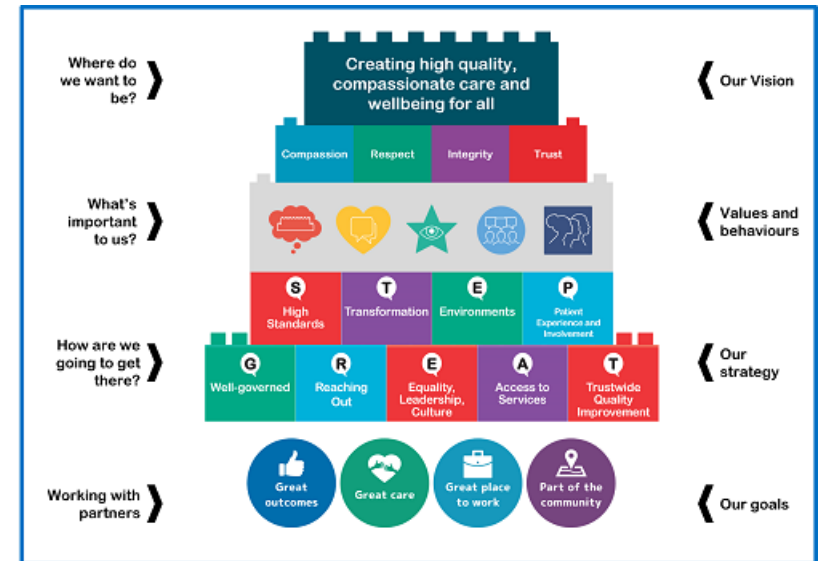


# STEP UP TO GREAT STRATEGY – 2021/24 & LEICESTERSHIRE PARTNERSHIP TRUST STRATEGIC PLAN – 2022/23

## Qtr4 Highlight Report

(Jan, Feb & Mar 23)

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 Director: Director of Nursing, Dr Anne Scott

Organisational Risk Register (Apr 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

Key Actions 22/23	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
Strengthen arrangements for the oversight of delivery against Care Quality Commission (CQC) standards.  Development of a programme of development for Fundamentals of clinical care delivery	<ul style="list-style-type: none"> <li>• On going delivery of the Foundations 4 High Standards programme incorporating findings from the Quality and Safety Review which will improve outcomes for people using our services.</li> <li>• Scoping of development of dashboard to inform Early Warning System and reduce risks.</li> <li>• Review of Trust CQC reports and release of new / updated CQC Brief Guides to ensure surveillance of emergent compliance themes, reduce risk and harm and ensures high standards are maintained.</li> <li>• Sustained actions from CQC inspection 2021 /22 ensuring high standards are maintained for those using our services.</li> <li>• Joint preparation with NHFT for the change in CQC inspection framework so both organisations are prepared for visits and high standards are achieved in line with CQC guidance.</li> </ul>		<ul style="list-style-type: none"> <li>• Commenced VHSA across 2 directorates</li> <li>• Launch DAISY award</li> <li>• Develop a project plan with patient and staff overarching outcome measures</li> <li>• Develop a data pack/ baseline intelligence</li> <li>• Hold a staff engagement event</li> <li>• Hold a patient and carer engagement event</li> <li>• Formation of group collaboratives for the 3 workstreams</li> <li>• Identify a joint Quality Improvement project with measurable outcomes</li> <li>• Develop a data pack/baseline intelligence</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Project plan to transition to the new PSIRF framework. Workshops with the Executive Team completed and Trust Board booked for Quarter 1.</li> <li>• Shared pressure ulcer improvement collaborative commenced with NHFT and the LLR Integrated Care System. This will improve outcomes for patients referred to our service.</li> <li>• To spread best practice the sharing of deteriorating patient improvement collaborative with NHFT is planned.</li> <li>• Initial evaluation of the body worn camera pilot has been undertaken with positive results with further funding agreed so the pilot can continue including evaluation at the end of the project.</li> <li>• Trust Suicide and Self-Harm Lead post has been agreed which will broaden the expertise of the team.</li> </ul>		<ul style="list-style-type: none"> <li>• Proposed format of dashboard presented to applicable committees. Agreement on format and resource required.</li> <li>• Development of plan underway in collaboration with change champions and patient experience groups</li> </ul>



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Slide 2 of 2

Lead Director: Director of Nursing, Dr Anne Scott

Key Actions 22/23	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
Implementation of the Shared Decision-Making Framework	<ul style="list-style-type: none"> <li>• Multidisciplinary task and finish group in progress with NICE Guidance reviewed and updated. Scoping for next phase of improvement work in progress, mapped against existing initiatives, with key QI focus areas. . This has improved our approach to ensure service users experience shared decision making around their care.</li> </ul>	Green	Detail in high standards slide 1
Delivery of Step up to Great for High Standards Programme for wider cohort of staff including community and Allied Health Professionals (AHPs).	<ul style="list-style-type: none"> <li>• Second cohort of leaders on the Step up to Great for High Standards, now named Ashton Compassionate Leadership Programme, has been delivered with two modules still to be completed.</li> <li>• Programme now includes community staff and AHPs to ensure diversity in professional leadership development. 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.</li> </ul>	Green	
Delivery of the LPT inpatient ward accreditation programme.	<ul style="list-style-type: none"> <li>• A new accreditation tool has been developed and trialled across in-patients and community teams aligned to the SUTG standards. The programme is called Valuing High Standards Accreditation (VHSA)</li> <li>• Launched in January 2023, FYPC/LD have completed the foundation stage of self-assessment.</li> <li>• CHS and DMH have commenced the foundation stage and are progressing with the self-assessment phase of VHSA.</li> <li>• All initiatives deliver on our key commitments by reducing variation and creates a safe learning culture for all.</li> </ul>	Green	



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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.
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## Aims (CMS):

- 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 Director: Deputy Chief Executive/ CMH LEAD: Sam Leak

Community Healthcare Services (CHS)			
Key Actions 22/23	Qtr4 Achievements	RAG	Transformation Qtr1 Plan 23/24
<p>Ensure CHS delivery against Trust's People Plan.</p> <p>Vacancy reviews in most challenged areas – deep dive plan.</p> <p>International recruitment facilitation &amp; onboarding.</p> <p>Start partnership working with key partners such as UHL to explore opportunities to integrate.</p>	<ul style="list-style-type: none"> <li>• International recruitment on the Inpatient wards and trialling in community nursing. The staff are an asset to the team and have decreased vacancies and enabled improved quality care to patients</li> <li>• Successful skill mixing in community nursing has been supported by podiatry</li> <li>• Joint recruitment with UHL to Occupational Therapy posts to enhance the service offer for patients</li> <li>• Several Careers Fair's with positive results which increase the workforce, enable wider offer to people using services and reduces vacancies and use of agencies</li> <li>• Presentation to Professional leadership forum – joint with UHL / LPT to explore ideas for integrated MSK pathway</li> <li>• Onboarding staff started and reduced vacancies within the team</li> </ul>		<ul style="list-style-type: none"> <li>• All 8 transformation programme briefs (<b>Step Up to Great Mental Health, Workforce, recruitment, and agency, CHS Transformation, FYPCLDA Transformation, Estates Transformation , Digital Transformation , Patient safety Transformation, Enhancing value</b>) complete</li> <li>• All programme leads identified and programme structure defined and set up</li> <li>• Directorate of Mental Health (DMH) and workforce recruitment and agency transformation delivery reporting in place as early adopters</li> </ul>
<p>Creating an integrated winter plan.</p> <p>Deliver actions from winter plan.</p>	<ul style="list-style-type: none"> <li>• Integrated 22/23 Winter Plan completed and delivered</li> <li>• Contributed to the successful delivery of the winter plan bringing benefits for the patients</li> <li>• Additional bedded capacity provided in CHS to support the system in decreasing ambulance handover delays at UHL</li> <li>• Supported the start and continuation of the unscheduled care hub which has delivered positive outcomes in delivering care to patients at home and preventing the need to attend ED</li> <li>• Contributed to the delivery of the Virtual Ward programme reducing inpatient pressures</li> </ul>		<ul style="list-style-type: none"> <li>• Programme resources review and gap analysis complete</li> <li>• Establish project management network open to all project management roles across Trust</li> <li>• Launch of PMO staffnet page and resources</li> <li>• Launch of a Trust wide QI, PMO and transformation joint approach</li> </ul>
<p>Progress our Ageing Well accelerator work.</p>	<ul style="list-style-type: none"> <li>• Ageing Well accelerator work completed and over achieving on the performance target which has continued to support the decrease in admissions and had a positive impact for patients using our services.</li> </ul>		<ul style="list-style-type: none"> <li>• New ways of working workshop across PMOs with ICB and UHL</li> <li>• Undertaking QSIR training led by NHFT</li> <li>• Review of project management software used by NHFT</li> </ul>
<p>Improve mechanism for measuring and monitoring harm caused by long waiting.</p> <p>Clear trajectories and action plans for reducing waiting times.</p> <p>Working with system partners to explore collaborative approaches to decrease waiting times.</p>	<ul style="list-style-type: none"> <li>• Trajectories and action plans in place for Community Integrated Neurological and Stroke Service (CINNS) and Continence and there has been a sustainable increase in compliance and reduction in number of patients waiting.</li> <li>• Demand and capacity reviews completed for CINNS, Continence, Musculoskeletal (MSK), Podiatry and SALT and in progress for the other service lines – this work will continue into 23/24</li> <li>• CHS Transforming Community Services Plan has been developed for 23/24</li> </ul>		<ul style="list-style-type: none"> <li>• Review of operational planning, Step Up To Great (SUTG) delivery planning and transformation planning – through joint workshop</li> </ul>



