

Quality Account 2023/24

Creating high quality, compassionate care and wellbeing for all



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Glossary of Terms

AMaT - Audit Management and Tracking. An online system designed to make auditing easier, faster, and more effective.

AMH - Adult mental health services.

CAMHS - Child and adolescent mental health services. CAMHS is a range of services for children and young people aged up to 18.

CAP – our Central Access Point is for anyone needing mental health support for themselves or others. They can call the service on 0808 800 3302, 24 hours a day, seven days a week.

Clinical audit - measures quality of care and services against agreed standards and suggests or makes improvements where necessary.

CHS - Community health services. The directorate of LPT which provides inpatient and community services for people with physical health problems.

Commissioners are responsible for ensuring that adequate services are available for their local population by assessing needs and purchasing services (see ICB).

CPA - Care Programme Approach. A system of delivering community services to those with a serious mental illness, based upon the four principles of assessment, care planning, care co-ordination and review. CPA is being replaced nationally with a new care coordination policy.

CQC – the Care Quality Commission is the independent regulator of health and social care in England.

CQUIN - Commissioning for Quality and Innovation. The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.

CRN – Clinical Research Network.

DIALOG – is a patient outcome indicator. It is a set of questions that helps to guide a structured conversation between a health professional and service user that is patient centred with a focus on change.

DMH - Directorate of mental health services. The directorate of LPT which provides adult and older persons' mental health services.

EBNI - Evidence-based non-pharmacological interventions.

EIP – Early Intervention in Psychosis.

Equality Impact Assessment - a way of deciding whether an existing or proposed policy, procedure, practice or service does (or may) affect people differently, and if so, whether it affects them in an adverse way.

FFT - Friends and Family Test is a quick and anonymous way for people to give their views after receiving NHS care or treatment. They can say what is going well and what can be improved so people who make decisions about healthcare can take their views into account.

Foundations for Great Patient Care – A monthly forum bringing together board members, lead clinicians, managers and enabling services to share information and learning to support LPT to deliver excellent, safe, quality care.

FYPC/LDA - is the families, young people and children's services/learning disabilities and autism directorate of LPT.

GADS – Generalised Anxiety Disorder Score – a self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder.

Healthwatch – Healthwatch is the local health and social care champion. As an independent statutory body, they have the power to make sure NHS leaders and other decision makers listen to people's feedback and improve standards of care.

ICB – an Integrated Care Board is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

ICS - Integrated Care System is a partnership between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves health and reduces inequalities between different groups.

Information Governance Toolkit is the framework by which the NHS assesses how well it meets best practice for collecting, storing and sharing information about people.

LeDeR – learning from lives and deaths for people with a learning disability and autistic people.

LLR - Leicester, Leicestershire and Rutland – this is our local healthcare area.

MDT - Multi-disciplinary teams are made up of members representing different healthcare professions with specialised skills and expertise, who collaborate to make decisions.

MHSOP - Mental health services for older people.

NHS number - is the unique identifier for patients. It must be used alongside other demographic information to identify and link the correct records to a particular patient.

NICE – the National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care.

NIHR - the National Institute of Health Research is a national body established to commission and fund NHS and social care research in public health and personal social services.

NRLS – the National Reporting and Learning System is a national system which collects information on safety incidents to enable analysis and generate learning to improve the state of care.

OFOW - Our Future, Our Way – LPT's culture, leadership, and inclusion programme, which includes staff across the Trust acting as 'change leaders' to help improve staff and patient experience.

PDSA – plan, do, study, act - a framework for developing, testing and implementing changes leading to improvement.

PHQ – Patient health questionnaire.

POMH – Prescribing Observatory for Mental Health.

PPI – patient and public involvement.

Protected characteristics - people have a right not to be treated less favourably, or subjected to an unfair disadvantage, by reason of a protected characteristic. It is against the law to discriminate against anyone because of age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, disability, race (including colour, nationality, ethnic or national origin), religion or belief, sex or sexual orientation.

PSIRF – the Patient Safety Incident Response Framework sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

QI - Quality improvement - is the use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem.

R&DT – Research and development team.

SJR – structured judgement review - a robust and evidence-based methodology to ensure that there is appropriate clinical review of the last episode of care.

SOP – standard operating procedure.

SPINE – Spine supports the information technology (IT) infrastructure for health and social care in England, joining together over 44,000 healthcare IT systems in 26,000 organisations.

VHSA – Valuing High Standards Accreditation. The Trust-wide self-assessment tool enabling staff to review and measure their service performance, to ensure high standards are being met and maintained.

Introduction

What is the Quality Account?

A Quality Account is a report about the quality of services offered by a healthcare provider. It reflects on the year gone by and looks forward to the next. It is one important way in which we can tell our patients, service users, families and stakeholders about issues that can affect quality of care and how we maintain standards, as well as about improvements that we are making. In addition to the mandatory information that we are required to include, we are also sharing further information about our continuous quality improvement in 2023/24.

Quality of services is measured in many ways, including by looking at patient safety, the effectiveness of treatments that patients receive, the environment that care is provided in and, vitally, what the people who use our services and their carers and families say about the care and support that we provide.

Our Quality Account is structured in three parts:

- **Part 1** provides statements on quality from Chief Executive Angela Hillery, Chair Crishni Waring, and Executive Director of Nursing, Allied Health Professionals and Quality Dr Anne Scott.
- **Part 2** focuses on progress against priorities in 2023/24, priorities for improvement for next year (2024/25) and includes mandatory statements of assurance from our Board, with additional information to support these.
- **Part 3** is where you will find more information about how we have improved quality over the last year. Although there is no statutory requirement to formally consult on the document, in the spirit of partnership working and openness the draft Quality Account was shared with external stakeholders for information/comment. Stakeholders are not mandated to provide a formal response; however, commentary has been received from the stakeholders listed below and is included within the document.
 - Healthwatch Rutland
 - Leicester, Leicestershire, and Rutland Integrated Care Board (ICB)
 - Leicestershire County Council Health Overview and Scrutiny Committee

If you would like to know more about how we focus on quality in LPT, or have any suggestions for how we could improve our Quality Account, please feel free to get in touch on LPT.feedback@nhs.net

You may also be interested to read our Annual Report 2023/24 which provides much more information about how our Trust works, the population that we serve, and the innovative ways in which we provide care and support.

Part 1: Statements on Quality

Statement of Quality from our Chief Executive and Chair

We are delighted to introduce this year's Quality Account for Leicestershire Partnership NHS Trust (LPT). We are proud of our staff and the way they have continued to step up to great towards our Trust's vision: **"Creating high quality, compassionate care and wellbeing for all."**

It has been a challenging year with regards to pressures across our system, particularly in the urgent and emergency care and mental health pathways. In addition, with financial pressures across the NHS, increasing waiting lists and recovery following the Covid pandemic, it has never been more important to work as active partners across Leicester, Leicestershire and Rutland (LLR), our Group and our region. Throughout this, our staff have continued to ensure that patient safety and quality remain our number one priority, and we are grateful for their hard work and commitment.

Our Step up to Great strategy has continued to play a central role in our continuous improvement journey. Our focus has remained on creating great health outcomes, through great care, a great place to work and being an important part of our community. Highlights have included:

- continued transformation of mental health services through a shadow mental health collaborative, including widening our community support with the support of our new voluntary sector alliance, neighbourhood mental health cafes and a new community mental health neighbourhood model;
- building on our successful learning disabilities and autism collaborative, which has been nationally recognised for our collective partnership work

around improving rates in health checks and reducing hospital admissions;

- launch of further innovative support for autistic people including a ChatAutism app for confidential advice and support, and our Autism Space website area;
- increasing capacity in our community hospitals with further beds and wards; and supporting public consultations into healthcare in Hinckley and Lutterworth;
- the opening of a new mental health urgent care hub at the Bradgate Unit, supporting people to be assessed quickly when in crisis; and a refurbished CAMHS outpatient unit at Westcotes Lodge;
- the launch of our Social Value charter to widen our support and outreach into local communities.
- a number of system-wide careers and recruitment events, the last one of which attracted over 2,000 people to find out about jobs in health and social care.

We have continued to update the CQC through regular relationship meetings, outlining not only the improvements we have made since their 2019 inspection, but our sustained focus on quality and safety through strengthened governance and assurance processes, the dormitory reprovion programme, and spotlighting outstanding practice and innovation across the Trust. You will read about some of these new quality improvements and service innovations within this report.

We were pleased to welcome a visit from the CQC in January 2024 to our acute mental health and psychiatric care

inpatient settings for adults of working age and community nursing services. Although the reports for these inspections were not published as of 31st March 2024, we are confident that we are making progress in our Step up to Great journey.

We continue to see positive improvements in our annual NHS staff survey results. Not only was our 54% response rate above the national average (52%) but our results improved across all nine NHS People Promise indicators, with six of the nine areas now above the national average. This is an important measure about how staff feel about working for LPT, and how engaged and motivated they are. There were significant improvements across the majority of questions, with more staff recommending LPT as a place to work and more staff saying patient care is LPT's top priority (which is now above the national average). Creating a compassionate, inclusive leadership culture has remained a focus throughout the last year and with the support of our change leaders, it has been central to ensuring LPT is a great place to work and receive care.

We continue to build on our strong relationship with Northamptonshire Healthcare NHS Foundation Trust (NHFT) through our Group, sharing learning and good practice, and maximising opportunities for mutual

benefit for our staff and those we care for. Priority areas include a focus on quality improvement and our Together Against Racism commitment. We are pleased to have become an Associate University Group in December 2023, entering a formal partnership with the University of Leicester to build on the current relationship between the organisations and further develop the medical teaching, training, and health sciences research we provide to health professionals.

We are an active member of the ICS partnership board, executive and design groups transforming LLR. LPT is taking significant leadership within the LLR transformation programmes for mental health, learning disabilities and autism and digital. We are also a proactive strong partner in the East Midlands Alliance of Mental Health providers, including our lead role for adult eating disorders across the region.

Finally, thank you to everyone who makes up the WeAreLPT family – our staff, volunteers, service users and partners. You have played a significant part in our Step up to Great improvement journey over the last year, demonstrating outstanding examples of practice and commitment.



Angela Hillery
Chief Executive



Crishni Waring
Chair

Statement of Quality from our Director of Nursing, Allied Health Professionals (AHPs) and Quality

I am delighted to open this statement for our annual Quality Account recognising the incredible work of our staff and partners across Leicestershire Partnership NHS Trust (LPT). I am constantly inspired by the drive and commitment of our staff to continuously improve and learn. This year has seen some remarkable examples of people going the extra mile to deliver high standards despite ever growing demand and at times challenging contexts.

This will be my final Quality Account as Chief Nurse for LPT and I am incredibly proud of what we have achieved together. I remain committed to ensure that patient safety and quality of care is at the heart of our day-to-day business. This year we started to roll out our new quality accreditation programme across our teams to help them celebrate their successes and identify where they need to focus their attention to improve further. This has resulted in many of our teams receiving accreditation awards, in particular our first outpatient team, the CAMHS outpatient team, received a silver award of which they were rightly incredibly proud. Accreditation helps teams achieve the recognition for the quality of care they provide as well as ensuring accountability is shared and owned at team level.

In January 2024, we had an unannounced visit from the Care Quality Commission (CQC). They visited our acute mental health and psychiatric intensive care inpatient settings for adults of working age and community nursing services. I want to thank everybody who supported the inspection and provided information, supported staff, and enabled our service users to speak out. We have continued to ensure that we have sustained our

improvements following our previous CQC inspection and we have also seen the ongoing progress with the dormitory re-provision. As the CQC move to a new single assessment framework we look forward to having opportunities to continue to share our progress in improving quality of care for the population of LLR.

In 2023 we completed a detailed quality and safety review of our services to ensure that our inpatient areas have the right culture in place to deliver high quality, safe, compassionate care. This was following concerns raised through national media coverage of inpatient mental health units outside of Leicester, Leicestershire, and Rutland. We have continued to deliver on the actions relating to this review and monitor progress through our governance framework.

I am particularly proud of how LPT has strengthened the voice of service users across the organisation, as we introduce and recruit patient partners to help shape our priorities and ensure we are focusing attention on the things that matter most to the people who use our services. We have also introduced a new Triangle of Care approach which will form a key priority for us next year. This is recognising the essential partnership between professionals, the person being cared for and carers; something that I believe is fundamental in ensuring good outcomes and experience.

In November, we launched the new national Patient Safety Incident Response Framework. This has been heavily shaped by our service users as well as staff to ensure we learn from when things go wrong in a way that is fair and just. This will form an important part of our work in 2024/25. Patient

safety is always essential, and this new framework will be important in strengthening how we learn together. I am also delighted that following a thorough assessment we achieved accreditation with the Safety Incident Response Accreditation Network (SIRAN). This recognises the standards and approach to investigation and is another important reflection on our improvement journey.

To deliver great care we need great staff, which requires a good approach to recruitment and retention. The WelImproveQ team have been supporting a quality improvement approach to recruitment so that we can get people started into post quicker and reduce our reliance on agency staff. I am also delighted to share that we have received the National Quality Mark for Nursing Preceptorship. This is important as good preceptorship helps ensure we give our newly qualified nurses the best possible start in LPT and in their professional career, so that they will stay with us and flourish.

Staff health and wellbeing continues to remain a key priority and once again we have carried out celebrations for Black History Month, South Asian Heritage Month and Lesbian, Gay, Bisexual and Transgender (LGBT) month, International Nurses' Day and Allied Health Professionals' Day. Additionally, we have celebrated International Women's Day and International Men's Day with a series of virtual webinars. We have also launched our Anti Racism Strategy along with our partners in Northamptonshire Healthcare NHS

Foundation Trust (NHFT) so that we make sure we have an inclusive, compassionate, and psychologically safe place to work for everybody.

Our partnership working across our Group with NHFT has continued to go from strength to strength. We have designed and are delivering on three joint QI programmes focused on pressure ulcer prevention, supporting patients safely and well if they deteriorate in our care and also mental health observations. By taking a joint approach this provides an opportunity for learning, sharing ideas for change and improvement and sharing of expertise and resource. We will look forward to sharing more information on this going forward.

We have continued to deliver the Ashton Compassionate Leadership Programme to staff from varying professional groups to ensure we have strong local clinical leadership for the future. I have held a strong ambition of ensuring LPT is a place where clinical academic careers and nursing/AHP research can flourish and I am very pleased to report that this year has seen a further eight staff graduate from the Director of Nursing, AHPs and Quality Fellowship Programme. I have been very proud to celebrate with all our graduate fellows as they presented their quality improvement projects which had been codesigned and supported by service users.

Thank you for taking the time to read our 2023/24 Quality Account. I am truly proud of our achievements and am looking forward to further quality improvements in the following year.



