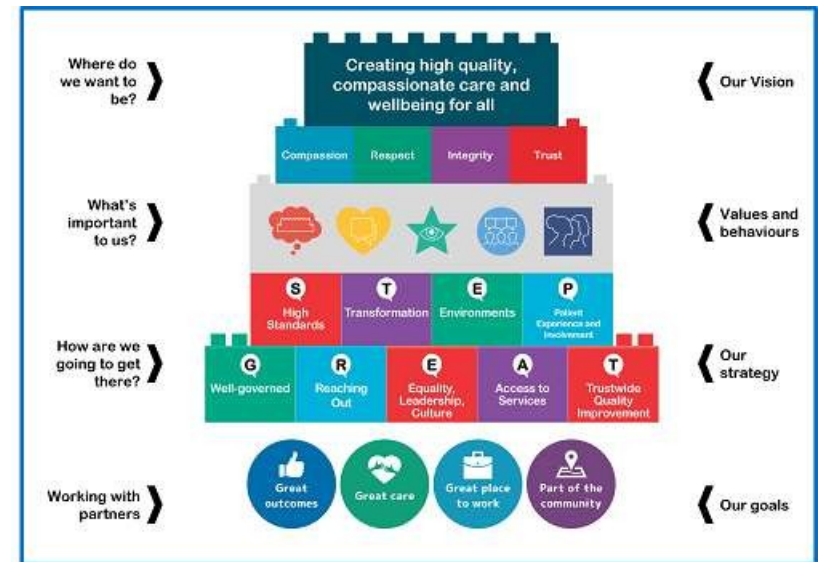


STEP UP TO GREAT STRATEGY – 2021/24 & LEICESTERSHIRE PARTNERSHIP TRUST STRATEGIC PLAN – 2023/24

Qtr3 Highlight Report

(Oct; Nov; Dec 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-centered 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 the 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

Lead Director: Director of Nursing, Dr Anne Scott

Key Actions 23/24	Qtr3 Plan 23/24	Qtr3 Achievements (Practical Examples and expected outcomes)	RAG	Qtr4 Plan 23/24
All clinical teams to complete self-assessment at foundation level with Valuing High Standards Accreditation(VHSA) as part of the Foundations 4 High Standards Programme by Jan 2025	Scope and set plan to provide wider engagement in VHSA accreditation programme for people that use LPT services using Quality Improvement (QI).	CAMHS Outpatients were the first service to be assessed for accreditation, achieving a silver award. City and County mental Health Schools currently preparing for accreditation in March 2024. New Quality Lead commenced in post November 2023 Impact: <i>Through the VHSA services are better able to self-identify areas for quality improvement which is helping reduce variation in care and creating the right conditions for quality care.</i>	Green	All clinical teams to have been formally assessed with VHSA. New KPI to be agreed for 12 teams to have been fully accredited by Jan 24
To develop and launch Foundations for Great Nursing Care Standards	Map standards against current clinical improvement programmes and identify new improvement programmes required to support implementation of standards Communication plan and launch of standards Agree outcome measures for each standard	Foundation for Great Nursing care draft principles co-designed by patients, carers and nurses, the principles set out what patients, families, carers can expect from nursing care practice and standards. Principles mapped to the NMC Code Patient, carer and staff workshops held in November 2023 to develop 'I' and 'We' statements to link to measurable outcomes. Impact: <i>Codesigned expectations of standards help ensure shared accountability for care and improved experience and outcomes.</i>	Green	Review of outcome measures to assess impact at end of quarter 4 Workshop on 22 March to finalise principles and I and we statements. <ul style="list-style-type: none"> • To identify outcome measures linked to the statements. • To map against current clinical improvement programmes and identify gaps • To develop resources to formulate the engagement and communication plan
To improve clinical process measures for mental health observation, deteriorating patient and pressure ulcer prevention to improve associated patient outcomes and reduce harm	'Study' phase – review of the impact to outcome measures and unintended consequences	Carrying out small tests of change following data deep dive and exploration of change ideas. Further tests of change will continue into Q4. Mental Health Observations (MH Obs) – Staff from all inpatient services in LPT and NHFT met to distil initial ideas into areas to develop quality improvement tests for change in November 22. Pressure Ulcer Prevention Project team and in-patient wards identified, meeting arranged to commence the project in January 24 Deteriorating patient Improvement Wards identified for the group, outcome measures confirmed and improvement trajectories, baseline data collection commenced including staff confidence questionnaires and NEWS 2 audit	Orange	Act phase – adjusting the process dependant on the analysis Planning meeting on 29 th January 24 at NHFT with representatives from groups to agree commencement of change ideas. 'Study' phase – review of the impact to outcome measures and unintended consequences Continued PDSA for both projects, data collection and review

