in place to support effective management of waiting lists. This provides the foundation for robust and consistent waiting list management within and between services. This will in turn support equity of access with clear criteria for prioritisation and appointment allocation. 		<ul style="list-style-type: none"> • Services to review SOPs to ensure remain relevant and appropriate
QI focused approach to waiting list management including implementation of validation and PTLs.	Directorate Business Managers	<ul style="list-style-type: none"> • All priority services have improvement plan in place, these ensure clear actions are in place to minimise wait times in the services identified as under greatest pressure. 		<ul style="list-style-type: none"> • Services to review and update Improvement Plans for all services identified as 'priority' to ensure remain appropriate and relevant, paying particular attention as to expected and actual impact of actions. To be coordinated through the re-established Improving Access Group.



Key commitments:

- We will proactively work with Northamptonshire Healthcare Foundation Trust (NHFT) on a single approach for both Trusts, optimising the shared learning approach, building on the learning from post Covid 'reset and rebuild' work.
- We will set clear priorities for Quality Improvement initiatives.
- Widening the opportunities for more people to participate in research to inform future health and social care.

Aims:

- We will proactively work with NHFT on a single approach for both Trusts, optimising the shared learning approach
- We will set clear priorities for Quality Improvement initiatives
- We will ensure that the infrastructure supporting Quality Improvement is effective and sustainable
- We will ensure that the Quality Improvement is embedded
- We will research

LEAD: Anne Scott

Key Actions 22/23	Lead	Qtr3 Achievements (Practical Examples)	RAG	Qtr4 Plan (Next Steps)
<p>Develop joint QI strategy with NHFT</p> <p>Develop and implement LPT priorities for Quality Improvement (QI)</p>	<p>Deanne Rennie/ Heather Darlow/ Andrew Moonesinghe</p>	<ul style="list-style-type: none"> • Delivery of a group Quality Improvement training and development blended offer to maximise resources across the group to increase QI capacity and involvement in QI projects to support patient care • Development of a QI group lead role to oversee programme delivery & capability across both LPT & NHFT to enhance learning opportunities across the group and maximise efforts to support staff in QI to effect patient care • Development of a group head of surveillance role to ensure essential standards of quality and safety are maintained and drive continuous improvement in quality and outcomes for both LPT and NHFT. • Implementation of a prioritising framework to support the delivery of trust wide quality improvement and maximise specialist resource to support a reduction in key areas of patient harm • Alignment of QI and Transformation agendas. A robust delivery approach embedded within the organisation to enable and support service improvements and align with patient need. • Delivered 11 QI in box sessions with a total of 107 participants attending making an improvement on the spread of knowledge and understanding by staff. • Delivery of shared spaces for learning for staff - QI Café held on 13th Dec 2022. • WelImproveQ programme workstreams reported via QI and Transformation Delivery Group to ensure oversight of improvement 		<ul style="list-style-type: none"> • Recruit to QI Group Lead role to build capacity to support and strengthen capacity of the trust to improve • Recruit to Head of Surveillance role to strengthen capacity of the trust to improve • Further develop QI communication strategy. Further raising the profile of QI with a focus on weekly drop in sessions, the QI Cafes, QI in a box sessions and how to get involved and get moving with improvement. • Work with Transformation leads on a joint QI and TX business case for capacity and capability for the trust to deliver improvements. • Further integration of improvement methodology within existing OD programmes e.g. Don Fellows, Change Leaders to support staff deliver high quality care • Review the existing maturity index and plan actions for growth to ensure Quality Improvement programme adds benefit to staff and patients • There is a risk WelImproveQ Team capacity with a growing agenda will impact on ability to progress developmental/QI work in timely way. The team will review projects/process and develop business case for capacity and capability.
<p>Strengthening research projects across a wider range of partnerships crossing organisational boundaries.</p>	<p>Dave Clarke</p>	<ul style="list-style-type: none"> • Draft R&D Plan signed off at R&D Committee and shared with NHFT. • Delivery of "research in a box" sessions within the overall QI framework, and planned drop-in sessions. • First ever commercial research trial in Adult Nutrition and Dietetics completed December 2022. • Secured ENRICH role in LPT to work more closely with Care Home Sector. • The achievements will support meaningful patient outcomes. 		<ul style="list-style-type: none"> • Seek adoption of the R&D Plan and targeted investment to reinforce Sponsor and Delivery capacity to support meaningful outcomes • Outline key elements of academic/NHS milestones towards a centre of excellence supporting patient outcomes • Research office and research delivery team has limited capacity due to staff departures with limits placed on starting new Portfolio research and CNR infrastructure budget maintained to recruit new staff as mitigating actions.