

Quality Account

2022/23

Creating high quality, compassionate care and wellbeing for all



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Glossary of Terms

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

AMH - Adult Mental Health Services.

BAME - Black and Asian Minority Ethnic. Terminology normally used in the UK to describe people of non-white descent.

CAMHS - Child and Adolescent Mental Health Services. CAMHS is a range of services for children and young people aged up to 18.

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

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

Commissioners are responsible for ensuring that adequate services are available for their local population by assessing needs and purchasing services. In July 2022 Integrated Care Boards (ICBs) took over the responsibilities previously held by clinical commissioning groups (CCGs) and some of the direct commissioning functions of NHS England.

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

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

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

CRN – Clinical Research Network.

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

DoN - Director of Nursing

EIP – Early Intervention in Psychosis

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

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

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

FYPC/LD - is the Families, Young People and Children's Services/Learning Disabilities directorate of LPT.

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

ICB – Integrated Care Boards were established on 1 July 2022 (see 'Commissioners' above).

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

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

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

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

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

MHSOP - Mental health services for older people.

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

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

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

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

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

POMH – Prescribing Observatory for Mental Health.

PPI – patient and public involvement.

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

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

RD team – Research and Development Team.

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

Introduction

What is the Quality Account?

A Quality Account is a report about the quality of services offered by a healthcare provider. All NHS organisations must produce one each year and NHS England determines what information it must contain.

We see the quality account as one important way in which we can tell our patients, service users, families and stakeholders about issues that can affect quality of care and how we maintain standards, as well as about improvements that we are making. In addition to the mandatory information that we are required to include, we are also sharing further information about our challenges and successes in 2022/23.

The quality of services is measured in many ways, including by looking at patient safety, the effectiveness of treatments that patients receive, the environment that care is provided in, and what people say about the care that we provide.

Our quality account is structured in three parts:

- **Part 1** provides statements on quality from Chief Executive Angela Hillery, Chair Cathy Ellis, and Executive Director of Nursing, Allied Health Professionals and Quality Dr Anne Scott.
- **Part 2** focuses on progress against priorities in 2022/23, priorities for improvement for next year (2023/24) and includes mandatory statements of assurance from our Board, with additional information to support these.
- **Part 3** is where you will find more information about how we have improved quality over the last year. Although there is no statutory requirement to formally consult on the document, in the spirit of partnership working and openness the draft Quality Account was shared with external stakeholders for information/comment. Stakeholders are not mandated to provide a formal response, however, commentary has been received from the stakeholders listed below and is included within the document.
 - Health overview and scrutiny committee at Leicestershire County Council
 - Healthwatch Rutland
 - Leicester, Leicestershire and Rutland Integrated Care Board

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

Part 1: Statements on Quality

Statement of Quality from our Chief Executive and Chair

We are proud of our staff and the way they continue to step up to great towards our Trust's vision: **“Creating high quality, compassionate care and wellbeing for all.”**

As we entered our reset and rebuild phase from the Covid-19 pandemic this year, our staff have built on the great new and different approaches we developed to support people who use our services, whilst continuing to improve the access to our mental health, community health and learning disability and autism services for all ages. Supporting staff health and wellbeing has also been really important, as we moved back into 'business as usual'.

Working with our system partners, our Step Up to Great strategy has focused us to ensure we are always striving to achieve great health outcomes, through great care, a great place to work and being an important part of our community. We are all leaders at LPT and make a difference.

It has been a consistent part of our Step up to Great improvement journey to put improved patient experiences and safety as our highest priority, and we are pleased that the CQC has recognised that we continue to make significant progress. Although the Care Quality Commission (CQC) did not visit any of our services in this last financial year, we did receive an improved report and ratings following the inspection report in May 2022 in relation to their focused unannounced inspection of the acute wards for adults of working age and psychiatric

intensive care units, which took place in February 2022.

The CQC moved up our ratings for this core service in recognition of these improvements in the two key domains they inspected – 'safety' and 'responsiveness'. The CQC report concluded that 'The Trust have met all actions required in the enforcement action issued at the last inspection.'

The CQC did not inspect the other domains of 'effective,' 'caring' and 'well-led' hence our overall rating for these domains remains the same and the overall core service rating remains 'requires improvement.' However, there are no longer any services rated inadequate in their overall ratings. This is a true testament of the hard work and commitment of everyone involved, and we are proud that the CQC has recognised continued improvement.

The CQC are changing their regulation to a risk-based approach, and although we have had no inspections this year, we continue to have regular relationship meetings with the CQC, to offer assurance and updates on our improvements.

We have had many highlights over the last year that we are proud to share. We draw your attention to some of these below. You can read more about these and other updates in our separate Annual Report 2022/23.

- Our mental health transformation programme launched a 'Getting Help in Neighbourhoods' programme with our ICS, investing over a million pounds in supporting our new voluntary and community sector alliance to support mental health and wellbeing initiatives at a local level.
- The launch of 25 Crisis Cafés with voluntary sector partners, to provide a safe, supportive and welcoming space for individuals struggling with emotional and mental wellbeing who do not require urgent medical care. This has complemented our 24-hour crisis telephone line.
- Our 18-bedded inpatient ward at Rutland Memorial Hospital has received a £1.5m refurbishment.
- Our first cohort of 30 international nurse recruits have graduated and all of them are now working in our hospitals and inpatient units.
- We have been awarded £85,000 to develop a virtual falls prevention programme, which includes an evidence-based education and exercise programme, and an app to communicate with clinicians via a patient portal to improve mental health and support.
- Teams across our trust have played an important part in supporting exceptionally challenging winter pressures this year, including opening more inpatient beds, support in the community, vaccinations and enhanced community crisis responses for all ages.
- An increased focus on improving waiting times, with success in several areas including the Community Integrated Neuro and Stroke Service (CINNS) and the adult continence service. We also continued to develop virtual wards with our partners, helping to reduce pressures in inpatient wards. We have more to do in mental health services, including CAMHS, and this remains an area of focus that we continue to improve.
- We were pleased to have been awarded contracts to deliver health visiting and school nursing services to 0-11 year olds in Leicestershire and Rutland, in the Spring of 2022. Leicestershire and Rutland County Councils decided to bring in-house the contracts to provide services for 11-25-year-olds. Leicester City Council has also carried out a public consultation regarding the Healthy Together services that we deliver in the city and are recommending the use of Section 75 to re-award this contract to LPT. We await the results of the public consultation.
- Our Specialist Autism Team (SAT) launched ChatAutism text messaging service which was selected as a finalist in the prestigious Nursing Times Awards - it is the first and only service in the UK offering text-based healthcare for autistic people. They also launched an Autism Space on the LPT website, offering specific information and support.
- Our ChatHealth text messaging service was crowned winner of two top NHS awards at the AHSN Network and NHS Confederation's Innovate Awards.
- The corporate finance team won the Finance Team of the Year Award in the East Midlands Healthcare Financial Management Awards.
- We undertook several recruitment fairs, for CAMHS services, community and mental health services, and a careers fair with our system partners, attracting thousands between them.

We have continued to be active in our integrated care system, building on our initial work with local authorities focused on learning disabilities and neuro-developmental needs. We have also developed greater partnership working with others connected to our mental health services, urgent and emergency care, planned and community care, children and young people - especially those needing additional support.

Our leadership on the learning disabilities and autism collaborative across Leicester, Leicestershire and Rutland, has been held as a national exemplar and an NHS England case study was produced on our success. We are also shaping the system-wide shadow mental health collaborative, building on the outcomes of our Step up to Great Mental Health public consultation.

We were also pleased that our Leicestershire Partnership and Northamptonshire Healthcare Group were selected by NHS England as one of only nine participants in a new national innovator scheme in February 2023. This is a great opportunity for our Group to lead as an exemplar on provider collaboratives, building on our Group and system objectives for wider impact.

Ensuring that we are an inclusive, compassionate trust, that is 'together against racism' is an important one of our Group objectives. This year we have relaunched our zero tolerance campaign, to make it clear that any form of abuse against our staff is unacceptable. There has also been a focus on ensuring diverse interview panels, reverse mentoring, cultural competence and Active Bystander programmes, Developing Diverse

Leaders programme and joint inclusive leadership masterclasses.

We were pleased that the LLR ICS was awarded Inclusive ICS of the Year in this year's Midlands Inclusion and Diversity Awards, and Angela was named Inclusive Leader of the Year. Angela was also named the number one NHS chief executive in the country by the Health Service Journal (HSJ) in March 2023, recognised as a 'pioneer' for leading two Trusts since 2019, and leading closer collaboration and partnership working. This is a credit to teams across LPT and NHFT.