Development of quality & safety dashboard to enhance lens on closed cultures, early warning triangulation and heat map across allTrust services	Build/testing of dashboard	Mapping of key data points and project management structure in place.		Key metrics and alignment with data warehouse Dashboard operational
Development of Trust patient safetyplan in alignment with Step up to Great Strategy and national patientsafety strategy	Final version of plan presented to Trust Board and Quality Assurance Committee (QAC) for sign off.	Plan being developed with change leaders as part of Psychological Safety workstream for Our Future Our Way (OFOW).		Plan operational and embedded into Trust Comms, induction and relevant training



Key commitments:

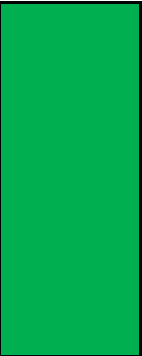
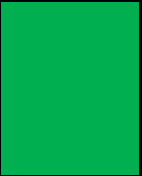
- Progress our Ageing Well accelerator work.
- Address our waiting lists, particularly in relation to continence and Neuro.
- Work in partnership to develop and deliver a strategic plan to ensure the Best Start for Life and the importance of the 1001 first critical days.
- Increase the focus on Learning 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.

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: Tim O'Donovan Transformation and Service Redesign Manager

Key Actions 23/24	Qtr3 Plan 23/24	Qtr. 3 Achievements (Practical Examples and expected outcomes)	RAG	Qtr4 Plan 23/24
<p>Planning & delivery of the 8 transformation priority programmes as agreed by Senior Exec Board (SEB) (Feb 2023) and further embed ways of working and strengthening links between Transformation and all SUTG bricks.</p> <ol style="list-style-type: none"> 1. Better Mental Health for all 2. Workforce, recruitment, and agency 3. CHS Transformation 4. FYPCLDA Transformation 5. Estates Transformation 6. Digital Transformation 7. Patient safety Transformation 8. Enhancing value 	<p>Delivery of Trust wide transformation priorities in line with defined programme plans and monthly reporting to Transformation and Quality Improvement Delivery Group</p>	<p>All Transformation Priority Programmes are in delivery and report monthly to the transformation and QI Delivery Group via the highlight report. In turn the TXQI highlight report then goes to EMB.</p> <p>The RAG rating is provided on the basis of the high level summary not the detailed status of each programme of work.</p>		<p>Delivery of Trust wide transformation priorities in line with defined programme plans and monthly reporting to Transformation and Quality Improvement Delivery Group</p>
<p>Embedding the integrated transformation, Quality Improvement (QI), PMO approach across Leicestershire Partnership Trust (LPT)</p>	<p>Establish and launch LPT project management training programme resource review</p>	<p>A great example of this is the Crisis MDT project. Heather Darlow and Gemma Barfoot lead an away day with the team to frame a new project using project management and QI methodology to improve the MDT review meeting process within the crisis team.</p>		<p>Review of the integrated Quality Improvement (QI), PMO and transformation framework and process</p>

