NHS

Leicestershire Partnership
NHS Trust

70 YEARS OF THE NHS 1948 - 2018

QUALITY ACCOUNT 2017-2018

Delivering safe, effective, patient-centred care

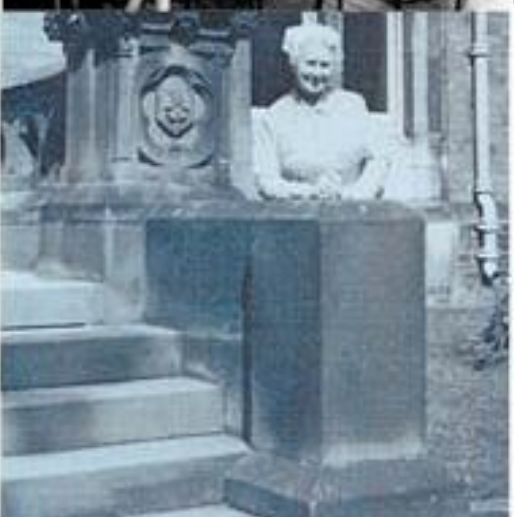
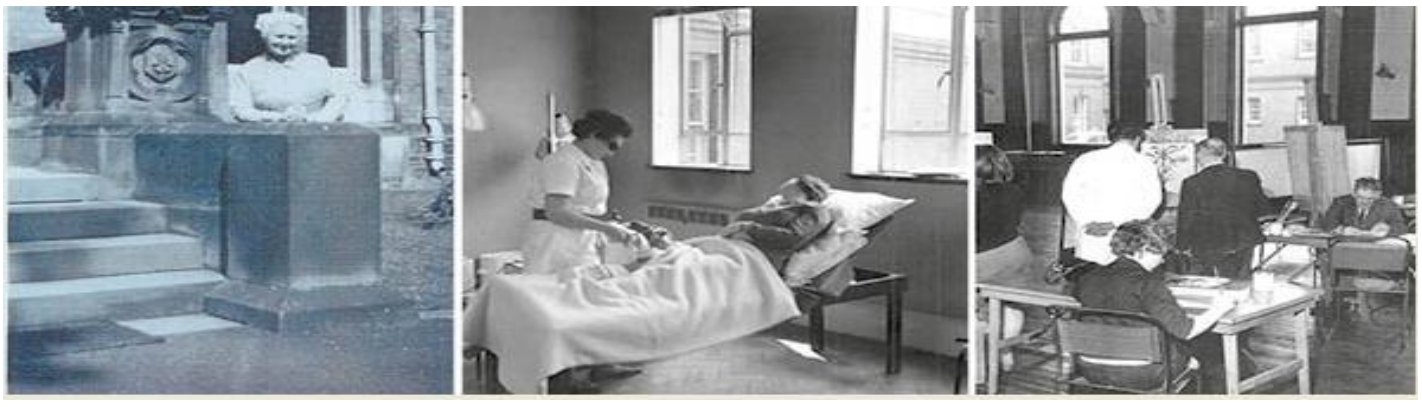


Table of Contents

Part 1
Introduction



1.1 Statement on quality from the Chief Executive

In the NHS's 70th year and on behalf of the Board of LPT I am proud to be able to present our 2017/18 quality account. The report presents the quality of the services that we provide and continues to develop our open and transparent culture that we are developing as a Trust. We welcome external scrutiny of our services and in November 2017 we welcomed CQC inspectors into the trust to provide an assessment of five of our services. This Account presents those findings.

Overall we were rated as 'requires improvement', however, the CQC recognised improvement in several areas and I was particularly pleased to see the improvement in our Child and Adolescent Mental Health services and the continued improvement of our Adult Mental Health Inpatient Services. It was also great to see the improved rating from 'requires improvement' to 'good' for our Community Health Services for Adults. There are still improvements to be made, one such area is the quality of our buildings and the environments in which we provide care. The Board and Executive will continue to focus on this over the coming year.

It is a priority of the Trust Board to establish a process and commitment to continuous quality improvement to ensure that all of our staff have the skills to improve the quality and safety of the care they provide and during this past year we have worked with all of our services to embed this approach.

We are committed to ensuring our services are focused around the needs of people, families, and local communities. The experience of our patients and their carer's is critical in providing patient centred services. This report gives details of how we understand this experience. The Board is proud of our FFT scores, with 97% of people who responded saying they would recommend our service to friends and family.

As a Trust Board we must ensure the services that we provide are safe but balanced, ensuring best value to ensure that all our services are sustainable for the future NHS.

Dr Peter Miller,

Chief Executive,

By Order of the Board

1.2 Statement of Directors' responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered;

- The performance information reported in the Quality Account is reliable and accurate; with the exception of the matters raised in section 3.2.9 on the quality account indicator testing.

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;

- Reliable, accurate and relevant high quality data is a key organisational requirement.

- The Trust is disappointed in the pace of sustainable improvement being made to the quality of data. This has impacted on the robustness of data underpinning two of the indicators reported for 2017/18; the patient safety incidents and gatekeeping indicators. The Trust remains committed to improving data quality and will be placing a renewed emphasis on progress with its data quality improvement programme.

- The Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

Dr Peter Miller

Chief Executive

Date: 18/6/18

Cathy Ellis

Chair

Date: 19 June 2018

1.3 Statement of responsible person on behalf of Leicestershire Partnership NHS Trust

To the best of my knowledge the information included in this Quality Account is accurate.

Professor Adrian Childs

Chief Nurse/ Deputy Chief Executive

Date: 19.6.2018

Part 2

Priorities for improvement and statements of assurance

2.1 Priorities for quality improvement in 2018/19

Improving quality is about making healthcare safer, more effective, patient centred, timely, efficient and equitable. Our central purpose is to provide the highest quality healthcare and promote recovery and hope to our patients. We are committed to improving the quality of our care and the services we provide. Our patients value clinical outcomes together with their overall experience of our services. We want to provide the very best experience for every person using our services.

Our priorities will focus on four key areas:

- Improve patient involvement in the planning and recording of their care
- Improve quality outcomes of discharge planning and patient follow up
- Improve the quality of clinical supervision (to include feedback from staff)
- Improve the quality of communication with patients

Our quality plan for 2018/2019 is outlined in figure 1.

These priorities are important to our service users, carers, patients and staff. The Quality Account (QA) clinical priorities for 2018/19 build on our priorities from last year and are included in The Trust's five year plan.

Our four priorities are further developed locally to establish directorate specific clinical priorities and detail specific areas that will demonstrate the planned improvements in figure 2.

Figure 1

Quality Plan 2018/19

QUALITY Deliver safe, effective, patient centres care in the top 20% of our peers.

Safe Care

Effective Care

Person Centred Care

Self-Regulation

Confirming expected standards

Improving standards

Monitoring and keeping track of performance

Accountability and ownership for delivery and assurance

Adult Mental Health & Learning Disabilities

Community Health Services

Families, Young People & Children's Services

Quality Account Clinical Priorities

- Improve the quality of clinical supervision (including feedback from staff)
- Improve patient involvement in the planning and recording of their care
- Improve quality outcomes of discharge planning and patient follow up
- Improve the quality of communication with patients

Figure 2 - Quality Improvement Priorities 2018/19

Adult Mental Health & Learning Disabilities(AMH/LD)	Community Health Services (CHS)	Families, Young People & Children's Services(FYPC)
Improve the quality of clinical supervision (including feedback from staff)		
How we will do this? We will undertake a baseline audit in Quarter (Q) 1, 2018/19 to identify the current quality of supervision. Each service will then develop and implement focused improvement actions. **How will we measure the improvement?** We will undertake a re-audit in Q4, 2018/19.		
Improve patient involvement in the planning and recording of their care		
How we will do this? We will develop the "CHIME (*Connectedness, Hope and optimism, Identity, Meaning, Empowerment*) to care" approach across all mental health and learning disability services. **How will we measure the improvement?** We will monitor for improvement quarterly, and report evidence of patient/service user involvement at the end of the year.	**How we will do this?** We will develop CHIME to care across all CHS inpatient wards and we will run pilots to reduce the quantity of care plans to ensure meaningful engagement with the patient when developing these. **How will we measure the improvement?** We will compare Friends & Family Test (FFT) results for involvement in care planning each quarter, compared to our baseline in Q4, 2017/18. We will evidence improvement in engagement through care plan audits.	**How we will do this?** We will embed the use of existing electronic care plans across our services. **How will we measure the improvement?** We will undertake quarterly record keeping audits and compare to our baseline in Q4, 2017/18.
Improve quality outcomes of discharge planning and patient follow up		
How we will do this? We will ensure that all patients discharged from acute wards are contacted by the services within 7 days of discharge We will improve the effectiveness of the Care Programme Approach(CPA) process within acute inpatient settings and ensuring clear patient focused discharge plans. **How will we measure the improvement?** We will monitor CPA audit results. We will monitor care plan audit results (discharge components).	**How we will do this?** We will develop patient outcome measures and reporting arrangements for all service lines including measuring community hospital readmission rates. **How will we measure the improvement?** Quarterly reporting will be established to enable comparison of outcomes.	**How we will do this?** We will establish current practice in discharge planning, and co-design discharge plans with our patients. **How will we measure the improvement?** We will undertake a telephone survey post discharge to measure patient satisfaction in discharge process in Q4 2018/19.
Improve the quality of communication with patients		
How we will do this? We will develop and implement improved information for patients in preparation for first appointment and follow up appointments in community mental health services. **How will we measure the improvement?** We will monitor through a newly developed survey to specifically measure communication and involvement.	**How we will do this?** We will develop and implement improved patient information leaflet which articulates what patients can expect at first contact for MHSOP. **How will we measure the improvement?** We will monitor through the Community Mental Health Survey results.	**How we will do this?** We will develop and implement improved information for young people, parents/carers in preparation for all appointments in child and adolescent mental health services. **How will we measure the improvement?** We will undertake telephone surveys after the patients appointment to measure patient satisfaction in the information they received in Q4, 2018/19.

2.2 Self-Regulation

To support the delivery of improvement across the Trust we have continued to strengthen our approach to self-regulation which is encapsulated in our model, the 'Step-up' approach.

Our self-regulation model empowers teams to self-assess at team level to identify areas for improvement.

These outcomes are subject to challenge and scrutiny which can be provided by members of the senior management team, peers or staff working in other services. In 2017/18 a total of 108 services/teams participated in self-regulation.

This included assessing any risks of non-compliance with the expected Standards and undertaking actions to address these.Teams will continue the self-assessment and improvement process during 2018/19.

Figure 3 – Self Regulation Process

2.3 Delivering our quality improvement priorities

The Trust Board is committed to achieving excellence and members discuss quality performance at every Trust Board meeting. We will report and monitor our progress against delivery of the clinical priorities at the Quality Assurance Committee (QAC), which is a Trust Board Committee. The QAC provides advice and assurance to the Board in relation to quality performance.

The QAC shapes, influences and provides overall assurance about the quality of our services and reports any concerns to the Board.

2.4 Review of services

During 2017/18 the Trust provided and/or subcontracted 102 NHS services. Mental Health and Learning Disabilities account for 59 services and Community Health Services make up the remaining 43. See full list in **Appendix 1**.

The Trust has reviewed all the data available on the quality of care in 102 of these NHS services, both for services directly provided and for those services subcontracted. Robust monitoring both externally with commissioners (via contractual requirements to monitor over 50 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.

The income generated by the NHS services in 2017/18 represents 100 per cent of the total income generated from the provision of NHS services by the trust for 2017/18.

2.5. How we have reviewed our services in 2017/18

Board members remain visible in our services

During 2017/18 we had a change of Executive leads for Human Resources and Finance, and welcomed two new Non-Executive Directors. Healthwatch representatives from the City had a change of representative, and both City and County Healthwatch continue to contribute as participating observers at the monthly Board meetings.

The last year has seen an increasing number of staff observers at the public board meetings for staff development. Such initiatives and other leadership programmes are supported strongly by the Board. Staff and public engagement from the Board is further strengthened by our Communication Team tweeting news from the public Board meetings.

We run an established programme of Board Walks every month where Board Members visit services to see the day to day activities of frontline staff and meet with patients to hear about their experiences. Board Walks build communication and engagement between the board members and staff whilst highlighting areas of good practice and areas where changes may be required.

During 2017/18, Board members completed 63 visits to our services; FYPC received 16, CHS received 23, AMH/LD received 23 and corporate services received 1 Boardwalk.

Commissioners are visible in our services as they undertake quality visits

During 2017/18 there were two Commissioner-led visits to our hospitals and two NHS England quality visits to some of the places that we provide services. The visits were undertaken to gain assurance of the "quality" of our services e.g. good leadership, and took place at a variety of services such as HMP Leicester and our Adult Mental Health inpatient unit. Other regulatory organisations visited including the Nursing and Midwifery Council and the Leicester City Council Trading Standards with specific issues for review.
An internal review in 2017/18 was around the corporate governance arrangements and this complemented the annual self-review that takes place by all corporate governance committees for consideration of their effectiveness.

2.6 Participation in clinical audits

During 2017/18, eight National Clinical Audits and two National Confidential Enquires covered NHS services that the Trust provides.

During that period, The Trust participated in 89% of National Clinical Audits and 100% of National Confidential Enquiries of the collective national clinical audits and national confidential enquiries which it was eligible to participate in. The Clinical Audits and National Confidential Enquiries that the Trust was eligible to participate in during 2017/18 are as follows:-

Title
2017 UK Parkinson's Audit
Learning Disabilities Mortality Review Programme
National Audit of Intermediate Care (NAIC)
National Chronic Obstructive Pulmonary Disease (COPD)
National Clinical Audit of Psychosis
National Diabetic Foot Audit
POMH15b Prescribing Valproate for Bipolar
POMH17a Long Acting/ Depot Antipsychotics
Sentinel Stroke National Audit programme (SSNAP)

The Audits and Enquiries that the Trust participated in and for which data collection was completed during 2017/18 are listed below. Alongside this are the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title	Number of cases submitted as a percentage of the number of registered cases required
2017 UK Parkinson's Audit	100%
Learning Disabilities Mortality Review Programme	100%
National Chronic Obstructive Pulmonary Disease (COPD)	100%
National Clinical Audit of Psychosis	51%
National Diabetic Foot Audit	100%
POMH15b Prescribing Valproate for Bipolar	100%
POMH17a Long Acting/ Depot Antipsychotics	100%
V4Sentinel Stroke National Audit programme (SSNAP)	100%

The reports of four National Clinical Audits were reviewed by the Trust in 2017/18 and the following actions are planned to improve the quality of healthcare provided.

National Audit Title	Actions to be taken
Chronic Obstructive Pulmonary Disease (COPD) re-audit	Feedback audit results at team meetings and deliver an educational session/ journal club paper on the importance of the CAT score.
POMH 7e Monitoring of Patients Prescribed Lithium	To work with the Medical Devices Asset Manager to ensure the 100% availability of scales at the Bradgate Mental Health Unit.
POMH Topic 11c Prescribing antipsychotic medication for people with dementia	To conduct a local audit of care plans for dementia patients that are prescribed antipsychotics.
Rapid Tranquilisation (POMH Topic 16a)	To meet with Mental Health Service matrons to discuss practice relating to Standard 1 of the rapid tranquilisation practice standards. All trust mental health patients will be offered an ECG.