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- Respond to the outcome of the public consultation on mental health services and support.
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LEAD Director: Deputy Chief Executive/MHS LEAD: Tanya Hibbert

## Aims:

- 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

Mental Health Services (MHS)			
Key Action 22/23	Qtr4 Achievements	RAG	Transformation Qtr1 Plan 23/24
<p>Communication and Initial communication and engagement to staff (through event).</p> <p>Communication to staff through video, presentations and podcasts.</p> <p>Development of communication and engagement plan for ongoing engagement around outputs of consultation and next steps.</p> <p>Delivery of plan.</p>	<p>Multiple communication approaches have been adopted:</p> <ul style="list-style-type: none"> <li>• - Monthly all staff in directorate communication update sessions in place</li> <li>• - Monthly newsletter created</li> <li>• - Workstream meetings and communication in place</li> </ul> <ul style="list-style-type: none"> <li>• Engagement plan and content developed for full engagement exercise with Directorate for Mental Health (DMH) teams</li> <li>• Sessions with Mental Health Services for Older People (MHSOP) and Community Mental Health Teams (CMHTs) completed to introduce to neighbourhood partners and moves the teams closer to delivering better community services for patients and carers</li> <li>• External comms include the creation of a carers booklet which is being signed off on 13<sup>th</sup> April at Directorate for Mental Health Quality and Safety meeting</li> <li>• Round 2 Great Help in Neighbourhoods (GHIN) winners booklet completed, ready to send in Q1 to staff teams and external partners to promote the great services on offer</li> </ul>		<ul style="list-style-type: none"> <li>• All 8 transformation programme briefs (<b>Step Up to Great Mental Health, Workforce, recruitment, and agency, CHS Transformation, FYPCDA Transformation, Estates Transformation, Digital Transformation, Patient safety Transformation, Enhancing value</b>) complete</li> <li>• All programme leads identified and programme structure defined and set up</li> <li>• Directorate of Mental Health (DMH) and workforce recruitment and agency transformation delivery reporting in place as early adopters</li> </ul>
<p>SUTG-MH system-wide implementation plan developed re-including energising workstreams and programme governance.</p> <p>SUTG-MH VCS event to prepare partners for co-design.</p> <p>SUTG-MH transformation launch event to engage with staff and VCS and system partners set off work.</p> <p>SUTG-MH transformation plan agreed across system.</p>	<ul style="list-style-type: none"> <li>• 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 Senior Exec Board (SEB), Exec Management Board (EMB) and Trust board and provides assurance around aims and deliverables of the programme</li> <li>• Engagement with Voluntary Care Sector (VCS) has continued throughout 22/23. First formal network event took place in Morningside arena with close to 100 attendees</li> <li>• New shadow mental health (MH) collaborative arrangements with LPT, wider system partners and VCS commenced in November 22 and continues to develop through into 23/24</li> </ul>		<ul style="list-style-type: none"> <li>• New ways of working workshop across PMOs with ICB and UHL</li> <li>• Undertaking QSIR training led by NHFT</li> <li>• Review of project management software used by NHFT</li> </ul>
			<ul style="list-style-type: none"> <li>• Review of operational planning, Step Up To Great (SUTG) delivery planning and transformation planning – through joint workshop</li> </ul>



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## Aims:

- Respond to the outcome of the public consultation
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LEAD Director: Deputy Chief Executive/MHS LEAD: Tanya Hibbert

Mental Health Services (MHS)			
Key Action 22/23	Qtr4 Achievements	RAG	Transformation Qtr1 Plan 23/24
<p>Development of environment to support therapeutic admissions:</p> <p>Planned phases of dorms programme – phases 2 and 3</p> <p>Submit business case for Oxevision</p> <p>ASD environment programme of work and the ordering of goods</p> <p>Completing the design phase of phase 1 of new build (Capital P001).</p>	<p>Dorm programme</p> <ul style="list-style-type: none"> <li>• Phase 2 – Bradgate (Ashby and Aston Wards) - Completed</li> <li>• Phase 3 – Evington (Gwendolen Ward and Wakerley and Coleman) - Completed</li> <li>• Phase 4 – On track for completion Q4 23/24 due to delays with planning permission</li> </ul> <p>Oxevision business case has been completed and has been installed on 2 ward areas. The rollout is being reviewed in light of new information shared by Oxevision regarding the operational system</p> <p>ASD environment</p> <ul style="list-style-type: none"> <li>• Agreed case for Sensory off (£74K). The equipment has been ordered and training where appropriate has been delivered. Phase 1 of new build is currently on hold</li> </ul>	Yellow	Detailed in MHS slide 1
<p>Access to therapeutic interventions – Clinical Pathways:</p> <p>Continue to work with professional group to review and develop Autism Spectrum Disorder (ASD) Pathway inc review of Workforce, Estate, Collaborative Care and Training. -Development of newly recruited ASD Care Navigator</p> <p>Launch physical health project group with new Team Manager for Older persons inpatients and physical health pathway.</p>	<p>Care navigator for ASD pathway</p> <ul style="list-style-type: none"> <li>• Recruited at risk to the Clinical Network (CN) post. Review of CN role being undertaken to see if business case is required to continue</li> </ul> <p>ASD Pathway</p> <ul style="list-style-type: none"> <li>• Draft ASD pathway developed, stakeholder engagement to take place to move forward, this is part of the Better Mental Health for all Therapeutic inpatient project</li> </ul> <p>Physical health</p> <ul style="list-style-type: none"> <li>• A team manager has been put in place for Mental Health Services for Older People (MHSOP) And physical health. The role is bringing together the different physical health elements including the roles from the investment this year for dietetics and substance misuse. This will integrate services and provide a more cohesive offer for patients.</li> </ul>	Green	





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

- Respond to the outcome of the public consultation
- Develop a clear SUTG MH Delivery Plan building on the outcome and learning from the consultation.
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LEAD Director: Deputy Chief Executive/MHS LEAD: Tanya Hibbert