<p>Scoping new ways of working with Integrated Care Board (ICB) and group partners</p>	<p>Implement any alignment opportunities through ICB and NHFT with LPT integrated framework and approach</p>	<p>Group working across NHFT and LPT.</p> <p>LPT PMO are supporting NHFT and LPT Joint Working Group, with programme management support both to the business running of the meeting, and support to the 9 joint workstreams. This includes chair and executive agenda setting meetings, working with SROs to develop a consistent project management approach to delivery of the priority workstreams.</p> <p>ICB and UHL system working</p> <p>LPT PMO have agreed to work with UHL and ICB PMO to explore collaboration opportunities and future ways of working. This includes agreement for a February meeting where LPT PMO will showcase the transformation progress with planning and delivery with system partners.</p>		<p>Review of monthly meetings with ICB and NHFT PMO</p>
<p>Support new ways of working across strategy, planning and transformation</p>	<p>Proposal for new ways of working</p>	<p>Meeting held on 4th January to propose new approach to strategy, operational planning and transformation. This is being written up to present to EMB and SLF. Working towards launching a new approach in line with the strategy refresh for 25/26.</p>		<p>Implement new ways of working – tested through operational planning 24/25</p>



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.

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- Recruiting and retaining our people.

Aim:

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

Lead Director: Sarah Willis Director of HR and OD

Key Actions 23/24	Qtr3 Plan 23/24	Qtr. 3 Achievements (Practical Examples and expected outcomes)	RAG	Qtr. 4 Plan 23/24
<p>Culture, leadership and inclusion programme Co-design improvements in our culture – led by our change leaders and supporting a speaking up and learning culture and wellbeing. Continue to co-design with our people improvements to our culture, inclusion and leadership in order to create high quality, compassionate care and wellbeing for all We will continue to embed our Leadership Behaviours Culture, leadership and inclusion programme – including raising concerns and patient safety/recommending LPT as a place to receive care • People Promise exemplar • Health and wellbeing – focus on financial wellbeing and mental health</p>	<p>Synthesis of OFOW findings Staff Survey release Communications campaign HWB Roadshows continue People promise exemplar updates</p>	<p>Roadshows continue. Priorities identified and sub-groups working through design 1) Career development 2) Psychological safety 3) Managing expectations 4) Commitment to prioritize health and wellbeing. – team time out Leadership development conference commenced band 7 – 8 a <i>Impact: Provides opportunities for staff to influence change and improve the culture of the organization.</i></p>	<p style="background-color: green; color: white; text-align: center;">RAG</p>	<p>Design and Implement OFOW priorities. Evaluate the Organisation Development offer through Staff working Group SEB and SWG HWB Roadshows continue. Review staff survey feedback , pulse survey Leadership development conferences</p>

<p>Deliver Equality, Diversity and Inclusion (EDI) Plan - as data informed Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) action plans include reverse mentoring, cultural intelligence learning sets, mandatory diverse interview panels, and increasing listening activities</p>	<p>Start implementation of WRES & WDES actions following ratification of action plans Implementation of Together Against Racism action plan with Group. Able to demonstrate deliverables and outcomes LLR Active Bystander programme being applied by change leaders and those trained EDS 2022 outcomes produced and shared at relevant committees together with implementation plans</p>	<p>These are being reported through the Together Against Racism (TAR) Project Team with an update to the Together Against Racism Workshop on 23rd January 2024.</p> <p>Action Learning Sets are underway for those who have already been trained. Further LPT specific training planned for April and June 2024.</p> <p>EDS domains 2 and 3 outcomes shared at board development day in December 23. 2 of 3 services have been through grading process with final service area on 23 Jan 24. The final report will be produced and published in April 2024.</p> <p>Impact: <i>By including the views and experience of our staff we aim to create equality for the whole of the workforce and those using our services.</i></p>		<p>Review progress through Equality and Diversity & Inclusion (EDI) group and refresh plans</p> <p>Group Together Against racism workshop and showcase of progress</p>
<p>Workforce agency reduction plan Continue to maintain quality and patient safety by developing our workforce and reducing our reliance on agency</p>	<p>Progress workforce and agency reduction plan monthly monitoring</p>	<p>Actions to reduce agency spend include reduction of on framework rates, phased out routine use of off framework agency workers for HCA/HCSW shifts, now only used as a supplier of absolute last resort with DRA process and associated checks and balances in place to assess where break glass to utilise off framework has been enacted; Directorates have bespoke targeted agency reduction plans; improvements in lead times on rosters being signed off giving more time to fill shifts with bank;</p> <p>Recruitment plans across Registered Nursing, HCA, Administration and Consultant workforces continue.</p> <p>Specific work been undertaken around time to hire and recruitment processes/system to support current very high levels of recruitment including risk summit, Gold call command and control structure put in place, undertaken procurement work to secure a new recruitment system; ongoing International Nursing Recruitment and action log of recruitment/onboarding QI actions in place. New recruitment system approved and now in procurement phase.</p> <p>Impact: <i>Stabilization of the workforce will reduce risks and improve services for patients as well as the reduction in agency costs which will support financial cost saving and Trust commitments.</i></p>		<p>Progress workforce and agency reduction plan monthly monitoring</p> <p>Progress updates on medical workforce plan</p> <p>Commence implementation of recruitment system</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: Anne Scott Director of Nursing.