The reports of 58 local Clinical Audits were reviewed by the Trust in 2017/18 and that the Trust intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Actions to be taken
Benzodiazepines & Z drug (Hypnotics) MDT prescription review (#1532) **This audit aimed to assess whether prescriptions for Benzodiazepines or Hypnotics are being regularly reviewed at MDT meetings.**	To work with the RiO team to have B&Zs included on the weekly MDT review template. This is being developed as a result of the PRN Listening into action event. A nominated Monitor to receive regular report of all patients prescribed benzodiazepines and attend daily review and ward rounds.
Compliance with the Leicestershire Medicines Code / Approved Medicines Policy (#1510) **To assess compliance with the Leicestershire Medicines Code for elements relating to Medicine Storage for inpatients and prisons where healthcare is provided by LPT (HMP Leicester).**	To bid for funding for an automated temperature monitoring system (clinic room and medicine refrigerators) and implement the system.
Melatonin Prescribing in CAMHS and Community Paediatrics (#1117) **The aim of this audit was to find out whether changes recommended in the previous audit have been implemented and to what extent prescribing practice had changed.**	To devise summary of key points for best practice (e-mail and poster) to be distributed to relevant prescribers.
Dyspraxia and Developmental Co-ordination Disorder - Diagnosis (#1534) **The overall purpose of the audit was to identify or confirm areas for improvement in the current practice for diagnosing DCD within FYPC, which when implemented will result in a more consistent and clinically reliable diagnostic pathway.**	To arrange meetings with key stakeholders in Occupation Therapy and Paediatrics to discuss the development of a shared diagnostic pathway based on European Academy of Childhood Disability guidelines. The discussions to explore: - Use of standardised motor assessment. - Gaining and recording the child's viewpoint. - Increased consistency in gaining teacher's report of functioning at school.
Effectiveness of Health Visitor Interventions in Perinatal Maternal Mental Health (#1300) **This audit evaluated whether LPT was following NICE guidance, whether Health Visitors were offering a robust mental health assessment of mothers at the Universal 6-8 week check, identified which interventions were**	Disseminate the perinatal mental health training package to the 0-19 Healthy Together development group for review and comment prior to roll out in the 0-19 service. Ensure that LPT delivers at least one perinatal mental health training package (2 day course) annually via the uLearn process.

being offered by Health Visitors for low to moderate mood perinatal maternal mental health and the effectiveness of Health Visitors interventions in improving a mother's mood.	Develop refresher/update perinatal mental health training at LPT.
Service User Experience – Discharge and Transfer of Care (MHSOP) (#1124) **This audit was undertaken to ascertain the compliance of the MHSOP hospital discharges with the NICE Clinical Guidance (CG136) published in 2011 relating to the patients' experience of, and the quality of the hospital discharge.**	Improve MHSOP clinician's awareness of NICE guidance CG136 by discussion at MCM meetings. Improve completeness and documentation of discharge planning by producing a crib sheet for ward doctors to highlight key actions for consideration at discharge planning. Modify the pre-discharge planning section on RIO to encompass key audit criteria.
NICE Quality Standard QS13 – End of Life (EOL) care for adults (#1348) **The audit aims to assess the degree to which the Trust has implemented the alternative care plan developed after the withdrawal of the Liverpool Care Pathway.**	To ensure the implementation of care in the last days of life paperwork: - The end of life web page on the LPT intranet was refreshed to ensure this can be accessed easily by staff. - September 2017 was EOL month with a re-run of the café conversations for staff to support ongoing implementation. - A Trust-wide resource pack was developed to signpost staff to expert knowledge and support from the specialist teams. - Spot checks to be carried out by the Advanced Nurse Practitioners and Clinical Leads to ensure that the care in the last days of life paperwork had been commenced.

2.7 Participation in clinical research

The Trust continues to provide our service users and carers the opportunity to participate in research in the knowledge that this enhances care, enables services to deliver innovative interventions and contributes to the development of staff.

We are committed to developing, hosting and collaborating with local, national and international research through our partnerships with academic and other NHS organisations as part of the National Institute of Health Research (NIHR), in particular with the Clinical Research Network: East Midlands (CRN:EM), Collaboration for Leadership in Applied Health Research and Care: East Midlands (CLAHRC:EM) and East Midlands: Academic Health Science Network (EM:AHSN). Our research profile includes projects adopted across a number of areas including Children, Dementia and Neurodegenerative Diseases, Diabetes, Learning Disabilities, Heart Failure and Mental Health.

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2017/18 that were recruited to participate in portfolio studies approved by a research ethics committee Portfolio Recruitment credited to the Trust was 625 (EDGE Local Data), ODP (which includes data not known locally) 684: therefore 684 is the annual recruitment total for 2017/18 (and increase of 1.86% over the previous year).

The portfolio studies hosted by the Trust in 2017/18 are listed in the table below:

Sample Portfolio Studies Title/Acronym	Key aim/principle of study
AD Genetics	Detecting Susceptibility Genes for late and early onset Alzheimer's disease.
Adult Autism Spectrum Cohort Study	Autism Conditions in Adulthood – Learning about lives of adults on the autism spectrum and their relatives.
Alpha-Stim	Clinical and cost effectiveness of Alpha-Stim AID Cranial Electrotherapy Stimulations (CES); a study in patients diagnosed with moderate-to-severe generalised anxiety disorder who did not improve with low intensity psychological therapy intervention.
Liaison & Diversion	Liaison and Diversion Trial Schemes in England: an evaluation of impact on reconviction, health service utilisation and diversion from the criminal justice system.
Cardiac Rehab and Stroke	A feasibility study to identify attitudes, determine outcome measures and develop an intervention to inform a definitive trial that will determine the effectiveness of adapted cardiac rehabilitation for subacute stroke patients.
Attachment and mentalization	Attachment and mentalization as predictors of outcome in family therapy for adolescent anorexia nervosa.
BDR	Brains for Dementia – Longitudinal assessment of potential brain donors.
FiNCH	A multi-centre cluster randomised controlled trial to evaluate the Guide to Action Care Home fall prevention programme in care homes for older people.
CATCH-US: Children with ADHD in transition to adult services	Young people with Attention Deficit Hyperactivity Disorder (ADHD) in transition from children's services to adult services (CATCh-uS): a mixed methods project using national surveillance, qualitative and mapping studies.
DEME 3728 LEGATO-HD	A multicentre, multinational, randomised, double blind, placebo controlled, parallel group study to evaluate the efficacy and safety of Laquinimod (0.5, 1.0 and 1.5 mg/day) as treatment in patients with Huntington's Disease.
ENROLL-HD	Enroll-HD: A Prospective Registry Study in a Global Huntington's Disease Cohort

ESMI	The effectiveness and cost effectiveness of mother and baby units versus general psychiatric inpatient wards and crisis resolution team.
EQUIP	EQUIP: Enhancing the quality of user involved care planning in mental health services: Evaluation of the efficacy and cost effectiveness of user/carer involved care planning.
EUPATCH	The role of feedback on Adherence to Amblyopia treatment version.
FLUENZ 2017	Passive Enhanced Safety Surveillance (ESS) of Quadrivalent Live Attenuated Influenza Vaccine (QLAIV) Fluenz Tetra in Children and Adolescents during the early 2017/2018 Influenza Season in England.
Journeying Through Dementia	A randomised controlled trial of the clinical and cost-effectiveness of the Journeying through Dementia intervention compared to usual care.
Genetic Research into Childhood Onset Psychosis	This study is designed to investigate genes underlying childhood onset psychosis. We are recruiting children or adults that have had a diagnosis of a psychotic illness at age 13 or younger.
Helping Urgent Care Users Cope with Distress about Physical Complaints	To determine the clinical and cost effectiveness of remotely delivered cognitive behaviour therapy for health anxiety in repeated users of unscheduled/urgent primary or secondary care for physical symptoms without an underlying physical health cause. To determine what aspects might facilitate and hinder the delivery of remote CBT and how such treatment might fit into a wider care pathway to enhance patient experience of care.
Lifestyle Health & Wellbeing Survey	The aim of this survey is to provide information about the health and wellbeing of people with Severe Mental Illness. The Lifestyle Health and Wellbeing Survey has two main objectives. 1. To benchmark current health related behaviours of people with severe mental ill health 2. To provide a platform for future research with this population
Minocycline in Alzheimer's Disease Efficacy (MADE) trial	Minocycline is an antibiotic drug that has also been shown to be neuroprotective and to slow down deterioration in some animal models of Alzheimer's disease. This makes it the most promising off-patent (not owned by a particular pharmaceutical company) candidate drug for disease modification that is not currently in trials and it is cheap and well tolerated. The MADE Trial will examine the effects of two years of minocycline treatment on deterioration in cognitive function and activities of daily living in patients with early Alzheimer's disease assessed and managed within NHS Memory Services.
mATCH	People with autism detained within hospitals: defining the population, understand aetiology and improving care pathways.
MOLGEN	Molecular genetics of adverse drug reactions: from candidate genes to genome wide association studies.
PPIP2	Prevalence of neuronal cell surface antibodies in patients with psychotic illness
REACT	An online randomised controlled trial to evaluate the clinical and cost effectiveness of a peer supported self-management intervention for relatives of people with psychosis or bipolar disorder: Relatives Education And Coping Toolkit.
ReCOLLECT	Recovery College Characterisation and Testing.
SHARED	A study of feasibility and effectiveness of the addition of self-help aid and recovery guide for eating disorders treatment as usual for anorexia nervosa.
SPRING	The Study of psychosis and the role of inflammation and GABA/Glutamate.
The effect of cannabis use on brain function in early psychosis	This study will investigate brain glutamate in a group of patients with psychosis who use cannabis and compare them to patients who do not and another group of healthy volunteers. We will undertake a brain scan known as magnetic resonance spectroscopy for this.
Support HF2	Home monitoring with integrated risk--stratified disease management support versus home monitoring alone in patients with heart failure.
SUICIDE	Study of Suicide in the Criminal Justice System: Nested Case-Control (Prof Jenny Shaw (Manchester)).
	In-patient suicide whilst under non-routine observation (Prof Jenny Shaw, Manchester).
TANDEM: Tailored	A tailored, cognitive behavioural approach intervention for mild to moderate anxiety

intervention for anxiety and depression management in COPD	and/or depression in people with chronic obstructive pulmonary disease (COPD): A randomised controlled trial.
TIARA	A sham-controlled randomised feasibility study of repetitive transcranial magnetic stimulation (rTMS) as an adjunct to treatment as usual (TAU) in adults with severe and enduring anorexia nervosa (SEED-AN).
Triangle	Attachment and mentalization as predictors of outcome in family therapy for adolescent anorexia nervosa.

Fifteen clinical staff members participated as Principal Investigators in portfolio research approved by a research ethics committee at the trust during 2017/18. These staff participated in research covering a range of specialities including old age psychiatry, adult mental health, children, learning disability, child and adolescent mental health and public health.

In the last three years we have not had any National Institute of Health Research (NIHR) funded Chief Investigators within the trust. However our staff have been disseminating their research through various publications, showing commitment to transparency and a desire to improve patient outcomes and experience. Twenty five articles have been published in 2017 in a wide range of journals.

A full list of all research activity is available upon request via email to: research@leicspart.nhs.uk

2.8 Goals agreed with Commissioners

2.8.1 Use of contractual arrangements

Local authorities, West Leicestershire Clinical Commissioning Group, East Leicestershire and Rutland Clinical Commissioning Group and Leicester City Clinical Commissioning Group (CCGs) commission services on behalf of people living in Leicester, Leicestershire and Rutland. As part of our relationship with the three Clinical Commissioning Groups we have agreed quality targets and goals and these are translated into a Quality Schedule and a Commissioning for Quality and Innovation (CQUIN) payment framework. Progress against delivery has been monitored by our Commissioners on a monthly basis through formal meetings and visits to review our services in 2017/18.

The Trust's Quality schedule for 2018/19 has been agreed with our commissioners. Further details of the Quality Schedule for 2017/18 can be requested via email to: feedback@leicspart.nhs.uk

2.8.2 CQUIN Outcomes

The amount of £ 2,989,869 of the trusts income in 2017/18 was conditional on achieving quality improvement and innovation (CQUIN) goals between West Leicestershire Clinical Commissioning Group, East Leicestershire and Rutland Clinical Commissioning Group and Leicester City Clinical Commissioning Group for the provision of NHS services, through the CQUIN framework. In 2017/18 we agreed eight CQUIN goals with our Commissioners and we partially achieved 4 and fully achieved 4 CQUIN goals. Therefore the trust achieved £2,414,869.