Mental Health Services (MHS)			
Key Action 22/23	Qtr4 Achievements	RAG	Transformation Qtr1 Plan 23/24
<p>Workforce:</p> <p>Complete Step Up To Great (SUTG) workforce plan and governance framework.</p>	<ul style="list-style-type: none"> <li>• Workforce plan in place for Directorate of Mental Health (DMH). Dedicated meetings and place and woven into the refreshed Step Up To Great (SUTG) MH Transformation documents</li> <li>• Progress has been made with recruitment of a range of new roles as part of the workforce plan (including physician associates, multiple profession accountable clinicians etc)</li> <li>• Workforce plan updated to reflect new MHIS finding and agreed plans for 2023/24</li> <li>• These actions support the commitment to increase the workforce, bridge the gap with vacancies and reduce the use of agency as part of the wider SUTG commitments</li> </ul>		Detailed in MHS slide 1
<p>Effective Discharge:</p> <p>Work on winter discharge plan and successfully implement schemes</p>	<ul style="list-style-type: none"> <li>• Clear mental health winter discharge plan has been put in place</li> <li>• Frequent Delayed Transfer of Care (DTC) and discharge focused meetings established and undertaken</li> <li>• '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.</li> </ul>		





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## Aims (MHS):

- 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 Director: Deputy Chief Executive/LEAD: Helen Thompson

## CYP and Families and People with a Learning Disability (FYPC LDA)

Key Action 22/23	Qtr4 Achievements	RAG	Transformation Qtr1 Plan 23/24
<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>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.</p> <p>Active participation in the bid to support the Leicester Family Hub development.</p> <p>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.</p> <p>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.</p> <p>Adverse Childhood Events (ACEs) &amp; trauma informed practice: participate in system-wide planning for trauma informed service delivery across the LLR workforce.</p>	<p>Achievements in Q4 2022/23 continue to improve access and experience for FYPC LDA.</p> <ul style="list-style-type: none"> <li>• Children, young people and their families 'voice': Co-production embedded in all projects and transformation programmes. Co-produced Neurodevelopmental Pathway access/referral information using words of young people into animation videos &amp; referral forms/information. Intensive Community Support Team (ICST) CAMHS video co-produced with young people. Music and poetry events with young people (YP). Co-produced pathways with YP &amp; families. Healthy Together (HT) Helpline and access information has been coproduced with YP, carers and families. Experts by Experience (EbE), Carer Coach, Peer and Parent Practitioner expert roles established across services with initiatives increasing/easier to access services for YP/families.</li> <li>• Workforce Supply Delivery Plan: Delivered bespoke recruitment events, pilot with Leicester College/LPT's Employer Academy commenced on 6<sup>th</sup> March (cohorts continue in 23/24). Onboarding officer in post with flexible careers/new roles created across services. This reduces the FYPC LDA skills gap, enhanced career pathways into health roles, accelerated recruitment, onboarding/90-day toolkit which will improve new staff retention and increase work opportunities with/in our local communities and partners (social value).</li> <li>• LLR HCP Bid (Healthy Together) process and mobilisation plan was delivered. The new contract mobilised in September 2022.</li> <li>• Family Hub development: Work progressing with active FYPC LDA representation, working collaboratively with system partners with a clear plan of FYPC LDA integration opportunities across LLR; also input to the All Age Transformation programme with DMH (Better Mental Health for All). Family Hub development will continue in 23/24 to support local priorities and address inequalities identified; with more seamless interactions between partners to increase access and support families. Regular participation in Family Hub development sessions across LLR to promote opportunities for integration in 23/24.</li> <li>• S75: The public consultation commenced on 16th Jan for 12 weeks (plan to mobilise new offer from July 2023) for further collaboration with Leicester City Council to sustain a long-term partnership to strengthen integrated services. Reviewing consultation feedback in priority areas of access to services and health inequalities. The Healthy Together Helpline planning was a central feature of the S75 agreement.</li> <li>• First 1001 days: Continued participation in the system-wide coalition of organisations with a strategic plan for the first 1001 days to be integrated with Family Hub priorities for Best Start for Life. Awaiting specific timeframe from system partners.</li> <li>• ACEs and TIC: Strengthened the partnership with the violence reduction network and expanded the YOS-ACES service (outreach service providing early intervention to young people from deprived backgrounds who are at risk of developing mental health difficulties due to adverse childhood experiences - ACEs). Hosted an FYPC LDA Leadership session: Leading Trauma Informed Organisation. EMA CAMHS Collaborative developed TIC programmes with the University of Buckingham (commencing September 2023). Earlier intervention for young people experienced ACEs. Increased capacity across the network to embed TIC delivery (500+ professionals trained). Developing an FYPC LDA TIC culture. Upskilling the leadership team and wider workforce.</li> </ul>	<p>Green</p>	<ul style="list-style-type: none"> <li>• All 8 transformation programme briefs (<b>Step Up to Great Mental Health, Workforce, recruitment, and agency, CHS Transformation, FYPCLDA Transformation, Estates Transformation, Digital Transformation, Patient safety Transformation, Enhancing value</b>) complete</li> <li>• All programme leads identified and programme structure defined and set up</li> <li>• Directorate of Mental Health (DMH) and workforce recruitment and agency transformation delivery reporting in place as early adopters</li> <li>• Programme resources review and gap analysis complete</li> <li>• Establish project management network open to all project management roles across Trust</li> <li>• Launch of PMO staffnet page and resources</li> <li>• Launch of a Trust wide QI, PMO and transformation joint approach</li> <li>• New ways of working workshop across PMOs with ICB and UHL</li> <li>• Undertaking QSIR training led by NHFT</li> <li>• Review of project management software used by NHFT</li> <li>• Review of operational planning, Step Up To Great (SUTG) delivery planning and transformation planning – through joint workshop</li> </ul>



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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)

LEAD Director: Deputy Chief Executive/LEAD: Helen Thompson

## CYP and Families and People with a Learning Disability (FYPC LDA)

Key Action 22/23	Qtr4 Achievements	RAG	Transformation Qtr1 Plan 23/24
<p>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.</p> <p>Ensure consistent high-quality Education, Health and Care plans (EHCPs) in place to meet children's needs.</p> <p>Participate in the forthcoming Leicester revisit inspection likely in February 2022.</p> <p>Participate in the improvements to the Leicester local offer live planning for 2022.</p> <p>Effective SEND Leadership</p> <p>Ensure that service provision and planning is more inclusive i.e., autism friendly; and enables self-management for CYP and families.</p>	<p>Achievements in Q4 2022/23 continue to improve access and experience for FYPC LDA.</p> <ul style="list-style-type: none"> <li>• Children, young people and their families 'voice': meaningful engagement and co-production is embedded in all projects and transformation programmes. Experts by Experience (EbE), peer and parent expert roles established across services to meet local needs and to ensure their voice is heard in planning, change and service delivery improvements. HT Helpline and access/referral information co-produced with young people, carers and families. Experts by Experience (EbE), Carer Coach, Peer and Parent Practitioner expert roles established across services. Easier/increased access for young people/families, appropriate referrals, improved family support and experience.</li> <li>• Consistent high quality EHCPs: Q4 workshop session delivered with ICB and Special Education Needs SEND DCO to improve quality of Education, Health and Care Plans (EHCPs). Work continues on developing the improvement plan to address the quality of EHCPs for Leicestershire. This will continue into 2023/24 hence the amber ratings. Continued accelerated progress towards LLR plan required for improving quality of EHCPs.</li> <li>• Leicestershire SEND revisit inspection conducted in November 2022. FYPC LDA delivered a full response to full inspection report with ICB. SEND assessment and annual review templates were implemented in Adult Learning Disability services in this quarter.</li> <li>• Leicester Local Offer Live planning 2022: Event held in November 2002, feedback evaluated and workshops delivered. Staff feedback from the event shared at LPT SEND Delivery Group (March 2023) to inform planning for further Local Offer Events in 2023/24.</li> <li>• Effective SEND leadership by FYPC LDA continues to be provided into the system with positive feedback received from all partners. This leadership approach enables effective collaborative working e.g. work carried out with the new DCO SEND on LPT representation, Place level SEND forums (SEND and Inclusion Board for Leics.) and at system level (LLR SEND Engagement Group).</li> <li>• More inclusive service provision and planning: Improving data insights as part of the FYPC LDA SDPs and EDI programmes, upskilling the workforce (SALT recruited to ND pathway, Sleep Specialist role, nutrition, iPBS). Expanding digital resources to enable self-management for young people and families. Go live of electronic prescribing in community services. Administrative time has halved (electronic prescribing) and received positive feedback from patients and carers, further priority areas for service planning identified, workforce expertise expanded &amp; shared learning back into services.</li> </ul>	<p>Green</p> <p>EHCP</p> <p>Green</p>	<p>Detail in CYP slide 1</p>