Key Actions 23/24	Qtr3 Plan 23/24	Qtr. 3 Achievements (Practical Examples and expected outcomes)	RAG	Qtr. 4 Plan 23/24
<p>Implementation of the Trust's Lived Experience Leadership Framework:</p> <p>Lived Experience Partners Patient Safety Partners Establish recruitment pathway for lived experience Develop Peer Support Worker training and recruitment pathway People's Council Lived Experience Partners Develop Lived Experience roles within Directorate of Mental Health (DMH) and Families, Young People and Children/Learning Disability (FYPC/LD) (funding dependent) Recommence People's Council</p>	<p>Delivery of framework – scope further opportunities for Partners Hold Lived Experience Leaders Conference – sharing the learning and impact Review progress and experience of Lived Experience Partners Undertake any agreed actions/recommendations from review Board development session with People's Council Delivery of service for Involvement Centre; Recovery College; Peer Support Workers and Arts in Mental Health</p>	<p>18 of the 23 lived experience partners have now completed the recruitment process and most matched to roles across the Trust.</p> <p>New involvement planning tool created to support staff to plan the type of involvement required, aligned to the involvement framework tiers as well as a support session for those staff buddying partners – currently being piloted.</p> <p>2 patient leadership sessions are being piloted at the Recovery college Q4: Facilitation and training skills, and Being prepared and confident for important meetings.</p> <p>The Peoples Council held its inaugural meeting of the new membership. Updated Terms of Reference have been agreed. Meetings have been held with Deputy Chief Executive and Chair to progress discussions from Trust Board Development session and are ongoing.</p>		<p>Delivery of framework Evaluation of Lived Experience Leadership Framework with recommendations for substantive approach Hold reward and recognition celebration event for Lived Experience Partners and staff Delivery of service for Involvement Centre; Recovery College; Peer Support Workers and Arts in Mental Health</p>
<p>Develop Community of Practice of Patient Experience and Involvement across the Trust</p> <p>Design and Implement staff training and development programme for coproduction and engagement Lead Change Leader Programme in respect of Patient Experience and Involvement.</p>	<p>Delivery of training programme to staff with co-delivery by Lived Experience Partners Undertake design phase of Change Leader Programme Hold Lived Experience Leaders Conference – sharing the learning and impact</p>	<p>Carers awareness training for staff has been developed and signed off for launch in Q4.</p> <p>Community of practice established, and membership increasing steadily and starting to capture learning into action. Plans in Q4 for group to decide direction and to formalise as a community of practice.</p> <p>Staff training - The staff patient experience and involvement training package has been finalised and a quality offer is now advertised across the Trust and we are seeing an increase in staff engagement from various professions across the Trust.</p> <p>Priorities have been agreed in the Our Future, Our Way Programme. Key priority area has been identified as Managing Expectations. Working group established with Change Leaders and nominated leads to take work forward, work will look at staff and patient/carer experience together.</p>		<p>Delivery of training programme to staff with co-delivery by Lived Experience Partners Evaluation of training programme and planning for 2024/25 Hold reward and recognition celebration event for Lived Experience Partners and staff</p>
Design and implementation of Carers	Finalise and launch Carers Charter	LPT Carers promise developed with staff and carers and was launched during Q3.		LA Training offer for staff on Young Carers

