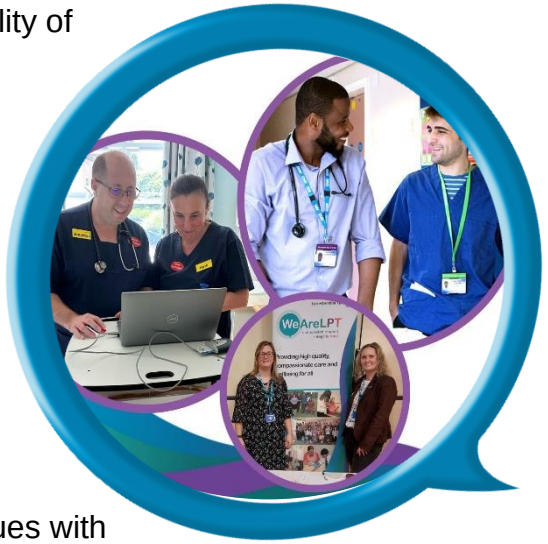
Leicestershire Partnership NHS Trust

Our vision: Creating high quality, compassionate care and wellbeing for all

Quality Account 2023/24
In brief

Our Quality Account is a report about the quality of services that we provide.

It aims to tell people about issues that can affect quality of care, how we maintain standards, and about improvements that we are making.



This is a summary of the Quality Account.
You can find more information in our full Quality Account 2023/24, and our Annual Report 2023/24.

Highlights

2023/24 was a challenging year but we have a lot to be proud of, not least our staff who work hard day in day out to meet people's needs with kindness and compassion.

This year we continued to work jointly on several issues with other NHS and social care organisations, voluntary groups, and communities, including a focus on improving mental health, learning disability and autism services.

During the year we changed our recruitment processes to get people started in jobs more quickly and reduce our reliance on temporary staff. We recruited more staff and were pleased that our staff survey results showed improvement, with more staff recommending Leicestershire Partnership NHS Trust (LPT) as a place to work and more staff saying patient care is LPT's top priority. Creating a compassionate, inclusive leadership culture remained a focus throughout the year.

Patient safety and quality of care remains at the heart of our day-to-day business. This year we started to roll out our new quality accreditation programme to help teams and services celebrate their successes and identify where they need to focus their attention to improve. We also launched the new national Patient Safety Incident Response Framework which will maximise our opportunity to learn from incidents and make lasting improvements.

We are very proud to have recruited several patient partners to help us to make sure that we concentrate on the things that matter most to the people who use our services. We also introduced the national Triangle of Care approach which recognises the essential partnership between professionals, the person being cared for and carers and will lead to consistent support for carers across all services.

In January 2024 we were pleased to welcome a visit from the Care Quality Commission (CQC) 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.

Thank you for taking the time to read our 2023/24 Quality Account In brief. We would welcome any feedback that you may have to lpt.feedback@nhs.net

Progress against our priorities in 2023/24

Valuing high standards

We expanded our internal programme of quality recognition called 'Valuing High Standards Accreditation 'VHSA'' this year to give all clinical services the opportunity to review and measure their performance. Teams have been able to identify successes and areas of improvement. Over 120 teams have completed the foundation stage. Teams who achieve full accreditation will hold their accreditation status for two years.

Meaningful activity for patients on our wards

Meaningful activity is physical, social and/or leisure activity that is tailored to a person's needs and preferences. It is important that this is prioritised for patients who stay on our wards to support their mental health, wellbeing, and recovery.

We established a meaningful activity coordinators' community of practice (COP) to share information, ideas, and opportunities. The COP produced a guide on meaningful activity to help staff to understand what it is, why it is important, how to access resources and funding and how to take advantage of support from volunteers. Staff now have a greater understanding of meaningful activity, and we know from our quality visits that a range of activities are taking place regularly across our wards.