## Key commitments:

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- Address our waiting lists, particularly in relation to continence and Neuro.
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- Increase the focus on Learning Disability.
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- 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 Director: Deputy Chief Executive/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
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## CYP and Families and People with a Learning Disability (FYPC LDA)

Key Action 22/23	Qtr4 Achievements	RAG	Transformation Qtr1 Plan 23/24
<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>Achievements in Q4 2022/23 continue to improve access and experience for FYPC LDA:</p> <ul style="list-style-type: none"> <li>• Children, young people and their families 'voice': Introduction of Peer Support Worker and Parent Practitioner roles within the CAMHs Intensive Community Support Team (ICST). Expansion of ChatAutism. Co-developed CYP MH pathways. Co-produced ICST video co-produced with young people. Music and poetry events with young people. These initiatives meet local needs and ensures the service user/young person/parent voice is heard in planning, change and service delivery improvements in CAMHs. Art, music, poetry and videos enable the young people to express/share their experiences and outcomes in their own words. Improved quality/service user experience, effective referral, reduced escalation to crisis and improved recovery. Experts by Experience (EbE), Carer Coach, Peer and Parent Practitioner expert roles established across services.</li> <li>• Workforce Supply Delivery Plan: Delivered co-ordinated approach to directorate recruitment events, commenced pilot with Leicester College Employer Academy on 6/3/23 and modules will continue into 2023/24. Targeted HCSW/admin recruitment. Resourcing Manager and Onboarding Officer have had a significant impact - successfully closed the vacancy gap in inpatient wards and admin in line with 22/23 trajectory. These projects will reduce agency/bank usage, reduce the skills gap, enhance career pathways into health roles, accelerate recruitment/onboarding, improve retention of new staff, more work with/in our local communities (social value). Have developed a trajectory for further agency staff reduction in 2023/24 and submitted to the trust wide Agency Reduction Group.</li> <li>• Early Intervention: CWP's embedded into the CAMHS offer at neighbourhood level (targeted at PCNs with lowest City referrals). Implemented wave 7 MHSTs. Benchmarking data showed inequalities for boys and particularly black ethnic groups, accessing MH support at time of crisis, so formed a partnership with LCFC. Carer cafes, parent/carers workshops and drop-ins for early support and health promotion. The outcomes will increase early intervention offer across LLR to improve access to mental health support. ARFID pathway in CAMHS outpatients which will assist early detection. Commenced the Advantage Mentorship Programme in collaborative with Leicester City FC, to provide mentorship and earlier intervention. Strengthened partnership with the violence reduction network.</li> <li>• Crisis Support: CAMHS Crisis Plus- based within the LRI has been fully mobilised, covering 8am- 10pm 7 days a week. Mobilisation of the CAMHs Intensive Community Support Team, funding secured through East Midlands Provider Collaborative. Both Crisis and ICST are fully immersed within the acute pathway, working closely with local authorities and other health partners, relationships are strengthened. Draft CYP MH integrated LLR pathway co-developed within the LLR system. Quicker response, reduced escalation to crisis.</li> <li>• Reducing inequality: CAMHs access data analysed &amp; showed areas of low access relative to prevalence and need. Services strengthened in the City/at neighbourhood level to increase ease of access e.g. CWP's in GP practices, City Chill out Zones.</li> <li>• More inclusive service planning: Expanded training for autism and ARFID among practitioners. I-PBS Pilot in The Beacon. Your evaluation shows us that there are fewer incidents on the wards, reduced rate of readmission post-discharge, improved CYP/family experience, upskilling staff and culture.</li> <li>• Mental Health Support Teams in Schools (MHSTs): Delivered 3 waves since 2021. Delivered targeted activity/workshops/groupwork, mild to moderate MH interventions and supported school or college with liaison or advice. Plans to integrate further within PMH/hubs and CYP MH pathway. 63% increase in referrals in 2022/23. Helps to keep CYP in education with the right support. Expansion through the Wave 9 programmes for 4 further teams (from September 2023), teams aligned to areas of low access rates and high levels of health inequality.</li> </ul>	<p style="background-color: #90EE90;"></p>	<p>Detail in CYP slide 1</p>



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## Key commitments:

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- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

LEAD Director: Deputy Chief Executive/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 (FYPC LDA)				
Key Action 22/23	Lead	Qtr4 Achievements	RAG	Transformation Qtr1 Plan 23/24
<p>Clear evidence of work with CYP, families and multi-agency system partners.</p> <ul style="list-style-type: none"> <li>• Vacancy, recruitment, training and onboarding priorities, as detailed in the plan.</li> <li>• 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.</li> <li>• Fewer people with a learning disability need to be admitted to hospital.</li> <li>• (IST) funding and support secured via the TCP three-year plan (from year 2).</li> <li>• Reduction in admissions to Agnes Unit or emergency acute admission, once bed is open.</li> </ul>	<p>Mark Roberts, Laura Smith (ASD) Sophie Pratt (ND) Zayad Saumtally (involvement)</p>	<p>These initiatives in Q4 2022/23 have reduced an all age learning disability and autism service gap which has resulted in achieving parity of esteem for this patient group.</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Formal LLR LDA Collaborative with MOU in place – used as a Case Study for the Leicester, Leicestershire and Rutland Integrated Care System (LLR ICS) to evidence collaborative working that led to transformation for people with a learning disability, autism or both.</li> <li>• Collaborative governance arrangements in place with EBE involvement and Maturity benchmarked by stakeholders and demonstrating timely development.</li> <li>• NHSEI Annual Summit.</li> <li>• Dynamic Support Pathway in place.</li> <li>• Workforce model - successfully recruited to therapy roles and nursing roles, reviewed admin delivery model for LDA , reduced vacancies and recruited a LD Business Officer.</li> <li>• Service user experience - introduced QR code (and also on staff fobs) to gather patient experience feedback in a more accessible way (FFT).</li> <li>• New service delivery model and ways of working to deliver earlier PBS intervention as well as crisis support to avoid admissions wherever possible.</li> <li>• Mobilised the LD Access Team as an effective central point for LD referrals and core assessments.</li> <li>• Agnes Unit funding model in place addressing all spend and agreement in place regarding AU admission controls – ICB Director to LPT Director approval required.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Collaborative team won LPT Excellence Award for Integrated Care.</li> <li>• Quality benchmarking system designed and implemented across health and social care.</li> <li>• Judged as failing by regulators in 2020, LLR ICS have transformed their learning disability service to one that’s now in the top third for performance in the country. 25% fewer people have long term stays in hospital since 2019.</li> <li>• Reduced health inequalities.</li> <li>• Reduced vacancies and workforce skills gap.</li> <li>• Better access - earlier interventions and reduced escalation to crisis.</li> <li>• Closer working with Primary Care - increased health checks for people with a learning disability, with performance ahead of 21/22.</li> <li>• LeDeR reviews within 6 months and thematic reports published.</li> <li>• Recovering trajectory for RRT with a reduced inpatient population.</li> <li>• Positive feedback from people and their carers/families on their experience.</li> <li>• Increased workforce capacity and capability by reducing vacancies and improving skill mix.</li> <li>• Improved service delivery models and specifications to support this group.</li> </ul>	<p>Green</p>	<p>Detail in CYP slide 1</p>