Having a great working culture is important to help our workforce to thrive and deliver great patient and service user care and experience. Around 3000 staff (51%) shared their experience of working at LPT through the 2022 NHS staff survey, which is above the national average of 50%. It was the first year that the survey included bank staff. The response rate from bank staff was 20%, which was also above the national average of 19%. We were pleased to see positive improvements in scores across the questions compared to last year, and several results are higher than the national average. There were 101 questions in total. Of these, 89 improved, five stayed the same and seven went down slightly. All of our People Promise indicators were either above or in line with the national average. We are particularly pleased that the majority of staff who responded felt that LPT is an inclusive and compassionate place to work – a positive reflection of our values and leadership behaviours for all. The proportion saying patients are LPT's top priority also improved significantly.

While we've made significant improvements in many areas in the staff survey, there are some key areas our staff identified for improvement. We have relaunched our culture improvement programme, Our Future Our Way, enabling 80 change leaders to review these areas in more detail with staff, through a series of roadshows, focus groups and board interviews. This (now embedded) approach, will engage staff in identifying the barriers within these issues to co-design solutions. Creating an inclusive compassionate culture is a key part of our People Plan, which is shaped around the NHS People Promise. We are focusing further targeted interventions around recruitment and retention as an NHS People Promise exemplar. Our summary Financial Accounts for 2022/23 are presented with our

separate publication the Annual Report 2022/23. Like the rest of the NHS, it has been a challenging year, particularly in relation to finances and we close our accounts with a £2.9m deficit in our 2022/23 annual accounts. We thank all of our staff for the increased efforts to make efficiencies and a value for money approach will continue to be a focus in the coming financial year.

We would like to thank everyone who makes up the WeAreLPT family – our staff, volunteers, service users and partners. You have each played a significant part in our journey over the last year. Working in partnership, listening to and engaging you, will remain our focus, as we continue to Step up to Great.

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



Handwritten signature of Angela Hillery in black ink.

Angela Hillery
Chief Executive



Handwritten signature of Cathy Ellis in black ink.

Cathy Ellis
Chair

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

I would like to open this statement for our annual Quality Account by acknowledging the incredible work of our staff who continue to work hard to ensure we deliver high quality, compassionate care and wellbeing for all our service users. It is important to acknowledge that there has been significant challenge across the health and social care system during the winter period, in particular as we work to improve our waiting times so that people can access timely care. We have also worked to reset and rebuild our services as we moved into a new phase of 'Living with COVID-19'.

I remain committed to ensure that patient safety and quality of care is at the heart of our day-to-day business. We are also working to ensure that we are prepared for the implementation of the new Patient Safety Incident Response Framework and the changes in the Care Quality Commission (CQC) new single assessment framework.

We have continued to ensure that we have sustained our improvements following our previous CQC inspection and I am delighted to see the ongoing progress with the dormitory re-provision. This year we have introduced a new self-assessment framework 'Valuing High Standards Accreditation' including a series of quality visits. This supports our ongoing quality improvements across our services. We have also strengthened our 'Fifteen Steps' programme approach to include service user involvement. This brings a

unique perspective to the programme through the lens of people with lived experience.

We have completed a detailed quality and safety review of our services to ensure that our inpatient areas are safe and not at risk of developing closed cultures. This is following concerns raised through the media of inpatient mental health units outside of Leicester, Leicestershire and Rutland. This work was led by the group director of patient safety and our approach has been shared nationally as exemplar practice with NHS England.

I am pleased that our People's Council has continued to ensure patient voice remains at the heart of everything we do. Additionally, we have continued to provide staff flu vaccinations and ensure we play an important lead role within our local system to deliver the national COVID-19 vaccination programme. This has included offering bespoke clinics for adults with learning disabilities to support them in accessing the vaccination programme in a supportive way that meets their needs.

Our staff remain our biggest asset and I am very proud of the work we have done on international recruitment. Our first group of 30 international nurses who arrived in November 2021 are now qualified and working with us. We are delighted to welcome them to Leicestershire Partnership NHS Trust and look forward to supporting their careers.

Staff health and wellbeing continues to remain a key priority and once again we have carried out celebrations for Black History Month, South Asian Heritage Month and Lesbian, Gay, Bisexual and Transgender (LGBT) month, International Nurses' Day and Allied Health Professionals' Day. Additionally, we have celebrated International Women's day and International Men's day with a series of virtual webinars.

I continue to lead specific career development events for our staff from black, Asian and other ethnic minorities to support the career journeys for our AHPs and nurses. I am delighted that LPT have been an integral part in leading the LLR *Developing Diverse Leadership* programme and continued support for the reverse mentorship programme.

Ensuring all people from our diverse communities can access our services is also a key priority for LPT and this remains a priority of focus within our Step up to Great Strategy and progress is overseen by our performance and finance committee reporting into our Trust Board.

We have extended our delivery of the Ashton Compassionate Leadership Programme to include our AHPs and community staff alongside ward leaders. This is to ensure we have strong local clinical leadership. Furthermore, we have also expanded our Director of Nursing and AHP Fellowship programme to support my ambition of ensuring LPT is a place where clinical academic careers and nursing/AHP research can flourish.

Finally, I would also like to acknowledge to contribution that our service users have made this year in helping us to improve our services. We have worked hard to ensure we strengthen the opportunities for our service users to shape care delivery and further detail on this can be found in the body of the report.

Thank you for taking the time to read our 2022/23 Quality Account. I am truly proud of our achievements and am looking forward to further quality improvements in the following year.



Dr Anne Scott
Executive Director of Nursing, AHPs and Quality

Our Trust Board

Our Trust Board

As of May 2023

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



Leicestershire Partnership
NHS Trust



Cathy Ellis
Chair



Angela Hillery
Chief executive



Jean Knight
Interim managing
director/deputy chief
executive



Faisal Hussain
Non-executive
director and
deputy chair



Josie Spencer
Non-executive
director



Hetal Parmar
Non-executive
director



Prof. Kevin Paterson
Non-executive
director



Ruth Marchington
Non-executive
director and senior
independent director



Alexander Carpenter
Non-executive
director



Paul Sheldon
Chief finance
officer*



Sharon Murphy
Executive director
of finance



Samantha Leak
Executive director of
community health
services



Tanya Hibbert
Executive director of
mental health



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



Sarah Willis
Executive director of
human resources
and organisational
development



Kate Dyer
Acting director of
corporate governance



David Williams
Executive director of
strategy
and partnerships*



Dr. Saqib Muhammad
Interim medical
director



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

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

In this section we reflect on progress against last year's priorities (2022/23) and share our priorities for the year ahead (2023/24). These are centred on the pillars of quality, safe, effective care and patient experience and involvement. They have been developed following a review of our existing quality data and themes identified in collaboration with our staff, stakeholders and patients and carers.

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

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

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

Progress against our priorities in 2022/23

Priority one: Reducing self-harm

To further consolidate the work commenced in 2021/22 in improving quality of care to individuals at risk of self-harm in an inpatient setting using non fixed ligatures.

This was a priority because self-harm from non-fixed ligatures is the highest reported type of incident in our DMH/FYPC CAMHS inpatient settings.

Keeping patients safe and ensuring a positive experience of care is fundamental to LPT's vision of 'Creating high quality and compassionate care and wellbeing for all.'



CQC domains: safe

What we said we would do in 2022/23

Baseline current practice within acute mental health and CAMHS inpatient wards against 'the National Confidential Inquiry into Suicide and Safety in Mental Health Self-Harm Toolkit' based on NICE Quality Standard QS34. Self-assessment of acute and CAMHS inpatient services using *Safer services: A toolkit for specialist mental health services and primary care*.

Review NICE guidance due to be published in June 2022 to identify areas of compliance as well as gaps, and develop a quality improvement plan.

Carry out a baseline audit of records of patients admitted with thoughts of self-harm against updated NICE guidance and updated self-harm reduction policy. Feedback from patients to be captured, collated and themed.

Benchmark current self-harm reduction training against other mental health trusts. Survey of staff skills, knowledge and confidence to manage service users presenting with thoughts of self-harm using ligatures. The findings will inform production of training needs analysis.

What we did

We completed a self-assessment against the 'the National Confidential Inquiry into Suicide and Safety in Mental Health Self-Harm Toolkit'

NICE guidance expected in June was not published until September 2022. A joint review of this by DMH and FYPC/LD identified strengths as well as areas for improvement. These relate to safety assessments of those who wish to discharge themselves from care, sharing care plans with patients and those involved in their care and support, and aftercare where concerns remain after an episode of self-harm.

These areas for improvement will be included in an action and improvement plan for 2023/24 alongside work already planned to follow the NICE guidance review (see page 21).

Priority two:

Embed the role of patients as 'Partners in Patient Safety' and widen the scope of patient experience.

This was chosen as a priority because we want patients and families to be at the heart of our work to improve patient safety.

CQC domains: safe, well-led



What we said we would do in 2022/23

Our aim is to have at least two patient partners at Patient Safety Improvement Group (PSIG) and Quality Forum (QF).

We said that we would recruit to the role of patient safety partner and train the new recruits in patient safety principles. We would then introduce them to PSIG and QF so that they can see how we monitor and improve quality and safety and encourage them to become involved once they feel comfortable to do so. This includes them feeling able to identify and discuss areas requiring improvement.