Shared decision making

It is important that our patients and families have choices and are as involved as they want to be in their own care and support. We created a set of statements that all services will use as guiding principles when delivering care. We developed new training to help staff to understand what shared decision making involves and how they can evidence that they are doing it. We also produced a new care plan template which is easier for staff to complete, and which prints out in a more user-friendly version for sharing and discussion. This work has laid the foundations for us to increasingly provide care that is more personalised.

Reducing self-harm related to non-fixed ligatures
We assessed ourselves against best practice to identify any gaps in our practice and reviewed our self-harm reduction policy and staff training, including comparing it to those of similar mental health trusts. This benchmarking work gave a quality assurance with compliance with NICE standards and that our policies and processes are in place to help keep patients safe. We now have a new pathway for transition between child and adolescent mental health services and adult services, and a new collaborative care plan template aims to make sure our patients and families have choices and be involved in their own care and support.

We appointed to the post of self-harm and suicide prevention lead in January 2024, and they are now leading work to enhance our policy and training and roll out a new trauma informed pathway. Trauma informed practice takes account of how trauma can negatively impact on people and their ability to feel safe, and aims to support culturally sensitive, safe services that people trust and want to use.

Using information to reduce health inequalities
Good quality data is important to inform decisions about the design and delivery of services. We reviewed how well we collect patient data on ethnicity, disability, religion/belief, and sexual orientation. We developed a new digital patient registration form to allow patients to fill in their own information about protected characteristics with the aim of capturing more data. Our clinical directorates have worked with our patient experience and equality and diversity teams and inclusion groups to understand their data and make improvements to data quality. Information is now shared monthly through race equality and cultural intelligence learning sets. This work has led to an improvement in data capture in key service areas and a plan has been developed to improve this further in 2024/25.

Priorities for improvement next year (2024/25)

We chose our quality account priorities for next year in collaboration with our clinical directorates and stakeholders following a review of information we hold about quality, including what the people who use our services, and their carers and families say about the care and support that we provide.

Personalisation of care
This is a continuation of the shared decision making work started last year. This year we will focus on involving patients, their relatives and healthcare professionals in decisions about care and support so that patients have personalised care plans and are supported in a way that meets their individual needs.

Triangle of Care implementation and accreditation
We will implement the national Carers' Trust Triangle of Care Programme. We want to ensure that unpaid carers who support our patients are consistently and appropriately involved in their care. We will focus first on mental health inpatient and crisis services and then roll this out across the Trust. This will 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.

Implementation of the Patient Safety Incident Response Framework (PSIRF)

We will continue the implementation of PSIRF. This is a new way of responding to patient safety incidents which will allow us to prioritise learning so that we can make lasting improvements to patient safety. It takes a coordinated and data-driven approach that involves patients, families, carers, and staff in the review of incidents. It will improve our capacity and capability to learn and improve patient safety within our services.

Pressure ulcer prevention through repositioning

We will prevent and manage pressure ulcers by ensuring that the adults who we care for (in our community hospitals and via our community nursing services) who are at risk of developing pressure ulcers and are unable to reposition themselves are helped to do so, and repositioning equipment is available to help them. We will do this collaboratively with our colleagues in Northamptonshire Healthcare NHS Foundation Trust.

Our research

High quality research is important to the continual improvement of services, and we aim to enable and promote excellence in research at all levels and for all staff.

This year 749 patients and other participants (including staff) receiving our services were recruited to participate in research approved by a research ethics committee. Importantly we continued to involve patients, service users, carers, and members of the public in our work. These people with lived experience provide vital expertise and insight, helping us to make sure our research is meaningful to the people we care for.

We have strong partnerships with academic and commercial institutions, enabling access to cutting edge treatments, and we are a partner organisation of the UK Clinical Research Network. We continued to host a wide range of research, such as a study to explore genetic risk factors for depression and anxiety and a study of administration of transdermal gel to children with Fragile X Syndrome.