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LEAD Director: Deputy Chief Executive/LEAD: Helen Thompson

### Aims (FYPCLD):

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## CYP and Families and People with a Learning Disability (FYPC LDA)

Key Action 22/23	Qtr4 Achievements	RAG	Transformation Qtr1 Plan 23/24
<p>Neurodiverse (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.</p> <p>Autism Spectrum Disorder (ASD) our service users with Autism will have a positive experience of our services and are supported to live well in the community.</p> <p>(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</p> <p>(ASD) deliver the change process for the AADS using the IDMF framework as a best practice tool. (Covid-19 considerations required).</p> <p>(ASD) Develop the Evidenced Valid Predictor Test Self-completion Questionnaire for LLR Autism Diagnostics Pathways (Adults).</p> <p>(ASD) develop a plan for workshops for 18–25-year-olds and test with a small group.</p> <p>Continue to implement plans and new ways of working to meet increased demand and overall waiting times.</p> <p>Agree plans and secure funding for Responsible Clinician for SAT for 2022-23.</p>	<p>The Q4 2022/23 achievements in this section will increase access, reduce waiting times and transform the experience for local people.</p> <ul style="list-style-type: none"> <li>• ND Transformation Programme: Business Case (ICB business case template) presented to ICB with the objective to secure investment to enable waiting time recovery for referral to assessment by 2027 in line with recommended National Institute for Health and Care Excellence Guideline CG128 and NHS Long Term Plan (2019) ambitions. Solihull Approach implemented across LLR. Digital transformation and GP referral pilot now live. ND options workshop held 15<sup>th</sup> March to consider potential changes to the described pathway in light of investment decisions. All families in LLR have free access to Solihull approach – 108 languages, 300+ families have accessed so far with 75% from the City. Revised GP referral pathway (co-produced with Youth Advisory Board), revised clinical pathways approved, training/competency framework and now awaiting ICB decision on business case. ND business case/future options will manage risks, waits and reputation.</li> </ul> <p>ASD: Prism form and referral criteria updated (23% reduction to 21/22, 40% this year so far).</p> <ul style="list-style-type: none"> <li>• SystemOne optimisation for electronic questionnaires to ASD patients.</li> <li>• ChatAutism expanded and also shortlisted for a Nursing Times award 2022.</li> <li>• Evaluated the audits of mental health inpatient wards (LPT sensory friendly inpatients environments). This was co-delivered with an Expert by Experience (EbE), who will report findings in May 2023.</li> <li>• Supported 2 EbE to attend ImROC Autism Peer workers course funded by Health Education England (HEE).</li> <li>• Delivered Inclusive Decision Making Framework (IDMF), Evidenced Valid Predictor Test Self-completion Questionnaire (EVPTSQ) and 18-25 workshops.</li> <li>• Specialist Autism Team (SAT) delivering the new service model for 22/23.</li> <li>• Progressed the inclusion of Autism population health data on Aristotle.</li> <li>• Led a SAT Nutrition and Dietician pilot (ICB innovation funding), post now embedded.</li> <li>• Trialling a new Autism Care Co-Ordinator role (to September 2023) in the dynamic support pathway.</li> </ul> <p>The implementation of the above provides the following benefits:</p> <ul style="list-style-type: none"> <li>• Oliver McGowan training is now mandatory for LPT raising the profile of ASD with all staff. ChatAutism extended to all-age.</li> <li>• Launched Autism Space (LPT hosted) to improve service user experience via better information to individuals, families and carers. Waiting times trajectory continues to improve for adults waiting for an autism diagnosis. Presented to Midlands Region the outcomes of the workshops. Formal LLR LDA Collaborative and FYPC LDA (rename) directorate provides parity for autism in strategies and service delivery.</li> </ul>	<p>ND</p>	<p>Detail in CYP slide 1</p>





## Key commitments:

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## 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 Director: Deputy Chief Executive/Digital LEAD: David Williams

Digital			
Key Actions 22/23	Qtr4 Achievements	RAG	Transformation Qtr1 Plan 23/24
<p>Develop Plans at directorate level</p> <p>Develop a network of digital champions</p> <p>Appoint Clinical Safety Officers</p>	<ul style="list-style-type: none"> <li>• Directorate level digital and Information Management &amp; Technology (IM&amp;T) plans in place, feed into IM&amp;T Deliver Group for shared learning and development</li> <li>• Digital Champions established within directorates, providing a communication channel and practical support across the Trust, on clinical application of digital systems</li> <li>• All key roles now in place – Chief Scientific Officer (CSOs) at directorate level, Chief Clinical Informatics Officer (CCIO) and Chief Technology Officer (CTO) at Trust level</li> </ul>		<ul style="list-style-type: none"> <li>• All 8 transformation programme briefs (<b>Step Up to Great Mental Health, Workforce, recruitment, and agency, CHS Transformation, FYPCLDA Transformation, Estates Transformation, Digital Transformation, Patient safety Transformation, Enhancing value</b>) complete</li> <li>• All programme leads identified and programme structure defined and set up</li> <li>• Directorate of Mental Health (DMH) and workforce recruitment and agency transformation delivery reporting in place as early adopters.</li> </ul>
<p>Active engagement with LLR Shared Care Programme</p> <p>Ensure actions assigned to LPT are met in a timely manner, for timely staff access to shared care records</p> <p>Develop plans to ensure that LPT data is accessible TO LLR partners via shared care records</p>	<ul style="list-style-type: none"> <li>• LPT (CCIO) and (CTO) are members 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.</li> <li>• LPT meeting - all actions assigned by LLR ShCR Programme Board</li> <li>• LPT data is now being consumed by ShCR and on track. Programme being driven at LLR level. This will mean that the wider LLR health and social care records ( ie University Hospitals of Leicester and local authority data) will be available to be viewed by LPT clinicians. Pilots initialising in LPT to view data.</li> <li>• LPT Pilot sites are Unscheduled care service and the Discharge hub</li> </ul>		<ul style="list-style-type: none"> <li>• Programme resources review and gap analysis complete</li> <li>• Establish project management network open to all project management roles across Trust</li> <li>• Launch of PMO staffnet page and resources</li> <li>• Launch of a Trust wide QI, PMO and transformation joint approach</li> <li>• New ways of working workshop across PMOs with ICB and UHL</li> <li>• Undertaking QSIR training led by NHFT</li> <li>• Review of project management software used by NHFT</li> </ul>
<p>Hold engagement sessions at Information Management &amp; Technology (IM&amp;T) Committee</p> <p>LLR Stakeholder Engagement</p>	<ul style="list-style-type: none"> <li>• Session held on What Good Looks Like framework. Also, the Digital Maturity Assessment, which will drive the priorities and plan for 23/24 and will continue to improve information sharing and in turn better outcomes for patients.</li> </ul>		<ul style="list-style-type: none"> <li>• Review of operational planning, Step Up To Great (SUTG) delivery planning and transformation planning – through joint workshop</li> </ul>