We also wanted to begin to share learning from incidents in a patient story style. We believe that hearing the patient (and carer/loved one's) voice in incident learning will help staff to understand the impact that incidents have on patients, to make them more relatable to them. Our aim was to produce six stories each year for each directorate and receive feedback on the effectiveness of this.

What we did

The patient safety partner role has been clarified and the recruitment advertisement has been approved. The partners form part of the Lived Experience Leadership Framework, along with lived experience partners. This alignment will ensure that partners receive the appropriate level of training and support to enable them to undertake their role. This will include:

- 2-day Patient Leadership Programme (May 2023)
- Bespoke induction and mandatory training
- Experience based co-design training (June 2023)

Partners will also be invited to join a lived experience partner network where they can participate in action learning sets and undertake appreciative enquiry in relation to their work alongside partners working in other roles across the Trust.

Recruitment and payment infrastructure has been approved and recruitment of two patient safety partners commences on 1 April 2023.

Patient story style learning from incidents has been a regular feature on the Trust Board agenda since quarter one, and this has been well received. Patient stories are also now used widely in directorates.

Priority three: Shared decision making

Through shared decision making and collaborative care planning we will transform our patients' experience of care – making no decision about them, without them.

This was chosen as a priority because we want our patients to feel empowered to make decisions about their own care.



CQC domains: safe, well-led

What we said we would do in 2022/23

We planned to identify clinical and medical champions for shared decision making across the Trust and establish a multi-disciplinary shared decision-making group which would include members with lived experience of services.

This group would then develop and implement a plan to make shared decision-making part of everyday care across LPT. The plan will align with NICE guidance (NG197). The plan will have key measures in order to monitor progress.

What we did

We have developed a trust-wide multidisciplinary group consisting of key stakeholders. We have reviewed and baselined against the NICE guidance for shared decision making and identified strengths and areas for improvement.

This review identified areas of significant strength in how service users are involved in shared decision making, for example through the use of collaborative care planning, adaptive communication such as talking mats and visual aids. It has also highlighted further areas for improvement which are being developed into specific quality improvement programmes for 2023/24 (see page 20).

Priority four: Reducing harm from pressure ulcers

To reduce the number of pressure ulcers that develop and deteriorate in our care, to improve patient outcomes and reduce harm associated with poor health. This is in line with the National Wound Care Strategy Programme.



This was chosen as a priority because we continue to have patients with pressure ulcers which occur and/or deteriorate in our care. It is widely understood that pressure ulcers are expensive to treat (treating pressure ulcers costs the NHS more than £1.4 million every day) but, more importantly, they have a detrimental impact on patients. They can be painful and result in longer hospital stays. Patients over 75 years of age who develop a pressure ulcer in hospital had a 10-day longer stay (Theisen, 2012).

CQC domains: safe

What we said we would do in 2022/23

Our aim is to:

- reduce the number of category two and four pressure ulcers that deteriorate in our care,
- reduce the number of category two pressure ulcers that develop in care, and
- help reduce the number of pressure ulcers that occur in care homes and with care home providers.

We will create a pressure ulcer 'dashboard' to monitor incidence of pressure ulcers and progress with improvement.

We will review and update pressure ulcer training for LPT staff.

All new patients of the community nursing service will have a first contact assessment completed by a senior nurse.

Patients on the community nursing caseload who have their category two pressure ulcer care formally delegated to a healthcare assistant will have a weekly virtual review by a registered nurse. This can be escalated to a face-to-face visit where required.

We will roll out pressure ulcer prevention visits for those patients who are identified as at risk and meet the criteria for visits.

We will ensure that local 'Making Every Contact Count' initiatives include an assessment of the risks which contribute to pressure ulcer development. For example, immobility, incontinence and poor diet.

We will raise awareness of pressure ulcer risk factors and share LPT resources with care homes and home care providers in LLR.

Reducing harm from pressure ulcers

What we did

We re-established the trust strategic pressure ulcer prevention group who have overseen a work plan which is aligned to NICE standards. We have also formed a group collaborative with Northamptonshire Healthcare NHS Trust (NHFT) to identify quality improvement and share learning across organisations.

The plan to ensure all new patients of the community nursing service received a first contact assessment by a senior nurse was piloted. Feedback and concerns were received around staffing/capacity and skill-mix challenges and so this plan will be reviewed further in 2023/24 prior to any implementation.

The tissue viability team have reviewed and updated our pressure ulcer prevention training and it is now being delivered face to face. Any member of staff can attend the training. A proposal to make the training 'role essential' for nursing and allied health professionals with specific roles and responsibilities in pressure ulcer prevention is being taken forward in 2023/24.

All available healthcare support workers (HCSW) within community nursing hubs have been trained to undertake pressure ulcer prevention visits with identified patients. This was piloted in one community hub with a plan for all such visits to be reviewed virtually by a registered nurse on a monthly basis. As part of the quality improvement cycle, the pilot was reviewed and adapted. As a result, a photoapp was introduced and a registered nurse now reviews all photographs of pressure ulcers on a weekly basis.


A live dataset has been introduced to monitor how many visits are occurring. Pressure ulcer data is reported to divisional management teams on a monthly basis, and to the Trust's strategic pressure ulcer group and Trust Board bi-monthly. Statistical process control (SPC) – an analytical technique that plots data over time - is being used in order to help us to target action against variation.

MECC resources have been developed by our tissue viability leads and shared across Trust services to help them determine who is at risk of pressure ulcers and provide appropriate advice and support.

The matron for care homes is a member of the Trust's strategic pressure ulcer group. We have shared LPT resources with care homes and home care providers in Leicester, Leicestershire and Rutland to raise awareness of pressure ulcer risk factors and prevention.

This work will be taken forward in 2023/24 through our Group quality improvement programme.

Priorities for improvement next year (in 2023/24)

<p>Priority one: Health Accreditation</p> <p>Aim: For all clinical and non-clinical teams to have been formally assessed with Valuing High Standards Accreditation (VHSA).</p> <p>This was chosen because we want our patients and families to have confidence that the care they will receive is of a high standard</p> <p>CQC domains: safe, effective and caring</p> 	<p>What does this mean?</p> <p>An extension of the work commenced in 2021/22 where all inpatient wards completed the quality accreditation programme. 2023/24 will see all clinical and non-clinical services participating in self-assessment.</p> <p>Teams will measure their performance against the <i>Step up to Great</i> standards used as part of the VHSA tool.</p> <p>VHSA will be embedded as part of a quality improvement (QI) strategy for LPT which aims to foster a culture of quality where staff are comfortable with inspection, and information relating to quality can be triangulated.</p>
<p>How will we do it?</p> <p>Q1 Identify all clinical and non-clinical teams to take part in VHSA.</p> <p>Q2 Prepare teams for formal assessment.</p> <p>Q3 Accreditation lead to support teams to complete VHSA foundation level, self-assessment.</p> <p>Q4 Formal VHSA accreditation.</p>	<p>How will it be measured?</p> <p>Q1 Directorates will have identified which teams are going for accreditation.</p> <p>Q2 All teams will have an identified formal assessment date.</p> <p>Q3 Self-assessments will be returned from identified clinical teams.</p> <p>Q4 All teams will have been assessed and allocated a VHSA rating.</p>

Priority two: Meaningful activity

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

This was chosen because we want our patients to have a positive experience when they stay on our inpatient wards.

CQC domains: safe, effective and caring



What does this mean?

Evidence suggests that meaningful activity leads to a better patient experience and lower levels of challenging behaviour.

NICE mental wellbeing of older people in care homes quality standard (QS50) defines meaningful activity as including physical, social and leisure activities that are tailored to the person's needs and preferences. Activity can range from activities of daily living such as dressing, eating and washing, to leisure activities such as reading, gardening, arts and crafts, conversation, and singing. It can be structured or spontaneous, for groups or for individuals, and may involve family, friends and carers, or the wider community. Activity may provide emotional, creative, intellectual and spiritual stimulation.

It is therefore key that this is prioritised for patients who require an inpatient admission to support their mental health, wellbeing and recovery.

How will we do it?

- Q1 We will develop and share a staff questionnaire to gather thoughts and feelings about meaningful activity in their area with the aim of informing the development of a support guide to undertaking meaningful activity within LPT.
- Q2 Establish a meaningful activity coordinators' community of practice to share information, ideas and opportunities. This group will also support the development of the support guide.
- Q3 We will create a meaningful activity support guide based on questionnaire feedback and learning from the meaningful activity coordinators' community of practice.
- Q4 Launch of support guide via roadshows across the Trust to showcase meaningful activity and the role staff need to play, sharing top tips and suggestions for engagement.

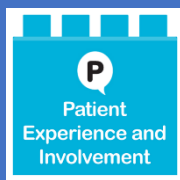
How will it be measured?