Our workshops and forums to share knowledge in research-related matters continued, with topics ranging from how to write for publications to investigating self-harm imagery in young people. Thanks to our charity Raising Health, we were once again able to offer funding for research to our staff. The successful study application is looking at outcomes for people who are discharged to the community from inpatient services. 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/.

Learning from deaths

We make sure that we appropriately review deaths of patients in our care. We have agreed criteria, systems, and processes for this which include bringing together doctors, nurses, allied health professionals and support staff to share views to identify any learning and make improvements, and this is supported by close links with the medical examiner. In 2023/24 there were no deaths which were judged to be more likely than not to have been due to problems in the care provided to the patient.

Clinical audit

Clinical audit is a way to find out if healthcare is being provided in line with standards and helps us to identify where we can improve. During 2023/24 we took part in six national clinical audits, with topics including pulmonary rehabilitation, memory assessment services, stroke, and learning from the lives and deaths of people with a learning disability and autistic people.

We also reviewed five local clinical audits to identify areas for improvement. For example, an audit of our medicines policy has led to us linking clinical systems so that a patient's weight is accurately recorded on the medicines prescription and making sure that all wards have access well maintained weighing scales.

In 2023/24 the WeImproveQ Team supported 23 local clinical audits and continued to train staff in clinical audit with our 'QI in a Box' training sessions.

Quality, compliance, and regulation

We maintained our registration with the Care Quality Commission (CQC), the independent regulator of health and adult social care in England and provided a timely response to all of their enquiries.

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 and their families in Rutland. The area was awarded the highest grading for services and the regulators highlighted areas to address such as setting targets for reducing waiting times and providing effective support for those waiting for neurodevelopmental and mental health assessment.

As described earlier, CQC inspectors paid unannounced visits to some of our services in January 2024. As part of this they observed care, spoke to staff, patients, families and carers and we provided over 250 pieces of evidence. We were pleased that both core services visited saw improvements from previous inspections – a reflection of the hard work of staff and their commitment to continually improve.

Our programme of visits to services continued, with the aim of ensuring that standards are being met and improvements being sustained. This included 30 quality visits by clinical staff to wards and services to look at the environment and consider whether in our daily practice we are meeting CQC regulations. Our non-executive directors visited 29 clinical and enabling services to experience care/support from the perspective of staff, patients, and carers, to identify and share challenges and celebrate good practice and success. In addition, service users and non-clinical staff collaborated with clinical staff on 20 15-steps visits to look at services with fresh eyes from a first impressions point of view.

Freedom to speak up

We encourage all staff to freely share their experiences and speak up about anything that concerns them. There are lots of ways they can do this, including through our staff support networks and by contacting our Freedom to Speak up Guardians who provide independent, impartial, and confidential advice and/or support. The number of staff contacting the Guardians in 2023/24 was comparable to previous years and the Guardians continued to take steps to ensure that staff do not suffer any detriment because of speaking out.

Being responsive

Demand for all services remains high and we continued to work to ensure that our services are as timely and accessible as possible. We recognise that some people still wait longer than we would wish, and we take steps to keep people safe whilst they are waiting for assessment and treatment. This includes continual 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.

Examples of how we are providing support at the right time, include our mental health support teams in schools who offer support on a one to one and group basis to young people struggling with their mental and emotional wellbeing. This early intervention aims to help young people to stay in education. In 2023/24 we also opened additional beds in our community hospitals, providing more care close to home.

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 which might include them having unusual thoughts and experiences. 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.

We continued to work with our local health and care partners to increase capacity and address health inequalities for children and young people with neurodevelopmental (ND) disorders such as autism spectrum disorder. This included improving recording keeping and data capture and making pre-assessment support for families more consistent and accessible by launching a series of animation videos covering ‘waiting for an assessment’, maintaining and strengthening relationships’ and ‘social understanding’. We also trained more staff to give them the skills and confidence to undertake complex and sensitive ND assessments, and continued to provide access to Chat Autism, our free and confidential text messaging advice and support service for children, young people, parents, and carers, in addition to free online parenting courses.