Dr Anne Scott
Executive Director of Nursing, AHPs and Quality

Our Trust Board

As of January 2024

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

■ With voting rights
■ Without voting rights



Crishni Waring
Chair*



Angela Hillery
Chief executive*



Jean Knight
Managing director/deputy chief executive



Faisal Hussain
Deputy chair and non-executive director



Kate Dyer
Acting director of corporate governance



Samantha Leak
Executive director of community health services



Tanya Hibbert
Executive director of mental health



Helen Thompson
Executive director of families, young people and children's services, learning disabilities and autism



Sarah Willis
Executive director of human resources and organisational development



Paul Sheldon
Chief finance officer*



David Williams
Executive director of strategy and partnerships*

executive



Josie Spencer
Non-executive director



Hetal Parmar
Non-executive director



Prof. Elizabeth Anderson
Non-executive director



Ruth Marchington
Non-executive director and senior independent director



Alexander Carpenter
Non-executive director



Sharon Murphy
Executive director of finance



Dr. Bhanu Chadalavada
Medical director



Dr. Anne Scott
Executive director of nursing, allied health professionals and quality

Part 2: Priorities for improvement and statements of assurance from our Trust Board

In this section we reflect on progress against last year's priorities (2023/24) and share our priorities for the year ahead (2024/25). These are centred on the pillars of quality, safe, effective care and patient experience and involvement. They have been developed following a review of our existing quality data and themes identified in collaboration with our staff, stakeholders and patients and carers.

We have consulted a wide audience, reviewed historical data, and linked with other similar trusts to ensure our priorities are beneficial and are improving patient care.

Our priorities link to our *Step up to Great* strategy to ensure that as a Trust we are 'Creating high quality compassionate care and wellbeing for all'.

This section of the Quality Account also includes a series of mandatory assurance statements from our Board, supported by additional information about work to improve quality which has been undertaken throughout the year.

Progress against our priorities in 2023/24

Priority one: Quality Accreditation

Aim: For all clinical and non-clinical teams to have been formally assessed with Valuing High Standards Accreditation (VHSA).

This was chosen because we want our patients and families to have confidence that the care they will receive is of a high standard.

CQC domains: safe, effective, and caring



What we said we would do in 2023/24

Quality accreditation can help us to improve the quality and safety of our services. It is also a great way to showcase the hard work and commitment of our staff. We wanted to expand our internal programme of quality accreditation Valuing High Standards Accreditation 'VHSA' this year to give all teams, including community teams, the opportunity to review and measure their performance.

What we did

VHSA was developed using insight from our own experience of accreditation as well as that of several high performing NHS organisations across the country. As a new programme, we ensure that we are constantly reflecting, learning, and evolving.

All teams across the trust have been given the ability to self-assess against the same standards, collect and save appropriate evidence, and receive a VHSA self-assessment foundation award. Over 120 have completed the foundation stage. The next step in the journey is formal accreditation by our own assessment team. As part of continuous improvement, there has been ongoing adaptation of the assessment tools to ensure this is practical, meaningful and achieves added value for the teams. Following the self-assessment process, teams may nominate themselves at any time having gained the foundation award for the accreditation year.

Efforts this year have focused on embedding formal accreditation with a number of core clinical teams who can then become ambassadors for adoption across their directorates. This is to ensure there is a culture of accountability held within teams and that the programme will be sustainable leading to team level improvements.

In October we increased our capacity to provide targeted support, guidance, and assessment of teams with the appointment of a new clinical quality lead. We have also introduced new resources to support staff in their journey (see page 40). Our child and adolescent mental health service (CAMHS) outpatient team were the first to be supported through the full accreditation process and were awarded silver accreditation in December, with the mental health in schools' teams (city and county) preparing for accreditation next. Teams awarded bronze, silver or gold will hold their accreditation status for two years unless they nominate themselves for renewed accreditation assessment after 12 months of original award.

The VHSA work will continue to be overseen at Quality Forum.

Impact

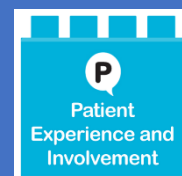
The impact of this programme is that teams have been able to identify successes but also identify areas of improvement. The programme reflects delivery against the Trust's strategy and the CQC 'We' statements. Evaluation of the programme will continue into 2024/25.

Michelle Gamble, CAMHS outpatient mental health practitioner, explained how positive going through VHSA accreditation has been for the team. "We've seen such a morale boost", she said. "It has been great for the service and colleagues to be involved in the process. I really enjoyed showcasing the work of the outpatient team and being part of the VHSA."

Priority two: Meaningful activity

Aim: To increase staff awareness and understanding of meaningful activity and their role in its delivery with patients.

Evidence suggests that meaningful activity leads to a better patient experience and lower levels of challenging behaviour. This was therefore chosen as a priority because we want our patients to have a positive experience when they stay on our inpatient wards.



CQC domains: safe, effective, and caring

What we said we would do in 2023/24

Meaningful activity can be defined as physical, social and/or leisure activities that are tailored to a person's needs and preferences. It is key that this is prioritised for patients who require an inpatient admission to support their mental health, wellbeing, and recovery.

We said we would start by using a questionnaire to find out how well staff understand what meaningful activity means and how easy it is to deliver in their service area. We then wanted to establish a meaningful activity coordinators' community of practice (COP) to share information, ideas, and opportunities. Using feedback from the questionnaire and the knowledge of the COP, we then planned to produce a support guide to showcase meaningful activity and the role staff play in making it happen, sharing top tips and suggestions for engagement, which we would disseminate widely across the Trust.

What we did

We used AMaT – our online audit management and tracking tool – to carry out a survey of a sample of staff and received 35 responses from staff across the organisation – 40% from CHS, 49% from DMH and 11% from FYPC/LD. 40% said they had received training about how to engage patients in meaningful activity, 66% felt that there were opportunities to involve family and carers in meaningful activity with their loved one, and 73% said there was adequate space to engage patients in activities.

The first COP meeting was held in September 2023, with representation from a range of professions. The group now meets on a quarterly basis and has been responsible for the development of the support guide for staff.

The guide includes information on what meaningful activity is, why it's important and what our patients say about it. It also looks at the role of the activity coordinator, access to resources and funding, how to take advantage of support from meaningful activity volunteers, and recruitment.



We have produced a working draft of the guide at the end of quarter four and plan to test its effectiveness in the coming months through our COP. This will be supported by attending events to gain further feedback and engagement from patients, families and staff. A poster has been developed to support these events.

Our wards are keen to support their patients' emotional, creative, intellectual, and spiritual needs through engagement in activity. Mill Lodge – our unit for assessment and treatment of patients with Huntington's Disease – recently asked its patients what they thought of activities on offer. Over half chose to take part and the overwhelming majority said that they enjoyed activities on the unit, felt there was enough to do and that they were beneficial. More trips out into the community and activities relating to personal upkeep were suggestions for improvement.

Mill Lodge Activity Timetable							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10am – 12pm	Jacuzzi Bath	Pampering and self-care	Grounds walks	Gardening	Arts & Crafts	Shopping	Individual Outings
1:30pm – 3pm	Music Session	Board Games	Music Session	Relaxation Session	Music Session	Grounds walks	
3pm – 4:30pm	Arts & Crafts	Music Session	Sensory Session	Music Session	Bingo!	Movie marathon	Pampering and self-care
6pm – 7:30pm	Monday Movie	Sensory Session	Ten Pin Bowling	Smoothie's and Hot Chocolates	Ten Pin Bowling	Movie marathon	Relaxation Session



The COP will provide a trust-wide forum to share good practice and a network for those whose role is predominantly related to providing meaningful activity on our wards.

Impact

The impact of this work has meant staff have a greater understanding of meaningful activities. Evidence from quality visits has shown that our inpatient settings have a range of activities across our wards.

Priority three: Shared decision making

Aim: To develop and embed a collaborative process between a patient and their healthcare professional that supports joint decision making about their care now or in the future.



This was chosen because we want to empower our patients and families to have choices and be as involved as they want to be in their own care and support.

CQC domains: safe, effective, and caring

What we said we would do in 2023/24

This priority was chosen to bring several changes in health care staff practice and policies together to support the empowerment of patients to make choices and decisions about their health care. This includes collaborative care planning; the move from the care programme approach (CPA) in mental health to care coordination; and understanding how to include patients' relatives and friends in their care and share information appropriately.

We said that we would:

- review the NICE guidance on shared decision making
- develop key workstreams
- establish and commence staff training on shared decision making
- implement a shared decision making practice guide, and
- agree outcome measures for evaluating improvement in patient experience because of this work.

What we did

We developed three key workstreams and working groups, covering:

- guidance/principles and policy
- shared decision making care planning and coordination, and
- training and resources.

The three working groups developed project plans overseen by a shared decision making group, which reports to the Trust's clinical effectiveness group.

A set of 'I' statements setting out what matters to service users have been produced in collaboration between service users and staff through work on foundations of nursing standards. This work, along with a review of NICE guidance, has led to the development of a set of principles which will be used to underpin all activities relating to shared decision making. Having a set of principles as opposed to a policy will enable services to apply these across the diverse range of clinical services. The principles have been discussed in multiple forums within directorates and enabling services including the trust-wide patient and carer group. These guiding principles will be used to inform ongoing work on shared decision making and also inform next year's priority focus on care planning.

Within community mental health teams, a review of existing online training provision was undertaken. The development of new care planning training involved a patient partner and engagement of clinical matrons to produce realistic case studies which will help staff to think about what shared decision making entails and how it can be evidenced in patient care plans.

This training is ready for implementation and is being embedded within the wider mental health transformation programme to ensure that it complements the roll out of Dialogue+, a scale which asks patients to score their quality of life and treatment and is used to support treatment planning. In addition, the learning and development team have undertaken a trust-wide review of shared decision making e-learning which will be available to all staff.

A new care plan template has also been produced which is easier for staff to complete and which prints out in a more user-friendly version for sharing and discussion.

Shared decision making does not stand alone – it is interdependent with other workstreams including care planning and patient experience and involvement. This year's work will continue with a shift towards improving personalisation as evidenced through clinical records, feedback and complaints (see 2024/25 priority on page 21).

Impact

The impact of this work has been in the design and development phase with a focus on implementation over the next year and a specific priority on implementing the new principles within care planning.

Priority four: Reducing self-harm

Aim: To improve the quality of care to individuals at risk of self-harm in inpatient settings from non-fixed ligatures.



This work relates to CAMHS inpatients and acute mental health. This was chosen because we want our patients and families to feel confident that they are safe on our wards.

CQC domains: safe, effective, and caring

What we said we would do in 2023/24

To make sure that we are working to best practice, we wanted to assess ourselves against NICE guidance NG225 and the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) self-harm toolkit, to identify any gaps and deliver an action plan for improvement.

We also wanted to review our self-harm reduction policy and staff training, including a comparison to those of similar mental health trusts, and develop a trauma-informed care pathway to reduce incidence of self-harm using non-fixed ligatures. Trauma informed practice increases staff awareness of how trauma can negatively impact on individuals and their ability to feel safe or develop trusting relationships. It aims to improve quality of care by creating culturally sensitive, safe services that people trust and want to use, and it encourages staff to work in partnership with people and empower them to make choices about their health and wellbeing.

What we did

Our self-assessment against NICE (NG225) confirmed that we are compliant. When we reviewed the NCISH toolkit we identified three areas where we could strengthen our practice:

- continued support for people who self-harm,
- length of psychological intervention after self-harm
- planning for transition between CAMHS and adult services.

An action plan was created and overseen by our anti-ligature group. As a result, we now have a new transition pathway between CAMHS and adult services, and the collaborative care plan template has been reviewed through the shared decision-making group with the aim of empowering our patients and families to have choices and be as involved as they want to be in their own care and support (see page 15).

We benchmarked our self-harm reduction policy against five similar mental health trusts, with a specific focus on environmental risk assessment, care planning and training. We found our policy to be consistent with other policies, however our staff had earlier suggested that our training could be improved. The work to enhance our policy and training and roll out of a trauma informed pathway awaited the post of self-harm and suicide prevention lead which was filled in January 2024. This work is now

proceeding, with an option appraisal on suicide awareness/prevention, intervention and postvention training which supports the policy.

We are incorporating new national guidance (published in November 2023) from the Mental Health and Learning Disability Nurse Directors Forum in collaboration with experts by experience and the Care Quality Commission into our work. This focuses on reducing harm from ligatures in mental health wards and wards for people with a learning disability.

Impact

Our benchmarking work gives a quality assurance with compliance with NICE standards and that our policies and processes are in place to help keep patients safe. A further output of this work has been identification of the need to further enhance our training and trauma informed practice. This work will continue into 2024/25 through our established governance forums.

Priority: Health Inequalities

Aim: To improve the collection, use and analysis of data for improving health inequalities outcomes.



Good quality data is critical to making decisions on the design and delivery of services to ensure the health outcomes of those most disadvantaged are met appropriately. This was chosen because we are committed to making sure that no one is disadvantaged because of their protected characteristics.

CQC domains: safe, effective, caring, dignity and respect

What we said we would do in 2023/24

We said we would identify how well we record the protected characteristics of ethnicity, disability and religion/belief for our patients, and explore the potential to capture sexual orientation information across the Trust. We also wanted to share information to help our directorates to develop a greater understanding of health inequalities data enabling them to use it to inform their day to day work.

We said we would produce a hard copy and digital patient registration form to allow patients to provide their own information about protected characteristics and identify targets for improvement for data capture for each directorate.

This work would inform the development of a plan to improve the collection, use and analysis of data for improving health inequalities outcomes for 2024/25.

What we did

We benchmarked data for the protected characteristics of ethnicity, disability and religion/belief and this showed some improvements in the collection of this information in comparison to 2021/22, which was the last time the information was captured as part of the annual reporting cycle.

A review of the recording of sexual orientation (SO) information across the Trust showed that it was happening in some services but identified a problem extracting it from the system for reporting purposes. This has been resolved with a change to the new patient registration form and we believe that this will now improve recording over time.

Work has taken place through the directorate management teams, patient experience and equality, and diversity and inclusion groups to understand their data and make improvements to data quality.

Information is being shared on a monthly basis through race equality and cultural intelligence learning sets which teach staff about the key fundamentals in order to increase competence relating to health inequalities. These are well attended and cover the impact of race and disability inequity on health outcomes, as well as the importance of collecting data by protected characteristics.

Data analysts who understand our services provide the link between the directorate level groups and a trust-wide working group. Annual demographic patient/service user data information was presented to our Quality Forum in December as well as the Quality and Safety Committee. The need to collect data by protected characteristics was emphasised and acknowledged. A health inequalities report that looks at the relationship between ethnicity, deprivation and community languages across a number of services was also commissioned and has been shared widely.

We have developed a digital patient registration form to allow patients to fill in their own information about protected characteristics which was initially tested in two community health services (lymphoedema and heart failure). Return rates were initially low, however, these were on top of the preexisting data held on patients so will have increased data capture slightly. It is envisaged that the roll out of the electronic form and use at an appropriate point in the patient pathway will further increase capture of protected characteristic information.

We have a plan for improving the capture and use of protected characteristics information for 2024/25. This will be reinforced by the new Patient and Carer Race Equality Framework which further highlights the need to collect protected characteristics data and analyse access and outcomes of treatment. This plan will be overseen at Strategic Workforce Group and the Quality Assurance Committee.

Impact

The impact of this work has been an improvement in the data capture in key service areas. There is further work to do on this in spreading the use of the electronic form and ongoing development for staff.