The table below outlines our CQUIN goals and Outcomes for 2017/18:

	CQUIN	DESCRIPTION OF GOAL	OUTCOMES
1	1a Staff health & well-being	The National NHS staff survey will provide evidence that the mental health, physical activity and MSK schemes have had a positive impact on staff wellbeing	**Target not met -** Unable to maintain the high levels achieved in 2016/17. LPT is committed to maximizing the health and wellbeing of its staff and has agreed a comprehensive Health and Wellbeing Strategic Approach 2017 -2020.
	1b Healthy food for NHS staff, visitors and patients	To reduce the availability of sugary drinks and foods high in fat, sugar and salt	**Fully achieved**-LPT have banned the promotion and availability of drinks and foods high in sugar ,salt and fat in vending machines and hospital based outlets
	1c Improving the uptake of flu vaccinations for front line clinical staff	To immunize 70% of front line staff	**Partially achieved-** 52% of front line health care workers were vaccinated against flu (target 70%). Next year we will further develop our peer vaccinator scheme in order to offer staff more flu vaccination opportunities in more locations
2	2a To improve physical healthcare to reduce premature mortality in people with serious mental illness	To improve the cardio metabolic assessment and treatment for patients with psychosis	**Fully achieved** -100% of mental health in patients and 88% of community mental health patients received cardio metabolic assessment and treatment.
	2b To improve communication to General Practitioners in patients with serious mental	To improve discharge summaries for patients on CPA	**Fully achieved**- A SMI Physical Health Check Shared Care Protocol between LPT and primary care has been agreed

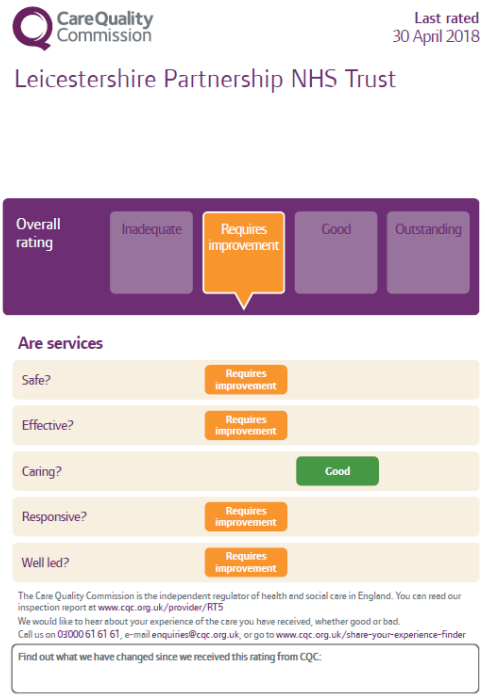
	illness(SMI)		
3	Improving services for people with mental health needs who present at A&E	To reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from psychosocial intervention.	**Fully achieved** – There has been a 46% reduction in A&E attendances of patients within a selected cohort of frequent attenders in 2016/17 who would benefit from mental health and psychological interventions
4	Transition out of Children's and Young People's Mental Health Services	To improve the experience and outcomes of young people as they transition out of Children's and Young People's Mental Health Services	**Partially achieved** – A system has been set up to facilitate all young people having a transition plan and joint meeting prior to transition into adult mental health services.
5	Supporting proactive and safe discharge	To improve discharge pathways across acute, community and care home providers	**Fully achieved-** There has been a 2.7% point increase from baseline in the number of patients discharged from UHL to their usual place of residence.
6	Preventing ill health from alcohol and tobacco use	To improve alcohol and tobacco screening, advice and referral	**Partially achieved**- Targets have been met relating to tobacco and alcohol screening however because a significant number of LPT patients are not able to consent or are too ill for referral to smoking cessation and alcohol services the targets remain challenging
7	Improving the assessment of wounds	To increase the number of wounds that have failed to heal after 4 weeks that receive a full wound assessment	**Fully achieved –** The clinical audit demonstrates an improvement in the number patients with chronic wounds who have received a full wound assessment
8	Personalised care and support planning	To introduce personalised care and support planning conversations for patients undergoing pulmonary rehabilitation	**Partially achieved** – All relevant staff have undertaken training in personalized care and support planning and 68 out of the 116 patients in the cohort had been assessed as having a low activation level

2.8.3 If required

Further details of the CQUIN programme for 2017/19 can be requested via email to: feedback@leicspart.nhs.uk

2.9 What others say

2.9.1 Care Quality Commission (CQC)



The Trust underwent a CQC inspection during October and November 2017, the results of which were published on 23 January 2018. Five Core Services were inspected and the Trust was subject to a 'Well-led' inspection under the CQCs revised approach to inspection. As a result of this inspection, all 'inadequate' ratings were removed and improvements were shown across all services inspected. The Trust received a 'requires improvement' rating for community health services for adults and a 'requires improvement' rating for the core mental health services inspected. Overall, the Trust was rated as 'requires improvement' for safe, effective, responsive and well-led and 'good' for caring.

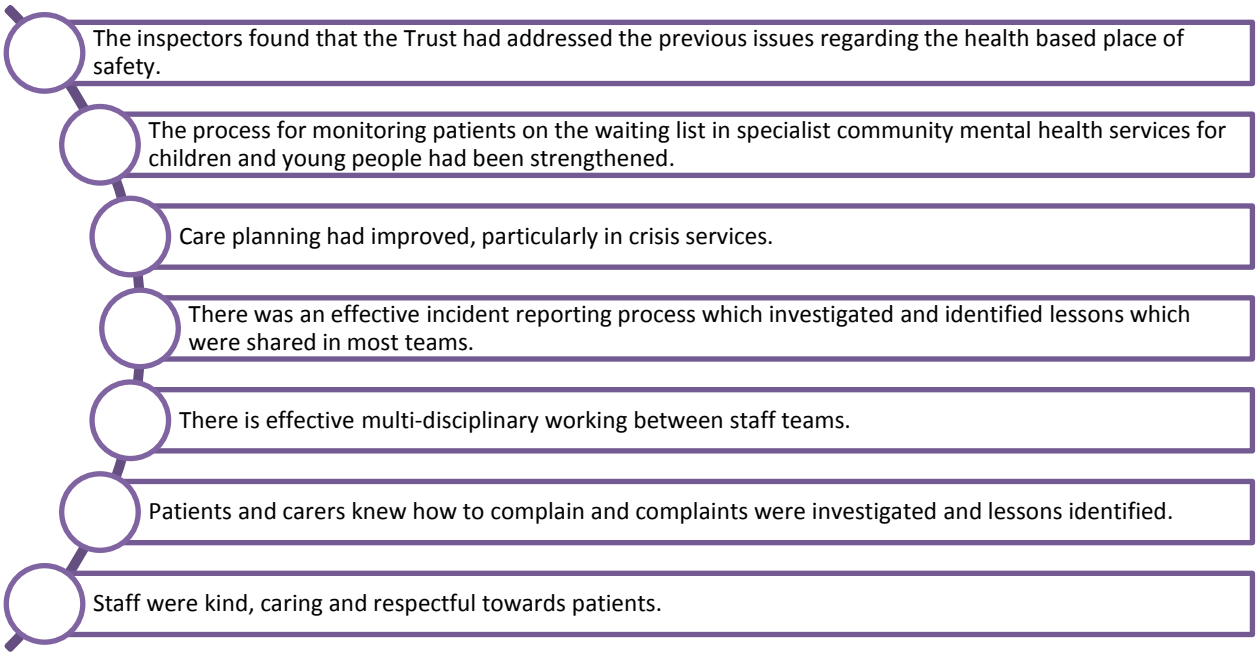
While we have made good progress since the last inspection, we still have more to do. The CQC report has identified a number of areas for further focus and these areas are the focus for our improvement plan.

The Trust continues to be registered with the CQC with no conditions attached to registration.

Figure 4: Areas for improvement following the CQC findings included:-

- Improve the recording of patient involvement in care planning.
- Improvements to some of our environments (maintenance and sound proofing).
- Access to services -Waiting times and community caseloads.
- Staffing (recruitment & retention of nursing staff) and improved recording of clinical supervision.

Figure 5: Positive findings reported by the CQC included:-



CQC inspection reports can be accessed at http://www.cqc.org.uk/provider/RT5

CQC Ratings Posters

A summary of all CQC ratings is shown as Appendix 2. A comprehensive action plan has been drawn up and improvement actions are being implemented. Our progress is monitored monthly through our Trust Board and Quality Assurance Committee.

CQC Mental Health Act Commissioner visits in 2017/18

By law, the Care Quality Commission (CQC) is required to monitor the use of the Mental Health Act 1983 (MHA) to provide a safeguard for individual patients whose rights are restricted under the Act.

During every visit the expected standards of practice as defined by the MHA Code of Practice (2015) are considered.

In 2017/18 the **CQC MHA Reviewer completed the** following visits:

LOCATION:	DATE OF VISIT:	EXAMPLES OF ACTIONS:
The Agnes Unit	31/05/2017	No Actions were required
Skye Ward – Stewart House	06/06/2017	Updated Ligature Risk Assessment.
Welford Ward – Bennion Centre	20/06/2017	A faulty light switch was reported and corrected immediately.
1 The Grange – Short Breaks	01/08/2017	Short breaks service bookings changed from January 2018 to promote delivering same sex accommodation.
2 The Grange (The	01/08/2017	Short breaks service bookings changed from January 2018 to promote delivering same sex

Gillivers) Short Breaks		accommodation.
Rubicon Close – Short Breaks	10/08/2017	Short breaks service bookings changed from January 2018 to promote delivering same sex accommodation.
Coleman Ward – Evington Centre	24/08/2017	Introduction of an updated matron's checklist which includes reviewing the completion of section 132.
Thornton Ward – BMHU	31/08/2017	New poster placed on the ward informing patients to access the information for contacting the Care Quality Commission.
Wakerley Ward – Evington Centre	05/09/2017	Implementation of a "Read Your Rights Sunday's"
Watermead Ward	28/12/2017	Review of ward admission checklist to ensure on admission admitting staff reminds patients of their rights under the MHA.
Beaumont Ward	03/01/2018	A display board developed in the patient areas regarding their status and rights to leave.
Heather Ward	09/01/2018	Review of ward admission checklist to ensure on admission admitting staff reminds patients of their rights under the MHA.
Ashby Ward	11/01/2018	All patients will have a 'My Care Plan' completed for their first meeting.
Mill Lodge	16/01/2018	The Ward Matron will introduce a specific day for ensuring patients are reminded of their rights and this will be recorded in the patient's electronic record.
Belvoir Ward	8/02/2018	Patients who are too unwell to access drinks without assistance are offered fluids on a regular basis and monitored using fluid balance charts.
Aston Ward	15/02/2018	A prompt to remind staff about Section 17 Leave to be included within the nursing handover folder to ensure this is being handed over.
Bosworth Ward	26/03/2018	The Mental Health Act ward admission checklist was reviewed to ensure staff are reminding patients of their rights and ensuring this is documented electronically in the patients' records.

Services are responsible for the continued management and delivery of any required actions in response to these visits.

2.9.2 HM Coroner

The Trust has received one Prevention of Future Death (PFD) Report under Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. The Regulations provide the Coroner with a duty not just to decide how somebody came about their death but also where appropriate to report the death with a view to preventing future deaths. The concerns raised by the Coroner are considered and responded to by the Chief Executive within the timeline set-out by the Regulation Report. Any emerging themes are also considered for actions to be considered wider than the specific team or service provision.

2.10 What do our staff say?

National Staff Survey 2017

Staff experience of harassment, bullying or abuse from other staff (Staff Survey Key Finding KF 26)

Overall, 20% of staff told us, through the 2017 NHS Staff Survey, that they had experienced harassment, bullying or abuse from staff in the last 12 months. This is similar to 2016 (21%) and is the same as the average for similar trusts (20%). With respect to the Workforce Race Equality Standard, similar percentages of White and BME staff told us that they had experienced harassment, bullying or abuse from staff in the last 12 months (20% and 19% respectively). This represents the continuation of a trend that saw a drop in the levels of harassment, bullying or abuse from other staff experienced by BME staff (25% in 2015 and 21% in 2016) and is lower than the average for BME staff in similar trusts in 2017 (amongst whom 23% of BME staff reported having experienced harassment, bullying or abuse from staff in the last 12 months). We continue to work closely with staff representatives to seek early resolutions to bullying and harassment issues, aided by the provision of an Anti-Bullying and Harassment Advice Service, trained mediators and the use of facilitated conversations as well as appropriate training and awareness raising for line managers. The Trust's Freedom to Speak Up Guardian is also actively involved in this work.

Staff belief that the Trust provides equal opportunities for career progression and promotion (Staff Survey Key Finding KF 21)

Overall, 87% of staff responding to the 2017 NHS Staff Survey indicated that they believe we provide equal opportunities for career progression and promotion. This is lower than the position in 2016 (89%), but is similar to the national average for similar trusts (86%). With respect to the Workforce Race Equality Standard, a higher percentage of White than BME staff indicated that they believe we provide equal opportunities for career progression and promotion (91% and 73% respectively); lower than last year for both White and BME staff (93% and 75% respectively). We continue to work with BME staff to identify issues that affect them and to implement targeted interventions. We have a BME staff support group with lead advocates who also sit on a BME Staff Focus Group. The Group's action plan includes engaging with BME staff to understand their experiences at work as well as ensuring that recruitment and selection processes are mindful of diversity. BME staff are encouraged to access targeted development programmes where appropriate. The Trust has secured a place on the national WRES Experts Programme which will enable the development of in-house expertise in this area.

2.11 Data quality

The Trust is taking action to improve data quality through a significant programme of work which commenced in 2016/17 to review and improve all aspects of the information lifecycle. This solution incorporates clinical systems training, system configurations, data entry improvement and a review of how staff use their performance data to inform improvements to patient care. This programme is supported by the Chief Clinical Information Officer (CCIO) who has a specific remit for improving data quality.

The Trust continues to build self-service on-line web-based reporting of core indicators to support staff to deliver high quality care; and continually reviews its Information Management and Technology Strategy to ensure it underpins the Trust's objectives and service development plans.

The new data quality policy provides clear responsibilities pertaining to data quality for all staff across the Trust. This is underpinned by record keeping which at the end of 2017/18 was 90 % compliant.

2.12 Use of NHS number

The Trust submitted records from April 2017 to March 2018 to the Secondary Uses Service (SUS) 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** for the Trust was:

- 100 % for outpatient care
- 99.8 % for inpatient care

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

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

2.13 Information Governance Toolkit attainment levels

The Information Governance Assurance Framework (IGAF) is the national framework of standards that bring together all statutory, mandatory and best practice requirements concerning information management. The Trust's Information Governance Assessment Report score overall for 2017/18 was 77% against the information governance toolkit grading scheme', and was graded satisfactory (Green) against the Information Governance Toolkit grading scheme.

There will be significant changes for 2018/19 with the launch of the new Data Protection and Security Toolkit in line with the National Data Guardian Standards and new Data Protection Law. The Trust's Information Governance Team has been preparing the organisation for the forthcoming adoption of the EU General Data Protection Regulation in May 2018 whilst the UK Government completes the legislative process for the introduction of the Data Protection Act 2018.

2.14 Clinical coding error rates

Clinical Coding is the medical terminology used by clinicians to record a patient's diagnosis and treatment in a standard, recognised code. The accuracy of this coding is a key quality standard, to help us ensure that patient's records are accurate.

The Mental Health Minimum Dataset (MHMDS) is a mandatory requirement for all providers of specialist adult mental health services in a secondary care setting. The requirement is to collect person focused clinical data which includes all relevant treatment and care for service users in a mental healthcare setting using ICD-10 for diagnoses and OPCS-4 for procedures. The coded clinical data inputted helps provide local clinicians and managers with better quality information for clinical audit, and service planning and management.

The principal aim of the IGT Clinical Coding requirements is to ensure all mental health trusts are providing accurate and concise quality data and continue to do so into the future. By providing a standard development framework it is possible to outline what is considered to be best practice and drive the production of good quality data inputted by staff using the application of national standards. This will ensure consistent, meaningful and comparable data.
An Annual Audit is undertaken in order to conform to the IGT requirement 514, which states that all Mental Health Trusts should have an audit of a minimum of 50 Finished Consultant Episodes (FCEs) undertaken each year. The Trust attained a Level 3 in its annual audit.

The challenges for The Trust moving forward, is the transition to a single electronic patient record and the requirement to ensure that systems are SNOWMED compliant.

The Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

2.15 Duty of Candour

The Trust has a Duty of Candour Policy in place. This policy ensures that we are always open and honest with patients and/or their families following an incident where a patient has been harmed. We have a duty to contact the patient and/or their family within 10 days of the incident. Where an investigation has taken place we arrange to meet with the patient and/or their family to share the findings with them. The policy contains a flow chart guide, crib sheet and assurance template document which captures information related to the discussions that we have with patients and/or families. The Trust reports to commissioners each month on our compliance with Duty of Candour.

Duty of Candour training has been delivered to all senior managers. Staff training is delivered and an e-learning package is available on line.

2.16 Sign up to safety

LPT has pledged to further strengthen patient safety within its services with an aim to deliver harm-free care for every patient, every time and everywhere. Although the National Sign up to Safety Campaign has come to an end, LPT continues to champion openness, honesty and supports everyone to improve the safety of patients.