- Q1 Staff baseline questionnaire to be completed by staff.
- Q2 Attendance at the meaningful coordinators' community of practice.
- Q3 Staff brief in place.
- Q4 Minimum of three roadshows completed in quarter four. Meaningful activity coordinators community of practice to be working effectively. Repeat questionnaire to assess increase in confidence to deliver meaningful activity.

Priority three: Shared decision making

To ensure that patients are involved in decisions about their care.

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



CQC domains: safe,
effective and caring

What does this mean?

The aim is to develop and embed a collaborative process between a patient and their healthcare professional that supports joint decision making about their care now or in the future.

The joint process should empower patients to make decisions about their care including their values, beliefs preferences and understanding the risks, benefits and consequences of options (NICE, 2021).

Following completion of the review of NICE guidance for shared decision making in 2022/23 key areas of improvement were identified.

This priority was chosen to bring several changes in health care staff practice and policies together to support the empowerment of patients to make choices and decisions about their health care.

This includes:

- collaborative care planning
- the move from the care programme approach (CPA) in mental health to care coordination
- understanding how to include patients' relatives and friends in their care and sharing information appropriately.

How will we do it?

Q1 Development of key workstreams for collaborative care planning, the move from CPA to care coordination in mental health, awareness raising for staff including resources.

Q2 Establish and commence staff training on shared decision making.

Q3/4 Implementation of shared decision-making practice guide with outcome.

How will it be measured?

Q1 Programme of work developed and shared with directorates/governance groups.

Q2 Training available for staff.

Q3/4 Framework developed and evidence of improved patient experience and outcome measures.

Priority four: Reducing self-harm

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

This was chosen because we want our patients and families to feel confident that they are safe on our wards.

CQC domains: safe, effective and caring



What does this mean?

An extension of the work commenced in 2021/22 delayed due to the pandemic response and awaiting updated NICE guidance. This is included because self-harm from non-fixed ligatures is the highest reported type of incident in our DMH/FYPC CAMHS inpatient settings.

Keeping patients safe and ensuring a positive experience of care is fundamental to LPT's vision of 'Creating high quality and compassionate care and wellbeing for all.'

How will we do it?

- Q1 Develop an action and improvement plan for gaps identified following self-assessment against the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) self-harm toolkit based on NICE quality standard QS34 and NICE guidance NG225.
- Q2 Benchmark self-harm reduction policies and staff training in comparable community mental health trusts
- Q3/Q4 Review the self-harm reduction policy and develop a trauma-informed care pathway to prevent incidence of self-harm via non-fixed ligatures.

How will it be measured?

- Q1 An action and improvement plan.
- Q2 Benchmark review summary with recommendations.
- Q3 Updated self-harm reduction policy.
- Q4 A trauma-informed care pathway.

Priority: Health Inequalities

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

This was chosen because we are committed to making sure that no one is disadvantaged because of their protected characteristics.

CQC domains: safe, effective and caring



What does this mean?

Health inequalities are known to exist across protected characteristics and other vulnerable groups.

Health inequalities affect our population's health outcomes.

Tackling health inequalities is a fundamental priority across the system as well as for the Trust as LLR has some of the most deprived communities in the UK.

Good quality data is critical to making decisions on the design and delivery of services to ensure the health outcomes of those most disadvantaged are met appropriately.

How will we do it?

- Q1 Benchmark data for protected characteristics of ethnicity, disability and religion/belief and explore the recording of sexual orientation information across the Trust.
- Q2 Deliver workshops for each divisional management team (DMT) on using and analysing data to build health inequalities into day-to-day business.
- Sharing our learning and review of the data to enhance cultural awareness through our race equality and cultural intelligence learning sets and existing forums, including Our Future, Our Way, Senior Leadership Forum and Foundations for Great Patient Care.
- Production of a hard copy and digital patient registration form to allow patients to fill in their own information about protected characteristics.
- Q3 Identify and agree target area for improvement for each directorate following review of data. Delivery of race equality and intelligence learning sets and sharing of data via Trust forums.
- Q4 Improvement plan identified and agreed for 2024/25. Delivery of race equality and intelligence learning sets and sharing of data via Trust forums. Roll out of the patient registration form to allow patients to fill in their own information about protected characteristics.

Priority: Health Inequalities *continued*

How will it be measured?

Q1 Benchmark data for existing known protected characteristics and areas for improvement agreed.

Qualitative survey undertaken with the DMTs about their knowledge and understanding, and set improvement trajectory for quarter four.

Q2 Equality impact assessment and HEAT map (a method of representing data graphically where values are depicted by colour, making it easy to visualise complex data and understand it at a glance) workshops for each DMT on using and analysing data to build health inequalities into day-to-day business. System-wide health inequalities tools and resources made available to senior leaders for appropriate cascade and action.

Q3 Delivery of race and disability equality cultural intelligence learning sets to teach staff about the key fundamentals in order to increase competence relating to health inequalities. This will dovetail with the EIA/Heat map learning sets.

Q4 Establishment of targets to improve data quality and collection for 2024/25 as part of directorate improvement plans.

Statements of assurance from the Board

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

Our services

During 2022/23 Leicestershire Partnership NHS Trust (LPT) provided and/or subcontracted 129 relevant health services. Mental health and learning disabilities account for 72 services, and community health services make up the remaining 57.

LPT has reviewed all the data available on the quality of care in all 129 of these relevant health services, both for services directly provided and for those services subcontracted. Robust monitoring both externally with commissioners (via contractual requirements to monitor agreed clinical quality performance indicators) and internally (via performance reviews and quality reports) ensures the highest standards are adhered to in the areas of infection control, patient safety, service user and carer experience, safeguarding, clinical effectiveness and compliance with regulatory requirements.

Our income

The income generated by the relevant NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by LPT for 2022/23.

LPT income in 2022/23 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Our records

LPT submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

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

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

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

Our information governance

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

For 2021/22, LPT was set 142 information governance and security requirements to be met across the ten standards. Our overall score for the 2021/22 toolkit submission was 'standards met' with the submission made by the national deadline of 30 June 2022. The Trust is currently working towards the national deadline for the 2022/23 submission which is 30 June 2023.

Our clinical coding audits

LPT was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

Our Research

LPT is committed to enabling our patients, service users, staff and carers to 'be part of research', by providing opportunity to participate in, develop and lead in cutting edge research. It is our belief that research is or should be part of everyone's working life. Research is about knowing why we do what we do and ensuring that we strive to make it better through continuous improvement.

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

- NIHR Applied Research Collaborative: East Midlands (ARC: EM)
- NIHR Academic Health Science Network (EM: AHSN).
- Leicester NIHR Patient Recruitment Centre (Late Phase Clinical Trials) and
- NIHR Research Design Service East Midlands

Hosted research through such collaboration can potentially involve any of our clinical services, whereas our main areas of research strength are:

- Neurodegenerative diseases (Dementia and Huntington's Disease)
- Mental health across all age groups
 - Early psychosis
 - Eating disorders
 - Schizophrenia/schizoaffective disorder etc
- Intellectual disabilities/autism
- Health inequalities
- Respiratory and cardiovascular rehabilitation, and physiotherapy
- Heart failure
- Stroke and diabetes
- Care homes

The number of patients and other participants (including staff) receiving NHS services provided or sub-contracted by LPT in 2022/23 that were recruited to participate in research approved by a research ethics committee as of 31 March 2023 was 564 (227 portfolio). This is a considerable reduction from previous years, reflecting both the challenges of “reset and rebuild” for post-COVID trials and the parallel service pressures, including staff shortages in research delivery. Nonetheless, the following table provides a sub-set of continued and new hosted NIHR portfolio research started in 2022/23.