## 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 Director: Director of HR and OD, Sarah Willis

22/23 Plan	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
<p>We will continue to deliver the LPT People Plan which focuses on:</p> <ul style="list-style-type: none"> <li>• Looking After Our People</li> <li>• Belonging in the NHS</li> <li>• New Ways of Working</li> <li>• Growing for the Future</li> </ul>	<ul style="list-style-type: none"> <li>• Launched the Our Future Our Way (OFOW) Programme with new Change Leaders to take forward workstreams to support culture and leadership programme of work.</li> <li>• LPT People Plan refreshed with board sign off</li> <li>• Staff Survey results received with significant improvement</li> </ul> <p>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. The aim is to improve staff and patient experience and to ensure LPT is a great place to work</p>		<ul style="list-style-type: none"> <li>• Commence discovery phase of our future our way culture leadership and inclusion programme</li> <li>• Review Staff survey and Health and Wellbeing (HWB) roadshows data with change leaders</li> <li>• Shape the questions for staff engagement activity:</li> <li>• To understand why people may not recommend LPT as a place to receive care</li> <li>• Identify further questions from survey analysis to shape focus group and board questions – particularly raising concerns and Health and Wellbeing</li> <li>• Identify survey/focus group questions to help shape LPT patient safety plan</li> <li>• Identify a couple of questions to understand how we can better improve patient experience</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Update Workforce Race Equality Standards (WRES) &amp; Workforce Disability Equality Standards (WDES) actions following staff survey results</li> <li>• Progress Together Against Racism with Group</li> <li>• LLR Active Bystander programme Enable change through courageous conversations to address micro-aggressions and micro-incivilities</li> </ul>
<p>Continue to support our staff in their health and wellbeing</p>	<ul style="list-style-type: none"> <li>• Worked with system 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 better support them.</li> <li>• Schedule of further Health and Wellbeing roadshows</li> <li>• Awareness raising through communications about potential areas of tax relief to support our staff finances</li> <li>• Continued with establishing women's wellbeing pathway in collaboration with EDI women's network</li> <li>• Agreed plans 2023 Wellbeing Road Shows</li> </ul> <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. The overall aim is to improve staff and patient experience and to ensure LPT is a great place to work.</p>		<p>Recruitment:</p> <ul style="list-style-type: none"> <li>• Healthcare Support Workers (HSWC)/admin, Nursing, Medics, AHPs,</li> <li>• International recruitment</li> <li>• Reducing agency usage</li> <li>• Growing our own/skill mix/new roles</li> <li>• Workforce planning</li> <li>• Embed structured workforce planning across the trust to ensure long term capacity and sustainability of workforce</li> <li>• People promise exemplar programme</li> <li>• Offer flexible working and other interventions to improve retention</li> <li>• Develop a Medical Workforce strategy Develop robust plan to enable growth, development and retention of trainees</li> </ul>





## Key Commitments

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## Aim:

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

Slide 2 of 3

Lead Director: Director of HR and OD, Sarah Willis

22/23 Plan	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
Put workforce at the centre of our plans so we can to sustain and where possible increase capacity	<ul style="list-style-type: none"> <li>• Agreed continuation of temporary mileage uplift to ease financial pressures due to fuel inflation.</li> <li>• Established 2 further foodbanks for Trust staff to support our staff wellbeing.</li> <li>• Reviewed recruitment and retention payment schemes to ensure we remain competitive in the recruitment market and can attract and retain our staff.</li> <li>• Engagement with change leaders to introduce new ways/approaches to working</li> </ul> <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>	Green	Detail in equity, leadership and culture slide 1
Support our staff in developing their careers and enable them to progress so retaining them in the NHS	<ul style="list-style-type: none"> <li>• Refreshed leaver questionnaire process to help increase intelligence on why people leave and what we can do about it. This was supported at Staff Working Group (SWG)</li> <li>• 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.</li> <li>• Refreshed terms of Reference (TORs) for the Administrative and Clerical Improvement Group with focus on development and career progression of non clinical workforce</li> <li>• Commenced refresh of line manager pathway</li> <li>• Continued engagement with LLR systems programmes of development and talent management.</li> </ul> <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>	Yellow	



## Key Commitments

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Slide 3 of 3

Lead Director: Director of HR and OD, Sarah Willis

22/23 Plan	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
<p>Ensure our workforce plans enable us to recruit a workforce to meet our future needs</p>	<ul style="list-style-type: none"> <li>• Trajectory and pipeline in place to achieve following vacancy levels in Q4 within the Clinical Directorates. Safe staffing establishment numbers reviews and the plan has been rebased.</li> <li>• 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.</li> <li>• Developed and commenced the medical workforce plan</li> <li>• System careers event held in March to help attract people into careers in health and care and develop a future workforce 1000 + attendees</li> <li>• Held additional assessment days to recruit to residual nursing support vacancies so that we have the right staff level to support our patients.</li> <li>• Development marketing plans for the healthcare support worker/assistant roles on our website and in local media through NHS England funding to help with our recruitment drive</li> </ul> <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>	<p>Detail in equity, leadership and culture slide 1</p>
<p>Focus on meeting our requirement for registered staff including international recruitment (IR).</p>	<ul style="list-style-type: none"> <li>• Annual training need analysis submission and collation commenced</li> <li>• Further funding for IR nurses supported</li> </ul> <p>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.</p>	<p>Yellow</p>	



## 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 Director: Director of Nursing, Dr Anne Scott

Key Actions 22/23	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
<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 &amp; 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>	<ul style="list-style-type: none"> <li><b>Foundations of patient care programme</b> delivered to 27 attendees made up of service users, carers focusing on patient centred improvements, experienced based co-design and collaborative working. – evaluation found programme well received with participants able to implement learning directly into their daily roles, including qualitative and quantitative data, adopting experience based co design approaches for quality improvement. A community of practice has been established with some of the staff and service users to attended the programme and will continue <a href="C:\Users\Kirkal.LEICSPART\Videos\Captures\WhatsApp Video 2023-03-10 at 06.42.35.mp4">C:\Users\Kirkal.LEICSPART\Videos\Captures\WhatsApp Video 2023-03-10 at 06.42.35.mp4</a></li> <li><b>Third Complaints Peer Review</b> took place with staff from across directorates and lived experience representatives – contributing to the ongoing improvement of the complaints process of the Trust. – improvements implemented as a result of the reviews include: Improvements to Acknowledgement letters; Complaints Satisfaction Survey; Improvement to Final Response letters; Revised Complaints Management Document (CMD) has prompted more patient and family contact earlier on in complaint investigations</li> <li><b>Friends and Family Test (FFT)</b> – 6727 responses were received in the quarter. 88% of those responded provided a positive experience and 7% negative. Staff attitude was the key theme for positive experience, whilst implementation of care including appointments represented the key theme for poor experience.</li> <li><b>PALS</b> – launch of new documents for management of concerns completed, revised PMD, improved communication email and 10 working day time frames for concerns are now in place. Team are currently actioning the same for MP concerns and enquiries as this has been causing confusion during Q4, due to new sign of process required with comms lead.</li> <li><b>Carers-</b> Identify LPT priorities and develop plan with working group against LLR carers Strategy completed. Priorities to include working with NHFT on carers charter is underway through early discussion. LLR carers passport information shared and a session delivered with working group throughout Jan and March 2023. Local Authority Young Carers Leads delivered 4 awareness training sessions for LPT and UHL NHS, agreement to roll out a further 4 session across 2023/4 for up to 200 NHS staff has been finalised.</li> <li><b>Patient and Carer Involvement in Recruitment</b> - Cocreation of values based recruitment questions with service users and cares commenced, including guidance for staff around involving patient voice in questions when it is not possible to involve people with lived experience on a panel.</li> <li><b>Launch of Ulearn Customer Services Module</b> - Modules are currently being finalised with the O&amp;D team and the interactive element is currently being piloted with 4 sessions across the directorates, sessions are being co-delivered with an patient.</li> <li><b>Director of Nursing (DoN) and Allied Health Professionals (AHP) Fellows Programme</b> - Each Quality Improvement being developed by a member of the programme (8 staff) is being partnered with a lived experience partner. – through this partnership model projects will be evidence-based from an experience perspective through listening and learning from feedback, and working collaboratively with service users and carers to co-design and co-produce improvement ideas and implementation</li> </ul>	<p style="text-align: center;">RAG</p>	<ul style="list-style-type: none"> <li>Agree payment process for Lived Experience Partners</li> <li>Recruitment to Lived Experience and Patient Safety Partners</li> <li>Recruitment to People’s Council membership</li> </ul> <p>Review and revise service specifications for:</p> <ul style="list-style-type: none"> <li>Involvement centre</li> <li>Recovery College</li> <li>Peer Support Workers</li> <li>Arts in Mental Health</li> </ul> <p>Review and update Patient, Service User and Carer Reward and Reimbursement Policy</p> <ul style="list-style-type: none"> <li>Develop training programme for year and commission/develop content</li> <li>Deliver Train the Trainer Training for Experience Based Co Design</li> <li>Facilitate Discovery Phase of Change Leader Programme with focus on Patient Experience Data</li> <li>Undertake training needs analysis and develop offer for staff</li> <li>Identify lived experience co delivery partner opportunities</li> <li>Deliver Train the Trainer for Experience-based co-design (EBCD)</li> </ul> <ul style="list-style-type: none"> <li>Scope Triangle of Care approach for Trust</li> <li>Commence planning of staff awareness training for carers</li> <li>Commence delivery of LA training for staff on Young Carers</li> <li>Update Trust website with appropriate carer information and offer available across Leicester, Leicestershire and Rutland (LLR)</li> <li>Develop approach with Northamptonshire Healthcare Foundation Trust (NHFT) to cocreate Charter</li> <li>Recruit to Lived Experience Partners role (Carers) to support programme of work</li> <li>Phased rollout - Delivery of LLR Carers Strategy</li> </ul> <ul style="list-style-type: none"> <li>Establish Patient and Carer Experience Groups in each directorate and Coproduction groups in DMH</li> <li>Agree workplan for each group and terms of reference</li> <li>Recruit to Lived Experience Partners for each directorate</li> <li>Evaluation of Complaints Peer Review to inform model with Duty of candour and Incident Investigations</li> <li>Service user and carer involvement in development of Nursing Standards</li> <li>Director of Nursing Fellows Programme – delivery of support and codelivery with Lived Experience Partners</li> </ul>