The Trust Patient Safety Group is developing a safety programme for the coming year using Trust incidents data to inform the key issues that the Trust will focus on. The Patient Safety Group will then produce a plan to deliver improvement and quality across the areas identified and will monitor progress at the meeting with evidence from each of the Directorates.

Part 3

Review of quality performance in 2017/18

Our Quality Performance in 2017/18

Our Quality Strategy takes account of the local and national context of service change that we know will critically affect the quality of care for all our patients. Delivery will be supported through our governance arrangements so that we can be assured that the care and treatment delivered by our services is safe, effective, and focused on positive outcomes for the people that use our services.

Our 2017/18 quality priorities took account of staff requests to have focused and meaningful priorities that are simple to understand and relate to. In line with the CQC approach we acknowledge that achieving safe, effective and person centred care can only be sustained when a caring culture, professional commitment and strong leadership are combined to provide responsive accessible services for our patients. The agreed Trust quality priorities were;

1. Ensuring our service users are safe (Safe care)
2. Ensuring our care is effective (Effective care)
3. Ensuring Person Centred care

3.1 Progress on quality priorities for 2017/18

3.1.1 Our local priorities – our achievements in 2017/18

Our progress to date as measured against the local priorities that we set out to achieve in 2017/18.

Achievements in 2017/18			
Priority	**AMH/LD**	**CHS**	**FYPC**
Evidence improved engagement in clinical supervision	Improvement in clinical supervision. 2016/17 = 55.5% 2017/18= 68.5%	Improvement in clinical supervision 2016/17 = 57.8% 2017/18= 70.4%	Improvement in clinical supervision 2016/17 = 68.3% 2017/18= 77.0%
Improve clinical recording and care planning	Physical health improvements At January 2018 the assessment of need and risk component of the monitoring tool results were: Bradgate Unit =89% Learning Disabilities short breaks service = 99%	Casenote audits results 100% of services are participating in the case note audits.	First episode Psychosis improvements 2 week referral to treatment time (RTT) 88.9% compliance at March 2018.
Improve discharge planning and follow-up	DToC reduced from 12.2% in April 2017 to 3.5% by December 2017 March 2018 75% compliance with weekly monitoring of discharge audit.	Gold Standard Framework (GSF) plan fully implemented	Neonatal pathway audit audit results 2017/18 showed 75% of babies seen within 10-14 days compared with 55% in 2015/16

3.1.2 Mandatory reporting criteria 2017/18

These national mandatory figures provide comparable benchmarks between similar trusts. Data is made available to the trust by NHS Digital. A comparison of the numbers, percentages, values, score or rates of The Trust, for the reporting period, will need to be included for each of the mandatory national measures listed in the table, including

I. The national average, and
II. The highest and lowest percentages

NHS Digital provides links to the latest data for each of the indicators that trusts are required to report upon. NHS Digital will refresh the links to the most current data annually each March.

These figures have been reported through our Integrated Quality or Performance Report (IQPR) which is presented to the Trust Board and Trust Committees.

The Trust submits some mandatory national measures on a quarterly basis either through the Omnibus Survey data collection system on behalf of NHS digital for the Crisis Resolution Home Treatment measure, and via the NHS Digital web portal on behalf of the Department of Health Information Centre for Care programme approach seven day follow up. The Trust submits data to the National Reporting and Learning System (NRLS), which is published bi-annually by the NHS Commissioning Board.

Mandatory National Measure	Quarter Period Totals/ Percentage				Year End	National Average
	Q1	Q2	Q3	Q4		
The percentage of patients on CPA (care programme approach) who were followed up within 7 days after discharge from psychiatric inpatient care indicator Source: *NHS Digital– mental health community teams activity* *Q1 and Q2 was calculated as % patients discharged **on CPA** being followed up within 7 days	96.9%*	96.7%*	69.2%	68.8%	69.0%*(reflects Q3 and Q4 when the methodology was amended)*	95.4% average 100% Highest 68.8% Lowest *As at Q4 2017/18*

Mandatory National Measure	Quarter Period Totals/ Percentage				Year End	National Average
	Q1	Q2	Q3	Q4		
KF 1 INDICATOR Staff recommendation of the trust as a place to work or receive treatment. (the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.) Source: *NHSstaffsurveys.com*	2016 Staff Survey 3.61 - LPT 3.71 - all organisations 3.93 Highest 3.47 Lowest				2017 Staff Survey Trust's position is 3.58	3.9 Highest 3.4 Lowest average 3.68
The "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. Source: *nhssurveys.org*	2016 National NHS Community Mental Health Service User Survey 7.3 Score				2017 National NHS Community Mental Health Service User Survey 7.4 Score	8.1 score Highest 6.4 score Lowest

See appendix 3 for data definitions*

3.1.3 Waiting Times

We are focused on improving waiting times for our services and monitor this through the IQPR. Directorates continue to prioritise the roll-out of best practice weekly monitoring which enable us to focus on reducing waiting times.
Improvements that have been made this year include:-

- The Community Integrated Neurology & Stoke Service (CINSS) has reduced the number of patients waiting for routine appointments from 641 in April 2017 to 258 in January 2018.
- Mental Health Services for Older People (MHSOP) has reduced the number of patients waiting for urgent appointments at the end of each month from 48 in April 2017 to 21 in January 2018, and for those patients waiting for routine appointments from 200 to 115.

3.2 Quality of services 'Safe Care'

3.2.1 Supporting our workforce

Workforce recruitment and retention continue to pose a risk to the quality of services being provided across the trust. During 2017/18 we have put in place a number of strategic actions to proactively attract people to our vacancies.

We continue to explore further avenues of candidate attraction and develop our employment proposition to attract new staff through developing a range of incentives for services to use to help attract candidates to their roles. Work programmes are ongoing to support recruitment and retention, absence management and continuous review of workforce including new roles to enhance skill mix and increase patient facing time.

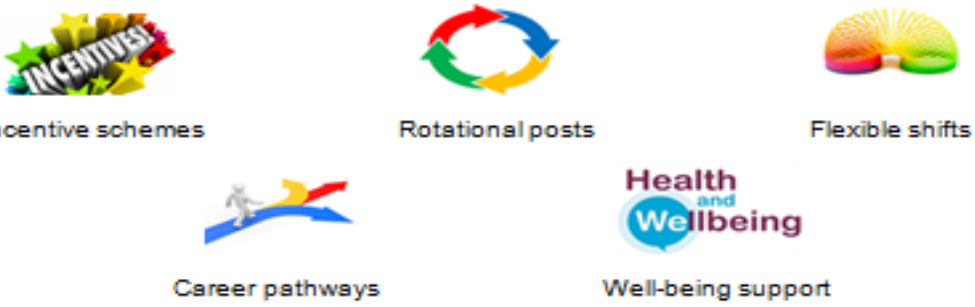
Key changes during 2017/18 include;

- Engagement with local universities and surrounding trusts to review workforce strategies in respect of future recruitment and retention of nursing staff.

- Establishing new roles such as assistant practitioners, medicines technicians and activity co-ordinators to work as part of the multi-disciplinary team. Improve accessibility of services to students, to widen their learning experience.
- Rotational posts across our services.
- Implementation of well- being strategies to support staff health and satisfaction.
- Increased focus on clinical leadership.

The recruitment and retention of staff remains a challenge for us. We continue to monitor and report our compliance with safer staffing requirements. This ensures that we have sufficient nursing staff to deliver our services. We have in place an ongoing recruitment programme and a professional development programme to enable us to maintain safer staffing levels. In line with the national challenge of recruiting qualified nurses, we regularly review our staffing models to ensure registered nursing time is utilised to best effect. We do continue to rely on temporary staff to help us maintain safer staffing levels. During 2017/18 we introduced systems to facilitate consistency of temporary staff in wards through block booking, focused induction and incentives. Our staff are engaged in looking at workforce options and new roles to support the delivery of care and services through alternative staffing models such as pharmacy technicians and associated nurses.

Figure 6: Staffing Strategic Improvement Actions during 2017/18



3.2.2 Learning from incidents

During 2017/18 our staff reported a total of 16,298 incidents, of these 53 incidents were considered serious. The definition of a seriousincident is: '*any reportable event which could have, or did lead to unintended harm, loss or damage (including reputation)'.*

Trained staff investigate every serious incident to identify the root causes and share lessons learnt with all staff to prevent recurrence. Our commissioners also review our investigations to ensure that they have been rigorous and meet expected standards.

Serious incidents reported this year include suspected suicide, sudden unexpected deaths; pressure ulcers; attempted suicides; slips, trips and falls resulting in serious injury; safeguarding vulnerable adults and children and confidential information breaches which require a full root cause analysis investigation.

From the 53 serious incident investigations completed in 2017/18, we have identified lessons to be learnt and shared them with staff to ensure that the risks associated with similar occurrences are reduced. The Trust also has in place an improvement plan to reduce the number of avoidable pressure ulcers that occur in our care.

Each directorate has a spot-check audit programme to revisit closed serious incident action plans and ensure that learning and change has been embedded and maintained. This provides assurance that change has been sustained. Locally learning boards are utilised to share learning from serious incidents amongst staff The Trust is reviewing the provision of physical health care for inpatients' and a group has been established to review the provision and make recommendations going forward.

Figure 7: Some lessons learnt and changes made as a result of Serious Incidents during 2017/18

Policy & Procedure improvements

- A review of the Care Programme Approach (CPA) policy and process has commenced.
- A standard operating procedure (SOP) for handover specifically for agency staff is now in place.
- Review of SOPs for Psychosis Intervention and Early Recovery (PIER) Services.
- Review of the process / procedure when a patient refuses to engage with an assessment and there is insufficient evidence to apply the Mental Health Act.

Training improvements

- A pressure ulcer classification tool for staff has been developed and produced and all new staff to receive pressure ulcer prevention session as part of their preceptorship programme.
- Competency assessment developed for non-registered staff on assessment of skin integrity, repositioning and pressure ulcer prevention.
- Specific training for CHS staff on the management of patients with a diagnosis of emotionally unstable personality disorder.
- Health Care Support Workers(HCSW)to attend delegation of care training.
- Process change to ensure line managers are informed of incomplete mandatory training.

3.2.3 Learning from mortality reviews

Number of its patients who have died during 2017/18					
	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Total 2017/18
Expected	64	44	80	78	266
Unexpected	31	30	41	41	143
Total 2017/18	95	74	121	119	409
The number of deaths subjected to a case record review					
	71	77	103	Data not* available	251*
The number of deaths more likely than not to have been due to problems in the care provided					
	0	0	3	Data not* available	3*

*Q4 data not included at point of publication as reviews have not been concluded.

The Trust has an established mortality review policy and framework in place. There is a trust-wide Mortality Surveillance Group which oversees the work of the directorate mortality subgroups. All cases are considered for review by a multi-disciplinary team and issues are identified and actions taken accordingly.

3.2.4. Summary of learning from case reviews and investigations

The following learning points were identified;

- The need for more focused recognition of early warning signs and early escalation of identified issues.
- The need for improved communication with families to ensure involvement in decisions about care.
- The need for improved communication with providers that are involved in patient transfers.
- Although not a contributing factor, it was identified that core assessments needed to be fully completed.
- The need for standardised training in completion of Emergency Health Care Plans (EHCP).
- The need for improved safeguarding supervision and support for supervisors.
- The need for ensuring that the Clinical Risk Assessment Policy provided clarity in the recording of risk.

Actions which the Trust has taken/or plans to take as a result of learning during the reporting period.

- Participation in a multi-agency interface group working to improve communication and care co-ordination.
- Roll out of an EHCP awareness programme and training for staff in leading EHPC discussions.
- Raise awareness of face to face suicide awareness training which is available from the Learning and Development service within the Trust and is called STORM training.
- Planning for a single Electronic patient Record (EPR) to improve communication.
- Staff training to facilitate consistency and sharing of expertise in the risk assessment process.
- There is a Trust wide group on improving the end of life care pathway. The Mortality Surveillance group provided input into a review of the bereavement leaflet developed by the Trust wide group.
- Plan a development day with local Trusts to enhance the standards of reviews and contribute to national plans of standardizing reviews.
- Revision of the clinical risk assessment policy.

Impact of the actions described which were taken by LPT during the reporting period.

- We hosted a multi-agency event focusing on suicide prevention and learning from suicide. Representatives from the police, social care, UHL and LPT attended and this facilitated improved communication and multi-agency working.
- An escalation process has been established for dissemination of learning.
- Improvements within the timelines of record keeping and quality of risk assessments.
- Suicide training is mandated across all mental health services.
- The duty of candour policy is used for all deaths reported as serious incidents and has been updated in accordance with the new Mortality Review Policy.
- Improved regarding EHCP plans awareness has been demonstrated amongst staff.
- Safeguarding supervisor support meetings established and demonstrable improvements made in safeguarding children supervision.
- Better liaison between the Diana service and community paediatricians.

3.2.5 Never Events

Never Events are defined as ‘serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers’.

The Department of Health has outlined 25 Never Events which aim to ensure the safety of patients and further information about these is available at www.dh.gov.uk During 2017/18 zero Never Events occurred.

3.2.6 Infection Prevention and Control/Healthcare Associated Infections (HCAIs)

Our team of dedicated infection prevention and control nurses continue to work closely with our clinical services and support our stringent and robust infection prevention and control suite of policies. Networking across Leicester, Leicestershire and Rutland continues to be a priority with specific work on antimicrobial stewardship to benefit the wider healthcare economy.

During 2017/2018, we reported 0 cases of MRSA bacteraemia attributed to our care delivery.

We reported 12 cases of Clostridium Difficile against a trajectory of seven cases.

None of the cases were attributable to our care and a review has demonstrated that improvements made within the previous year have been sustained.

We continue to embed all the improvements that had been identified and continue to review each case through a robust and stringent root cause analysis process. We have also triangulated each of these events to ensure lessons for learning and outcomes are met.

During 2017/18 we achieved compliance with the EU directive for Safer Sharps.

We also introduced Infection Prevention and Control link worker roles within our services for cleaning and domestic staff.

We delivered the annual Flu campaign/vaccination programme, and maintained our peer vaccinator programme. The uptake in March 2018 was 54%

Sepsis

In July 2016 all NHS funded care providers received a National Patient Safety Alert (NPSA) requesting a review of resources to support safer care for the deteriorating patient (adults and children). A review of the accompanying information highlighted key areas which included Early Warning Scoring (EWS), Sepsis and education provision. A group was developed with key representatives from trust services to review the work currently in place for Sepsis and to develop a gap analysis.

Key actions undertaken during 2017/18 included:

- Identification of service and staff training needs and review of training.
- Development of guidance for all staff
- Focused communication of expected standards
- Commencement of the rollout of patient pathways for both inpatient and community patients regarding the recognition and management of sepsis.

3.2.7 Safeguarding Children and Vulnerable Adults

The Trust has ensured that services continue to meet the statutory requirements, including Working Together to Safeguard Children (2015) and the Care Act (2014).