Study	Purpose
RESTORE-LIFE	Study to assess the effectiveness and efficiency of vagal nerve stimulation therapy as adjunctive therapy for treatment resistant depression
ADEPP	Trial of sertraline for depression in first episode psychosis
Nutricia 2KCal	Evaluation of a nutritionally complete, plant-based, high energy, high protein, enteral tube feed in adults
STRATA	A multicentre double-blind placebo-controlled randomised trial of sertraline for anxiety in adults with a diagnosis of autism
GLAD	Exploring the genetic risk factors for depression and/or anxiety
GUIDE-HD	Guided self-help for anxiety among Huntington’s disease gene expansion carriers compared to treatment as usual: a randomised controlled feasibility trial
BEAMS-ID	Behavioural interventions to treat anxiety in adults with autism and moderate to severe intellectual disabilities
HOMESIDE	Investigating the effects of music and reading for people living with dementia and their caregiver in decreasing behavioural and psychological symptoms of dementia
FINCH-IMP	Implementation of the Action Falls prevention programme (formerly GtACH) into UK care homes
EDGI	Eating Disorders Genetics Initiative
ENROLL-HD	Enroll-HD is a clinical research platform and the world’s largest observational study for Huntington’s disease families
I-DIGIT	Graded exposure therapy through a standalone digital therapeutic game for children aged 7-12 years with anxiety disorders
REACH HFpEF	Randomised controlled trial of a facilitated home-based rehabilitation intervention in patients with heart failure with preserved ejection fraction and their caregivers

NCISH	National Confidential Inquiry Into Suicides and Homicides: This work has collected in-depth information on all suicides in the UK since 1996. Sub-studies include “Middle-aged Suicide”; “Addiction and Abuse and Suicide”
RAPID-1 DFU	Exploring the safety and efficacy of additional RAPID Gel treatment to usual and customary care, in complete wound healing of chronic diabetic foot ulcers, within 12 weeks
IMID	(Immune-Mediated Inflammatory Diseases) BioResource
iMARK-HD	In vivo longitudinal imaging of HD pathology
HEALTHIE-RND	European ehealth care model for rare neurodegenerative diseases: Development of HD-specific outcome measures
Palin STSC (8 - 14)	Palin Stammering Therapy for School Children (8-14) (Palin STSC) aims to help children to be more confident communicators
MINDARISE	A longitudinal mixed-methods study of MINDfulness And Response In Staff Engagers (NHS)
RECONNECT	A randomised, double-blind, placebo-controlled multiple-centre, efficacy and safety study of ZYN002 administered as a transdermal gel to children and adolescents with Fragile X Syndrome
Sit and Be Fit	The effects of seated exercise training on cardiorespiratory fitness in patients with diabetic foot ulcers: A randomised controlled trial

Research Workshops and Forums

The RD Team hosts monthly research workshops and/or forums where research related issues and findings are shared. Researchers from across the Trust as well as the UK have been invited to present their research. Over 2022/23 the following research forums and workshops were hosted:

Title/synopsis
Forum: Psychological impact of COVID-19
Forum: An exploration of factors associated with the diagnosis and treatment of obstructive sleep apnoea in chronic heart failure: a mixed methods study
Forum: The SIREN Study. Understanding COVID infections and immunity in healthcare workers
Workshop: Finding high quality information
Workshop: Literature searching
Forum: Rapidly formed COVID teams in the NHS
Forum: Psychological research in the Huntington’s Disease service
Workshop: Writing for publication

Forum: End of life care in the patient's home: An exploration of nursing staffs' experiences of caring for patients from BAME backgrounds
Workshop: NIHR-HEE Integrated clinical academic career pathways
Forum: Time use, meaningful activity and recovery: is there an association for patients in a community hospital?
Workshop: The IRAS Application: Applying for Health Research Authority (HRA) and NHS research ethics committee approval
Workshop: What is a clinical academic and do I want to be one?
Forum: Breaking the boundaries: improving access to research for people with intellectual disabilities

The Research Partners Collaborative

Patient and public involvement (PPI) in research ensures that research within the NHS is driven by and focused on the needs of patients, service users, families and carers. In LPT we work with PPI representatives to determine research priorities, define research questions, establish methodology and disseminate results at the close of a project.

The LPT Research Partners Collaborative (RPC) is a collaboration between the RD team, clinicians and experts by experience (PPI representatives). The vision of the RPC steering group is to embed and support service users, carers, and the public in the consultation, collaboration, co-design and co-production of research within LPT.

Research Charitable Funds

The RD team offer funding opportunities via charitable funds to increase the profile of research within the Trust. These range from ad hoc funds of £500 to larger projects and pilots funding. In 2022, for example, the following two projects were successfully awarded £10,000 of funding by the Charitable Funds Committee:

- Examining challenges encountered in the transition from child and adolescent to adult mental health services for young people with complex needs: Experiences and views of young people, professionals supporting them, and parents and carers.
- Developing and evaluating a mental imagery-based assessment tool for clinicians and a novel imagery-based intervention for young people who self-harm.

In 2023 an element of project funding will be prioritised for research relating to health inequalities and physical and mental health multi-morbidities.

A full list of all project level research activity can be accessed via our webpages: https://www.leicspart.nhs.uk/involving-you/research-and-development/research_lpt/

Our clinical audits

During 2022/23 three national clinical audits and one national confidential enquiry covered relevant health services that LPT provides. During that period LPT participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that LPT participated in during 2022/23 are as follows:

Sentinel Stroke National Audit Programme (SSNAP)
POMH – Topic 7g: Lithium
POMH – Topic 20b: Valproate prescribing
POMH – Topic 21a: The use of melatonin

The national clinical audits and national confidential enquiries that LPT participated in, and for which data collection was completed during 2022/23 are listed below alongside 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
Sentinel Stroke National Audit Programme (SSNAP)	100%
POMH – Topic 7g: Lithium	100%
POMH – Topic 20b: Valproate prescribing	100%
POMH – Topic 21a: The use of melatonin	100%

The reports of four national clinical audits were reviewed during 2022/23 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Actions to be taken
EIP spotlight audit 2021/22	Under review
POMH - 14c: Alcohol detoxification	Identify 30 recent patients from audit sample to verify audit findings, to establish if results reflect current or historical practice.
POMH - 18b: Clozapine	Development of flag and reminder system to alert the responsible clinician of need for annual physical exam.
POMH - 19b: Prescribing for depression in adult mental health services	Mandate Trust-wide adoption of the PHQ9 formal symptom rating scale.

The reports of four local clinical audits were reviewed by LPT in 2022/23 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Actions to be taken
Antipsychotic prescribing in LD inpatients	<p>Introduce a structured ward round discussion and documentation on key aspects of medications</p> <p>Develop a template for monthly detailed medication review with input from pharmacy</p> <p>Monthly detailed medication review to be organised</p> <p>Easy medication information to be provided for all patients to support patients' understanding of their medication</p>
Assessing and managing low bone mineral density in patients with anorexia nervosa and compliance with NICE Guidelines (NG69)	<p>A team away day in May 2023 will focus on improving physical health monitoring.</p> <p>The osteoporosis leaflet will be improved. A system will be introduced to ensure that all patients receive appropriate psychoeducation on the risks of their illness, including osteoporosis.</p>
NICE spasticity re-audit	Results and findings shared with team.
Medicines Code/ approved medicines policy – Prescribing & Administration	To maintain a risk on the risk register, and to take action to find a live technical solution with SystmOne provider to enable automated uploads of weights from the patient administration system to the prescribing system.

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 2022/23:

- the Trust has continued to invest in an audit management and tracking system (AMaT) to support all clinical services
- the WelImproveQ Team supported 26 local clinical audits
- we have continued training LPT staff in clinical audit as part of our 1-hour quality improvement work-based learning training sessions 'QI in a Box.'

Learning from deaths

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

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

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

We take learning very seriously and investigate Serious Incidents (SIs) in a robust manner. This year the patient safety team has expanded to include specialist investigators to support the patient safety strategy.

During 2022/23, 554 of LPT patients who died (as recorded) were considered for Learning from Deaths review. This comprised of the following number of deaths which occurred in each quarter of that reporting period:

- 126 patients in the first quarter
- 139 patients in the second quarter
- 143 in the third quarter
- 146 in the fourth quarter.

By 1 April 2023, out of the total 554 deaths reviewed, 525 were case record reviews and 29 were both case review and serious incident investigations. The number of deaths reviewed by both a case record review and serious incident investigation during the year was:

- 1 in the first quarter
- 17 in the second quarter
- 7 in the third quarter
- 4 in the fourth quarter

One patient representing 0.18% of 554 of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 1 representing 0% for the first quarter.
- 0 representing 0% for the second quarter.
- 0 representing 0% for the third quarter.
- 0 representing 0% for the fourth quarter.

As a result of the Covid surge in 2021/22, review of cases was suspended as the Trust operated interim governance arrangements. All directorates had a plan to complete any outstanding reviews which was facilitated by the Learning from Deaths Governance and Quality Assurance Coordinator and as a result there are no outstanding reviews from 2021/22 that were outstanding at the start of 2022/23.

Learning Impact and Actions

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

CQC action in relation to learning from deaths

The Care Quality Commission has not taken enforcement action against LPT during 2022/23.

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

Compliance, regulation and quality

LPT is required to register with the Care Quality Commission (CQC), the independent regulator of health and adult social care in England. The CQC monitors, inspects and regulates services, and publishes ratings based on what they find.

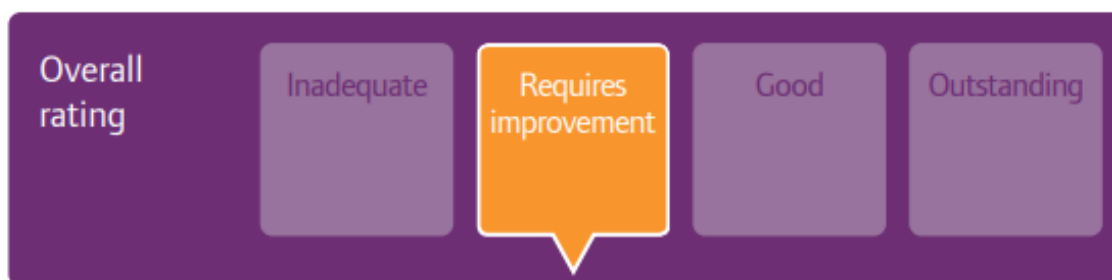
The Trust has not been inspected by the CQC in 2022/23. Its most recent inspections took place in May to July 2021, followed up by a focused inspection in February 2022. Our published ratings therefore remain the same. The Trust does not have any enforcement actions against it and no services are rated as inadequate overall.