Guardian of safe working hours

The safety of patients is a top priority for the NHS. We have a Guardian of Safe Working Hours who works independently of the Trust to ensure that doctors in training don’t work excessive hours. The guardian works closely with our medical director and medical staffing team and supports junior doctors in matters relating to their rotas, training, education and working environment. If a doctor in training has concerns they can raise an exception report which is then discussed with their supervisor so that they can agree an outcome. In 2023/24 five exception reports were logged, which is a reduction from the 15 logged the year before.

Patient experience and involvement

We continue to work in partnership with our staff, patients, and carers to improve the experience of those who use our services. This year we recruited 20 lived experience partners into the trust. These partners work with us and bring their personal experience and insight into the design and delivery of services - for example, we have patient safety partners supporting the roll out of the new patient safety incident reporting framework.

In addition, our patient and carer involvement network continued to grow - we now have over 200 patients and carers with lived experience working with us to improve services. This year they worked with us on quality improvement projects such as those to support people with a learning disability into voluntary and paid employment, and to reduce delays in providing mobility equipment to bariatric patients. Patients and carers have also helped us to create a new set of nursing principles for the trust and once again led visits to our inpatient wards to assess the environment and food.

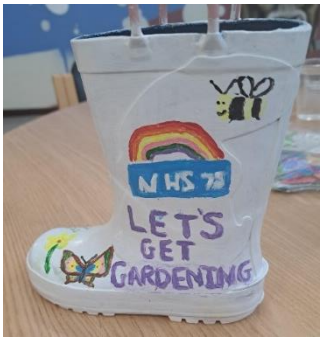
The Talk and Listen Group are a group of adults with learning disabilities who meet regularly to work together to improve services. This year they have helped us in many ways, including to understand what training our staff may need to improve the voice of those with learning disabilities, becoming involved in work to help people with a learning disability to manage their diabetes better, and improving a survey aimed at people with learning disabilities.

Our Youth Advisory Board continued great work to support young people locally, including helping to design a series of animated videos to support people who are on the neurodevelopmental pathway. We were delighted that they scooped the “Excellence in Patient or Service User Involvement” award at our Celebrating Excellence Award ceremony.

The People’s Council was re-launched this year and their voice strengthened with the addition of lived experience partner members. They continue to help us to improve patient experience and reduce health inequalities. In one example, they adopted the approach of ‘receive, review and recommend’ and held a quality summit focused on learning from complaints relating to poor communication.

WeImproveQ

Our quality improvement (QI) programme ‘WeImproveQ’ continues to support our vision of creating high quality, compassionate care and wellbeing for all. This year we used quality improvement techniques to bring about more positive change, for example to increase digital engagement with secondary schools, improve provision of equipment for bariatric patients in the community, and to create a therapeutic sensory garden at Ashby Ward which is helping patients to feel calmer, happier, and more present in the moment.



We trained and supported 395 staff in QI techniques, bringing the total now trained to 1100. We delivered 50 ‘QI in a box’ training sessions and brought together staff with a wide range of knowledge and skills and held 122 ‘conversation starters’ to kick start improvement work. 159 quality improvement projects were supported, 43 of which have already completed, and we shared teams’ success across the trust using storyboards which present their improvement work on a single page.

We continued to share best practice and learning with other local NHS organisations, including our partner, Northamptonshire NHS Foundation Trust. This year we started to work together to reduce and prevent pressure ulcers, recognise and respond to deteriorating patients and deliver safe and supportive observations in mental health and learning disability services.

Summary

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

Thank you for taking the time to read our 2023/24 Quality Account In Brief. You can find more information in our full Quality Account 2023/24, and our Annual Report 2023/24. We would welcome any feedback that you may have at lpt.feedback@nhs.net

If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille, or audio, please email lpt.feedback@nhs.net