The Trust works in close partnership with agencies across LLR and ensures that the Trust is represented at multi-agency meetings. The Trust is an active partner in multi-agency audits and case reviews, challenging and addressing lessons learned where appropriate.

In 2017 the Trust completed all the recommendations from the Care Quality Commission (CQC) Review of Health Services for Children Looked After and Safeguarding in Leicester City. To ensure that the embedded changes in practice are sustained The Trust has developed a quality assurance framework.

A key outcome of the CQC report was for care to be 'joined up'. The Trust is committed to a Whole Family Approach to safeguarding and has implemented a change to mandatory safeguarding training to encompass this.

Strengthening our compliance with Mental Capacity Act (MCA) has been a priority area for the Trust in 2017/18. The Trust has developed a MCA Champions group to enhance learning from cases and ensure that practitioners are enabled to comply with MCA. Developments to patient electronic systems are currently taking place to assist practitioners in documenting the capacity assessments completed. Face to face training is now accessible to all practitioners.

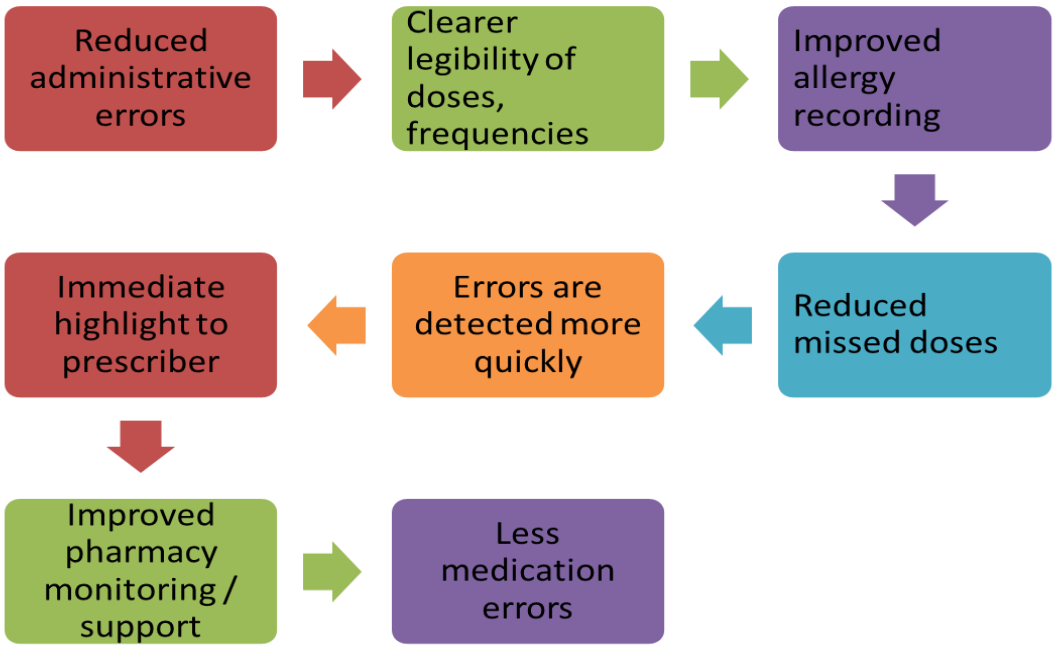
One further area of priority has been to ensure that staff who have patient contact are up to date with their PREVENT Wrap training. In recent months an increased number of awareness sessions have been accessible to our staff and staff have been supported to access the eLearning materials made available from the Home Office.

3.2.8 Safer medications

The ePrescribing system has helped the Trust reduce prescribing and drug administration errors by automating key processes. This has released clinicians' time to provide care. The Trust uses auditing and reporting tools to help key staff, including doctors, nurses and pharmacists, monitor prescribing protocols to help improve patient outcomes.

ePrescribing also facilitates wider improvements in clinical practice, including: reductions in paperwork; improved medication audit; greater consistency and continuity of care between care settings and more effective communication between hospital departments and pharmacies.

The positive impacts of ePrescribing



3.2.9 External assurance on quality indicator testing

Two mandated indicators were subject to external audit as follows:

Patient safety and Gatekeeping

Patient Safety Indicator (see table below)

Mandatory National Measure	Quarter Period Totals/ Percentage				Year End	National Average
	Q1	Q2	Q3	Q4		
*The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period; Source *National Reporting and Learning System Patient Safety Incidents uploaded to the NRLS form 1/4/2017 – 31/03/18	PSI's 2772 out of 4155 incidents reported	PSI's 2604 out of 3990 incidents reported	PSI's 2355 out of 4009 incidents reported	PSI's 2513 out of 4131 incidents reported	PSI's 10.244 out of 16,285 incidents reported 53.4 PSI's per 1000 bed days (Apr – Sept 2017)	Median 44.2 PSI's per 1000 bed days (Apr – Sept 2017)

Mandatory National Measure	Quarter Period Totals/ Percentage				Year End	National Average
	Q1	Q2	Q3	Q4		
*The number and percentage of such patient safety incidents that resulted in severe harm or death. National Reporting and Learning System Patient Safety Incidents uploaded to the NRLS form 1/4/2017 – 31/03/18	6 incidents 0.2%	10 incidents 0.4%	10 incidents 0.4%	8 incidents 0.3%	34 incidents 0.3%	1.04%

The external assurance review identified that the Trust has used the correct numerator and denominator for the calculation of performance against this indicator, which was consistent with the NHS England guidance. However, they were unable to confirm the accuracy of the indicator as differences in reported figures were identified when compared to the raw data. The Trust considers that this is primarily due to its processes and timing of submitting data to the National Reporting and Learning System (NRLS) and the Integrated Quality and Performance Report (IQPR). The Trust is unsatisfied with the impact that this is having on the integrity of the data reported in the quality account and has identified a number of actions to realign reporting going forward.

Gatekeeping indicator (see table below)

Mandatory National Measure	Quarter Period Totals/ Percentage				Year End	National Average
	Q1	Q2	Q3	Q4		
*The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period. Source: *NHS Digital– mental health community teams activity*	*99.6%*	99.2%	100%	99.5%	99.6%	98.7% average 100% Highest 88.7% lowest As at Q4 **2017/18**

See appendix 3 for data definitions*

The external assurance review identified that the Trust has used the correct numerator and denominator for the calculation of performance against this indicator, which was consistent with the NHS England guidance. However, they were unable to recalculate the Q3 figures and a number of errors were identified during testing. The Trust considers that this is primarily due to the electronic system not being configured to allow for the automated identification of valid exemptions.

The Trust is disappointed in the pace of improvement in the functionality of its electronic systems. This is central to the integrity of gatekeeping data and the manual validation of exemptions has now been automated; the Mental Health Services Data Set (MHSDS) project has updated patient forms on the electronic system RiO to contain all exemptions.

3.2.10 Examples of Patient Safety Improvements during 2017/18

The Yellow Lanyards

Two wards are trialling distinctive yellow lanyards for staff undertaking high level patient observation. The high-visibility lanyards feature identification cards clearly marked 'Observation duty' as a signal to colleagues that the staff member should not be asked to undertake other duties or diverted from their task.

The yellow lanyard will also provide a physical prompt for staff to deliver an effective handover.

E prescribing in short breaks

In November 2017 E-prescribing was launched at Grange 1 as a pilot to assess its effectiveness for the use in Learning Disability (LD) Short Break Homes. This was an outcome of study of medication errors within Short Break Homes completed by Loughborough University.

Medication administration and assurance in LD Short Break Homes is complex compared to patients accessing inpatient services within The Trust due to patients' medication being prescribed through their GP. This transfers to Short Breaks Home when they access the service and therefore there is no new prescription by medical

staff and the medication is not provided by our pharmacy. This provides a number of stages where potential errors could happen, requires staff time to complete checks to provide assurance and paper records need to be used.

The Trust pharmacy team supported the service to implement the pilot including providing training, competencies of using the system, equipment provision and pharmacy technicians making changes to patient prescriptions. The Trust medical staff supports any patient prescription changes out of hours.

Implementation of 'Safewards'

The Safewards Model has been introduced to all Inpatient areas within AMH/LD. Safewards are a model consisting of 10 interventions that are aimed at creating a safe environment for patients, staff and visitors and when all interventions are implemented it supports the reduction of violence and aggression:

- The Learning Disability Short Breaks Homes and Mill Lodge continue to focus interventions with staff, this is due to the communication barriers they have with their patients and are working on 6 areas within the model.
- The wards at the Bradgate Mental Health Unit commenced the model in different stages. Specific champions in each directorate have been identified and a masterclass on Safewards has taken place with a National Lead.
- As Belvoir (male psychiatric intensive care unit) have the most acutely unwell patients, often presenting with longer periods of aggressive behaviour, the team have made contact with similar services to look at good practice.

New Trust wide Self-harm and Suicide Prevention Group

'The purpose of the group is to act as a strategic overview group in the area of suicide and self-harm prevention in the Trust, with oversight from patient safety group and quality assurance group. Its aim is to ensure that systems and processes are robust to enable staff to help patients at risk'.

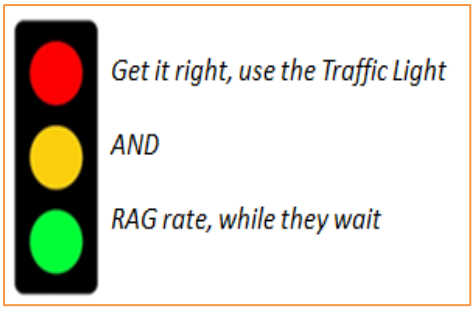
The Group first met in October 2017, prior to this, incidents of self-harm were briefly discussed at another trust group, however that group was not the best forum and did not have the most appropriate membership for this area of risk/safety. Suicide prevention was not being discussed in any formally established forum within the Trust. Incidents of suicide continue to be investigated under the SI process. The new Group will work closely with partner agencies across LLR.

Launch of an 'All Age Place of Safety'

The Trust opened the refurbished 'all age place of safety' facility at the Bradgate Mental Health Unit on the Glenfield Hospital site in June 2017. The expansion and redevelopment of these facilities means that the 'place of safety' can now accommodate both adults and young people under the age of 18 in mental health crisis while they are waiting for an assessment – normally no longer than 24 hours. People of any age or sex who are detained under Section 136 of the Mental Health Act will be cared for at the unit when there are concerns for their safety or for that of others as a result of their mental health.

In re-configuring the 'place of safety', The Trust has worked closely with approved mental health practitioners (AMHPs) from both Leicester city council and Leicestershire and Rutland county councils, with mental health leads from the police and with colleagues from University Hospitals of Leicester (UHL). The refurbishment is in line with standards set out by the Royal College of Psychiatrists as well as Health Building Standards and feedback from the recent visit by the Care Quality Commission (CQC).

Child and Adolescent Mental Health Services (CAMHS) Traffic Light System



The Specialist CAMHS Traffic Light System was launched in August 2017 to ensure community patients are assessed according to level of risk, using a red, amber, green tool based on clinically agreed criteria. The introduction of the new scheme to risk assess patients waiting in the CAMHS system has delivered increased safety systems for those patients with a clear timeline for adoption into all of the teams in the service.

A new duty clinician process has been implemented to undertake a daily review of patients assessed to be in the red category and to coordinate phone calls to those patients assessed to be in the amber category. This system provides robust clinical oversight and ensures that daily and weekly clinical monitoring is in place throughout the CAMHS system.

Learning Through Complaints and a Serious Incident

In order to embed safe care, the Immunisation service have introduced a colour coded system for each vaccine programme

- Coloured trays are utilised at sessions to distinguish the different vaccines.
- Patient consent packs are colour coded accordingly.

A Clinical Support Worker controls the vaccine flow to nurses at sessions in batches of 10. Each batch of 10 vaccines given is crossed referenced to the 10 consent forms signed and then these are contained as signed in an individual practitioner envelope. This supports verification of the number of vaccines given against the number of consent forms signed as a rolling figure throughout the session.

CAMHS Inpatients

The CAMHS inpatient ward has made some positive changes that have reduced the number of incidents involving young people. These include:

- Increased school hours.
- Occupational Therapy presence at the weekends.
- Increased activities – for example cooking, gardening, shopping excursions and structured exercise classes.
- Introduction of themed nights – Movie nights/pizza nights.
- Change of menu.

Promoting Safe Discharge

A more integrated nursing and therapy approach has been applied to improve the patient experience and therapeutic benefit of hospital stays. Work has also taken place with Adult Social Care colleagues to involve them as part of the multidisciplinary ward team and to support discharge and reduce unnecessary delays.

Service developments are undertaken with partners across LLR to support the health economy and ensure patients are cared for in the most appropriate setting.

Community Hospital wards have been able to maintain their length of stay despite increased acuity and dependency. Delayed transfers of care have reduced since November 2017. Numbers of Patients who were experiencing the longest lengths of stay have reduced, and processes have been put in place to ensure the integrated patient centred approach to discharge is maintained across all wards

3.3 Quality of services 'Effective care'

3.3.1 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 also enables continuous quality improvement.

During 2017/18, The Trust's Clinical Audit Team supported 271 audits and achieved a 55% re-audit rate. Over 150 audit criteria have been used to re-audit whether standards have been applied to practice, for the benefit of patients in our care.

Re-auditing after changes have been made enables clinical staff to demonstrate change and identify those areas where further improvement is required.

Key Achievements in 2017/2018

• We achieved a 59% re-audit rate compared with 55% last year.

• We supported 233 audits compared with 271 last year.

• 100% of women with a low to moderate mood Perinatal Mental Health Indicator received active support.

• 100% of patients receiving End of Life care with a preferred place of death documented died in that place.

3.3.2 Quality improvement as a result of clinical audit

Audit results are communicated to staff in a variety of ways including team meetings, staff briefings and communication posters which provide staff with a snapshot of the key results.

We introduced a Clinical Audit for Quality Improvement training course as part of trust's WeImprove initiative and presented at the WeImprove conference.

The re-audit results below show quality improvement:-

• 90% of Looked after Children were offered the opportunity to be seen alone for their initial health assessment. 65% improvement

• 91% of service users on the Down's Syndrome Pathway had their growth plotted in a Down's Chart. 38% improvement

• 100% of discharge letters had comments about primary care recommended actions, in relation to blood tests. This was a 37% improvement.

3.3.3 Quality improvement as a result of research and development

We utilise research to improve the quality of care for our service users.
There are a number of examples of how research has improved the quality of care for service users.

Community Health Service *An Advanced Nurse Practitioner undertook a comparison of acute hospital readmission rates within 30 days for patients discharged home from community hospitals between 2013/14 and 2014/15.*

Thirty day readmission rates are used both in the UK and America to monitor effective discharge processes and as a marker of quality care. Age groups, deprivation scores and gender were all looked at in relation to the readmission rate and no statistical correlations found. This study showed that despite the statistically relevant (p<0.0001) reduction in length of hospital inpatient stay, the 30 day readmission rate did not statistically alter.

The length of stay was reduced by 3.92 days between 2013-14 and 2014-15 with 2411 patients treated as inpatients.