<p>Strategy and implementation plan Review, revise and embed carers training package for staff Develop offer that forms part of the Carers Passport and embed across Trust.</p> <p>Cocreate a Carers Charter in partnership with buddy Trust.</p> <p>Review and consider implementation of Triangle of Care</p>	<p>LA Training offer for staff on Young Carers Delivery of Carers Awareness training programme for staff Triangle of Care standards delivery across Trust when exec sign off gained Phased rollout - Delivery of LLR Carers Strategy</p>	<p>Triangle of Care (TOC) working group has been established with TOC service leads to commence in January 2024, areas have nominated TOC leads for each service/team within FYPC LDA, awaiting DMH and confirmation of services across CHS.</p>		<p>Continue to roll out Triangle of Care standards delivery across Trust Delivery of Carers Awareness training programme for staff Phased rollout - Delivery of LLR Carers Strategy</p>
<p>Build capacity and capability within directorates to capture, learn and improve using patient experience and involvement</p>	<p>Outcome of Complaints Peer Review Programme delivered through various groups/comms channels Delivery of training programmes within directorates Delivery of directorate groups and coproduction groups Quarterly reports to People’s Council & Youth Advisory Board Director of Nursing Fellows Programme – delivery of support and codelivery with Lived Experience Partners</p>	<p>Complaints peer review focusing on the theme of ‘patient care’ was delivered in November. 29 staff and involvement members attended the session and contributed to reviewing a series of complaints across the Trust. Feedback and learning from the session has been shared within Level 3 committee CRG, Directorate Governance groups, DMTs and with attendees to share at team level.</p> <p>A new cohort of patients, carers and A&C staff have been engaged and trained to carry out 15 step reviews.</p>		<p>Outcomes of Complaints Peer Review Programme delivered through various groups/comms channels Delivery of training programmes within directorates Delivery of directorate groups and coproduction groups Quarterly reports to People’s Council & Youth Advisory Board Director of Nursing Fellows celebration – alignment to reward and recognition celebration event for Lived Experience Partners and staff</p> <p>Final peer review session planned for Feb 24 focusing on appointments and waiting times. Summary of all 2022/3/4 session will be shared via paper to Board end of Q4.</p>



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: Kate Dyer Director of Corporate Governance

Key Actions 23/24	Qtr3 Plan 23/24	Qtr. 3 Achievements (Practical Examples and expected outcomes)	RAG	Qtr. 4 Plan 23/24
Well Led Self-Assessment Narrative developed by the Board. (Kate Dyer)		The self-assessment narrative for 22/23 has been completed, this forms part of a governance handbook. <i>Impact: Trust and its services will benefit from being a Well Led organisation.</i>		Complete – not included on Q4 plan
Well Led External Review procured and delivered. (Kate Dyer)	Q3 to complete the procurement exercise and appoint an external reviewer.	Procurement exercise completed. Proposal including outline project plan and costs for the company appointed by the evaluation team approved at Strategic Executive Board January 2024. Deloitte was subsequently appointed to undertake external development review of our leadership and governance. Start date scheduled as 2 February 2024		Delivery of the Deloitte review and response to report findings.
Well Led Improvement Plan developed and approved. (Kate Dyer)	Well Led improvement plan will be developed and approved			Well Led improvement plan will be developed and approved
Delivery of the Data Quality Plan including the delivery of SNOMED at the Point of Care (Sharon Murphy)	Implementation of SNOMED Phase 2	SNOMED Phase 1 completed, and preparation made for delivery of Phase 2. Data Quality Plan assessed, and year review report provided to Data Quality Group Collaborative work completed to update the balanced score card approach to Directorate reporting into Data Quality Group. SNOMED remains amber as we are not statutorily compliant until the project is completed.		Implementation of SNOMED Phase 2 Development of updated Data Quality Plan to run from January 2024
Delivery of a robust data security and protection framework (Sharon Murphy)	Assessment of 2023/24 Data Security and Protection Toolkit requirements	Requirements assessed and framework prepared for audit. Evidence gathering commenced. 10 DSPT requirements in readiness for baseline submission Data Security Training, Awareness and Communication plan developed and approved at Data Privacy Group		Data Protection and Toolkit Baseline submission for 2022/23
Enhancing the value programme will contribute to the long-term financial sustainability of the Trust. (Sharon Murphy)	Review priority pathways & develop a consistent Trust methodology, building on the 2022/23 CSU project outputs.	Group has continued to meet & services have presented efficiency themes for cross directorate learning. Transport policies/usage across the Trust has emerged as a trust wide theme that is being explored as a potential QI project that could deliver value benefits. Enhancing value is amber as no efficiencies have yet been identified to include in the 24/25 financial plan.		Outputs from 2023/24 work programme to feed into the 2024/25 Trust efficiency target. Define 2024/25 work programme.