LPT is committed to taking positive action to support anyone with protected characteristics, this includes our staff as well as our patients and service users. We have a number of staff support networks which offer a channel for communication between management and staff, maximising the contribution and fulfilling the commitment to the equality, diversity and inclusion agenda. The groups are a space where staff can feel safe, seek support and learn.

The picture below was taken at a REACH (Race, Ethnicity and Cultural Heritage) staff network celebration event this year.



Priorities for improvement next year (in 2024/25)

Priority One: Personalisation of care

Aim: Implementation of shared decision making through care planning

CQC domains: safe, effective and caring



Why is this important?

Shared decision making ensures that individuals are supported to make decisions that are right for them. Reaching a decision about treatment and implementation of this at the point of care is critical to effective care delivery.

This priority is an extension of the shared decision making priority from 2023/24. Next year's focus is on engaging patients, their relatives and healthcare professionals in the decision-making process and evidencing this through patients' own personalised care plans and in the patient care delivered.

How will we do it?

We will undertake an audit to compare the current level of shared decision making against best practice standards and the LPT principles we developed in 2023/24 for three priority service areas in each of our three clinical directorates. We will use the audit results to identify gaps in practice and opportunities to improve.

This will inform the development of an action plan which we will deliver, monitor and measure the impact of.

How will we know we've been successful?

We will regularly audit evidence of shared decision making as recorded within patient clinical records using AMaT for reporting.

We will use the relevant Friends and Family Test questions to understand how involved people feel in their/their family's care:

- Were you asked to join in the conversation (discussion) about your care?
- Were your family/carer/other people that care for you asked to join in the conversation (discussion) about your care?

Priority two: Triangle of Care implementation and accreditation

Aim: This work aims to ensure that unpaid carers to all of our patients are consistently and appropriately involved in their care

CQC domains: safe, effective and caring



Why is this important?

We want unpaid carers to receive positive experiences through being included, supported and listened to. Carers can provide vital insight into the treatment and condition of those they care for along with supporting and aiding recovery.

We know from patient and carer feedback that we don't always include and involve carers consistently, and staff tell us that they want to know more about how they can involve and support carers.

In 2022 19% of respondents to the relevant question in the GP Patient Survey said they provided care for someone. Crude estimates suggest that the LLR system is currently only supporting around 5% of the Leicestershire carer population.

How will we do it?

We want to ensure that all services are working towards the same set of standards, and that carers will receive the same support and inclusion in all areas of the Trust.

The Carers Trust's Triangle of Care is a therapeutic alliance between carers, service users and health professionals. It aims to promote safety and recovery and to sustain wellbeing in mental health by including and supporting carers.



By introducing and becoming accredited with Triangle of Care we will ensure that our staff work in collaboration with unpaid carers, those receiving care, services and health professionals.

We will use a phased approach to roll out Triangle of Care across the Trust and achieve accreditation. This is a three-year programme and in 2024/25 the primary focus for formal accreditation will be on mental health inpatient and crisis services.

How will we know we've been successful?

- Triangle of Care leads will be in place for all services.
- Carer awareness training will be cascaded to all services using a 'train the trainer' approach in collaboration with patient partners. Carer awareness training will also be available via our online training platform, Ulearn.
- Services will be supported through self-assessment and formal accreditation by patient partners and our triangle of care lead. For 2024/25 we are focusing

primarily on mental health inpatient and crisis services, however other services may also achieve accreditation during this timescale.

- Services will be able to evidence that they are meeting the following Triangle of Care standards:
 1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
 2. Staff are 'carer aware' and trained in carer engagement strategies.
 3. Policy and practice protocols re: confidentiality and sharing information, are in place.
 4. Defined post(s) responsible for carers are in place.
 5. A carer introduction to the service is available, with a relevant range of information across the care pathway.
 6. A range of carer support services is available.
- A carer dashboard will be created in our electronic care record system called SystmOne. This will enable us to audit and report on whether carer information is kept up to date on patient records, and whether carers are being supported and signposted to relevant services.



Priority three: Implementation of the Patient Safety Incident Response Framework (PSIRF) and the development of our safety culture

Aim: To implement and embed the change to the framework for NHS response to patient safety incidents, prioritising opportunities for learning and improvement.

CQC domains: safe



Why is this important?

We want to improve our safety culture and the capacity and capability for our organisation to learn and improve patient safety within our services.

LPT started the transition to PSIRF on 1 November 2023 (see page 47). PSIRF will allow us to prioritise learning so that we can make lasting improvements to patient safety. It supports a coordinated and data-driven approach to patient safety incident response that prioritises compassionate engagement with those affected by patient safety incidents. This means involving patients, families, carers and staff during the review of incidents they are involved in.

How will we do it?

We will roll out our patient safety incident response plan.

System based patient safety incident investigations (PSIIs) will be started following a review of incidents reported under the six agreed trust priority areas:

- significant incidents due to a lack of care coordination where multiple services are involved in the patient's care.
- poor communication across services leading to omissions in the care of children under 4 years and 10 months old, who are open to Healthy Together and with one or more known significant adult within the child's network open to adult mental health services.
- deterioration of a patient within seven days of transfer to a community hospital and requiring readmission to an acute bed.
- patients who have been on a community caseload for more than six months where deterioration is not recognised and actively managed.
- serious patient safety incidents where patients are waiting for treatment from community mental health services.
- incidents of suicide of an individual where substance misuse is also a risk factor.

Quality improvement projects will be undertaken following review of incidents reported under the six agreed directorate local priority areas.

How will we know we've been successful?

Outputs from quality improvement projects will be available in Q3.

Thematic reviews will be progressed in Q3-Q4.

Report of analysis will be available in Q1 of 2025-26.

Priority four: Pressure ulcer prevention through repositioning

Aim: To ensure that adults at risk of developing pressure ulcers both in community inpatient hospitals and in the community, who are unable to reposition themselves, are helped and/or advised how to change their position according to their wishes and needs. This priority will be delivered as part of a collaboration with Northamptonshire Healthcare NHS Foundation Trust through our group model



CQC domains: safe, effective and caring

Why is this important?

All people are potentially at risk of developing a pressure ulcer, however they are more likely to occur in people who are seriously ill, have a neurological condition, have reduced mobility or if they are malnourished.

Reduced mobility and sensation are key risk factors for developing pressure ulcers. Changing position and moving regularly is vitally important to help relieve pressure, prevent pressure ulcers from forming and aid healing of pressure ulcers.

Help with repositioning is one of the quality standards for preventing and managing pressure ulcers, with quality measures to ensure that people who are unable to reposition themselves are helped to do so, and repositioning equipment is available to help them.

How will we do it?

We will establish a new repositioning quality improvement group to progress this work, the membership of which will include a person with lived experience to provide valuable insight.

We will build on our existing group priority work and analyse our current state of compliance with the relevant quality standards/performance indicators.

We will establish a clear aim for improvement for both community hospital inpatients and patients we care for within their own homes, with identified test sites. We will identify change ideas for testing and use the PDSA cycle as our change methodology.

This work will be overseen by the Strategic Pressure Ulcer Group and Quality Forum.

How will we know we've been successful?

We will understand our current position and measure the impact of this work in the following areas:

- the number of pressure ulcers developed or deteriorated in our care
- the number of patients at risk of developing pressure ulcers and needing help to change their position with a repositioning plan in place
- the proportion of people who receive equipment to reduce pressure
- the timeliness of equipment provision
- staff and patient feedback.

Statements of assurance from the Board

NHS healthcare providers are required to include a series of mandatory statements in the Quality Account. These include information about our services, income, records, governance, as well as information about our audits, research and learning from deaths.

Our services

During 2023/24, Leicestershire Partnership NHS Trust (LPT) provided and/or subcontracted 126 relevant health services. Mental health and learning disabilities account for 79 services and community health services make up the remaining 47.

LPT has reviewed all the data available on the quality of care in all 126 of these relevant health services, both for services directly provided and for those services subcontracted. Robust monitoring both externally with commissioners (via contractual requirements to monitor agreed clinical quality performance indicators) and internally (via performance reviews and quality reports) ensures the highest standards are adhered to in the areas of infection control, patient safety, service user and carer experience, safeguarding, clinical effectiveness and compliance with regulatory requirements.

Our income (CQINS)

The income generated by LPT in 2023/24 represents 100% of the total income generated from the provision of relevant health services by LPT for 2023/24.

LPT income in 2023/24 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Our records

LPT submitted records during 2023/24 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.8%* for admitted patient care
- 100%* for outpatient care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 99.8%* for admitted patient care
- 100%* for outpatient care

*Figures reflect the January 2024 position. End-of-year figures do not become available until July 2024 and so were not available at the time of publication of this Quality Account.

Our information governance

LPT is required to complete the NHS Digital Data Security and Protection Toolkit annually. This toolkit is a self-assessment tool that requires organisations to provide assurance against the ten national data guardian standards.

For 2022/23, LPT was set 131 information governance and security requirements to be met across the ten standards. Our overall score for the 2022/23 toolkit submission was 'standards met' with the submission made by the national deadline of 30 June 2023. The Trust is currently working towards the national deadline for the 2023/24 submission which is 30 June 2024.

Our clinical coding audits

LPT is not subject to Payment by Results and so was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

Our Research

LPT recognises that involvement in and conducting high quality research to produce the best evidence is fundamental to the continual improvement of services locally, nationally, and internationally. We are committed to the creation of a vibrant research culture as embedded core business of the Trust that creates opportunities to attract and retain staff and drive forward positive innovations and developments.

As a Trust and system partner, we aim to enable and promote excellence in research at all levels and for all staff. We will play our part whenever it is possible to do so by actively participating in research as a Trust, by leading research as a sponsor, and by promoting opportunities for patients, service users and carers to 'Be Part of Research'.

We are committed to developing, hosting and collaborating with local, national and international research through our partnerships with academic and commercial institutions, enabling access to cutting edge treatments. Most importantly, the Trust is a "Category A" partner organisation of the UK Clinical Research Network (CRN), through the CRN East Midlands as part of the National Institute of Health and Care Research (NIHR). We are also collaborating in other elements of the NIHR, including:

- NIHR Applied Research Collaborative: East Midlands (ARC:EM)
- NIHR Health Innovation (East Midlands)
- Leicester NIHR Patient Recruitment Centre (Late Phase Clinical Trials) and
- NIHR Research Support Service East Midlands

We believe that research should be part of everyone's working life. Research is about knowing why we do what we do and designing service provision around the best research-derived evidence available through continuous improvement.

The number of patients and other participants (including staff) receiving NHS services provided or sub-contracted by LPT in 2023/24 that were recruited to participate in research approved by a research ethics committee as of 31st March 2024 was 749 (458 Portfolio). Especially in respect of Portfolio research this reflects a 50% increase year-on-year and excludes large-scale data-extraction studies.

This work is routed through our integrated research office and NIHR CRN-funded delivery team which works across the Trust and the LLR system to encourage research of national importance to be hosted within LPT. This collaborative approach encompasses:

- digital health innovations
- mental and physical health across all ages and ethnicities:
 - child and adolescent mental health
 - assertive outreach
 - eating disorders
 - psychosis (first episode and recovery)
 - depression and anxiety, and treatment resistant depression
- neurodegenerative disease
- the care home interface
- cardiovascular disease (incl. stroke), heart failure and rehabilitation
- respiratory rehabilitation
- nutrition and dietetics
- child health
- intellectual disabilities/autism.

The following table provides a selected sub-set of continued and new hosted NIHR portfolio research from 2023/24.

Study	Directorate	Purpose
DECODE	FYPCLDA	Data-driven machine-learning aided stratification and management of multiple long-term conditions in adults with intellectual disabilities.
RESTORE-LIFE	DMH	Study to assess the effectiveness and efficiency of vagal nerve stimulation therapy as adjunctive therapy for treatment resistant depression
STRATA	DMH	A multicentre double-blind placebo-controlled randomised trial of sertraline for anxiety in adults with a diagnosis of autism
GLAD	All	Exploring the genetic risk factors for depression and/or anxiety.
GUIDE-HD	DMH	Guided self-help for anxiety among Huntington's disease gene expansion carriers compared to treatment as usual: a randomised controlled feasibility trial.
EDGI	DMH	Eating Disorders Genetics Initiative.
ENROLL-HD	DMH	Enroll-HD is a clinical research platform and the world's largest observational study for Huntington's disease families.
REACH HFpEF	CHS	Randomised controlled trial of a facilitated home-based rehabilitation intervention in patients with heart failure with preserved ejection fraction and their caregivers.
NCISH	DMH	National Confidential Inquiry into Suicides and Homicides: This work has collected in-depth information on all suicides in the UK since 1996. Sub-studies include "Middle-aged Suicide"; "Addiction and Abuse and Suicide."

IMID	CHS and Primary Care	Immune-Mediated Inflammatory Diseases BioResource.
iMARK-HD	DMH	In vivo longitudinal imaging of HD pathology.
HEALTH-E-RND	DMH	European e-health care model for rare neurodegenerative diseases: Development of HD-specific outcome measures.
ZYNERBA - RECONNECT CT	FYPCLDA (with UHL)	A randomised, double-blind, placebo-controlled multiple-centre, efficacy and safety study of ZYN002 administered as a transdermal gel to children and adolescents with Fragile X Syndrome.
Anger & Aggression in Psychosis	DMH	Questionnaire Study: The aim of this programme of research is to develop a new psychological treatment to reduce aggression by forensic patients with psychosis. To do this, we need to understand what psychological factors 'drive' aggression (i.e., keep them going) in patients.
Attitudes to Physical Health in Psychosis	DMH	Questionnaire study: In order to design effective interventions to help people with psychosis be more active we need to understand what helps and hinders physical activity.
ADEPT-2	DMH	The feasibility of guided self-help for depression in adults with autism.
VESPAR	DMH/CHS	Vascular mechanisms in, Stroke, depression, dementia, and delirium.
The ImPreSS-Care Study	DMH/Primary Care/Care Homes	Improving physical health care in older people in mental health settings.
LIRO	DMH	Leicestershire Inpatient Rehabilitation Outcomes.
TRAUMA-AID	FYPCLDA	Eye movement desensitisation and reprocessing for symptoms of post-traumatic stress disorder in adults with intellectual disabilities.
PRESIDE 2024	CHS/DMH/Care Home	Preliminary Randomised Evaluation of Singing in Dementia.
AFRI-c	Care Home	A cluster randomised controlled trial of Air Filtration to prevent symptomatic winter Respiratory Infections (including COVID-19) in care homes.
RECAP	DMH	Older people with intellectual disabilities and epilepsy – REcognising and Correcting Anti-cholinergic inducing Polypharmacy.
MAINTAIN	CHS/Care Homes	Maintaining Independence in People with Dementia who had a fall: a pilot cluster randomised controlled trial.
DREAMS	DMH	Detecting and Responding Effectively to domestic Abuse in Mental health Settings.
APHID	FYPCLDA	A novel way to understand and communicate the burden of Antipsychotic Prescribing for Adults across Specialist Intellectual Disability Services in England and Wales.