This seemingly small reduction identified an extra 9568 bed days, a cost saving of just under £3.1 million per year on today's community bed costs.

The adult eating disorder (ED) services *undertook a study to establish why referrals from the South Asian (SA) community are under-represented, despite research suggesting that disordered eating attitudes and behaviours of SA people are similar to the population in general. A qualitative methodology was used and a key informant focus group was conducted with clinicians working within the local specialist ED service (participants n=16, 12 female, 4 male). Six focus groups were conducted with members of the SA community in Leicester, UK (participants n=28, 23 female, 5 male), recruited from a local university, two charities and Children, Young People and Family Centres.*

A number of themes emerged as possible factors for delaying early access to help: lack of knowledge about EDs and their potential seriousness, ideals regarding body shape, family living circumstances and the role of food in the community. Participants acknowledged stigma among their community associated with mental health issues, including EDs and concerns about confidentiality when approaching services, particularly primary care.

3.3.4 Examples of Quality Improvements during 2017/18

Award Success for Diana Team

The Diana Community Children's Nursing team achieved two awards at the Leicester Mercury Carer of the Year awards in 2017/18.

A member of the Children and Families Support Service (CAFSS) team received the 'Special Recognition' award after being nominated by a parent for the support she provided for a child with a serious medical condition. She used therapeutic play to encourage the child to feel more in control of and less upset by the invasive medical procedures they regularly undergo.

The Palliative care lead, along with Diana nurses picked up the 'Palliative Carer of the Year' award.

Improving wound care

Chronic non healing wounds cost the UK £4.1 – 5 billion per annum. It has been identified that a leading cause for this is biofilm. The biofilm pathway introduced in 2017 includes a structure to remove biofilm and prevent reformation, thus allowing wounds to heal. During August – December 2017 an education programme was run to support its introduction across the trust. The pathway has been nominated for an award with the Journal of Wound Care in the category of biofilm and infection.

Patient testimony

"Since starting the Biofilm pathway my leg has got better. I have virtually no pain now. I have come off a lot of the pain relief so I don't feel as tired anymore. I don't need any more antibiotics. I don't feel stressed because I don't need to ring the nurses. I don't get the guilt now, I go to clinic at set times for set periods of time, the nurses know what to do, and the care is consistent. I like having my own dressings and passport to bring to clinic then I know I've got everything we need. The smell is gone and my leg doesn't leak anymore, it's nearly healed, I'm able to go out with my dog now and I'm not embarrassed when I see my friends".

Immunisation

Working collaboratively with pharmacies the Immunisation service is able to offer a second opportunity to parents to have their child vaccinated against influenza if they have missed this at school. The service offers the opportunity for a parent to be with their child for their vaccination.

This year the service has been particularly welcomed by parents of reception aged children, and pharmacies have given over 700 flu vaccines within the second opportunity offer scheme.

Female Psychiatric Intensive Care Unit (PICU) service already making a difference

Our new female PICU opened in October 2017. Based at the Herschel Prins Centre, the unit has been working at full capacity since it opened. The new unit offers women experiencing the most acute phase of their mental illness timely access to specialist care in a safe, secure and calm environment closer to home. The service is accessed by women from LLR as well as Lincolnshire and Derbyshire.

Ward Matron Beth Francomb said:

"Our Lincoln and Derby beds remain full and in addition to commissioned beds for LLR, commissioners are making use of two additional beds to keep Leicester patients close to home. We have had positive feedback from some of our patients and family members and continue to be responsive to their needs"

3.4 Quality of services 'Patient Experience'

3.4.1 Patient Surveys

Inpatient Mental Health Survey 2017

The Inpatient Mental Health Survey is not part of the nationally mandated survey programme; however to understand our patients experience of inpatient mental health services the Trust along with 17 others undertook this survey on a voluntary basis.

The service users surveyed in the 2017 survey were a sample of those discharged after receiving inpatient care from Mental Health Services during July to December 2016.

The Trust response rate was 21%; with 82 service users from a sample of 384.

When compared to The Trust's 2016 results, there have been improvements in the scores for 14 questions.

By looking at questions where there has been deterioration against the 2016 scores and where in 2017 the scores are "worse than" other trusts in the range, the following areas for improvement continue to be identified:

- reducing disturbance due to noise at night
- delivering single sex accommodation standards
- improving cleanliness of bathrooms
- improving contact from the mental health team within 1 week of discharge

A Trust wide action plan is being implemented to drive improvement in these areas.

National Community Mental Health Service Users Survey 2017

The Care Quality Commission (CQC) published the results of the 2017 national community mental health survey in November 2017. The Trust patients who received care between September and December 2016 were surveyed.
There were 227 completed surveys received from the usable cohort of 831 surveys, giving a trust response rate of 27%.
The response rate of all trusts was 26%.

The results were compared with the Trust's results from the 2017 survey, alongside the results of the other 55 trusts who participated in the 2017 survey. The Trust scored "**about the same**" as other trusts in 8 of the 10 areas of care measured. The Trust scored "**worse than**" in 2 areas; these were reviewing care and support & wellbeing.
In 2017 there were 2 areas where The Trust received the lowest scores received by all trusts:-

- Knowing who to contact out of office hours if in crisis
- Being given help and advice with support for finding or keeping work

The Trust has put in place an action plan to drive improvement informed by the results of this survey.

'Friends and Family' (FFT) Test (patients)

Patients are given the opportunity to comment on their care saying how likely they would be to recommend the care they have had to Family and Friends. They can also leave follow up comments.

In 2017/18 The Trust has increased the opportunities for people to respond by providing surveys on electronic tablets across the whole trust and using accessible formats for children, young people and people with learning disabilities.

In 2017/18 96.9% of service users who responded would be extremely likely or likely to recommend our services. However the most valuable part of the feedback is the comments that service users leave. The majority of these are compliments however where service users give comments about things that do not go so well this gives us the opportunities to put things right.

Examples of improvements made prompted by feedback comments include:

- Shelves being erected in bathrooms to hold patient's toiletries
- To help reduce disturbance to patients at night staff have been reminded to monitor volume of conversations and to be mindful of patients around them
- Friends and Family Test data has been displayed on 'you said we did' boards to show service users how we have used feedback they have provided
- Patients receiving telephone advice are now given the option to book a face to face consultation if they feel they require this level of support

3.4.2 Complaints, PALS and Compliments

Complaints highlight patients' views of the services the Trust provides. They provide a crucial opportunity to identify ways of improving patient care and the Trust is committed to learn lessons from this invaluable feedback. The Complaints Team supports the service staff to ensure all patient complaints are handled effectively, promptly and in accordance with national regulations.

	2015/16	2016/17	2017/18
Complaints	346 (and 56 cross organisation)	372 (and 58 cross organisation)	466 (and 36 cross organisation)
Complaints upheld	143 upheld 80 partially upheld	99 upheld 131 partially upheld	104 upheld 132 partially upheld
PHSO investigations	7	11	7
PHSO Investigation Outcome	3 partially upheld 4 not upheld	2 upheld 1 partially upheld 8 not upheld	2 upheld 1 not upheld 4 under investigation

We continually monitor our complaints and look for themes and trends, so that we can ensure that appropriate changes are made to improve services and improve the experience of our patients. The poster below has been developed to provide information to patients and carers about providing feedback

Trust Wide Complaint Themes

1. Patient expectations and service delivered
2. Attitude of staff
3. Nursing care
4. Clinical advice/treatment
5. Communication/information to carers

Examples of action taken to address examples of complaints

Reason for complaint	Action taken
Patient expectations and service delivered	Following a transformation programme, CHS have introduced the auto planning method to facilitate timed visits for patients. The learning from this complaint also led to administration workshops to define the administration team's roles and responsibilities in facilitating the co-ordinator role.
Nursing care	All staff to undertake ligature checks of patients in handover. This is to prevent and detect instances of self-harm that may occur whilst a patient is on the ward.
Attitude of staff	The staff member attended a training course regarding customer care. The staff member also completed a reflective statement.
Clinical advice/treatment	The clinical director issued a reminder to prescribers of the need to adhere to trust guidance to ensure that rationale for prescribing medication outside of the standard dosage is explained clearly to the patient and clearly recorded in the notes

Improving complaint handling

In 2017/18 the Trust continued to improve its complaints process, building on the success of the launch of the revised process in April 2016. The Trust continues to monitor the effectiveness of the revised process, focusing on the quality of the investigation response and improving the number of investigations completed in the agreed timeframe.

During the year the Trust has undertaken four Complaint Peer Review Panel events. Reviewing anonymised complaints using a revised version of the Patient Association Toolkit, the events have continued to be highly successful and are supported by internal staff and external stakeholders. The Trust has continued to survey complainants after their investigation has completed and collates the feedback to strengthen our complaint handling process.

Compliments

During 2017/18 we received 1281 compliments from service users and carers. Compliments are very important to us as it confirms that we have done things right from the patients', service users' and carers' perspective.

	2015/16	2016/17	2017/18
Compliments	1048	1707	1281

PALS Concerns and Enquiries

During 2017/18 we received 815 concerns and 632 enquiries from service users and carers.

	2015/16	2016/17	2017/18
Enquiries	452	553	632
Concerns	1070	934	815

Trust Wide Concern Themes;

- Appointment issues
- Patient expectations and service delivered
- Clinical advice and treatment

Examples of action taken to address examples of concerns

Reason for concern	Action taken
Patient expectations and service delivered	Service user at Leicester prison raised concerns that they did not want the mental health team to be part of their prison reviews any more. The mental health team discussed this with the patient and confirmed that they would no longer attend any of the future reviews. The service also explained the process to request their support should they require it in the future.
Appointments	A parent raised concerns over the lack of community support services for her 3 year old son. He was unable to walk and had only had 2 assessments over the previous 18 months. Service staff spoke with parent and scheduled an appointment to review son's treatment plan.
Clinical advice and treatment	A parent called the service asking why, despite stating clearly that her daughter cannot have the Fluenz (live) vaccine, she was administered it. The service gave a full apology and explained clinical protocol that determines how Fluenz is administered, and also reassured they would speak to the staff member involved and feedback. As a precaution omitted a weekly dose of immunosuppressant medication following consultation with the specialist.

3.4.3 Involving patients and carers in the infrastructure of the organisation

In 2017 with the involvement of staff and patients the Trust refreshed its Patient and Carer Experience and Involvement Strategy and developed this as a plan on a page.

Our three promises are:

We will listen and learn from our patients, their carer's and families about their experiences of our services and ask for their suggestions about how services can be improved.	We will do this by using various ways to gather feedback from patients and carers. We will find out what we need to improve, how to improve it and then check to see if it has been improved.	We will involve people that use and are affected by our services, especially those who find it hard to be heard and aren't often listened to. We will also show how we have listened to and involved people and what action we have taken.

The plan on a page is currently being refreshed again to guide the work that we do in 2018/19 in listening to and involving patients and carers.

3.4.4 Patient Stories

The Patient Experience Team continues to build a library of patient stories via transcripts and films. The stories are used for a variety of purposes, e.g. staff training and induction, team meetings and service development sessions.

Patient video stories are shown routinely to the Trust Board as part of the Patient Voice agenda. Topics have included feedback from young people in regards to the need for a whole family approach to working in order to better support young carers and patient experiences from community health services in regards to pressure ulcer sores which is now being used as a training aid for district nursing staff.

3.4.5 Always Events®

Always Events® are defined as 'those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care system'.

During 2017/18 the Trust's patient experience team worked with staff on Wakerley Ward in the Evington Centre, and staff on Heather Ward at the Bradgate Mental Health Unit to review the benefits to patient experience of Always Events®.

3.4.6 Volunteers

The Trust has around 425 active volunteers, including former patients and service users. The time they give freely amounts to over 1,200 hours every week. The financial value of the contribution they make to the Trust, calculated using the formula recommended by the National Council of Voluntary Organisations (NCVO), is over £700,000 per year.

Volunteer drivers completed 529 journeys per month on average this year, enabling patients and service users to access a wide range of services across the Trust.

This year some new approaches to volunteer recruitment and retention have been introduced. These include:-

- Promoting some of the more challenging roles to fill using the Trust's social media
- Targeting psychology students directly through a presentation at a Leicester University volunteering workshop
- Introducing new survey methods both to gather feedback from volunteers and collect equality monitoring data.
- New volunteer roles have been established in Communications,

- Fundraising, the Recovery College, and Healthy Together in FYPC and in Arts in Health.
- Volunteer long service was celebrated for the first time at the Trust's Annual General Meeting with 69 volunteers eligible to receive certificates and badges, funded through money the team raised in 2016. This was in recognition of five, ten, fifteen or twenty years' service.
- Four fundraising events were held in 2017 raising £1,100 which will enable the volunteering team to enhance training and equipment for volunteers, and to ensure that the trust volunteer experience is really positive.

3.4.7 Patient Led Assessment of the Care Environment (PLACE)

We undertook the Patient-Led Audit of the Care Environment (PLACE) in March 2017. Patients join multi-disciplinary teams to judge wards against standards covering cleanliness, the environment, food and hydration, privacy and dignity and dementia.

The graph below shows performance for each of the standards. The national average is given, but the PLACE methodology makes comparison with this average score problematic. The PLACE scores were received by the Trust in August 2017 and were published by the Health and Social Care Information Centre (HSCIC) at the same time.

Overall the results have shown improvement across five indicators. At a national level, average site PLACE scores have slightly improved since 2016 for all domains except privacy, dignity and wellbeing.

Improvements are being implemented to address areas highlighted, including:-

- Refurbishment of two patient kitchens at Stewart House
- Privacy film application to windows at St Lukes Hospital
- New furniture provided for all the wards at the Bradgate Unit
- New furniture for the waiting room at Loughborough Physiotherapy Department

PLACE: Trust and national average overall scores 2017

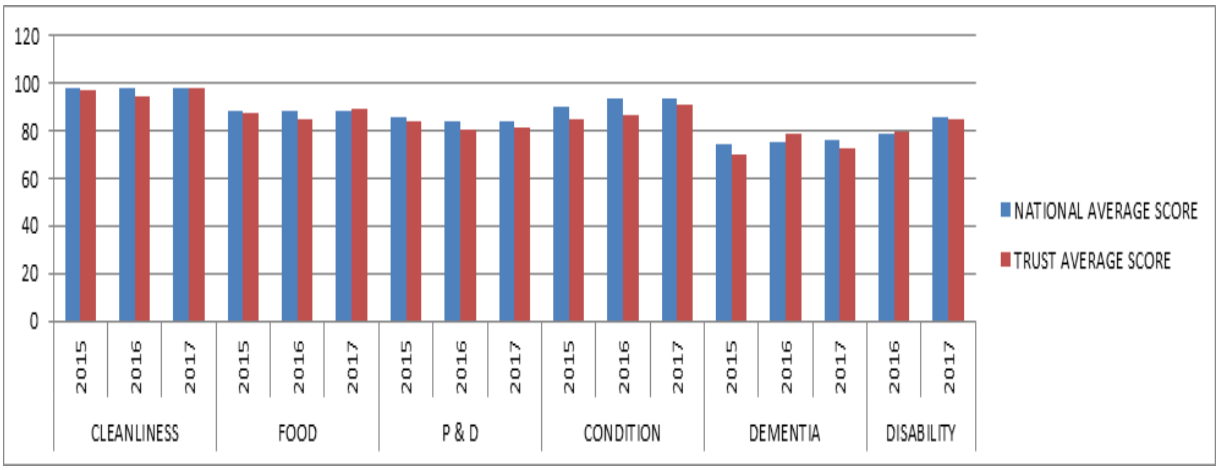


Table – Trust and national average overall scores

3.4.8 Examples of Patient Experience Improvements during 2017/18

Healthy Eating Quiz

During Dieticians Week in June 2017 the service launched the myth-busting 'Food for Thought' interactive healthy eating quiz on our Health for Kids website.