## 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:

- 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.

Lead Director: Director of Corporate Governance

Organisational Risk Register (Apr 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

Key Actions 22/23	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
<p>To review the feedback from the Care Quality Commission (CQC).</p> <p>Benchmark against two other Trusts (one to include Northamptonshire Healthcare Foundation Trust (NHFT))</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Directorate well led sessions have been delivered</li> <li>• A well led narrative has been completed</li> <li>• Discussions on managing well led within the directorates have been held with the corporate CQC team. To be incorporated into the accreditation work.</li> <li>• Benchmarking is captured via the joint governance workstream within the joint working group.</li> </ul> <p>All actions will lower risks, improve dignity and respect along with better outcomes for patients using our services.</p>		<ul style="list-style-type: none"> <li>• Well Led Self-Assessment narrative will be developed by the Board</li> <li>• Deliver against the Group joint governance priorities and update the JWG</li> </ul>
<p>Formalise joint governance meetings</p> <p>Agree updated Terms of Reference (ToR) and formal agenda structures for executive team meetings</p> <p>Agree an approval levels process</p> <p>LPT to review output from 2021 Well Led review by the CQC.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Revised remit for SEB and EMB have been approved and these have been in place since September 2022. An approvals level flow diagram and SOP has been approved</li> <li>• See above re CQC feedback</li> </ul> <p>These actions will improve services for our staff and patients as well as reduce health and safety risks.</p>		<ul style="list-style-type: none"> <li>• Development of enhanced Data Quality Highlight Reporting Process to Data Quality Committee</li> <li>• Implementation of SNOMED Phase 1 priorities</li> <li>• Development of Coding Assurance Standard Operating Procedure</li> <li>• Training and awareness campaign</li> </ul>
<p>Involvement in the governance group within the ICS</p>	<ul style="list-style-type: none"> <li>• LPT representation is in place for relevant ICB governance meetings ensuring the organisation is well-led at senior level. A schematic has been drawn up</li> </ul>		<ul style="list-style-type: none"> <li>• Review Terms of Reference &amp; attendees for enhancing value meetings to ensure that the focus shifts to long term value in healthcare approach</li> </ul>



## 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 Director: Director of Corporate Governance

Finance & Data Quality			
Key Actions 22/23	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
<p>Deliver the 2022/23 capital and revenue plans</p> <p>Development of a clear financial plan for 2023/24 which aligns to Trust Strategy and LLR system plans</p>	<ul style="list-style-type: none"> <li>• The capital position for 22/23 is currently being finalised for the year end accounts and there is expectation that the Trust will meet the capital resource limit.</li> <li>• The revenue position for 22/23 is currently being finalised. The Trust is expected to meet the revised plan of £2.9m deficit. This is an adjustment to the original break even plan and forms part of the revised LLR total.</li> <li>• The Trust has submitted a deficit plan for 23/24 of £5.4m. This is on the basis that options are still being explored to improve this position to break even as required by NHSE. A revised plan is expected in late April.</li> </ul>		Detail in well-governed slide 1
<p>To take part in and report on the use of resources audit.</p> <p>Counter fraud functional standards – assessment submission</p>	<ul style="list-style-type: none"> <li>• The Trust is currently commencing the year end financial audit. No concerns have been raised at this stage.</li> <li>• The Trust undertook the counter fraud functional standards exercise in Q3. All areas were rated green &amp; this has been presented at Audit &amp; Risk Committee.</li> </ul>		
<p>Review data quality policy</p> <p>Develop data quality improvement plan</p> <p>Data protection and security toolkit - submission</p>	<ul style="list-style-type: none"> <li>• Data Quality Policy has been subject to extensive review and has been redrafted ready for review and approval at Data Quality Committee.</li> <li>• Data Quality Implementation plan progressed through the creation of Data Quality Directorate Highlight Report Template.</li> <li>• Work undertaken to aim to progress the SNOMED Point of Care Project.</li> <li>• Baseline submission of the Data Security and Protection Toolkit completed to national deadline.</li> <li>• Preparation work underway ready for June DSPT final submission.</li> <li>• 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.</li> </ul>		



## 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 Director: Group Director of Strategy & Partnerships, David Williams

Key Actions 22/23	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
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.	<ul style="list-style-type: none"> <li>• We continue to work with 2 local colleges attending careers fairs and encouraging students to apply for LPT roles, consider volunteering and highlighting opportunities for apprentice roles. This work will support local people to develop and upskill, enhance LPT's reputation in the community and increase our recruitment.</li> </ul>		<ul style="list-style-type: none"> <li>• Create and publish our group Social Value Charter and Pledge commitments to our communities</li> </ul>
To have an agreed set of principles that set out our commitments to this aim, agreed through our Trust public board meetings	<ul style="list-style-type: none"> <li>• We have developed our social value (SV) delivery and communication plan with work underway to engage with senior leaders to agree our commitments and develop our Group Social Value charter. The Joint Working Group is now in place and sits across both NHFT and LPT. We have joint commitments to eradicate racism, undertake research and innovation, develop both Trusts as anchor organisations and the delivery of our green plan and the sustainability agenda.</li> </ul>		<ul style="list-style-type: none"> <li>• As part of our Social Value Charter and Pledges we continue to support our staff to volunteer in Leicester, Leicestershire and Rutland (LLR) communities</li> </ul>
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.	<ul style="list-style-type: none"> <li>• People referred from Job Centre Plus attended the Leicester College SWAP scheme during March with some interest around LPT admin roles. The work with Leicester College continues with marketing materials supplied, QR vacancy code shared and Strategy &amp; Partnership (S&amp;P) team supporting deliver sessions to the next cohort due to commence during April. This work will help to reduce the gap in local health inequalities and improve parity of esteem.</li> </ul>		<ul style="list-style-type: none"> <li>• Continue to work with the system plan to work to reduce health inequalities across LLR and to implement it</li> <li>• Look specifically at the inequalities for our population who have a learning disability and autism and publish our learning in our annual Learning Disability and autistic people (LeDeR) Research report</li> </ul>