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



Last rated
22 June 2022

Leicestershire Partnership NHS Trust



Are services

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

Overall rating

Inadequate

Requires improvement

Good

Outstanding

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

Building on the success of this, the Trust prioritised enabling all clinical and non-clinical teams to have the opportunity to be accredited using an internal assessment tool. We reviewed accreditation programmes in high performing NHS organisations across the country and combined this with lessons learned from our internal inpatient accreditation process to create our own internal assessment tool. Importantly, we identified that self-assessment and nurturing ‘who we are’ as an organisation to work for, in partnership with, and receive care from, was a central to our quality culture at LPT.



The result is our new Trust-wide self-assessment tool – the Valuing High Standards Accreditation Programme (VHSA). This is underpinned by key standards set out in our ‘Step Up to Great’ (SUTG) Strategy. Using a single tool across all teams within LPT will allow them the opportunity to review and measure their performance against the SUTG standards, providing clear direction and a structured approach, creating ownership and a nurturing a quality culture.

The VHSA tool was trialled within a range of teams that volunteered to be early adopters of the new approach. This work was then reviewed, and a number of changes were made before we launched VHSA Trust-wide in January 2023. All clinical teams are now actively undertaking self-assessment reviews supported by their governance teams.

Sharing examples of success

Agnes Unit first to hit Gold!

The Agnes Unit provides inpatient care and support for adults with learning disabilities with mental health problems including challenging behaviour. They were the first service to be awarded gold in Autumn 2022 when they went through their quality accreditation.



Unit Matron Claire Pope, described: *“Getting a gold award is a wonderful experience and it is confirmation of the vision, teamwork, and the actions, we have taken to implement and embed change at the Agnes Unit. We work together as a collaborative multi-disciplinary team with a keen sense of the responsibilities we hold for our patients’ wellbeing, learning and recovery*

Accreditation has given us an opportunity to receive feedback and benchmark how we are performing. I’m so proud of the team, we are all buzzing with ideas on how to keep this feeling and energy going forward.”

CQC inspectors impressed with our mental health crisis psychiatric liaison service at Leicester Royal Infirmary

In April 2022 the CQC carried out a planned unannounced system-wide inspection of urgent and emergency care services in Leicester, Leicestershire and Rutland. This was part of a series of coordinated inspections in England, to identify how services in a local area work together to ensure patients receive safe, effective and timely care.

The report, which isn't rated, looked at how the liaison psychiatry service affected patient flow, admissions to hospital and discharges from the Leicester Royal Infirmary hospital as part of system-wide healthcare.

The psychiatric liaison service provides assessment and treatment for adults between the ages of 16 to 65, who experience mental health problems in the context of physical illness.

The inspection found excellent practice and standards. In particular the report praised the accessibility of the service and how well the staff worked together as well as with patients, families and carers. Inspectors were also impressed by the holistic, recovery-oriented care plans in place, the team's compliance with training and the environment the service is delivered in. One area for improvement was to ensure that waiting times were not impacted by bulk referrals.

Reporting against Core Indicators

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

Indicator	Trust score 2018/19	Trust score 2019/20	Trust score 2020/21	Trust score 2021/22	Trust score 2022/23	National Average
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period.	Q1 99.6% Q2 100% Q3 N/A Q4 N/A	Q1 84.5% Q2 99.1% Q3 98.7% Q4 Suspended* (95.9% locally reported)	Q1 98.2% Q2 100% Q3 83.4% Q4 84.5	Q1 97.3% Q2 100% Q3 99.1% Q4 99.5%	Q1 99.1% Q2 100% Q3 99.5% Q4 98.5%	Not available
The percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care during the reporting period.	Previous data for 7 day follow up Q1 73.4% Q2 83.0% Q3 81.6% Q4 94.6%	Previous data for 7 day follow up Q1 93.1% Q2 90.8% Q3 97.3% Q4 Suspended (97.4% locally reported)	Previous data for 7 day follow up Q1 97.7% Q2 96.1% Q3 93.4% Q4 87.6%	72 Hour follow up M1 60% M2 78% M3 72% M4 62% M5 60% M6 68% M7 54% M8 56% M9 60% M10 59% M11 – not published M12 – not published	72 Hour follow up M1 78% M2 75% M3 69% M4 76% M5 82% M6 85% M7 91% M8 86% M9 – not published M10 – not published M11 – not published M12 – not published	72 Hour follow up M1 –75% M2 –75% M3 –75% M4 –76% M5 –75.6% M6 –75.4% M7 –75.4% M8 –75.9% M9 –72.9% M10 – not published M11 – not published M12 – not published
The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	6.4 score	7.1 score	6.9 score	6.4 score	6.4 score	In line

Indicator	Trust score 2018/19	Trust score 2019/20	Trust score 2020/21	Trust score 2021/22	Trust score 2022/23	National Average
The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over readmitted to a hospital which forms part of the Trust within 30 days of being discharged from a hospital which forms part of the Trust during the reporting period.	-	(i) 4.17%	(i) 31.8 %	(i) 0%	(i) 0%	Not available
	-	(ii) 9.28%	(ii) 32%	(ii) 7.8%	(ii) 6.9%	
The number and, where available rate of patient safety incidents (PSI) reported within the Trust during the reporting period.	10344 PSIs out of 16223 incidents reported	12368 PSIs out of 19393 incidents reported	11128 PSIs out of 19206 incidents reported	12701 PSIs out of 21659 incidents reported	13278 PSIs out of 23822 incidents reported	Not available
The number and percentage of such patient safety incidents that resulted in severe harm or death	4 major harm and death (0.04%)	5 major harm and 21 deaths (0.2%)	11 major harm and 49 deaths (0.5%)	11 major harm and 72 deaths (0.6%)	12 major harm and 80 deaths (0.7%)	Not available

We have an open and transparent learning culture and all deaths in our care are appropriately reviewed. You can read more about this work on page 31.

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

Our data quality

LPT will be taking the following actions to improve data quality in 2023/24:

- Incorporating data quality as a key component of the Trust's Strategy, *Step up to Great*.
- Implementation of the approved Trust-wide data quality plan
- Delivery of a data quality assessment tool for clinical teams to be able to review and understand their data quality performance.
- Delivery of a Trust-wide communications plan to support staff to improve data quality within their teams and services.

Part 3: Other information

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

Staff survey results

We want LPT to be a great place to work and deliver care for all. The annual NHS staff survey is an important way for LPT to hear about the experience of staff – about what they think works well and what needs to improve. It gives the opportunity for staff to share their views on their role, their health and wellbeing, their managers, the Trust's safety culture and more. The 2022 survey took place between October and November 2022, and the results were published on 9 March 2023.

Around 3000 staff (51%) shared their views in the 2022 survey, which is above the national average of 50%. It was the first year that the survey included bank staff. The response rate from bank staff was 20%, which was also above the national average of 19%. Overall scores improved across the questions, compared to last year, and several results are higher than the national average. There were 101 questions in total. Of these, 89 improved, five stayed the same and seven went down slightly. Improvements since last year include an increase in the number of staff feeling that LPT is an inclusive and compassionate place to work, as well as the number of staff feeling that LPT's top priority is care of patients/service users.

All areas will be explored further through the next phase of our culture programme - Our Future Our Way, through which over 80 change leaders will engage with staff across the Trust over the coming months. Further information on our staff survey results can be found in our Annual Report and Financial Summary Statements 2022/23.

Freedom to Speak Up

LPT is committed to supporting a culture of openness and transparency where members of staff are actively encouraged and empowered to raise concerns without fear of reprisals. The Trust will not tolerate harassment or victimisation of anyone who raises a concern, and recognises that individuals may want to do so in confidence.



LPT has had a Freedom to Speak Up (FTSU) Guardian for several years. In July 2022 we increased the capacity of the Freedom to Speak up Guardian as our commitment to the importance of this role and ensuring our staff are supported to speak up. The Guardians report directly to the Chief Executive, signalling to staff the importance the organisation places on speaking up about patient care, quality improvement and resolving work related issues. All non-executive directors are a potential point of contact for serious or unresolved FTSU concerns. There is also a specific role in the Freedom to Speak Up policy which sees a designed non-executive director focusing on issues relating to clinical practice or the treatment of patients/clients.