ESCAPE-O	DMH/ VitaHealth	integrating Smoking Cessation treatment into usual online Psychological care for people with common mental illness: an Online randomised feasibility and pilot study.
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Research workshops and forums

The research and development team (R&DT) hosts monthly research workshops and/or forums where research related issues and findings are shared. Researchers from across the Trust as well as the UK have been invited to present their research. Over 2023/24 the following research forums and workshops were hosted:

Workshop	A beginners' guide to writing for publications.
Forum	Palin Stammering Therapy for school children.
Forum	HOMESIDE: home-based family caregiver-delivered music and reading interventions for people living with dementia. HOMESIDE Study Team. Anglia Ruskin University.
Forum	Investigating self-harm imagery in young people.
Workshop	A beginners' guide to writing for publications. LPT R&DT.
Workshop	What is a clinical academic? Do I want to be one? LPT R&DT and clinical academic careers team.
Forum	BRIGHTMIND: A randomised controlled trial of image guided transcranial magnetic stimulation for depression. University of Nottingham.
Workshop	The IRAS application: Applying for health research authority and NHS research ethics committee approval.
Workshop	Top tips for writing a research protocol. LPT R&DT.
Workshop	HEE-NIHR funded clinical academic opportunities, LPT R&DT and clinical academic careers team.
Forum	Patient and public involvement and engagement in learning disabilities research. LPT LD team and DECODE research team.

The Research Partners Collaborative

Patient and public involvement (PPI) in research ensures that research within the NHS is both patient/service-user driven and focused. This may include the involvement of patients, service users, carers and members of the public in consultation, collaboration, co-design and co-production of research studies. People with lived experiences contribute vital expertise and give valuable, novel insights to research teams throughout the life cycle of the research. This involvement will lead to improved study designs and the conduct of research that is meaningful to and addresses the needs and priorities of people with lived experience. We are committed to offering service users, patients, carers and members of the public the opportunity to get involved and see PPI in research as a collective responsibility of all those involved in research delivery and management.

Our Research Partners Collaborative (RPC) is a steering group which aims to support researchers across the Trust to embed meaningful PPI in their research. The RPC is a collaboration between experts by experience, the R&DT, clinicians and researchers. Funding is available for researchers from the RPC to support meaningful PPI in their research.

Research Charitable Funds

In February 2023 the research and development team supported by charitable funds (Raising Health) offered LPT staff the opportunity to apply for up to £10,000 to support a small-scale research project which focuses on one of the Trust priority areas of health inequalities or physical and mental health multi-morbidities. Funding was awarded to explore outcomes of rehabilitation services. This study looks at outcomes for service users who are discharged to the community from inpatient services in terms of readmission to hospital, self-reported mental health, satisfaction with mental health and well-being and employment status.

A full list of research being supported in the Trust can be found on our website: https://www.leicspart.nhs.uk/involving-you/research-and-development/research_lpt/.

By joining our research interested mailing list (<https://www.leicspart.nhs.uk/involving-you/research-and-development/join-the-research-and-development-mailing-list/>), individuals can receive 6-monthly updates about ongoing research in all clinical directorates within the Trust, as well as invitations to research workshops and forums and other opportunities to be part of research.

Our clinical audits

During 2023/24 eight national clinical audits and three national confidential enquiries covered relevant health services that LPT provides. During that period LPT participated in 75% of national clinical audits and 0% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that LPT participated in during 2023/24 are listed below. 100% of registered cases were submitted in each case, as required.

- Learning from lives and deaths of people with a learning disability and autistic people.
- National Asthma and COPD Audit Programme: Pulmonary Rehabilitation.
- National Audit of Dementia: Spotlight audit in community-based memory assessment services.
- POMH – Topic 22: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services.
- POMH - 7: Monitoring of patients prescribed lithium
- Sentinel Stroke National Audit Programme.

LPT did not participate in two national audits – the national audit of inpatient falls and the national audit of care at end of life - as resources were focused on implementing actions from the previous year's audits.

LPT did not participate in three national confidential enquiries which were part of the Mental Health Clinical Outcome Review Programme – these were real-time surveillance of patient suicide, suicide (and homicide) by people under mental health care, and suicide by people in contact with substance misuse services.

The reports of four national clinical audits were reviewed during 2023/24 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Actions to be taken
POMH – Topic 7g: Monitoring of patients prescribed lithium	Under review
POMH – Topic 21a: Melatonin	QI project to focus on two aspects relating to standard 1: Improve frequency with which clinicians <i>attempt to use</i> EBNI and <i>record attempts to use</i> EBNI
POMH – Topic 20b: Valproate Prescribing	Review 30 cases using the POMH tool to compare with results from national audit.
POMH – Topic 1h & 3e: High dose & combination antipsychotic prescribing	No action required

The reports of five local clinical audits were reviewed by LPT in 2023/24 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Actions to be taken
Epilepsy Management in LD	Incorporate the NICE standards with which audit showed low compliance into outpatient letter format on SystmOne for the epilepsy clinic.
Perinatal Mental Health Service (PMHS) Did Not Attend (DNA) rates	Develop a process flowchart for inclusion in new starter induction pack. To include guidance on accurate recording of DNA status. Develop a DNA standard operating procedure (SOP) specific to PMHS. This will enable the service to measure against a clear and agreed process.
DIALOG Outcome Measure use During Clinic Contacts	Implementation group to review and refresh DIALOG SOP. Recruit a clinical lead for DIALOG.
Medicines Code/ approved medicines policy – prescribing and administration	Progress with plan to automate linkage between clinical systems and Wellsky to facilitate recording of weight on the prescription. Check with medical appliances team that all wards have access to patient weighing scales and that these are regularly serviced/calibrated.
Perinatal Mental Health pathway re-audit	Professional leads to explore PMHS adopting GADS and PHQ scores. Situation, Background, Assessment, Recommendation (SBAR) to be written and presented to operational and commissioning partners outlining benefits of using a universal tool.

Clinical audit key achievements

Providing high quality care means making the best clinical decisions to achieve the best patient outcomes. Undertaking clinical audit provides us with an opportunity to assess the effectiveness of clinical care and enables continuous quality improvement. During 2023/24:

- the Trust has continued to invest in an audit management and tracking system (AMaT) to support all clinical services
- the WelImproveQ Team supported 23 local clinical audits.
- we have continued training LPT staff in clinical audit as part of our 1-hour quality improvement work-based learning training sessions 'QI in a Box.'

Learning from deaths

We aim to have an open, transparent and learning culture and we ensure that we appropriately review the deaths of patients in our care. We have a trust-wide 'Learning from Deaths' governance, quality and assurance coordinator supporting all three directorates in this endeavour.

We hold monthly Learning from Deaths meetings within the families, young people, and children's and learning disabilities directorate (FYPC/LD) and the directorate of mental health and mental health services for older people (DMH/MHSOP), and meetings within community health services (CHS) as appropriate. These multidisciplinary meetings (including consultants, nurses, allied health professionals and administration staff) bring everyone's perspectives together in order to learn and improve.

The Medical Examiner (ME) process is fully embedded within CHS and was extended to include DMH inpatient deaths from 1 January 2023. The ME's office agrees the proposed cause of death, discusses the medical certificate cause of death with the doctor completing it and with the next of kin/informant. Any learning or good practice identified is shared with the Trust.

We take learning very seriously and investigate serious incidents (SIs) in a robust manner.

Note on data

The figures reported in the Quality Account are now being obtained from the National SPINE. This reflects a change from quarter three as to how we report this data. This reporting change (from the Trust incident reporting system to the SPINE) has increased the number of deaths subject to review over 2023/24.

During 2023/24, we have identified 1,859 patients under the care of LPT who have died (as recorded on the national SPINE) and were considered 'in scope' according to national guidance. This comprised of the following number of deaths which occurred in each quarter of that reporting period:

- 425 patients in the first quarter
- 449 patients in the second quarter
- 501 in the third quarter
- 484 in the fourth quarter.

We completed a thematic review of a representative sample of the additionally identified quarter two deaths in mental health services to identify if there was any learning. There was no new learning identified from this thematic review. From quarter three, the directorate of mental health reviewed their deaths using an initial screening tool developed by the Royal College of Psychiatry and progressing to structured judgment review (SJR) where concerns are identified by family or staff.

Out of the 448 deaths reviewed, eight of these also went through a serious incident investigation and fed back into the learning from deaths process to consider themes.

The number of deaths reviewed by both serious incident investigation and in the learning from deaths process during the year was:

- 5 in the first quarter
- 2 in the second quarter
- 1 in the third quarter
- 0 in the fourth quarter **note** LPT transitioned to PSIRF on the 1 November 2023 and therefore no further SIs will be reported. Learning will now take place in a number of different learning responses. See page 47 for further information about PSIRF.

There were no deaths during the reporting period that were judged to be more likely than not to have been due to problems in the care provided to the patient.

Learning Impact and Actions

We have worked hard to improve the way that we learn from the deaths of our patients. One of the ways we did that was to standardise the process across the Trust to ensure consistency. We have further strengthened the relationship between the themes from learning from deaths and incident investigations to ensure that these are robustly being addressed. Another positive improvement over the last two years has been that the LeDeR clinical leads are now hosted within LPT and therefore we will be closer to the learning coming from these reviews.

CQC action in relation to learning from deaths

The Care Quality Commission has not taken enforcement action against LPT during 2023/24.

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

Quality, compliance and regulation

LPT is required to maintain registration with the Care Quality Commission (CQC), the independent regulator of health and adult social care in England. The CQC monitors, inspects, and regulates services, and publishes ratings based on what they find. LPT is registered with the CQC with no conditions attached to registration. LPT has not participated in any special reviews or investigations by the CQC during 2023/24. The CQC has not taken enforcement action against LPT during 2023/24.

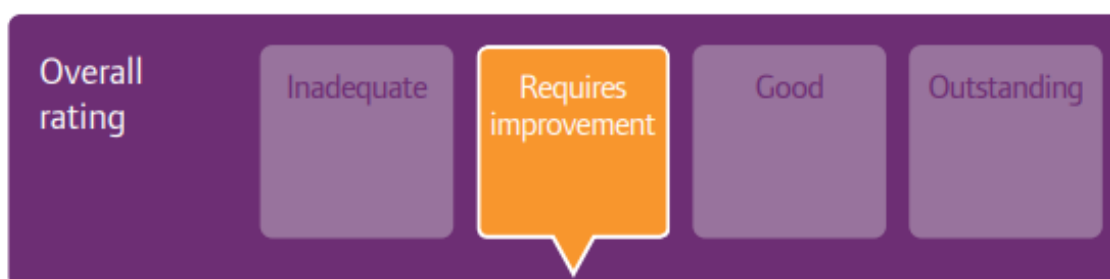
Between 9 and 17 January 2024, the CQC carried out an unannounced inspection of our acute mental health and psychiatric intensive care unit (PICU) core services, and community district nursing services. As part of this, they observed care and spoke to staff, patients, families, and carers. We also provided over 250 pieces of information as evidence as part of the inspection. As of 31st March 2024, publication of the CQC's report was still awaited. Therefore, our ratings for 2023/24 remain, as shown below, based on inspection in 2021 and 2022.

Further information about the CQC's reviews of LPT can be found at <https://www.cqc.org.uk/provider/RT5>



Last rated
22 June 2022

Leicestershire Partnership NHS Trust



Are services

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

Overall rating

Inadequate

Requires improvement

Good

Outstanding

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

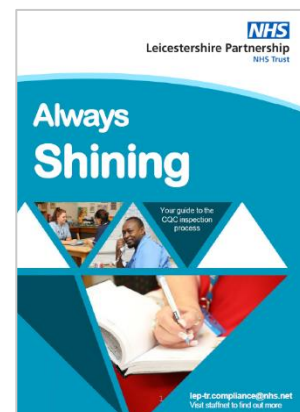
Continual focus on quality

The quality, compliance, and regulation (QCR) team acts as the central point of contact for organisations that check how well we are doing such as the CQC. The team supports trust staff to meet regulatory and best practice standards, as well as identify areas for improvement. Members of the team provide mentoring for staff, support induction of new staff, including clinical staff undergoing preceptorship, and host a monthly Foundations for Great Patient Care learning and sharing forum to spread good practice across the Trust. Topics discussed in the last year include the plans to transform inpatient catering services; culture of candour, learning from Mental Health Act visits, 15 steps methodology. Other key work of the team is described below.

Working with the CQC

In summer 2023, the trust welcomed a new CQC inspection team to Leicester, Leicestershire and Rutland, and in February 2024 the CQC's new Single Assessment Framework was introduced in our area. This has shifted the emphasis from rating services based on unannounced inspection to continuous monitoring of services through regular collection of data and information, with a particular focus on the experience of people who use services and their families. The CQC no longer needs to inspect a service to form a judgement or rate it. The Trust has worked to prepare for this change, help staff to understand the changes and prepare services so they can evidence the quality of care that they provide.

The team has helped services to be ready for inspection in several ways. For example, during July and August 2023 we visited 11 community hospital wards to carry out CQC-like inspections (see quality visits below) to help our community health services directorate identify any areas where improvement might be required, and good practice which could be shared and celebrated. We also refreshed our guidance for staff and delivered a number of 'Always shining' sessions to help staff to understand what the CQC expects and what we need to do to be ready when inspectors arrive.



Quality Visits

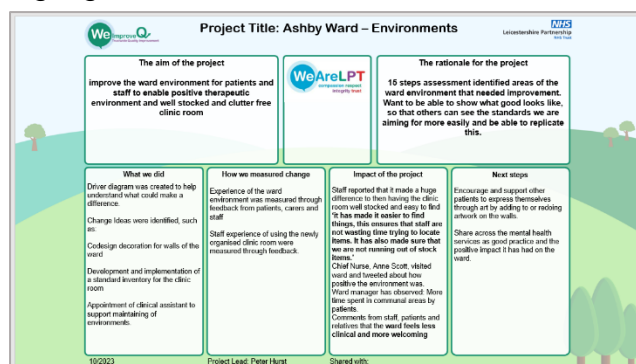
Our programme of unannounced quality visits to services continues with the aim of proactively ensuring that standards are being met and improvements are being sustained. These visits look at the environment and consider whether in our daily practice we are meeting Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which focus on areas such as safe care and treatment, safeguarding, dignity and respect and person-centred care.

30 such visits were carried out in 2023/24, and in December 2023 we trialled a new, more focused approach which involved scrutinising ward data and patient documented care in advance, which we were then able to observe once on the ward. This was successful in drawing out issues to consider and is an approach that will be continued in the future.

Following each quality visit, we hold a ‘huddle,’ which includes staff from the directorate as well as any other relevant staff such as those representing estates, safeguarding, health and safety and pharmacy. This makes feedback timely, collaborative and provides clarity on ownership of action. Whilst visits can feel challenging for services, the team is witnessing service leaders’ confidence in requesting support and is increasingly being invited in to be a fresh pair of eyes on an issue or area.

Non-executive director (NED) **Boardwalks** to wards and services also continued. 29 visits took place in 2023/24 giving existing and new NEDs the opportunity to experience LPT services from the perspective of staff, patients, and carers, and to identify and share challenges as well as celebrate good practice and success. The NEDs also have an opportunity to provide feedback on their visit with services which can be used to identify successes and areas for improvement.