Key Commitments:

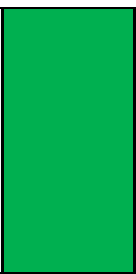
- Ensure a sustainable local community.
- Create a sustainable planet.
- Support the reduction of poverty through employment and job creation, anchoring wealth in LLR through our procurement processes.
- Positively supporting economic and regeneration policies and practices that will support the most 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: David Williams Group Director of Strategy & Partnerships

Key Actions 23/24	Qtr. 3 Plan 23/24	Qtr. 3 Achievements (Practical Examples and expected outcomes)	RAG	Qtr. 4 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 through the development of Anchor Organisations and Social Value	Develop timetable to reintroduce We Citizen staff volunteer programme (engaging with VCS, recording activity, feedback mechanism, reporting metrics) Confirm social value reporting template and metrics, begin populating template, (phased approach based on data availability) Scoping and first draft of Social Value Procurement Policy (by Head of procurement) Scope purpose and function of Social Value Champions	WeCitizen Proposal to grow the volunteering opportunities beyond current VCS organizations and to create a menu of volunteer expertise so any volunteering can be targeted Social Value. Data sharing agreement signed with Manchester University to undertake benchmarking exercise for some of our social value indicators: workforce; use of space and carbon emissions. Social Value Procurement Policy drafted currently out for engagement and consultation. To be published March 2024. University Hospital Status – MOU signed; joint meetings established with NHFT and UoL; Roadmap to achieving Teaching Hospital Status and development of joint Research Strategy drafted for discussion at next meeting in March.		WeCitizen: Commence implementation of recommendations agreed at SEB. Establish governance required to oversee next steps. Comms and engagement plan to be developed to promote volunteering opportunities. Social Value: Establish governance and publish project plan required to implement next steps as agreed at Round Table event and oversee progress. Submit data to Manchester University and agree timeline for publication of results. Publish new Social Value Procurement Policy and commence implementation any changes required. University Hospital Status: Agree Roadmap and establish governance to commence development of joint Research Strategy.
To have an agreed set of principles that set out our commitments to this aim, agreed through our Trust public board meetings	A medium to long term strategic plan for the SWAP programme will have been developed. This will be supported by a stakeholder analysis informing how and where the SWAP programme could be extended across LLR.	SWAP cohort: SWAP programme to potentially include veterans and those at risk of homelessness. Strategic partnerships have been developed with the Leicestershire Employment Hub (run by the Local Authority) and the YMCA, as well as St Mungo's to consider the requirements for these cohorts, clarity in terms of project design and potential outcomes. Award from Leicester College: LPT were presented the 2023-24 Employer Appreciation Award to celebrate our strategic relationship with Leicester College. This noted specific appreciation to the 10 students who have now become employed through the programme with LPT over the last year.		SWAP cohort: Provide an update to SEB on the strategic intentions for extending SWAP cohorts (homelessness and veterans) supported by project milestones and timings, and expected outcomes.