## 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 Director: Group Chief Finance Officer, Paul Sheldon

Key Actions 22/23	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
Eradication of dormitory accommodation	<ul style="list-style-type: none"> <li>• Main Dormitory works delivered to agreed cost and programme. Feedback and work quality is to a high standard.</li> <li>• Leicester City Council delayed approval of Planning consent by 5 months, impacting our final phase timelines for Bennion. Approval received and works on site progressing well to updated programme. Client team, Execs and Integrated Care Board aware of Council issue.</li> <li>• Strategic Outline Case (SOC) development progressing to agreed pause point. Full design of new roads and drainage progressing well. Outline plans developed for new build of 4 wards. Formal Planning Application to be submitted in May 2023. Comms to staff and stakeholders progressing as planned. Trust Execs aware of funding requirements.</li> <li>• Initiatives aim to improve recovery time for those using inpatient services.</li> </ul>	Green	Compliance with National standards for Food and Nutrition.
Update of Strategic Outline Case for health campus			Update all site drawings / plans / room numbering for Invida (an estates and facilities software platform).
Implement facilities management business case to deliver the capacity and capability for high quality estates	<ul style="list-style-type: none"> <li>• Transfer of all Estates &amp; Facilities services took place on 1/11/2022. Commencement of full-service delivery has been successful.</li> <li>• Assessment of the inherited legacy issues is substantial. Particular concerns remain around compliance issues which are being addressed through LPT safety groups. LPT has inevitably needed to make investment in such areas.</li> <li>• Human resources matters remain a significant challenge, both for internal appointments and external onboarding. University Hospital of Leicester did not undertake Disclosure and Barring Service (DBS), Right to Work (RTW) checks or maintain staff records for holidays, sickness and disciplinaries.</li> <li>• Attended recruitment event to support soft FM vacancies.</li> <li>• E&amp;F have hosted a series of Welcome Events and opportunity to meet all the newly onboarded staff. Feedback has been positive.</li> <li>• These changes have resulted in local people being employed by the Trust who are delivering services for local people living in and around LLR.</li> </ul>	Green	Recruitment to establishment for key E&F posts in management team and operations.
			Resolve transferred staff HR validation and compliance issues.
Provide an initial focus on developing green plan action and embed sustainability in everyday working.	<ul style="list-style-type: none"> <li>• Joint approach agreed with NHFT and LPT to appoint B8a role as Group Sustainability Manager. Local B7 roles to be embedded in each organisation as Sustainability Leads within Estates functions. NHS job adverts to be published April 2023.</li> <li>• LPT Green Plan is Board approved.</li> <li>• Detailed delivery plans to be developed spanning Trust activity and linkages to NZC NHS targets and ICB. Already being incorporated into P001 All Age MH SOC.</li> <li>• The aim is to improve inpatient services that will aid recovery, expedite discharge and supporting people to return to their homes</li> </ul>	Green	Develop standard products to support safe working of maintenance staff and contractors.
			Maintain high staff engagement. Invest in staff training. Support staff post Facilities Management (FM) Transformation.
			Compliance with new National Cleaning Standards.
			Invest in Safety Group key areas to achieve statutory compliance: water, ventilation, electrical, waste and medical gases. Appoint AP roles.
			Creation of CAFM reports for estates & facilities (E&F) and client areas.
			Author Estate Strategy and Estate Plan.
			Support Trust Sustainability activities to achieve net zero (NZC) targets.
			Create 3 year rolling capital plan.
			Optimise supply chain base for new E&F requirements.





## 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 Director: Medical Director, Dr Saqhib Muhammad

Key Actions 22/23	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
Support the implementation of the policy framework - improving Access policy implementation across all 3 directorates.	<ul style="list-style-type: none"> <li>• Improving Access Policy in place in all clinical directorates and supporting a consistent and systematic approach to waiting list management.</li> <li>• Experience of operational delivery in line with the embedded policy will feed into the review of the Improving Access Policy (due Q1 and Q2 of 23/24).</li> <li>• A copy of the policy is available on the LPT website and can be accessed by staff and public.</li> </ul>		<p>Programme of meetings in place, review of priority services undertaken using risk based-tool; 23/24 focus agreed and updated trajectories confirmed.</p> <p>Initiate review of Access Policy</p>
Ensure all services have an SOP for access.	<ul style="list-style-type: none"> <li>• All services have Single Operating Procedures (SOPs) in place to support effective management of waiting lists, providing foundation for robust and consistent waiting list management and supports equity of access for people using our services with clear criteria for prioritisation and appointment allocation.</li> </ul>		Ensure data that is key to effective management of access is embedded in data quality improvement planning.
QI focused approach to waiting list management including implementation of validation and PTLs.	<ul style="list-style-type: none"> <li>• All priority services have improvement plan in place, ensuring clear actions are in place to minimise wait times in services identified as under greatest pressure.</li> </ul>		Review existing access reporting to assess efficacy, ensure connectivity with local reporting and identify opportunities for improvement.



## 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 Director: Director of Nursing, Dr Anne Scott

Key Actions 22/23	Qtr4 Achievements	RAG	Qtr1 Plan 23/24
<p>Develop joint QI strategy with NHFT</p> <p>Develop and implement LPT priorities for Quality Improvement (QI)</p>	<ul style="list-style-type: none"> <li>• Established the Learning Lessons Exchange forum for shared learning and peer support</li> <li>• Development of a blended training model to support capacity and capability for quality improvement work across the group has been approved</li> <li>• Establishment of the collaborative workstreams with a focus on improvement for the areas of:               <ul style="list-style-type: none"> <li>○ Pressure Ulcers</li> <li>○ Deteriorating patient</li> <li>○ Mental Health Therapeutic Observation</li> <li>○ Purchase of digital platforms across the group (AMaT and LifeQI) to support the opportunity for joint improvement work moving forward</li> </ul> </li> <li>• Conducted a review of the evaluation of the NHS Partnership with Virginia Mason Institute providing an opportunity to stock take, connect and reflect.</li> <li>• Strengthening relationships between QI and Patient Safety in light of PSIRF implementation</li> <li>• QI Training: QSIR V and QSIR P celebration event held on 10th February 2023</li> </ul>		<p>Participation as part of project delivery group and support to the operational group</p> <p>Delivery in June 2023</p> <p>Baseline of 2022/23 is 267 staff trained</p> <p>Regular reporting established for DMH</p> <p>Launch of a trustwide QI, PMO and transformation joint approach</p> <p>Integrated QI and transformation plans in place for 8 strategic programmes of work</p>
<p>Strengthening research projects across a wider range of partnerships crossing organisational boundaries.</p>	<ul style="list-style-type: none"> <li>• Confirmation of renewal of CRN Infrastructure funding for 2023/24 under the Partner Organisation contract, with an increase from £460k to £472k</li> <li>• Extension of support by Research Delivery Team for Portfolio research targeted at the NHS/Care Home Interface (hosting ENRICH Lead for LLR)</li> <li>• 82% of studies delivered to "time and target", despite challenges of staffing resources.</li> <li>• Lower recruitment numbers overall because of small "N" studies</li> <li>• Only Comm &amp; MH Trust in the EM supporting commercial trials</li> <li>• R&amp;D Leads of LPT and NHFT members of task and finish group</li> <li>• Developed initial Partnership Agreement for next phase for Associated (Group) Hospital Teaching status</li> <li>• The achievements will support meaningful patient outcomes.</li> </ul>		<p>Performance Update to Assurance Structure</p> <p>Explore joint opportunities with Northamptonshire Healthcare Foundation Trust (NHFT)</p> <p>Develop Partnership Agreement with Partner University(s)</p> <p>Agree rebranding and launch</p> <p>Develop group strategy plan with partners</p>