The 'Food for Thought' quiz uses a 'play your cards right' format, putting children's understanding of the relative fat, sugar and salt content of a range of foods to the test in a fun and thought-provoking way. So, if you've ever wondered how the fat content of a samosa compares to a sausage roll, or whether a fizzy drink or a milkshake has more sugar, Food for Thought is the place to find out!

Crisis House

In December 2017, Turning Point opened the doors of a new adult mental health crisis house following a move to new premises close to the centre of Leicester.

The crisis house provides short-term intensive support for adults in LLR who need extra help during times of mental health crisis. It supports people to avoid unnecessary hospital admissions.

The support available includes a free 24-hour crisis helpline, outreach services at eight locations and peers supporters offering additional help and support for people staying at the crisis house

The Recreation Room Big Conversation

A Listening into Action (LiA) event was held in November 2017, to help understand how to best utilise the Recreation Room at the Bradgate Mental Health Unit (BMHU).

The event was attended by twenty two service users and eight members of staff.

Whilst longer term goals included music equipment and interactive whiteboard, an immediate plan from the day included decluttering and obtaining suitable furniture.

The team have organised the de-clutter and are working with the estates team regarding furniture. The group will then review how the room usage can be increased

Health for Teens

In December 2017 a series of 'peer pressure' quizzes on Health for Teens were developed.
The scenario based quizzes focused on sexual health, alcohol and drugs in advance of the Christmas/New Year holiday.
They will be promoted again in 2018/19 through schools and public health nurses.

Respiratory Vests

The respiratory physiotherapy service have introduced Hill Rom respiratory vests.These are high frequency chest wall oscillators which assist with chest clearance in children with weakened chest muscles, helping to keep them out of hospital and be cared for at home, improving the quality of life, both for the children and for their families.

Improving the experience of patients with Dementia

The Health Foundation funded project to embed the Enriched Model of Dementia Care onto the wards at the Evington Centre has improved patient experience. The project has used an observational tool based on Dementia Care Mapping to measure the interactions between staff and patients and this has provided us with insight into the quality of care in relation to patient's wellbeing. This project has identified improvements in both the numbers and quality of staff and patient interactions. It is anticipated going forward that there will be a reduction in the use of high level patient observations and an increase in staff morale.

3.5 Commentary received from stakeholders

Clinical Commissioning Groups Statement

LPT Quality Account 2017-18

LEICESTERSHIRE COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON THE LEICESTERSHIRE PARTNERSHIP NHS TRUST QUALITY ACCOUNT FOR 2017-18

MAY 2018

The Health Overview and Scrutiny Committee welcomes the opportunity to comment on the Leicestershire Partnership NHS Trust (LPT) Quality Account for 2017-18.

The Committee accepts LPT's Quality Account as a balanced representation of the Trust's work over the past year and is not aware of any major issues omitted from the report. However, given well publicised issues with waiting times for LPT services it is disappointing that the Quality Account does not give more information and commentary on this issue. It would have been helpful for the waiting list figures to have been provided for all services particularly Mental Health services for people of all ages.

In our commentary on the 2016/17 Quality Account we noted that the Care Quality Commission (CQC) rated CAMHS as inadequate on two domains, safety and responsive. The Committee now congratulates LPT for the work which led to CQC removing the 'inadequate' ratings, though we believe there is still further progress to be made.

The Quality Account refers to the Specialist CAMHS Traffic Lights system and it is pleasing to note that patients are risk assessed whilst waiting in the CAMHS system. We explored this issue at our February 2018 Committee meeting and received reassurance that telephone contact is kept with patients to ensure that they were safe and their mental health was not deteriorating.

The Committee was pleased to hear of the plans for the new 15-bed inpatient CAMHS Unit at Glenfield Hospital but we would seek reassurance that the funding for this project is secure.

The Committee welcomes the priorities for improvement during 2018/19 in particular discharge planning and the quality of communication with patients. The Committee notes that discharge planning was also a priority for 2017/18 and it is disappointing that more progress has not been made. It is pleasing that there is an intention to

create clear patient focused discharge plans and hoped that these can be devised as early as possible after the patient has been admitted.

It is reassuring that the Quality Account acknowledges the challenges with regard to recruitment and retention of staff, though it is noted that the document contains no reference to the current reliance on Agency and Bank staff and how this will be managed in future.

The Committee is disappointed to note that 'attitude of staff' and 'patient expectations and service delivered' were trust wide complaint themes. These were issues highlighted by some patients in the Healthwatch Leicestershire report entitled 'Insights on the Bradgate Mental Health Unit' which the Committee has reviewed. The Committee recognises that staff are under pressure but hopes that the Trust can put measures in place to improve the patient experience.

In conclusion, the Committee is of the view that the Quality Account is accurate and provides a just reflection of the healthcare services provided. The Committee is looking forward to the improvements to be made in the year 2018-19 to the LPT's healthcare provision in line with the priorities set out in the Quality Account for 2017-18.

Healthwatch Leicester Leicestershire & Rutland Statement

8th May 2017

LPT Quality Account 2017-18

Joint Response from Healthwatch Leicester/Leicestershire and Healthwatch Rutland

We are very pleased to respond to this Leicester Partnership Trust Quality Account which looks back to achievements in 2017-18 and forward to plans for 2018-19.

2017/18 - summary: the Care Quality Commission (CQC) published its latest report on LPT on 23 January 2018, following their inspection of services in October and November 2017. The trust has again been rated as 'requires improvement'. There has been an improvement in the 'responsive' category from 'inadequate' to 'requires improvement', which is of course welcome, but the public had hoped and deserved to see a greater improvement in the rating of the trust overall, so this remains a disappointment for the people of Leicester, Leicestershire & Rutland.

2018/19: local Healthwatch work closely with LPT to ensure that patient and service user experiences are fed back to the leadership to help improvement initiatives. We are therefore particularly pleased to see that patient centred care is evident in 3 of the 4 priorities for quality improvement in 2018/19:

Improve patient involvement in the planning and recording of their care

Improve quality outcomes of discharge planning and patient follow up

Improve the quality of clinical supervision (to include feedback from staff)

Improve the quality of communication with patients

In more detail: in order to assess the year from a patient and public perspective, we adopted the four tests recommended by Healthwatch England:

Does the draft QA reflect people's real experience told to local Healthwatch by service users and their families and carers over the past year?

We believe this account captures the majority of patient experiences. In particular in relation to patient expectations and service delivered with regard to community nursing services. This service remains a concern for the public as they tell us that the service appears to be under pressure, which with the resource available then adversely impacts the patient experience with appointments missed or appointment times reduced. We understand that transformations have been made in this service, but if so the public appear to have yet to see the benefits.

A large public survey run by Healthwatch Rutland in 2017 showed that the Rutland public were concerned about the provision of Mental Health Services in the county. The public want to see more parity between the provision of mental health services with those for physical health. This information was fed back to LPT, but it has been difficult to ascertain if/how this information has been used to address the concerns raised.

In the Healthwatch Leicestershire report "I matter" looking at the services in the Bradgate Unit, patients highlighted concerns with the quality and appropriateness of information given by the trust when they were admitted and we are pleased to see this as a focus for LPT in the coming year.

From what people have told local Healthwatch, is there evidence that any of the basic things are not being done well by the provider?

As above, a main area of concern remains the pressures that the Community Nursing service is under, for the resources which it has available, and the negative impact that can have on patient experience.

In addition, the adequacy of resource provision for mental health services in the community, particularly in the rural areas of LPT's patch are causing some sections of the public concern.

Furthermore, we continue to hear of public concerns over long waits for CAMHS services for young people.

Is it clear from the draft Quality Account that there is a learning culture within the provider organisation that captured and used to enable the provider to get better at what it does year on year?

The quality account documents contain many initiatives to learn from experience. Healthwatch has supported LPT peer review of the handling of complaints by the Trust and initiatives such as this demonstrate a willingness to learn from experience. The quality account also shows where, in some circumstances, patient feedback has led to action plans being put in place to address issues raised, for example in reacting to patient surveys.

It is very welcome to see the improvements made in 2017/18 following patient experience activities such as Patient Led Assessment of the Care Environment (PLACE) audits, and we hope these continue.

Are the priorities for improvement set out in the draft Quality Account challenging enough to drive improvement and it is clear how improvement has been measured in the past and how it will be measured in the future?

We support the priorities for 2018-19 as set out in the draft document (figure 2). It is clear how these planned improvements will be measured. We would suggest however, that priority 4 'Improve the quality of communication with patients' could be broadened to include community nursing patients as well as those accessing community mental health services.

Conclusions: in conclusion we praise the very determined efforts and hard work by both staff and directors of LPT to drive forward improvements (although we do see an apparently under-resourced service compared to demand). We are particularly encouraged by the patient centred nature of the priorities for the coming year. Local Healthwatch remain committed to working with LPT to ensure that the patient voice is central to decision making going forward. It will be particularly important to understand patients' experiences and views as the local Sustainability and Transformation Partnership (STP) matures.

Micheal Smith	Sarah Iveson
Manager	CEO
Healthwatch Leicester and Leicestershire	Healthwatch Rutland

Clinical Commissioning Groups Statement

Comments from NHS East Leicestershire & Rutland, Leicester City and West Leicestershire Clinical Commissioning Groups

NHS East Leicestershire & Rutland Clinical Commissioning Group (CCG) is the lead commissioner for Leicestershire Partnership Trust on behalf of a number of commissioners and in this role the CCG is responsible for monitoring the quality and performance of services at Leicestershire Partnership Trust throughout the year. We welcome the opportunity to provide the narrative on the Quality Account for 2017/18 on behalf of West Leicestershire and Leicester City Commissioning Groups in Leicestershire. We have reviewed the account and would like to offer the following comment:

This is a wide ranging report and covers the key elements that are required within a quality account. CCG Commissioners would like to note in particular a number of areas of good practice and achievement:

- The continued rating of Good for the domain of Caring in the recent CQC inspection report.
- Lessons learned and changes made following investigation and review of reported Serious Incidents.
- The reduction of patient waiting times for routine and urgent appointments for Mental Health Services for Older People and the Community Integrated Neurology & Stroke Services.
- The continued use of clinical audit and research to drive quality improvements across physical and mental health clinical services

We fully support the Trust's focus in this coming year on improving patient involvement in planning and recording of their care, improvement in quality outcomes of discharge planning and patient follow up, improving quality of clinical supervision and quality of communication to patients. We are encouraged to see the actions that will be taken to improve these areas; however, we would like to note that that these clinical priorities are very similar to the previous year's but with a focus on quality improvement and engagement. We believe that these priorities are appropriate and in line with the CCG's identified areas for improvement, although ongoing issues with staffing may be required to be considered within these.

We note that the Trust's quality strategy takes into account local and national context of service change that will critically affect the quality of patient care. This is indicative of the ambition and commitment from the organisation and its staff members to work towards improving quality and patient safety in the current climate of change and austerity. It was positive to see that the account also provided details on this year's CQC inspection with areas for improvement and positive findings stated, alongside how the organisation reviews and monitors progress with their action plan.

However there are a number of areas that commissioners believe could further augment this Quality Account to provide a more balanced representation of the Trust's performance:

The Trust's compliance with the national PREVENT strategy was referred to; however NHSE national time frames were unable to be met. It may have been appropriate to reflect on this and what actions were undertaken to ensure staff received required training.

It is noted that the 'Traffic Light System' for the Specialist Community Mental Health Services for Children and Young People services was launched in August 2017; whilst this was a proactive measure to address clinical risk to these patients, there was no additional information included on the service's waiting list lengths and quality concerns.

Throughout 2017/18, the Trust has faced continued considerable pressure to maintain safe staffing levels within inpatient and community services. The Trust has taken a number of measures to maintain and increase the number of registered nurses including regular job fairs and utilising other healthcare professionals that are employed in the services. Although there is a section within the report, the Quality Account would benefit from more detail to outline the specific pressure points, clinical risks and actions taken to address these.

The Trust continues to report positively against a number of national quality indicators including CPA 7 day follow up and crisis gatekeeping as well as locally agreed quality indicators within the contract quality schedule; however clarification is required on some of the areas requiring improvement within this, such as crisis service waiting times and the decline in Quarter 3 of numbers of patients receiving CPA 7 day follow up. The monitoring of the local quality schedule has also enabled identification of key areas of concern such as community nursing staffing and pressure ulcer prevention, so enabling utilisation of work streams to explore and address these. Narrative on the Trust's progress on the quality schedule would be useful to obtain a balanced perspective on this.

We believe that we continue to have a highly positive relationship with the Trust and we look forward to ongoing collaborative partnership working to ensure high quality mental health and community services for the people of Leicestershire. We will continue to work with the Trust in the monitoring of progress against the priorities outlined in this Account, as well as providing our continued support with the improvement actions outlined within this Quality Account.

KPMG

INDEPENDENT AUDITOR'S LIMITED ASSURANCE REPORT TO THE DIRECTORS OF LEICESTERSHIRE PARTNERSHIP NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of Leicestershire Partnership NHS Trust's Quality Account for the year ended 31 March 2018 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations") and the National Health Service (Quality Account) Amendment Regulations 2017 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following indicators:

- Percentage of admissions gate kept by the Crisis Resolution Home Treatment Team (CRHT) (the Gatekeeping indicator); and
- Percentage of patient safety incidents resulting in severe harm or death (the PSI indicator).

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the Directors and the auditor

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- board minutes for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from commissioners, dated May 2018;
- feedback from local Health watch organisations, dated May 2018;
- feedback from the Overview and Scrutiny Committee dated May 2018;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated July 2017;
- the CQC Survey of people who use community health services national patient survey, dated November 2017;
- the Mental Health Inpatient Survey 2017, dated October 2017;
- the 2017 National NHS staff survey, dated March 2018;
- Care Quality Commission inspection, dated April 2018; and
- the Head of Internal Audit's annual opinion over the Trust's control environment, dated May 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Leicestershire Partnership NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Leicestershire Partnership NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Leicestershire Partnership NHS Trust.

Basis for adverse conclusion on the Gatekeeping indicator and the Patient Safety indicator

As set out in the Statement on Quality from the Chief Executive of the Trust on page 6 of the Trust's Quality Report, the Trust currently has concerns with the accuracy of data supporting the Patient Safety Incidents indicator and the Gatekeeping indicator included in the Quality Account.