Similarly, our **15 Steps visit programme** continued with service users and non-clinical staff joining us on 20 visits to look at services with fresh eyes from a ‘first impressions’ point of view. This year we are pleased to have welcomed and trained more people with lived experience and non-clinical staff, enabling us to reach more services next year. We’ve also started work on an e-learning module to help more staff to understand the value and impact of these visits. After a 15 Steps visit highlighted that the ward environment needed improvement, Ashby Ward took up the



challenge to make it happen. They used quality improvement methodology with the help of the WelImproveQ team. They created a driver diagram to help them to understand what could make a difference, worked with patients to codesign decoration of the walls, developed a standard inventory system for consumables in the clinic room and appointed a clinical

assistant to support maintenance of the environment. Staff now always have stock, find it easier and less time consuming to locate items, and patients and relatives feel that the ward is less clinical and more welcoming. Next they intend to encourage more patients to get involved in expressing themselves through artwork and have written up their success on a story board to share it across mental health services as good practice.

Early warning systems

In September 2023 a **new monthly lead surveillance meeting** was established to act as an early warning process, strengthen triangulation of internal information or warning markers and enable the trust to ‘horizon scan’ for emerging risks or concerns in relation to the quality and safety of patient care.

Monthly meetings bring together leads from quality and compliance, patient safety, safeguarding, infection prevention and control, patient involvement and engagement, freedom to speak up, nursing, and health and safety to discuss topics on their radar, to help identify and escalate any potential emerging issues so that they can be understood and managed in a timely way.

This year we also introduced another way to highlight issues which may require attention. Feedback from the visits described above, along with feedback from Mental Health Act Inspections, correspondence from the CQC and any other external accreditation bodies are reviewed and themed. We are also beginning to align the feedback to CQC quality regulations so that we can easily see which CQC domains should be the focus of our attention.

Valuing High Standards Accreditation

Our Valuing High Standards Accreditation (VHSA) programme continued to develop. VHSA is the trust-wide tool that teams can use to showcase their achievements and diverse ways of working by reflecting on their performance against accreditation standards and then collecting supporting evidence.

Through accreditation, teams self-assess against the standards that are most important to them and our service users and colleagues. These include LPT's Step up to Great (SUTG) strategy, CQC standards and other core regulatory or professional standards. Going through the accreditation process helps teams to consider their strengths, areas for improvement and how they are being or could be addressed, and what evidence they have to support their viewpoint. Evidence could include service outcome measures, patient/staff feedback and surveys, clinical audit results, quality improvement projects and awards and recognition received.



As described on page 11, we reflected on early learning and capacity within services to take part in accreditation and moved to a two-phase approach for the roll out of the programme, with efforts this year focused on embedding formal accreditation with a small number of core teams who will then become ambassadors for adoption across their directorates.

We strengthened our support for the programme with the appointment of a new clinical quality lead in October, and publication of a new easy-to-read leaflet and staff intranet pages about VHSA. In December we also began to host monthly Virtual VHSA cafes, which staff can join to discuss accreditation, share updates, and ask questions.

The child and adolescent mental health service (CAMHS) outpatient team were the first to use the new accreditation tool and proudly received their silver award in



December 2023. Assessors said they showed *'exceptional commitment to providing high quality child and young people-centred care.'* Outpatient mental health practitioner Michelle Gamble explained how positive the accreditation process had been for the team. *"We've seen such a morale boost"*, she said. *"It has been great for the service and colleagues to be involved in the process. I really enjoyed showcasing the work of the outpatient team and being part of the VHSA."*

Rutland SEND provision commended

In May 2023 the CQC and Ofsted carried out a joint area inspection of special educational needs and disabilities (SEND) provision for children and young people aged 0-25 and their families in Rutland. LPT's FYPCLDA directorate play a large part in the provision of this support, including our health visiting, healthy child programme, child and adolescent mental health services, community paediatrics, physiotherapy, occupational therapy and speech and language therapy services.

The area was awarded the highest possible grading for local services, with inspectors saying: *"The local area partnership's arrangements typically lead to positive experiences and outcomes for children and young people with special educational needs and/or disabilities. Children's and young people's voices are heard and acted on."* Inspectors felt that the voice of the child, young person and family are more strongly evidenced in education, health and care plans (EHCPs), and there is effective early identification of additional needs.

Areas for improvement were also highlighted, including the need to set measurable targets to reduce waiting times and provide effective support for those waiting for neurodevelopment and mental health assessments. Meeting the needs of children in military families and ensuring that leaders work together to improve planning and oversight also require more focus.

Reporting against Core Indicators

Our quality account performance is included as part of our Trust Board performance report to ensure that our executive team have oversight. This also allows us to track and monitor progress throughout the year and identify areas of concern.

Indicator	Trust score 2019/20	Trust score 2020/21	Trust score 2021/22	Trust score 2022/23	Trust score 2023/24	National Average
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period.	Q1 84.5% Q2 99.1% Q3 98.7% Q4 Suspended* (95.9% locally reported)	Q1 98.2% Q2 100% Q3 83.4% Q4 84.5	Q1 97.3% Q2 100% Q3 99.1% Q4 99.5%	Q1 99.1% Q2 100% Q3 99.5% Q4 98.5%	Q1 99.6% Q2 99.2% Q3 99.2% Q4 97.1%	Not available
The percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care during the reporting period.	Previous data for 7 day follow up Q1 93.1% Q2 90.8% Q3 97.3% Q4 Suspended (97.4% locally reported)	Previous data for 7 day follow up Q1 97.7% Q2 96.1% Q3 93.4% Q4 87.6%	72 Hour follow up M1 60% M2 78% M3 72% M4 62% M5 60% M6 68% M7 54% M8 56% M9 60% M10 59% M11 – not published M12 – not published	72 Hour follow up M1 78% M2 75% M3 69% M4 76% M5 82% M6 85% M7 91% M8 86% M9 – not published M10 – not published M11 – not published M12 – not published	72 Hour follow up M1 85% M2 84% M3 82% M4 79% M5 91% M6 89% M7 85% M8 83% M9 – 89% M10 – 85% M11 – not published M12 – not published	72 Hour follow up M1 –72.9% M2 –73.6% M3 –74.5% M4 –71.5% M5 –71.4% M6 –70% M7 –71.9% M8 –69.8% M9 –71.3% M10–71.1% M11 – not published M12 – not published
The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	7.1 score	6.9 score	6.4 score	6.4 score	The Community Mental Health Service User Survey was updated for 2023. The questions used have changed and it is not possible to compare this year's results with data collected in previous years. This particular indicator no longer exists. Go to the community mental health survey page of the CQC website for further information	

Indicator	Trust score 2019/20	Trust score 2020/21	Trust score 2021/22	Trust score 2022/23	Trust score 2023/24	National Average
The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	(i) 4.17% (ii) 9.28%	(i) 31.8 % (ii) 32%	(i) 0% (ii) 7.8%	(i) 0% (ii) 6.9%	(i) 0% (ii) 8.6%	Not available
The number and, where available rate of patient safety incidents (PSI) reported within the Trust during the reporting period.	12368 PSIs out of 19393 incidents reported	11128 PSIs out of 19206 incidents reported	12701 PSIs out of 21659 incidents reported	13278 PSIs out of 23822 incidents reported	15163 PSIs out of 24671 incidents reported	Not available
The number and percentage of such patient safety incidents that resulted in severe harm or death	5 major harm and 21 deaths (0.2%)	11 major harm and 49 deaths (0.5%)	11 major harm and 72 deaths (0.6%)	12 major harm and 80 deaths (0.7%)	11 major harm and 66 deaths (0.5%)	Not available

We have an open and transparent learning culture and all deaths in our care are appropriately reviewed. You can read more about this work on page 34.

*NHS England retired the national return collection process for the gatekeeping and CPA 7-day follow-up indicators. The latter was superseded with a 72-hour follow-up metric, which is monitored using data from the Mental Health Minimum Dataset (MHSDS). Data quality checks are ongoing, the figures included are monitored on a monthly basis and included in our board performance reports. CPA is being replaced nationally with a new Care Coordination Policy.

Our data quality

LPT will be taking the following actions to improve data quality in 2024/25 with a focus upon data quality assurance:

- Embedding data quality as a key component of the Trust's Strategy, *Step up to Great*.
- Implementation of the approved Trust-wide data quality plan
- Delivery of improved data quality reporting mechanisms to support clinical services to deliver safe and effective care
- Delivery of a Trust-wide communications plan to support staff awareness and to improve data quality within their teams and services.

Part 3: Other information

This section of the Quality Account contains additional information relating to quality improvement within LPT.

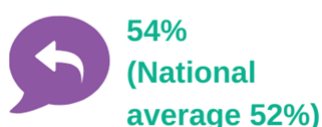
Staff survey results

We want LPT to be a great place to work and deliver care for all. The annual NHS staff survey is an important way for us to hear about the experience of staff. The 2023 survey took place between October and November 2023, and the results were published in March 2024. A summary of our results is presented below.

NHS Staff Survey 2023

Your Feedback into Action

Response rate



Staff engagement



101 questions asked



People Promise	National average 23	Trust score 22	Trust score 23
We are compassionate and inclusive	7.6	7.6	7.6
We are recognised and rewarded	6.4	6.3	6.5 ↑
We each have a voice that counts	7.0	7.0	7.0
We are safe and healthy	6.4	6.2	6.4 ↑
We are always learning	5.9	5.9	6.2 ↑
We work flexibly	6.8	6.9	7.0 ↑
We are a team	7.2	7.2	7.2
Staff engagement	7.1	7.0	7.1 ↑
Morale	6.2	6.0	6.2 ↑
Recommending LPT as a place to work	65.59%	60.76%	63.25% ↑
Recommending LPT as a place to receive care	65.18%	62.44%	63.03% ↑

*arrow up denotes increase from last year/no arrow denotes no change from last year

Our strengths

- ★ Flexible working
- ★ Compassionate leadership
- ★ Staff reward and recognition
- ★ Opportunities to develop
- ★ Teams work well together
- ★ Recommending LPT as a place to work
- ★ Morale

Areas for improvement

- ↗ Work pressures
- ↗ Psychological safety
- ↗ Bullying and harassment

These results will be discussed in detail with staff and will feed into the work our change leaders are doing as part of the Our Future Our Way culture improvement programme. Targeted action plans will be produced and delivered in those areas and staff groups with lower scores. A full report is available at the NHS Staff Survey website.

Freedom to Speak Up

The Freedom to Speak Up (FTSU) Guardian role was established following recommendations in Sir Robert Francis QC's report, "The Freedom to Speak Up" (2015), which arose from the tragic events at the Mid Staffordshire NHS Foundation Trust. Sir Robert observed that the NHS lacked a culture that encouraged staff to speak up, leading to suffering for both patients and staff. Embracing FTSU entails listening to and acting on staff suggestions and concerns, crucial for learning and improvement. More recent events, such as the Lucy Letby case, underscore the importance of fostering a culture where individuals feel safe to speak up about anything hindering safe and high quality care delivery. This case also emphasises the significance of connecting and implementing learnings across an organisation.



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

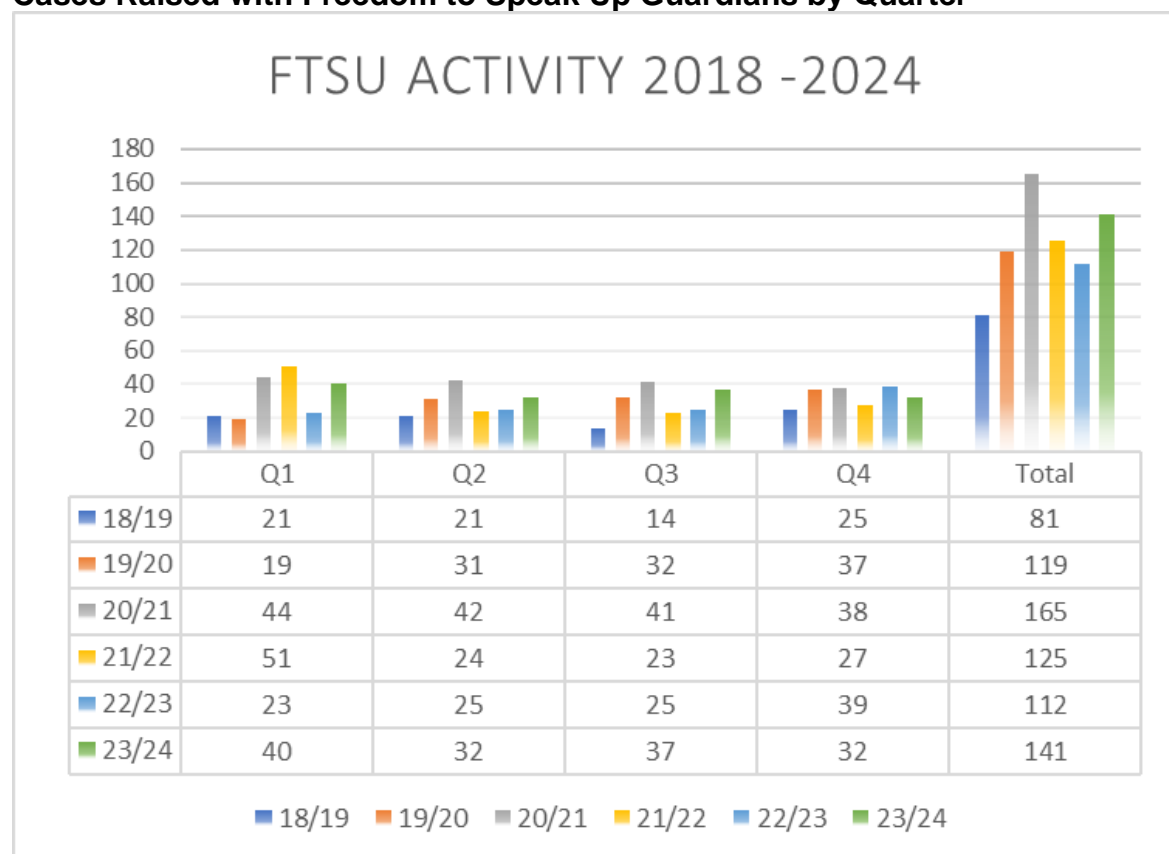
We encourage all colleagues throughout LPT to freely share their experiences or raise any concerns through the Trust's Freedom to Speak Up Policy: *Speak up, Listen up, Follow up*. While the policy suggests speaking up to the line manager or senior manager initially, it also provides alternative avenues of support for colleagues including: the chief executive or a member of the executive team, FTSU guardian, human resources, occupational health services, staff-side and union representatives, staff network support groups, the 'Listening Ear' chaplaincy service, AMICA counselling services and the non-executive director responsible for FTSU. In addition, there are volunteer FTSU champions who can offer support and signpost colleagues to appropriate services as required. The champions network has representatives from all staff support networks and from a variety of services and disciplines.