A FTSU Guardian provides independent, impartial and non-judgemental advice and/or practical support when requested by those that want to speak up. Over time, colleagues have spoken up about a wide variety of issues. In 2022/23 concerns have included professional and leadership behaviours, inequality of opportunities for

professional development, inconsistency in access to supervision and team meetings, inconsistent approach to blended working across teams, HR policy and procedures, recruitment, job matching and pay scale queries, team culture, and concerns about the perceived or actual response to speaking up. Any themes and lesson to be learned are identified and these are shared regularly with the Trust's Quality Assurance Committee and Board.

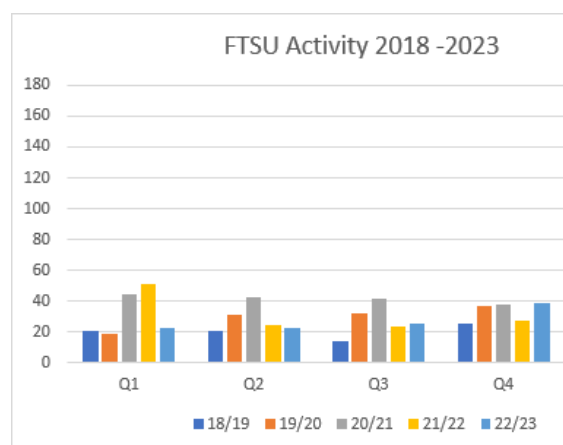
An essential part of the Freedom to Speak Up process is to ensure that the people who speak up receive feedback on how their issue is being managed and addressed e.g., who is conducting the service review or investigation, what they have found, is there any wider learning or opportunities for service improvements and what actions are being taken (recognising confidentiality issues as appropriate). Feedback is seen as a significant phase of a learning and improving culture. It supports the development of trusting relationships, builds confidence in the speaking up process and promotes openness and transparency. When a case has been closed, staff who have spoken out are asked 'Given your experience, would you 'speak up' again?' To date the FTSU Guardian has not received any reports that staff feel they have suffered detriment because of speaking up.

The service is promoted widely through internal communication routes and different media including e-newsletters and bulletins, social media and posters across trust sites, as well as being highlighted through induction sessions for new staff in all disciplines.

Staff are encouraged and enabled to speak up about their experiences or raise concerns in line with the Trust Freedom to Speak Up: Raising Concerns (Whistleblowing) policy. The policy advises speaking up to a line manager or senior manager in the first instance, however it also includes a wide range of alternative routes to support colleagues including via the executive team, the FTSUG, occupational health, staff networks union representatives, via chaplaincy as well as the AMICA counselling service.

In addition, there are 20 volunteer FTSU champions who offer support and signposting to appropriate services for colleagues as required. The Trust champions network has representatives from all staff support networks and from both clinical and non-clinical staff.

As seen in the table, there is a stable trend in the numbers of staff that are contacting the FTSU guardian highlighted in the year-on-year comparison which suggests an increasingly healthy culture where staff feel safe and able to speak up.



Impact of COVID-19

In previous years' Quality Accounts we have described how, as a result of the COVID-19 pandemic, we adapted the way we delivered our services to keep our patients, communities and staff safe. Where clinically appropriate we have embedded some of those changes such as the use of virtual consultations and appointments and virtual wards using digital technology.

Much work was undertaken during the year in response to COVID-19 becoming part of daily life.

LPT cared for 484 COVID-19 positive patients in our inpatient areas between 1 January 2022 and 31 December 2022, as well as delivering essential care in our community services.

We also contributed to public and staff COVID-19 vaccinations programmes across Leicester Leicestershire and Rutland (LLR) including vaccinations for spring and autumn booster, school age children, people with a learning disability or mental health that required bespoke support, as well as vaccinations to members of the public who had not yet taken up any vaccination offer.

In 2022/23 we:

- regularly reviewed our visiting policies in line with national guidance and a move to support safe face to face visiting for all patients. This included introducing a *safer visiting* information leaflet to support anyone visiting patients on wards.
- continued the 'Message to a Loved One' scheme as an alternative if face to face visiting is not feasible for patient safety or access reasons. The scheme facilitates the sharing of messages between patients and their loved ones. It is available to all inpatients across the Trust.
- ensured that all inpatient wards have access to iPads to enable patients to make FaceTime and Skype calls to their families.
- continued to use our Clinical Reference Group to review the impact on services and experience from a clinical quality, equality and safety perspective regarding access, recovery and restoration of services, implementation of national guidance and the COVID-19 vaccination programme.
- continued to work with our partners across health and social care to increase the availability of community hospital beds as demands changed over the year.
- continued to make use of good practice and innovation developed during the pandemic response, including our urgent mental health care hub, virtual wards and virtual consultations.

The Infection Prevention and Control (IPC) team continue to provide crucial on-going specialist advice, guidance and support as we move to living well with COVID-19 and implement the new national IPC manual with safe systems of working in healthcare with all infections.

Being responsive

Ensuring that people have good access to responsive services is a priority. The COVID-19 pandemic and the restrictions that it brought impacted on already pressured systems. All of our teams are working hard to reduce waiting times and provide care and support in a timely way. The following is an example of this.

Referrals into our child and adolescent mental health services (CAMHS) increased during the pandemic, and by 66% during 2022/23, resulting in more children and young people waiting for an initial appointment. In response, additional assessment appointments are being provided, we have set up a system for senior clinical triage and oversight of referrals to ensure that those in greatest need are seen soonest, and a twice-weekly patient tracking list meeting is in place to review appointment capacity. As a result, waiting times for assessment have already reduced from 33 to 23 weeks.

The service continues to be proactive in trying to fill cancelled appointments and funding has been secured through the Mental Health Investment Standard Programme to increase the number of practitioners and expand hours of opening to include evenings and weekends. Four additional staff have already been recruited.

Guardian of safe working hours

The safety of patients is a paramount concern for the NHS. Significant staff fatigue is a hazard both to patients and to the staff themselves. In 2016 the national contract for junior doctors was introduced to prevent and safeguard doctors against working excessive hours and ensure the safety of both the doctor and patient is not compromised.

The role of Guardian of Safe Working Hours has existed for several years now. The Guardian works independently of the Trust and ensures that issues of compliance with safe working hours are addressed by the doctor and the employer or host organisation appropriately. This provides assurance to the Board of the employing organisation that doctors' working hours are safe.

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

Over the last year the number of exception reports (where a junior doctor has an issue relating to training or safety) has considerably reduced and this can be attributed to various initiatives including the appointment of two junior doctor rota co-ordinators, a junior doctor administrator and an increase in locum pay rates for junior doctors.

Patient experience and involvement

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

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

Our driving ambition is to put the patient at the heart of services. We aim to listen to patient and family needs, and then bring together the skills and expertise of both clinicians and patients to design the experience to meet those needs. That is what using patient experience information is all about. If we consistently ask people whether they are receiving the care that they need, and then improve things based on what they tell us, we will help patients to feel more supported and better cared for.

Our service user and carer network continues to grow. We now have over 180 people with lived experience of our services registered on the network and working with us at various levels of involvement to improve services.

Patient and Carer Involvement in Quality Improvement (QI)

The patient experience and involvement team have been working closely with the WelImproveQ team throughout the year to ensure that patients and carers are central to our approach to quality improvement. Each QI project is assessed by a group of advisors including a volunteer with lived experience. All projects that are assessed as requiring patient and carer involvement are matched to a patient and carer representative who will work in partnership with project leads to coproduce improvements. The following are examples of projects with lived experience involvement over the last year:

- Neurological Services – a new carers group (including three patient and carer involvement network members) has been formed and is being supported by the network members.
- A Care Coordination Group meets to develop and implement a new policy and approach to packages of care in mental health services. This policy will guide care planning across all mental health services in LPT.
- The Adult Eating Disorders Clinical Steering Group are working with a lived experience lead to focus on any impact for the service user as they move through the service – ensuring that there is genuine involvement at all stages of planning and delivery.
- Restructure of LLR LeDeR Programme (a service improvement programme for people with a learning disability and autistic people) – our team supported a carer and service user with learning disabilities to be part of working group.

Providing a patient perspective on recruitment panels

Over twenty patients, service users and carers, including members from our Youth Advisory Board, have now received training in recruitment to enable them to get involved in staff recruitment. The group has developed a library of patient and carer values-based questions so that when it is not possible for a patient or carer to be involved, their voice can still be heard in the recruitment process.

Feedback into Action – Our Reader Panel

Over the last year we have re-established our Reader Panel. The panel has input into a range of materials and information produced by the Trust, including posters, leaflets, and surveys, ensuring that it is accessible, relevant, and understandable.

Bradgate Mental Health Unit and Mental Health Services for Older People (MHSOP) teams worked with the reader panel to include a lived experience perspective on new and improved welcome packs. These included glossy images of staff and scenery across Leicestershire.