Percentage of Patient Safety Incidents resulting in severe harm or death (PSI)

We were unable to confirm the accuracy of the PSI indicator when recalculating the indicator using the raw data provided by the Trust for both the numerator and the denominator. As a consequence we are unable to issue a limited assurance opinion on this indicator.

The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period (Gatekeeping)

Our testing of the calculation of the Gatekeeping indicator identified a 20% error rate in that patients that were exempt per the national guidance had been included and other patients had been omitted.

As a result of these issues, we have concluded that the PSI indicator and the Gatekeeping indicator for the year ended 31 March 2018 have not been reasonably stated in all material respects in accordance with the six dimensions of data quality set out in the Guidance.

Adverse conclusion

Based on the results of our procedures, with the exception of the matter(s) reported in the "Basis for adverse conclusion" paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
1 Snowhill
Snow Hill Queensway
Birmingham
B4 6GH
25 June 2018

Appendix 1 List of LPT Services 2017/18

During 2017/18 LPT provided and/or subcontracted 102 NHS services. Mental Health and Learning Disabilities account for 59 services and Community Health Services make up the remaining 43.

Mental Health and Learning Disabilities Services

Inpatients
Adult Forensic Non Secure Inpatients
Adult General Psychiatry Inpatients
Adult Low Secure
AMH Psychiatric Intensive Care Inpatient
Assertive Outreach Inpatients
CAMHS Tier 4
Eating Disorder Tier 4
Huntingtons Disease Inpatients
LD Inpatients - Treatment and Assessment
LD Short Breaks
MH Inpatient Rehabilitation Service
MHSOP - Functional Assessment
MHSOP - Organic Assessment

Non Inpatient Services

Acquired Brain Injury
ADHD Service
Adult General Psychiatry Community and Outpatient Teams
Adult General Psychiatry-Acute Recovery Team
AMH Triage Car Service
Aspergers
Assertive Outreach Community
CAMHS - Eating Disorders
CAMHS - Learning Disability Service
CAMHS - Young Peoples Team
CAMHS Access Team
CAMHS Crisis and Home Treatment
CAMHS- Outpatient & Community
CAMHS Paediatric Psychology
CAMHS Primary Mental Health Contract
Clinical Neuropsychology
Cognitive Behavioural Psychotherapy
Community and Outpatients Forensic Team
Court Liaison and Diversion
Crisis House
Dynamic Psychotherapy Service
Eating Disorders Service - Community
Eating Disorders Service - Daycare
Employment Services
Health Facilitation Service
Homeless Service (City)
Huntingtons Disease Community
LD Autism Service
LD Community Team
LD Outreach
Liaison Psychiatry
Liaison Psycho Oncology
LLR Perinatal Mental Health Service
Medical Psychology
Mental Health Triage Service (Urgent Care Centre and UHL)
METT Centre and Linnaeus Nursery
MHSOP - Memory Clinics
MHSOP Community Teams
MHSOP FOPALS
MHSOP In-Reach
MHSOP Outpatient Service
Personality Disorder Service
PIER
Place of Safety Assessment Unit
Recovery College
SPA Acute Assessment and CRHT

Community Health Services

Inpatients
ICS Beds
Intermediate Care and Community Hospital Beds

Non Inpatient Services
Audiology
Child Protection Medical Services
Child Sexual exploitation Specialist Nurse Service
Childrens Occupational Therapy
Childrens Phlebotomy
Childrens Physiotherapy
Childrens Respiratory Physiotherapy
Childrens SALT
City Reablement Service
Community Nursing
Continence Nursing Service
Death Overview panel
Designated Doctor for Safeguarding
Diana Childrens Community Nursing
Diana Community & Family Service (Cafss)
Diana Complex Care Team
Diana Transitions(City)
Heart Failure Service
Hospice at Home
LNDS & HENS
Looked After Children
Mickey Buttons
MSK Therapy
Named Doctor for Safeguarding
Paediatric Medical Services
Pathways 3 Therapy Service
Phlebotomy
Podiatry
Primary Care Coordinators
Prison Healthcare services
Rehabilitation
Respiratory Specialist Service
Single Point of Access (SPA)
Specialist Palliative Care Nurses
Speech Therapy
Stroke & Neuro
The Falls Clinic Program
Tissue Viability
Travelling Families Services
Ujala Resource Centre
0-19 Health Child Programme School Nursing/Health Visiting

Appendix 2 CQC Grid

CareQuality Commission

Last rated
29 January 2018

Leicestershire Partnership NHS Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding
		▼		

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Community health inpatient services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
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 mental health services for people with learning disabilities or autism	Good	Good	Good	Requires improvement	Good	Good
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Community-based mental health services for older people	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Forensic inpatient/secure wards	Good	Requires improvement	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

CareQuality Commission

Last rated
29 January 2018

Leicestershire Partnership NHS Trust

	Safe	Effective	Caring	Responsive	Well led	Overall
Mental health crisis services and health-based places of safety	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Specialist community mental health services for children and young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Wards for older people with mental health problems	Good	Requires improvement	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Good	Good	Good

Appendix 3: Data definitions

CPA – 7 day follow-up

The indicator definition is: The number of people under adult mental illness specialties on CPA who were followed up (either by face to face contact or by phone discussion) within 7 days of discharge from psychiatric in-patient care.

LPT CPA clinical procedure is that prior to discharge a patient review may result in a clinical decision to take the patient off the CPA and in this instance the patient will be reviewed and placed on non CPA at the point of discharge. Where a service user is discharged and not on CPA, the rationale for this decision is recorded, thus not all patients discharged from a psychiatric ward are regarded as being on CPA.

Trust inpatient policy: "Where a service user is discharged and not on CPA, the rationale for this decision must be recorded. Those not on CPA will have a Lead Professional identified. (Unless the service user is discharged from the services)."

The National guidance: "Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical Commissioning Groups and Area Teams" details the denominator for this indicators as: *The total number of people under adult mental illness specialties on CPA who were discharged from psychiatric in-patient care*. *All patients discharged from a psychiatric in-patient ward are regarded as being*

Test numerator and denominator: A manual quality assurance process is undertaken by the service to cross check a patient who had discharge recorded on RiO against what is recorded on either electronic or manual paper notes of staff.

CRT Gatekeeping

The indicator definition is: In order to prevent hospital admission and give support to informal carers, CRHT are required to gatekeep all admission to psychiatric inpatient wards and facilitate early discharge of service users. An admission has been gatekept by a crisis resolution team if they have assessed the service user before admission and if the crisis resolution team was involved in the decision making-process, which resulted in an admission.

Patient safety incidents

The indicator definition is: National Reporting and Learning System (NRLS) define a patient safety incident as 'any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS funded care'.

Glossary

Adult Mental Health Services (AMH)
This is the division which provides adult mental health services.

Adult Mental Health - Learning Disabilities (AMH-LD) A sub-division of AMH responsible for the provision of Learning Disability Services.

Better Care Together (BCT)
A programme of work which will transform the health and social care system in LLR by 2019, by ensuring that health and social care services in LLR are capable of meeting the future needs of the local population. BCT brings together partners, including local NHS organisations and councils, to ensure that services change to meet the needs of local people, and future challenges.

Black and Minority (BME)
Black and Minority Ethnic or Black, Asian and Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent.

Care Pathways
These determine the locally-agreed, multi-disciplinary practice based on guidelines and evidence, where available, for each specific service user group.

Care Programme Approach
(CPA) A system of delivering community services to those with a serious mental illness, based upon the four principles of assessment, care plan, care co–ordination and review.
Implicit in all of them is involvement of the person using the service, and where appropriate, their carer.

Care Quality Commission
(CQC) The Care Quality Commission replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Local application of the Mental Health Act is now included as part of the CQC's Comprehensive Inspection Programme.

Child and Adolescent Mental Health Services (CAMHS)
CAMHS is a range of services for children and young people aged up to 18. Young people between 16 and 18 years can access CAMHS or other adult services, depending on which is felt to be more useful for their needs.

CHIME
Connectedness, Hope and optimism, Identity, Meaning, Empowerment (CHIME)

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

Clostridium difficile (CDiff)
CDiff is a species of bacterium that causes diarrhoea and other intestinal disease when competing bacteria are wiped out by antibiotics.

Commissioning for quality and innovation (CQUIN)
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.

Commissioners
Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning Groups are the key organisations responsible for commissioning healthcare services for their area. They commission services for the whole of their population, with a view to improving their population's health.

Community Health Services and Mental Health Services for Older Persons (CHS/MHSOP)
This is the division which provides inpatient community services, community services, and mental health services for older people.

Deprivation of Liberty Safeguards (DoLS)
These are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Families, Young People and Children's Services (FYPC)
This is the division which provides services to families, young people and children.

Friends and Family Test (FFT)
FFT is a patient metric to test likelihood of recommending our ward / service to friends and family if they were to need similar care or treatment. Scores are now shown as the percentage of people who express 'extremely likely' and 'likely' to recommend the service to their friends and family (from a 5 point range from; 'Extremely likely' to 'Extremely unlikely').

GEM (Arden and Greater East Midlands Commissioning support Unit.
One of the largest Commissioning Support Units in the country, serving 37 Clinical Commissioning Groups, with a population of around 6.3 million; they deliver commissioning support.

Health & Social Care Information Centre (HSCIC)
A national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care; HSCIC is an executive non-departmental public body, sponsored by DoH.

Healthcare Associated infections (HCAI)

HCAI are infections acquired as a consequence of a person's treatment by a healthcare provider, or by a healthcare worker in the course of their duties. They are often in a hospital setting, but can also be associated with clinical care delivered in the community.

Healthwatch
Healthwatch is the consumer champion for Health and Social Care. A local Healthwatch is an independent organisation, able to employ its own staff and involve volunteers, so it can become the influential and effective voice of the public. It keeps accounts and makes its annual reports available to the public. It replaced LINKs (Local Involvement NetworK), has taken over their responsibilities and has implemented additional services around advice and guidance.

The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their community.

Integrated quality and performance reports (IQPR)
A monthly report which gives levels of compliance with our improvement priorities, the Monitor Compliance Framework and CQC registration requirements. The report also provides the current monthly data and trend analysis across each of the Trust strategic objectives including all local commissioning targets and internal Trust targets.

ICD-10
the 10th revision of the International Statistical Classification of Diseases and Related Health Problems, a medical classification list by the World Health Organisation.

Information Governance Toolkit
The framework by which the NHS assesses how well we meet best practice for collecting, storing and sharing information about people. These standards cover information governance management, confidentiality and data protection, information security, information quality and the keeping of all records.

Leicester, Leicestershire and Rutland (LLR)
Our local healthcare area.

Learning Disabilities Services
This is the division which provides services for adults with learning disabilities.

Listening into Action (LiA)
LiA is one of the key ways that the Trust empowers staff to make changes that improve working life and patient care. The scheme works to bring people together to share their thoughts and ideas, and to make improvements together. It is now an essential part of our programme to improve the quality of care across all of our services.

Mental Capacity Act 1983 (MCA)
This is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.

Mental Health Act (MHA)
Amended in 2007, the MHA sets out treatments, rights, etc., for those with mental disorders, and also the legal powers of detention of doctors and Approved Mental Health Professionals. It outlines a legal framework which must be followed to ensure rights are protected.

Mental Health Services Minimum Dataset (MHSDS) A mandatory requirement for all providers of specialist adult mental health services in a secondary care setting, to collect person focused clinical data which includes all relevant treatment and care for service users. The coded clinical data inputted helps provide local clinicians and managers with better quality information for clinical audit, service planning and management, with the aim of ensuring provision of accurate and concise quality data.

Methicillin-Resistant Staphylococcus Aureus (MRSA)
A common skin bacterium that is resistant to a range of antibiotics. 'Methicillin-resistant' means the bacteria are unaffected by Methicillin, a type of antibiotic that used to be able to kill them.

MHSOP
Mental Health Services for Older People

Multi-Disciplinary Team (MDT)
MDTs are composed of members from different healthcare professions with specialised skills and expertise, who collaborate together to make treatment recommendations that facilitate quality patient care.

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

National Institute for Health and Clinical Excellence (NICE) The National Institute for Health and Clinical Excellence provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health.

National Institute of Health Research (NIHR) A national body established to commission and fund NHS and social care research in public health and personal social services. Its role is to develop the research evidence to support decision making by professionals, policy makers and patients, make this evidence available, and encourage its uptake and use.

National Patient Safety Agency (NPSA) A national agency which leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.

National Reporting and Learning System (NRLS)
A central database of patient safety incident reports. Since the

NRLS was set up in 2003, over four million incident reports have been submitted. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.

Non-portfolio Research
The majority of these studies are relatively small-scale, local studies (formerly known as "own account" research).

Patient Safety Thermometer
A point of care survey instrument, the Patient Safety Thermometer measures local and system progress in providing a care environment free of harm for patients. It allows clinical teams to measure the proportion of patients that are 'harm free' during their working day.

PIER
Psychosis Intervention and Early Recovery (PIER) Services

Portfolio Research
These are studies that are of "high quality", as determined by being awarded funding on a competitive basis from an eligible funding body (such as MRC, NIHR, HTA, SDO, RfPB etc.). In most cases these are multi-centre studies aiming to recruit large numbers of participants, so as to produce the best possible evidence. The majority of these studies are "adopted" by Topic Specific Networks such as MHRN (Mental Health Research Network), CRN (Cancer Research Network), DRN (Diabetes Research Network) or directly on to the UKCRN Portfolio through the NIHR-CSP (Central Sign-off for NHS Permission) system managed by the Comprehensive Local Research Networks (CLRN).

PREVENT
Prevent is about safeguarding people and communities from the threat of terrorism.

PREVENT wrap
Workshop to Raise Awareness about Prevent

Quality Schedule
LPT's Quality targets and goals as agreed with the three local Clinical Commissioning Groups. Progress against delivery is monitored by Commissioners on a monthly basis through formal meetings, and by visits.

Secondary Users Service (SUS)
A single source of comprehensive data, available to the NHS, to enable a range of reporting and analysis.

Summary Hospital Level Mortality Indicator (SHMI)
An indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by the Health and Social Care Information Centre (HSCIC) with the first publication having been in October 2011. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

Trend
A trend refers to the concept of collecting information and attempting to spot a pattern, or trend, in the information. A trend line presents the 'trend'.

360 Assurance
Established in July 2013, 360 Assurance brings together two long standing internal audit services. They assist LPT in the identification of key business risks and in the gaining of assurances that these are being managed effectively.

Feedback your views

This is the Quality Account and we want this report to be used to inform discussions about how we could improve our services. The Trust welcomes your questions or comments on the issues raised in this document or any of its services.

Comments should be sent to:
Chief Executive , **Leicestershire Partnership NHS Trust, Riverside House/Bridge Park Plaza**, **Bridge Park Road**, **Thurmaston**, **Leicester**, **LE4 8PQ.**

Telephone: 0116 295 0994 and ask for the communications team
Email: feedback@leicspart.nhs.uk

This document is also available on our website at www.leicspart.nhs.uk
(After 30th June 2018)