The FTSU guardian provides independent, impartial and confidential advice and/or practical support when requested by those that want to speak up. The service is promoted widely through internal communication routes and different media including eNews, bulletins, social media and posters across trust sites. Our commitment to 'making speaking up business as usual' and the role of the FTSU guardian is presented at all induction sessions for new staff including qualified and non-qualified staff, bank staff and volunteers. Additional eLearning training modules are available on our online learning platform, uLearn. In addition, bespoke presentations are delivered to medical trainees and students, including nursing associates and apprentices as well as international nurses and other allied health professionals. An essential part of the FTSU process is to ensure that the people who speak up receive feedback on how their issue is being managed and what action is being taken as a result (recognising confidentiality issues as appropriate). Feedback can be verbal or via email and given either by the FTSU guardian or by the relevant senior manager. Feedback is a significant part of a learning and improving culture and supports the development of trusting relationships, builds confidence in the speaking up process and promotes openness and transparency.

Ensuring that people who speak up do not experience detriment is vital and staff are regularly reminded that they should not tolerate any negative consequences as a result of speaking up. The policy provides assurance to staff and explicitly states that harassment or victimisation of anyone raising a concern, or any form of reprisal will not be tolerated and could be dealt with through disciplinary procedures. When a case has been closed, we take the opportunity to check that the staff member does not feel they have suffered any disadvantageous or demeaning treatment as a result of speaking up, and we ask them - 'Given your experience, would you 'speak up' again'. This information is included in the quarterly data submissions to the National Guardians Office.

The chart below illustrates a fairly stable trend in the number of staff contacting the FTSU guardian, highlighted in the year-on-year comparison. This suggests a healthy culture in which staff feel safe and able to speak up.

Cases Raised with Freedom to Speak Up Guardians by Quarter



The Trust has prioritised 'psychological safety' as one of the key features of the 'Our Future, Our Way' culture programme. This piece of work involves collaboration with key stakeholders including the FTSU service, patient safety teams, equality, diversity and inclusion service, health and wellbeing team, organisational development, human resources and wider staff support networks. This work is facilitated by the designated change leaders and supported through executive and non-executive sponsors.

Patient Safety Incident Response Framework (PSIRF)

The NHS has introduced a big change in the way we think about patient safety - moving away from the old Serious Incident (SI) Framework to the new Patient Safety Incident Response Framework (PSIRF). During 2023/24 we have been working to implement PSIRF at LPT.

The old framework was somewhat fixed, led to repetition, and did not always maximise our opportunity or ability to learn and improve. PSIRF is about having effective systems and processes for responding to patient safety incidents, which allow us to prioritise learning so that we can make lasting improvements to patient safety. It supports a coordinated and data-driven approach to patient safety incident response that, importantly, prioritises compassionate engagement with those affected. This means involving patients, families, carers, and staff during the review of incidents they are involved in.



A culture change is needed to create an environment of psychological safety for staff which will support patient safety management under PSIRF. That is a safety culture where individuals are not blamed when things go wrong but are involved in reviewing in a “human factors” way, how the system i.e., policies, technology, equipment, staffing, culture etc. contributed to the incident, so that appropriate learning can lead to safety actions being taken to minimise the risk of similar incidents in the future.

We will continue to review all incidents reported in the Trust, but instead of focusing on incidents which meet specific criteria as was the case under the SI framework, resources can now be targeted on the areas with the greatest potential for patient safety improvement. We can now investigate incidents that would not previously have met the SI criteria, such as those that have not caused harm, and review good practice and things that go well, where important learning can also be gained.

Following months of detailed preparation including a review of patient safety data and engagement with staff, patient partners, and commissioners, we started the transition to PSIRF on 1 November 2023. This is a significant shift away from the previous approach and we will continue to review and monitor the impact and effectiveness of its implementation with our stakeholders, responding and adapting as needed.



Some patient safety incidents, such as Never Events and deaths thought more likely than not due to problems in care will always require an investigation, however, we will now prioritise investigation of groups of incidents relating to an agreed list of local patient safety priorities under PSIRF. These include:

- significant incidents due to a lack of care coordination where multiple services are involved in the patient's care.
- poor communication across services leading to omissions in the care of children under 4 years and 10 months old, who are open to Healthy Together and with one or more known significant adult within the child's network open to adult mental health services.
- deterioration of a patient within seven days of transfer to a community hospital and requiring readmission to an acute bed.
- patients who have been on a community caseload for more than six months where deterioration is not recognised and actively managed.
- serious patient safety incidents where patients are waiting for treatment from community mental health services and
- incidents of suicide of an individual where substance misuse is also a risk factor.

While the list of priorities has been agreed for areas where there is greatest potential for learning and improvement, this will not prevent us from investigating new and different emerging risks or incidents. It will take a while to fully transition and embed this new way of working, however we are confident that it will support LPT on its continued journey in becoming a safer and better learning organisation.

Improving the recruitment and retention experience

This year we used a QI (quality improvement) approach to review our recruitment processes and improve the time it takes for us to recruit.

Improvements made include more support to help candidates navigate through the process – such as a short video to explain how to fill the candidate pack in correctly and what information we need for ID checks so that they go smoothly. We've also produced a diagram so that candidates know what to expect from the recruitment team, to reduce uncertainty about where they are in the process; and have increased ID checks post covid and now bring people in so we can work through the candidate pack and checks together. We've also trained more people to undertake ID checks in different locations so that candidates can have checks closer to home.



Other improvements include additional support for our recruiting and onboarding managers, as well as producing frequently asked questions and information on how to use the current NHS jobs service. We also now offer MS Teams drop-in sessions to support managers' knowledge around the recruitment process and have introduced MS teams forms and automation to support improvement to our processes.

In the medium-to-long-term we will be investing in a new fit-for-purpose recruitment IT system. The work to implement this has commenced involving key stakeholders across the Trust. This will enable us to perform recruitment tasks in an integrated way in a single system and offers exciting opportunities to improve the recruitment experience even further.



Being responsive

Demand for all NHS services remains high, and we remain committed to working with our local NHS and social care partners to meet the needs of local people and communities by providing care and support that is timely and accessible.

As we continue to recover from the Covid pandemic we press on with work to reduce waiting times for our services, however we recognise that some people are still waiting longer than we would wish. We take steps to continually monitor and address waiting times and to keep people safe whilst they await assessment and treatment. This includes review and risk assessment of referrals and provision of information so that people know when and how to access help if their situation should change while they are waiting.

In our child and adolescent mental health outpatient service, for example, young people who are referred are placed on the appropriate waiting list and the waiting list is regularly reviewed. All young people and their families are given advice on where to obtain help whilst waiting and a contact number to communicate any increasing concerns to the service. All those waiting are contacted by the team for review on a regular basis and those assessed as in most urgent need have a lead professional with whom they have regular telephone contact whilst awaiting formal admission to the service.

Below are examples of how some of our services have provided increased capacity, ease of access and early intervention in 2023/24.

Mental health support in schools

Our Mental Health Support Teams (MHST) in schools continued to work collaboratively with 129 schools across Leicester, Leicestershire, and Rutland (LLR) to reduce inequalities and increase access to mental health support for almost 130,000 children and young people aged 5-19 years with low to moderate mental health concerns. The teams offer early intervention support to those struggling with their mental and emotional wellbeing - for example, experiencing low mood, worry, anxiety, avoidance, or sleep difficulties – to help them get the right support to stay in education.



They work on a one to one basis and within school groups, and importantly also work closely with school staff, parents, and carers to help them understand and support their children's mental health and provide a holistic approach to support. MHSTs support children and young people by offering low intensity cognitive behavioural therapy alongside wider psychoeducation and whole school mental health promotion activities. The service engages with communities to understand the barriers which exist in seeking mental health support and cultural differences which prevent children from accessing mental health services.

In February 2024 during Children's Mental Health Week our MHSTs collaborated with local authorities in support of the 'My Voice Matters' campaign. They successfully involved 7,770 children and young people in activities across 32 schools, including school assemblies, drop-in sessions, health promotion/training

sessions, group work, lunch clubs and student workshops. As well as providing mental health advice and support, the young people were able to provide feedback on services that they had received in support of their mental health. The Mental Health Week activities led to schools requesting more support as children and young people were coming forward asking for follow up sessions now that they had an awareness of their own mental health needs.

The teams are currently looking at widening access to the service by considering alternative referral pathways, and next year plan to establish new teams to expand coverage in Leicester city and Blaby district, enabling even more children and young people to access mental health support.

New wards and new beds open for patients

We have worked to increase capacity to support more patients in our community hospitals, closer to home. In May, we moved Ward 4 at Coalville to Charnwood Ward at Loughborough Hospital to enable renovation works to take place at Coalville. Initially with 12 beds, Charnwood Ward increased to 18 beds in October following a successful recruitment campaign.

In November, we opened an additional five beds on East Ward at Hinckley and Bosworth Community Hospital, returning this to a 28-bed ward, and in January 2024 Ward 4 at Coalville Community Hospital reopened as a 15-bed ward.

The previously closed Grace Dieu Ward at Loughborough Hospital also reopened temporarily between January and March, operated by University Hospitals of Leicester NHS Trust.

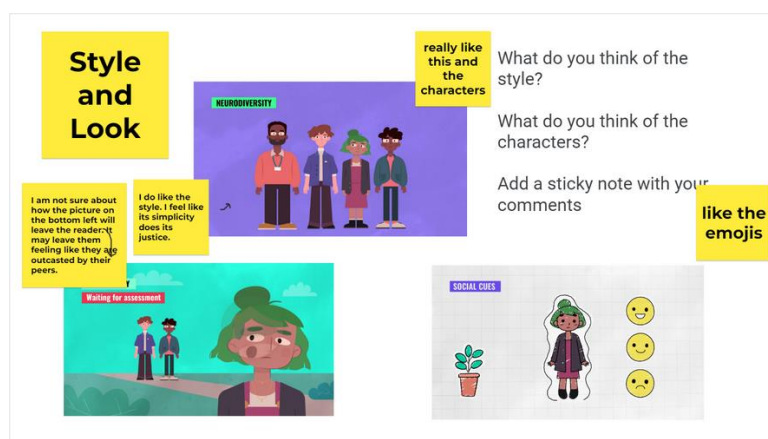
Supporting young people with neurodevelopmental disorders

We continued to work in partnership with our local authorities and the integrated care board to improve access, increase capacity and address health inequalities for children and young people with neurodevelopmental disorders.

The Neurodevelopmental (ND) Transformation Programme helps autistic children and young people and/or those with attention deficit hyperactivity disorder (ADHD) across LLR to lead fulfilling lives by identifying and providing the right support at the right time. In 2023/24 the partnership has focused on making improvements including the following:

Creating an area in the patient record system where all neurodevelopment-related activity can be recorded so that we can improve record keeping and accurately report waiting times, diagnosis and outcomes information so that a true reflection of performance is informing action. A lot of work has gone into configuring the system and agreeing suitable templates, and it is anticipated that the first group will be transferred onto the system from April 2024 onwards.

Making pre-assessment support for families more consistent and accessible. Three digital animation videos have been created and rolled out to support young people whilst they wait for an assessment. The Youth Advisory Board (YAB) supported this work (see p58) to ensure that the animations are relevant to the young people they are intended to support. The animations look at 'waiting for an assessment,' 'maintaining and strengthening relationships', and 'social understanding' and they are available on the Autism Space and Health for Teens websites. Work is now underway, with continued support from the YAB, to develop a neurodevelopmental web page to house relevant resources and guidance.



In addition to providing digital information, the partnership has also secured funding and trained 40 staff in CAMHS and community paediatrics on topics ranging from sleep to foetal alcohol spectrum, increasing their skills and confidence to undertake ND assessments which can be both complex and sensitive. This training has also enabled the service to launch sleep clinics to support young people in managing sleep with the aim of reducing prescribing of Melatonin.

Chat Autism, the text messaging service that provides a safe and easy way to message a healthcare professional and get confidential help and advice continues to be popular. Between January 2023 and January 2024, the service managed 720 conversations, approximately 40% of which were with parents and carers of children and young people under 18 or young people themselves. Feedback for the service is overwhelmingly positive with comments such as *"Thank you. It has been invaluable to reach out and be reminded that we are not alone"*.

Service standards have been reviewed and agreed to clarify inclusion and exclusion criteria, management of second opinion requests, review of private assessments and prioritisation of referrals. All agreed processes have refreshed pathways that now sit on our staffnet for clinicians to follow. And the guidance has been shared with families so that everyone has the same shared understanding and expectations of the service.

In February 2023, we initiated a partnership with the Solihull Approach to provide access to free online parenting courses for all residents of LLR. The rollout has been a success with over 1,200 users registered to access the courses.

Looking to the future, we intend to develop a robust multi-agency approach to supporting families waiting for assessment, strengthen of our digital offer, continue to optimise our workforce skill mix, and further expand the clinical record system for ND related activity.

PAUSE providing the right support early on

In October 2023, our new pilot Psychological Awareness of Unusual and Sensory Experiences (PAUSE) service began to receive referrals. PAUSE seeks to provide the right support early on to people aged 14 to 35 who are at high risk of developing psychosis.

The term psychosis is used to describe when a person loses touch with reality. When a person has psychosis, they may have unusual thoughts and experiences. It can affect people of all ages but becomes increasingly common as people reach young adulthood.



PAUSE aims to reduce the number of people who meet the threshold for diagnosis and go on to need secondary care services longer term and/or facilitate rapid transition of individuals with an emerging psychosis to our PIER (psychosis intervention and early recovery) team, reducing the duration of untreated psychosis which is key to improving longer term outcomes.

The ethos of PAUSE is to provide a non-stigmatising approach to help individuals understand unusual and often extremely distressing experiences. Clinicians review referrals on the day they come in and those who meet the referral criteria are offered an initial assessment meeting within ten working days. Individuals can be seen weekly and to aid social inclusion appointments are offered at home, or in another preferred location. At the end of our pilot period, all LPT services will be able to refer into PAUSE. Individuals not currently known to services can access support via our Central Access Point (CAP). PAUSE can support people for up to two years. If PAUSE is not the most appropriate service to meet someone's needs, they will be referred or signposted on to a more suitable alternative.

The multidisciplinary PAUSE team offers psychological and social interventions, including family and cognitive behavioural therapy, social inclusion and education and peer support, all focusing on reducing stigma and helping people to maintain or develop their education, work, and social links. They use creative and flexible ways to engage people, with a particular focus on connecting with disadvantaged and often marginalised groups and communities that services have historically struggled to engage with.

People with a lived experience have helped to recruit the service team, are employed as peer support workers and have helped to develop the service leaflet. Of the first 35 patients referred, the service is supporting 18 with interventions, seven have been signposted to other services, six are in the assessment phase and four have been discharged because they did not wish to engage.

The service is new and developing. Feedback to date from service users, their families, and other professionals has been positive. PAUSE is excited to be trialling Dialog+ as an outcome measure and way of helping clinicians work with individuals to identify and work towards clear goals to improve their wellbeing. There are plans to further expand the offer in the future, for example, by training clinicians to deliver Open Dialogue, an evidence-based intervention for individuals at risk of, or experiencing, psychosis and their wider networks.

Guardian of safe working hours

The safety of patients is a paramount concern for the NHS. Significant staff fatigue is a hazard both to patients and to the staff themselves. The Guardian of Safe Working Hours (GSWH) works independently of the Trust to ensure that doctors in training in LPT are safely rostered and have safe working hours that comply with the terms and conditions of service. This is to safeguard doctors against working excessive hours and ensure the safety of both the doctor and patients is not compromised.