<p>We will as a member of the local authority and NHS group continue to work to reduce health inequalities in LLR and play a full role in agreeing a plan and implementing that plan to improve equity</p>	<p>The Health Inequality Framework will be codesigned within pilot areas across the Trust.</p> <p>The relevant service line data will be disaggregated, and the presentation of the data will be codesigned with the Service Leads.</p>	<p>7 pilot areas: We have been successful in identifying 7 service areas to become part of the Health Inequality Framework programme, with very high levels of engagement and interest from all services involved.</p>		<p>The core findings and next steps of the programme will be presented to the SEB meeting in February. We have triangulated this work codesigning and producing with the BI team, the 7 service areas a clear interpretation of the data, potential focus areas and what next steps might look like.</p>
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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 zer

Lead Director: Paul Sheldon Group Chief Finance Officer

Key Actions 23/24	Qtr. 3 Plan 23/24	Qtr. 3 Achievements (Practical Examples and expected outcomes)	RAG	Qtr. 4 Plan 23/24
Privacy and dignity to the standard our patients deserve with new hospital buildings to meet the Trusts Strategy	<p>Monitor training compliance.</p> <p>Nutrition Group and LPT dietician involved in menu design.</p> <p>Mobilisation planning started for onboarding of new supplier expected Jan 2024.</p>	<p>Staff training complete. As new staff join their training is an E&F priority.</p> <p>All E&F Facilities Manager and new Catering Lead have been involved in shaping the new menus.</p> <p>E&F dietician has signed off latest plans and new 4-week menu published.</p> <p>Mobilisation planning and deployment has been successful. Engagement, staff and patient food tasting completed with very positive feedback.</p>		<p>Continue positive progress to ensure training up to date for new staff when onboarded.</p> <p>Prepare and deploy new catering service. Staff training continues.</p> <p>New supplier, Apetito on boarded for go live in Feb 2024.</p> <p>Go live for Apetito planned for Feb. Lead and manage operations with staff engagement.</p>
Improve public health, sustainability and reduce climate change risks	<p>Invest in Safety Group key areas to achieve statutory compliance: water, ventilation, electrical, waste and medical gases. Appoint AP roles.</p> <p>Author Estate Strategy and Estate Plan.</p>	<p>Safety Groups are well established for Water, Ventilation and Waste. Significant progress made across key domains in all groups. Appropriate AP and CP roles appointed with training certified.</p> <p>Continue to invest in stat comp areas to meet our H&S obligations.</p> <p>New safety Groups for Med Gas and Electrical were established in Sept 2023. ToR drafted. Membership agreed.</p> <p>Estate Strategy completed October 2023. SEB and FPC approved. Minor edits / feedback acknowledged. Issue to Trust Board Jan 2024.</p>		<ul style="list-style-type: none"> • Sustainability in LPT' to be added as a standing agenda item on all directorate agendas, where possible. • Development of table identifying key areas for review (not limited to) <ul style="list-style-type: none"> - Reduction in medicine waste across sites - Reduction in use of plastics including catering and single use - Maximise use of estate and link with strategy for the estate and developments - Identify biodiversity projects and opportunities - Review use of outdoor spaces - Travel of staff, use of electric vehicles, points of charge - Reducing waste/recycling - Enhanced menu planning



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: Dr Bhanu Chadalavada Medical Director

Key Actions 23/24	Qtr. 3 Plan 23/24	Qtr. 3 Achievements (Practical Examples and expected outcomes)	RAG	Qtr. 4 Plan 23/24
Re-establish Access Delivery Group with updated Terms of Reference (ToR)	Further work to be undertaken to reconsider Terms of Reference in light of 6 months operation. A particular focus will be on the remit of the group on keeping patients safe whilst waiting, the relevance of priority services versus a broader overview of waiting times and the role of the group in overseeing performance.	Improving Access Group now meets every 2 months, chaired by the Associate Medical Director with clinical and business representation from the clinical directorates and key enabling leads. Initial workshop held with senior leaders in DMH (clinical and non-clinical) to review and consider the measures in place to people safe whilst waiting. Workshop led by James Mullins – Group Director of Patient Safety and Saskya Falope – DMH Head of Nursing.		Hold follow-up DMH workshop to agree and identify update terms of reference following EMB discussion and implementation of revised governance framework
Review, update, revise and implement Trust Access Policy	Review of Access Policy /24 and Q1-3 24/25.	The Access Policy has been reviewed and no changes have been made at present.		Further review in Q4
Review and where necessary update Directorate Single Operating Procedures (SOPs) to ensure alignment to updated Access Policy	Review of all Standing Operating Procedures 2023/4	The Directorate SOPs are updated and aligned through the agreed governance processes. All SOPs are up to date and any changes to SOPs because of changes to any Trust policy are implemented.		Close. All SOP's will now be reviewed on a rolling basis as and when indicated.
Align commitment to improving data quality re access with wider Trust work on data quality to ensure consistency	Review governance 2023/4 to align reporting and improve data quality	Both FPC and Q&SC have agreed the changes to performance monitoring via AFM and robust mechanisms are in place to highlight both areas of concern and positive improvements.		Action closed.
Ensure effective performance management of waiting times/accesstargets, consistent with Executive Performance Meetings	Embed feedback loop to/from Executive Performance meetings. Ensure routes of escalation	Improving Access Group now reporting into Accountability Framework Meeting and will continue to evolve as the amended governance arrangements are embedded.		Terms of reference of both groups are reviewed to ensure alignment and consistency.