The guardian works closely with the medical director, director of medical education, medical staffing team, junior doctor representatives and the British Medical Association (BMA) representative. The guardian chairs the Junior Doctor Forums (JDFs) which are used to discuss exception reports, rotas, training and education matters, working environment concerns and contractual matters. These discussions inform reporting on the Trust's performance against the terms and conditions of the junior doctor contract, which is provided to the Quality Assurance Committee and the Trust Board.

Exception reporting is the mechanism for all doctors employed on the 2016 junior doctors' contract to inform the Trust when their day to day work varies significantly and/or regularly from the agreed work schedule. The reports are raised electronically using the rostering system and are received by the medical staffing team, the GSWH and the consultant supervisor for the individual trainee. Once received, the consultant supervisor discusses the situation with the trainee to reach an agreed outcome. Between April 2023 and March 2024 five exception reports were logged. This is a decrease compared to the 15 exception reports logged in the previous year.

The GSWH reviews all exception reports to identify whether a breach has occurred which incurs a financial penalty. The money raised through fines must be used to benefit the education, training and working environment of trainees. In 2023/2024 no fines were levied.

LPT do not have any gaps in core trainee and higher trainee on-call rotas and the rota position is reported through our governance process via the medical education group to strategic workforce group and then onto our people and culture committee.

LPT uses online Health Roster to manage the on-call rotas which gives an opportunity for trainees and human resources staff to mitigate any gaps. Problems can arise when doctors complete their training and are waiting for national training numbers to be released (often up to six months), or when trainees choose to go less than full time as this creates gaps in the rotas, however, to date we have been able to fill gaps with internal bank staff.

We have been successful in expanding our trainee numbers in 2023 and will again in August 2024, which is promising for future recruitment. We are working with our local training schemes to ensure we also don't have any gaps in GP trainees. As described above, we have an active junior doctor forum that provides an opportunity for junior doctors to raise any concerns about working hours and rotas and they are encouraged to help co-design solutions.

Patient experience and involvement

In the last 12 months, we have worked in partnership with our staff, patients, and carers to improve the experience of those who use or who are impacted by the services we deliver, and to increase the number of patients and carers who participate with us, either through their own individual care or through their collective involvement in partnership with the Trust.

We would like to thank everyone who has worked with us over the year. This includes the patients and family members who have brought their insights and challenge to our work, as well as our colleagues across the Trust who have worked with us to co-design, test and question our thinking and approach to patient experience and involvement.

The last 12 months has seen a real step forward in terms of integrating our patient and carer voice across the Trust. This has included the recruitment of 20 Lived Experience Partners into the Trust. The lived experience partner role is a key part of our lived experience leadership framework. Our lived experience partners will work alongside clinical and non-clinical staff, patients, and carers, drawing upon personal experience and expertise to provide insight into the design, improvement and delivery of the services we provide.



Some of our Lived Experience Partners at their Patient Leadership Programme

Partners will be working across the Trust in a range of directorates and services, undertaking a range of roles, including:

- co-chairing co-production groups in the directorate of mental health.
- working with senior responsible officers as part of the community health services transformation programme.
- working with group leads in families, young people and children and learning disabilities and autism service groups.
- as members of our People's Council.
- delivering and designing training and development across the Trust.
- As patient safety partners supporting the implementation of the new patient safety incident reporting framework (see page 47).

In addition to the partners, our patient and carer involvement network continues to grow. We now have over 200 people with lived experience of our services registered on the network and working with us at various levels of involvement to improve services.

Patient and Carer Involvement in Quality Improvement (QI)

Several of our network members have been working collaboratively with staff on QI projects as part of their Director of Nursing (DoN) and Allied Health Professional (AHP) fellowship.

This has been a fantastic piece of work, and as we move into the third year of the fellowship programme the third cohort of staff has doubled to 14 members. Examples of collaborative work include:

- LD Team – supporting patients into voluntary or paid employment.
- Speech and language therapy – increasing the use of the Body Rhymes resource bank across schools.
- Occupational therapists – exploring the role in community hospitals within LPT.
- Equipment – reducing delay in equipment provision for the patients above 270kg.
- Insulin administration – improving the transition of adults with type 2 diabetes to become independent with their insulin administration.
- Psychiatric intensive care unit – improving 1:1 therapeutic engagement between nurse and patients.
- Agnes Unit – improving training on trauma informed care.



The fellowship celebration took place on Wednesday 25th October, where both staff and network members celebrated their achievements and were presented with certificates.

Developing nursing principles for the Trust

During the year engagement and co-design workshops have taken place with staff, patients and carers coming together to review and create a new set of nursing principles for the Trust. The aim of the work is to create principles that will underpin all aspects of nursing care, along with a range of 'I' statements for patients and carers and 'We' commitment statements for staff. The 'I' statements created by patients and carers will be used to measure the impact of the principles. This work is also feeding into the work on shared decision making and the Trust's change leader programme.



Patient-Led Assessments of Care Environments (PLACE) Visits

The second year of PLACE assessments commenced in early September 2023 with a cohort of patient and carer assessors visiting our services, and this year they were joined by a member of the Youth Advisory Board. The programme was impacted again by Covid and restricted access to wards. Despite this, it remains a key objective to gain as much patient feedback as possible through the PLACE process and we were able to complete assessments at nine sites covering over 20 wards.

Talk and Listen Group

The Talk and Listen group are a group of adults with learning disabilities who meet monthly to work together to improve services. During the year they have collaborated with staff on several topics including:

- how they can collaborate better with the patient experience and involvement team to involve people with learning disabilities.
- what training both staff and patients need or could give to others to improve the voice of those with learning disabilities.
- providing advice and support on quality improvement projects including reviewing a survey aimed at people with learning disabilities about voluntary or paid employment.



The group also has an opportunity to gain experience in projects. The “My Diabetes and Me” research project was of interest to some of the group who have diabetes and were keen to get involved in looking at an education programme to help people with learning disabilities to manage their diabetes better.

Supporting carers through the Triangle of Care

During the year the Trust signed up to the Triangle of Care (TOC) for carers (see page 22). The TOC was created to improve engagement between carers and health professionals for the benefit of the patients. It aims to ensure that carers are included throughout the patient’s care journey.



The TOC framework recognises providers who have committed to change through self-assessment of their existing services, and by implementation of the programme according to the six key principles. The TOC is seen as good evidence of how an organisation values the involvement and engagement of patients, carers, and service users.

Although the assessment process will not commence until 2024/25 there has been a range of initiatives implemented during the year, including the co-production of a carer promise which was designed by staff with lived experience of being a carer as well as carer lived experience partners.

Carer awareness training has been co-designed and will focus on identifying carers, supporting working together and enabling supportive conversations, consent, confidentiality, and referral onward to local services. The training will be delivered by carer lived experience partners.

Youth Advisory Board (YAB)

The YAB's great work continued this year and was recognised when they picked up the "Excellence in Patient or Service User Involvement" category of the Trust's Celebrating Excellence Awards.



The board continue to support and work on projects impacting young people across LLR. Examples of local and wider system partnership projects they have been involved with over the last 12 months include:

- Neurodevelopmental project patient animation videos - YAB have been involved in co-designing a series of videos to support young people who are on the neurodevelopmental pathway. The videos include 'Making and maintaining friendships,' 'Social understanding' and 'Waiting for an assessment.' The YAB have regularly reviewed content and commented on the video animations to ensure they met the needs of young people.
- LLR World Patient Safety Day event – where three YAB members supported by the YAB leads contributed to tabletop discussions and supported our patient safety lead's presentation on the work of YAB.

People's Council

The People's Council relaunched this year following a review and strengthened its patient and carer voice by recruiting Lived Experience Partner members.



Providing an independent voice to
make LPT services great for all

The Council has agreed its revised terms of reference and key priorities, which are:

- We will support LPT by being a critical friend.
- We support LPT to involve, engage and co-produce.
- We support LPT to shape strategy and policy.
- We support LPT to deliver on its equality, diversity, and inclusion commitments and to tackle health inequalities.

Council members met with the Trust Board in August 2023 to discuss how they can support the Trust's Step up to Great priority for patient experience and involvement and the reduction of health inequalities.

The Council also agreed to focus on two areas which will be: 1) to receive, review and make recommendations in relation to themes and trends related to patient experience through review of quarterly reports, and 2) a focus on health inequalities in relation to the newly launched Patient and Carer Race Equality Framework.

Following a review of themes, the Council agreed that they would focus on poor experience related to communication, as reported through complaints and concerns. The Council held a communication summit where they reviewed patient experience data along with presentations on work underway towards addressing the theme of communication. Adopting an approach of 'receive, review and recommend' the Council has now commenced work in relation to patient experience and involvement taking forward the theme of communication through a dive into the management of complaints within the Trust.

WeImproveQ

Our quality improvement (QI) programme, WeImproveQ, supports the delivery of the Trust's vision of creating high quality, compassionate care and wellbeing for all. It ensures the use of a systematic approach to improvement which empowers all staff to be able to identify when change is needed, develop the skills needed required, and lead that change to improve patient care and outcomes.

Improvement opportunities are also identified through our internal quality assurance and control processes and support the delivery of strategic improvement as a system partner. This programme builds on the systematic approach to continuous improvement advocated by NHS Impact (NHS Impact, 2023).

2023/24 has been a significant year of achievement and continued growth in embedding our improvement approach and our leadership behaviour of 'always learning and improving.'



- In May 2023 we were winners and highly commended in the national Audit Management and Tracking Conference poster competition - promoting reducing insulin errors in a community nursing service, and Healthy Together's reintroduction of the 3-4 month contact.
- In September 2023 WeImproveQ were winners of the Celebrating Excellence Group Excellence Award.
- In December 2023 we presented at a number of national conferences including PSIRF and QI, and at Clinical Audit for Improvement in March 2024.
- QI methodology has been used in our recruitment improvement work (see page 49). This has led to an improvement in the length of time to hire since work started in this area. In addition, candidate experience data shows an improvement in timeliness of the recruitment process and communication with the recruitment team. The team have demonstrated a culture of continuous improvement, always looking at how they can improve their systems and processes to support quality recruitment.
- QI is supporting the Our Future Our Way (OFOW) culture change program. All four priorities identified through the analysis of staff feedback have an allocated QI practitioner to support progress and ensure action plans are in place.
- We trained and supported **395** staff this year to acquire QI knowledge through our internal training sessions and the quality, service improvement and redesign (QSIR) programme, with two staff members gaining QSIR Associate status. The total number of staff now trained exceeds **1100**.



- We delivered **50** 'QI in box' sessions in 2023/24 – these one-hour sessions which aim to help staff to use quality and improvement knowledge and skills in their workplace.
- We have supported **9** staff to start their own QI journey as part of the Director of Nursing and Allied Health Professions Fellowship.
- **122** 'conversation starters' were discussed in one of our weekly QI design huddles. These bring together the knowledge and skills of people from across the organisation, including clinical audit, research, patient involvement, lived experience, equality and diversity and clinical practice, to encourage and support new ideas for improvement, applying the right approach to the area identified.
- **159** projects were supported (**43** of which have completed) and recorded on LifeQI, our web-based platform for supporting QI projects. There are now **304** users registered on LifeQI.
- We continue to support the QI offer across the local health and social care system in collaboration with University Hospitals of Leicester NHS Trust.
- **17** Story boards were completed and shared across the Trust. Story boards summarise and present improvement projects on a single page so that they are accessible, and learning can easily be shared. The following are some examples of QI projects which were shared as story boards this year.



Therapeutic sensory garden project – Ashby Ward



Working in the garden with staff can help to improve social, communication and cooperation skills, lift mood and give a sense of achievement. The number of people accessing the garden has increased from one or two a month to 30. Both staff and patients have reported it as a positive change with tangible benefits, and no patient safety incidents have occurred during gardening activities.

Ashby ward wanted to improve the wellbeing of patients through increased involvement in activities. They took an unused outside space and with the support and engagement of service users transformed it into a therapeutic sensory garden.

The sensory aspect of gardening helps those involved to feel calmer, happier, and more present in the moment.



New health care assistant (HCA) clinical skills induction

To attract more HCAs to the Trust the requirement to have prior health or social care experience was removed from the band 2 HCA job description to encourage candidates who wished to enter the NHS for the first time.

To reduce any risk this presented, our community health services directorate used a QI approach to develop a robust band 2 HCA generic clinical skills induction programme to boost the knowledge and confidence of new staff to perform key clinical skills in readiness for starting within their new clinical areas.



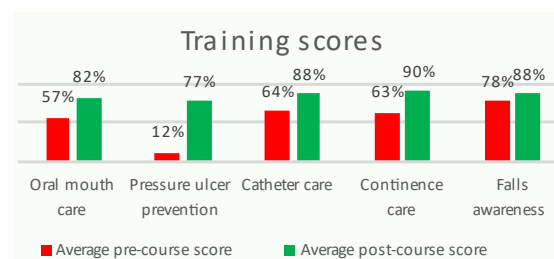
Pre and post course surveys showed that all participants increased their knowledge and confidence in all topics. The overall course was rated as excellent as a learning experience and HCAs said they felt valued and supported.

The course is now offered to all new band 2 HCAs joining our Trust and has been recognised as an example of good practice. Next steps are to investigate expanding the course to include bank staff and explore the potential to extend the course to include time spent in clinical areas.

Care home training

Our Enhanced Health in Care Homes training aims to promote proactive care that is centred on the needs of individual residents and their families. However, evaluation identified that less than a third of participants felt that it increased their knowledge, so our Care Home Training Team set about making improvements. They identified three core key learning outcomes for each of the five topics included (falls, continence, catheter care, pressure ulcer prevention and oral mouth care) and aligned training to other areas of the trust to support shared outcomes.

Evaluation is now based on the key learning outcomes and care home managers are contacted four weeks after the training for confirmation that learning has been implemented in practice. Learners were asked to rate their knowledge pre and post course.



There were improvements in all five topic areas, with an average increase of 36% and the biggest improvement being seen in catheter care. Post course learning check questions also all showed improvement, with scores of over 75% in all five topic areas and pressure ulcer prevention knowledge increasing from 12% before the training to 77% afterwards. The team continue to look at ways to improve delivery of training to support our care home colleagues.

Increasing digital engagement with secondary schools in Leicester City

The Healthy Together service used a QI approach to try to increase the uptake of digital health contacts (DHC) in Leicester city secondary schools. DHCs are online health and wellbeing questionnaires covering a range of topics. They offer an accessible way for young people to share health concerns, allow school staff to understand health-related themes of concern specific to them, and help school nurses to target their capacity effectively. DHCs can raise red flags that are reviewed by school nursing teams and followed up as appropriate. A full year group picture of health-related themes can be generated.



The service issued termly newsletters for young people and school staff promoting the Health for Teens website, showcasing school nurse support, and making chathealth - the confidential advice and support text service - more visible. They also piloted the launch of a digital health champions programme in two schools to encourage peer promotion of support available from Healthy Together.

In the initial academic year there was a 100% increase in the number of schools completing DHCs and a further 23% expressed an interest or booked for the following year. In the initial year 2,353 young people in Leicester city secondary schools completed the DHC and all received a personalised care plan as a result. 986 of these answered questions which raised a red flag which were followed up and ongoing support provided if needed. Building on this success the focus has been on involving schools which haven't yet undertaken any DHCs, as well as increasing the number of year groups involved in those that have started.

Improving bariatric equipment provision in the community

People who are obese are more likely to use healthcare services and our staff identified difficulty and delays in accessing bariatric equipment to support patients that we care for in their own homes. A survey of 35 therapy staff from different sites showed that the system for ordering community equipment for patients weighing over 270kg was unclear and therapy staff lacked confidence in supporting bariatric patients. Our community health services directorate used a QI approach and came up with a flow chart with all the contact details needed which ensures that all the steps for getting quotes and ordering are followed, as well as keeping the patient and family informed about progress.

Monitoring performance using AMaT

We use AMaT (Audit Management and Tracking) which is a web-based system to help make our audit work easier, faster, and more effective. There are currently 145 ward and area audits on AMaT with regular (usually monthly) data collection that gives a continuous picture of performance. The majority of these are used by individual teams and wards to monitor quality around aspects of record keeping, which also feeds into staff supervision. A number of audits on AMaT form part of the Trust's wider assurance and governance process, for example around how we manage medicines. There are 46 clinical audits and 57 service evaluations currently on the system. LPT participated in six national audits, you can read more about clinical audits in the clinical audit section on page 32.

Working with patients and carers

The WelImproveQ team hosts a quarterly QI café on MS Teams where staff and service users meet to learn about QI techniques and methodology and, most importantly, to hear from people who have been involved in QI projects which have had a positive impact for both staff and patients. As part of the continued growth of the QI function there has been significant strengthening of the link with our patients and carers with a specific workstream to deliver closer integration and alignment of the improvement and involvement agendas. This has provided opportunities for us to nurture the confidence of our service users/carers in QI and support a sustained interest and support in future QI work. You can read more about this in the patient experience and involvement section on page 55.

Strengthening the relationship between improvement and patient safety

With the introduction of the patient safety incident response framework (PSIRF) as part of the patient safety strategy (see page 47), there has been a significant amount of work undertaken to develop the foundations to support the relationship between improvement and patient safety. This is to ensure that as a Trust we can support learning and improvement from patient safety incidents. Clinical audit and QI play a significant role in this, and work has commenced to align systems and processes especially around the role of action planning within investigations.

System working

We share our learning offer with our local healthcare system partners through the LLR Academy. We are able to benefit from reciprocal arrangements and have also delivered joint learning sessions with our colleagues at University Hospitals of Leicester NHS Trust. We have started to work together to look at the pathway between acute and community hospitals and WelImproveQ is supporting this high priority workstream that also has an executive sponsor to support progress across organisational boundaries.

QI Learning Offer

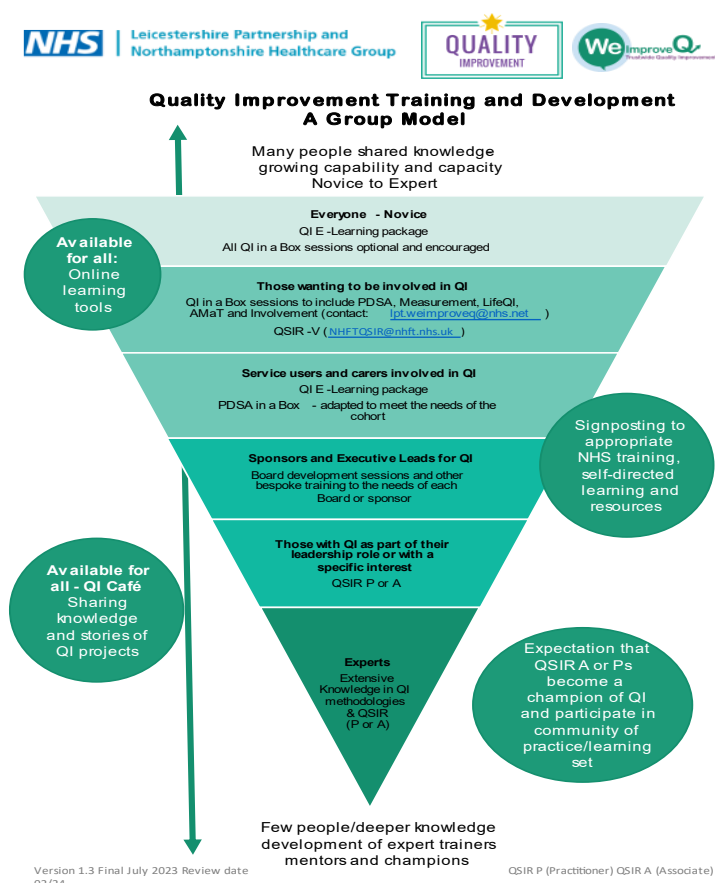
LPT continues to offer learning opportunities such as the 'QI in a Box' series and an e-learning package that has been developed locally and will soon be enhanced through LPT's Technology Enabled Learning Team. This is complemented by the NHS England and Improvement's Quality Service Improvement and Re-design (QSIR) Virtual, Practitioner and Associate Programme (Aqua, 2023).

QI learning elements are incorporated within various internal learning and development programmes, such as the Director of Nursing and Allied Health Professional Fellowship, and the Ashton Compassionate Leadership Programme. Everyone at LPT has the power to make a difference and take responsibility for continuous improvement.

Group model

We work in partnership with Northamptonshire Healthcare NHS Foundation Trust in a group model, with shared group strategic priorities. Collaboration as a group offers opportunities to make a difference together through sharing best practice and learning.

In 2023/24 our group QI work has started to look at learning and improvement in three areas in particular: pressure ulcer prevention, recognising and treating the deteriorating patient, and safe and supportive observations for mental health and learning disability - where alert cards and new training for staff are now being tested in four areas with the aim of encouraging effective handover and sharing the right information for support good quality, patient-centred care.



The group approach includes the development of a blended training and learning programme that is flexible to meet the needs of both trusts and offers an extended range of learning opportunities. This graduated approach provides the appropriate level of learning offer to meet the needs of the individual.

We have shared our group training model and approach with system partners and continue to support capacity and capability across LLR.

Summary

This Quality Account for 2023/24 outlines our key areas of improvement. This document should be read in conjunction with our Annual Report 2023/24 which provides further information on our progress in performance and finance.

We are proud of all the work of the staff and our service user partners. They have collectively worked to ensure we continue to improve the services we deliver for the people of Leicester, Leicestershire and Rutland.

Annex 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees



Leicestershire Partnership Trust Draft Quality Account 2023/2024 Statement from Healthwatch Rutland

Healthwatch Rutland thanks Leicestershire Partnership Trust for sharing the draft 2023-24 Quality Account and inviting our comments. We feel that the comprehensive draft account demonstrates the Trust's continued commitment to its quality priorities, notwithstanding the challenges involved.

We divide our responses into 3 areas: patient experiences, carer and family involvement and staff wellbeing.

Patient experiences

Healthwatch Rutland welcomes the implementation of the Patient Safety Incident Response Framework and the refresh of how patient safety incidents are investigated. This is important given that the Draft Quality Account shows a rising trend in patient safety incidents over recent years.

The work on priority 2 of the 2023/4 plan on meaningful activity is innovative with strong progress so far in developing the staff support guide and engaging with patients and carers. We note this scheme is in its infancy but are very interested to see how this develops and improves the wellbeing of patients, particularly those living with dementia.

We note the progress of priority 3 of the 2023/4 plan in including patients in joint decision-making and the acknowledgement that patients' experiences are key to shaping LPT services through the development of 'I' statements.

We support the joint work with NHFT on the 2024/5 priority on the prevention of pressure ulcers in community hospitals and within the community. Some further supporting data informing about pressure ulcer incidence and trends would be welcome.

Healthwatch Rutland acknowledges the work to support young people with neurodevelopmental disorders. We hope that the Youth Advisory Board continues to offer strong support to the development of the new web resources and videos for information and guidance to ensure that resources are shaped by young people, for young people.

However, Healthwatch Rutland continues to receive negative public feedback on the long waiting lists at LPT to access neurodevelopmental assessments (up to 4 years has been reported) which have far-reaching impacts on children, young

people and their families. We would like to have seen some clarity of purpose in the draft account to demonstrate how the Trust's vision for 'creating high quality, compassionate care and wellbeing for all' will be applied to the neurodevelopment pathway waiting times in 2024/5.

Focus on carers and family members

The adoption of the Triangle of Care framework demonstrates the Trust's awareness of the importance of involving carers and family members in the patient's care journey. This is very much welcomed by Healthwatch Rutland, and we look forward to strong progress against this priority for 2024/5.

Staff experience

It is clear that LPT values its staff and prioritises recruitment and retention. Measures to support staff wellbeing include: encouraging research; professional development; training; staff involvement; and consultation and innovation (e.g. in-house training for newcomers to the role of health care assistant). The Freedom to Speak up data shows a rising number of staff taking advantage of the opportunity to express their concerns. However, it is not clear whether this is because there is an increase in concerns or whether there is greater confidence among staff to speak up. Further detail about what these concerns might involve would be welcomed by Healthwatch Rutland.

We acknowledge the tremendous work LPT have undertaken in the last year to improve performance and to achieve the previous year's priorities and thank the LPT team for the hard work, particularly regarding actions to improve patient and staff experience.

Leicester, Leicestershire, and Rutland (LLR) Integrated Care Board (ICB) Statement

Leicester, Leicestershire & Rutland Integrated Care Board (ICB) welcomes the opportunity to respond to the 2023/24 Quality Account from Leicestershire Partnership Trust (LPT). The ICB has worked closely with LPT throughout the year to gain assurances that commissioned services delivered were safe, effective, and personalised to service users. The data presented has been reviewed and is in line with information provided and reviewed through the quality monitoring mechanisms. The ICB recognises the system pressures and consequently the challenges faced by our partners and it is commendable that LPT made some progress on their quality priorities.

The quality account demonstrates the continuous quality improvements alongside the quality priorities and the ICB is pleased with the progress these have shown with reference to service user safety, staff and service user feedback and clinical effectiveness.

We are pleased to see the success of the quality accreditation programme and the successes this has celebrated; we look forward to seeing this continue in the coming year.

The organisations priority focus on staff and service user safety with links to organisational culture are appreciated and understand this will reinforce quality standards going forward. The ICB acknowledges and welcomes the organisations positive approach to the transition and implementation of the Patient Safety Incident Response Framework; and look forward to seeing this develop throughout the coming years.

Looking Ahead

This Quality Account statement provides assurance to members of the public that ICBs are committed to ensuring we assess and provide a high quality of care across commissioned services. Within this statement the ICB recognise and thank LPT for working positively and collaboratively with system colleagues and stakeholders to ensure service users receive a high quality of care at the right time and in the right care setting.

LLR ICB welcomes this quality account and acknowledges the partnership role the organisation has in our system. LPT's commitment to sustained quality is evident, particularly during the challenging periods and this account demonstrates continued quality achievements and we look forward to maintaining our longstanding relationship with LPT thank them for continued professionalism and expertise.

Kay Darby
Chief Nursing Officer

LEICESTERSHIRE COUNTY COUNCIL
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
COMMENTS ON THE LEICESTERSHIRE PARTNERSHIP NHS TRUST QUALITY
ACCOUNT FOR 2023-24

MAY 2024

The Health Overview and Scrutiny Committee welcomes the opportunity to comment on the Leicestershire Partnership NHS Trust (LPT) Quality Account for 2023-24 and acknowledges that the Account is a balanced representation of the Trust's work over the past year.

The Committee is aware of the pressures across the local health system, particularly in the urgent and emergency care and mental health pathways. A concern of the Committee is the possible deterioration of a patient's mental health whilst they are on a waiting list for community mental health services. It is therefore right that the Quality Account addresses serious patient safety incidents where patients are waiting for treatment.

The Committee has been particularly interested in the Child and Adolescent Mental Health Service (CAMHS) and congratulates the service on achieving the silver Valuing High Standards Accreditation (VHSA). However, CAMHS waiting lists remain a concern.

The Committee is pleased to learn from the Quality Account about the Mental Health Support in Schools being provided by LPT and the work to increase access to mental health support for children with low to moderate mental health concerns. The Committee acknowledge the importance of tackling issues early and preventing a patient needing to be referred to CAMHS. The Committee is concerned that the age of children being referred to CAMHS is getting younger.

The Committee is aware that neurodiversity in patients creates additional challenges and complexity when diagnosing mental health issues and that LPT has seen an increase in referrals of patients with neurodiversity in line with national trends. It is pleasing that the Quality Account confirms that LPT has been focusing on supporting young people with neurodevelopment disorders. We are aware that LPT is bidding for additional funding to manage those patients and the Committee welcomes this. The Committee also welcomes the partnership working taking place with local authorities.

The Committee notes that the Quality Account covers learning from deaths and is reassured that strong governance processes are in place regarding this. At its meeting in January 2024 the Committee looked into the work taking place learning from deaths of people with learning disabilities and autism and was pleased to learn that work was taking place with GP Practices to better understand why patients with learning disabilities did not attend appointments.

The Committee is extremely pleased that tackling health inequalities has been a priority for LPT. This has been an issue that Committee members have raised at recent meetings and more work needs to take place to engage with hard-to-reach communities.

The Committee has previously raised concerns about dormitory provision at LPT and therefore it is pleasing that the Quality Account makes reference to progress being made with the dormitory reprovision programme, though more details on this would be welcome.

The Committee has recently sought reassurances regarding recruitment and retention issues in the NHS locally. It is therefore pleasing that the Quality Account states that LPT has been successful in expanding trainee numbers and that action is being taken to address the concerns of junior doctors. Committee members have emphasised the importance of the UK growing its own workforce, and the workforce having strong ties to the locality. Culture and leadership is also important with regards to recruitment and retention. The Committee welcomes the intention set out in the Quality Account to reduce LPT's reliance on agency staff.

The Committee's comments on the previous year's Quality Account welcomed the regular engagement LPT was having with the Care Quality Commission (CQC) and it is pleasing that this has continued. The Committee notes that in January 2024 the CQC visited the acute and psychiatric care inpatient settings at LPT and looks forward to reading the CQC report about that visit.

In conclusion, the Committee is of the view that overall the Quality Account is accurate and provides a just reflection of the healthcare services provided.

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

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

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

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

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2023/24* and supporting guidance *Detailed requirements for quality reports 2023/24*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2023 to March 2024
 - papers relating to quality reported to the board over the period April 2023 to March 2024
 - feedback from commissioners dated May 2024
 - feedback from local Healthwatch organisations dated May 2024
 - feedback from overview and scrutiny committee dated May 2024
 - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the latest national patient survey published 2023
 - the latest national staff survey published 2024
 - CQC inspection report dated 2021
- the quality report presents a balanced picture of the NHS trust's performance over the period covered.
- the performance information reported in the quality report is reliable and accurate.

- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.
- The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

...25th June 2024... Date.....Chairman

...25th June 2024.....Date.....Chief Executive