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 Quality Improvement is embedded.
- We will research.

Lead Director: Dr Anne Scott Director of Nursing

Key Actions 23/24	Qtr. 3 Plan 23/24	Qtr3 Achievements (Practical Examples and expected outcomes)	RAG	Qtr4 Plan 23/24
Strengthening the use of data for improvement as part of the new board performance report and trust wide use of statistical process control charts	Continue to provide ongoing support for operational leads as required.	New style board report has been well received by the Trust Board. Wider data training continues to be explored to ensure appropriate operational support is in place and potential increase in data analytical skills and knowledge (led by Sharon Murphy) <i>Impact: This ensures as a trust we are concentrating our improvement activities in the right place and responding to variation appropriately.</i>		
Continue to build the trusts commitment to strengthening Quality Improvement (QI) capacity and capability through the delivery of the following: Trust board development session Implementation of the blended group training model inc Quality Service Improvement and Redesign and the development of an e-learning package as part of the Group priorities	Additional capacity to be sought from KGH for 2 LPT staff members to complete the QSIR practitioner programme in Quarter 3. Refresh session for 4 QSIR P staff being held on 2 nd October to support Associate capacity.	7 LPT staff trained as QSIR Practitioners in Qtr 3 Refresh session undertaken and 2 staff members passed QSIR Associate Assessments in Qtr 3 and able to support the delivery of the programme as part of the Northampton Faculty E-Learning Package content developed. LPT and NHFT continue to share group comms and NHFT has comms plan in place. 329 staff trained in QI in year up to end of Q3. <i>Impact: This ensures that we continue to grow our capability and capacity as an organization to undertake meaningful improvement for the benefit of all.</i>		QSIR Practitioner programme being planned. 3 LPT staff booked not a February cohort being delivered in Northampton. Further programme is to be delivered in Leicester over 2 weeks in March 2024 with 23 spaces. Supported by our 2 new QSIR Associates
Integrating planning strengthening governance oversight of QI through directorate governance reporting to Transformation and QI Delivery Group	Regular reporting established for Community Health Services Directorate and DMH	Directorate reporting in place for ALL directorates and Directorate huddle in place delivered through a monthly community of practice. Roles and responsibilities at the interface clarified and direct link with the WelimproveQ team established to build relationships <i>Impact: Consistent oversight and understanding of QI projects within directorate to ensure line of sight from board to ward.</i>		Review of reporting for all directorates to determine impact Review of Trustwide QI and transformation approach
Research: ensure continued commitment to participation in high-quality, multi-centre NIHR Portfolio research through the East Midlands Clinical Research Network, and as part of the forthcoming regional research delivery network	Research delivery performance regularly reported via Research Committee to CEG. Includes updates on financial position and staffing at LPT	LPT and NHFT have received indicative 6-month budgets from EM:CRN for continued infrastructure support during the transition to RRDN (due October 2024). This is primarily delivery staffing and for LPT is an increase on 23/24. Discussions on staffing and pipeline of new trials ongoing with Senior CRN Link. LPT recruitment performance increase 30% over the year to date.		