Patient-Led Assessments of Care Environments (PLACE) Visits

Our PLACE programme of assessments has been carried out over the year in partnership with patients and carers and staff from non-clinical settings. This programme brings fresh eyes and perspective on the care environment, focussing on important issues such as privacy and dignity, cleanliness and food. Below are some examples of improvements resulting from PLACE visits:

- extra seating and tables were sourced to ensure enough seats were provided for mealtimes.
- on a temporary ward changes were made quickly to enhance patients' experiences including repurposing of a communal room, ordering of TVs and radios, and putting up wall clocks including dementia friendly clocks.
- the Trust is appointing a catering lead.
- a patient survey has been created to monitor patients' experience of food.

Lived Experience Stories

The following are examples of how patients, service users or carers have used their own experience to help us to improve.

One network member has struggled with mental health difficulties for most of his life and experienced a mental breakdown three years ago. He eventually returned to education and started a psychology degree at the Open University and joined the Patient Experience and Involvement Team. This member went on to become a volunteer working on a project with the psychosis intervention and early recovery (PIER) team supporting the engagement of other service users. He was involved in recruitment panels, then trained to become a peer supporter in PIER, and went on to develop and launch a non-profit organisation called Knus (www.knus.io) to offer peer support and life coaching.

Another network member has been volunteering with the electroconvulsive therapy (ECT) team for several years after accessing the service some years ago themselves. They are using their lived experience to support patients and their

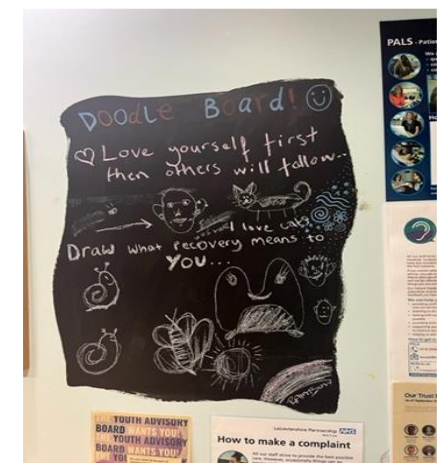
carers/families through their ECT treatment - before, during and afterwards - to allow them to reflect on their experience. They have now successfully secured a healthcare supporter role at the Bradgate Unit and intend to continue to gather experiences and insight to try to find new ways to improve the service for other patients and their families.

One Youth Advisory Board (YAB) member has been successful in joining LPT as a peer support worker in the CAMHS Crisis Intervention Service. She has lived experience of using CAMHS services and continues to work with the YAB to support the group and young people to ensure their voices are heard.

Feedback into Action – Listening to our patients

Over the last year there has been a focus on improving the ways in which our patients can share their experience of receiving care at the Trust. The Friends and Family Test (FFT) has been central to this and as a result we have seen our average quarterly response rates increase from 1% to 9%. During 2022/23 we received 23,707 individual pieces of feedback via FFT, with 84% positive feedback and 9% of feedback reporting negative experience of care.

Throughout the year services were invited to share their 'You said, we did' boards, which show how they have listened to and responded to feedback from patients and their families and carers. A small panel of patients and carers then judge entries and those services which are deemed good examples of feedback are awarded vouchers which they can use to improve patient experience in their service. The CAMHS Eating Disorder Team at Loughborough hospital used their voucher to create feedback chalk boards on the walls to act as areas for young people and carers to add their views, advice, and feedback. Four big clouds with different prompts and themes have been painted into the wall along with a doodle board in the area where the games are kept, making the display age inclusive.



LPT Youth Advisory Board (YAB)

The YAB continued to meet and work together each week virtually. The board have continued to support and work on projects impacting young people across Leicester, Leicestershire and Rutland (LLR). Examples of local and wider system partnership projects they have been involved with over the last 12 months include:

- Young People's experiences and Gender Identity. The YAB have been involved in the development of frequently asked questions (FAQS) to advise and support staff in understanding gender, LGBTQ+ and feeling confident in having discussions with young people. The development of this is ongoing.

- Joint Strategic Needs Assessment (JSNA). The Local Authority Public Health Service have engaged with the YAB around mental health plans to inform the mental health priorities for young people across Leicestershire.
- YAB members engaged with *Knead to Chat* session towards the end of 2022. Further face to face sessions with the YAB are planned for this forthcoming year, and they intend to work with wider groups of young people across LLR on joint projects and priorities.

People's Council

Over the last year Council members have been involved in the co-design of the Trust's new Lived Experience Leadership Framework. The framework sets out how the Trust will work with people with lived experience at all levels of its business.

The framework will introduce the new co-developed role of Lived Experience Partners who will commence in early 2023. Partners will work alongside clinical and non-clinical staff, patients, and carers, drawing upon personal experience and expertise to provide insight into the design, improvement and delivery of the services provided by LPT.

The Trust has also committed to considering the role of a Lived Experience Director, as set out in NICE Shared Decision Guidance. This role will be scoped further in 2023/24.

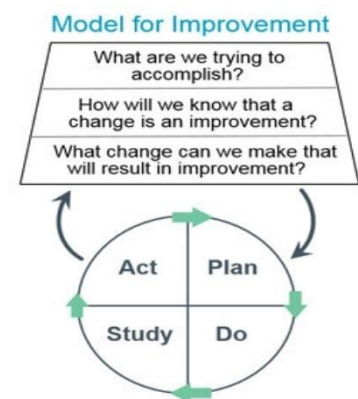
WelImproveQ

WelImproveQ was originally introduced in 2019 to support the Trust's *Step up to Great* programme of improvement. It brings together clinical audit, NICE, service evaluation and a comprehensive programme of quality improvement underpinned by the Trust's six key principles of quality improvement (QI):

- one shared approach
- knowledge and skills
- working in partnership
- continued improvement
- sharing good practice
- data for measurement

The WelImproveQ team provide support for a range of QI tools and methods to enable integrated quality control, assurance and improvement. Following are a number of examples of how the team has helped to bring about improvement in 2022/23.

- 274 staff were trained and supported to acquire QI knowledge through our internal training sessions and the quality, service improvement and redesign (QSIR) programme
- 43 'QI in box' sessions were delivered in 2022/23 – these one-hour sessions aim to help staff to use quality and improvement knowledge and skills in their workplace



- Seven more staff have been through the QSIR programme, where they are trained in a range of tried and tested improvement tools, approaches and reflective learning techniques.
- Training and support was given to a number of preceptees and director of nursing fellows.
- 160 'conversation starters' were discussed in one of our weekly QI Design Huddles. These bring together the knowledge and skills of people from across the organisation, including clinical audit, research, patient involvement, lived experience, equality and diversity and clinical practice, to encourage and support new ideas for improvement
- 151 projects were supported (34 of which were completed) and recorded on LifeQI, our web based platform for supporting QI projects. 444 users are now registered on LifeQI.
- The team supported the LLR Academy QI offer across the local health and social care system.
- Two QI projects were selected for submission as part of a poster competition at the AMaT conference to be held in May 2023. AMaT stands for Audit Management and Tracking. It is a web-based system used by the Trust to make auditing easier, faster, and more effective.
- 12 Story Boards were completed and shared across the Trust. Story Boards summarise and present improvement projects on a single page so that they are accessible and can be shared easily. Following are four examples of QI projects undertaken in the last year, which were shared as Story Boards.

Healthy Together Team increase access to digital information



The Healthy Together Team provide care and support for children and young people aged 0-19 and their families. There is a wide range of high quality, evidence-based health information available in digital format and the team wanted to make sure that their service users had access to it. This was particularly important in light of reduced contacts due to COVID-19. Examples of support available to young people includes *ChatHealth*, the secure, confidential, text messaging service which people

aged 11-19 can use to talk to their school nurse, as well as a range of 'Health for' websites such as the 'Health for Teens' site, which holds a wealth of information about issues ranging from anxiety to body image and exploitation.

As a result of their QI project, each team across the Healthy Together service now has a designated 'digital link.' They share monthly digital updates at their team meetings and act as a point of contact for questions, supporting practitioners' knowledge and confidence in signposting to the digital offer. By the end of the project the number of practitioners accessing the 'Health For' sites increased from 87% to 95% and the number of practitioners sharing details/content with service users increased from 95% to 98%. 100% of Healthy Together team meetings now have the digital update as a standardised item on the agenda.

Including service users and carers in everything we do

The patient experience team was keen to ensure that any planning includes the ongoing involvement of service users and carers. To enable involvement to happen at all levels across the Trust they wanted to increase the number of service users and carers registered to the Involvement Network. They worked with a small group of service users and carers to co-develop a framework to support this. This includes:



- a registration process, with induction sessions, including 'skills needs' and 'interests' forms to enable meaningful involvement
- an involvement leaflet and web page to advertise the Involvement Network and the opportunities it presents
- a support, training and development offer for those getting involved.

As a result, the Involvement Network has grown from 24 members to over 180 and the framework is now embedded as business as usual. You can read more about the valuable contribution service users and carers make to our services on p44.

Reducing the wait for walking aids

With waiting times increased due to the impact of COVID-19, community therapy services wanted to test whether the introduction of a specialist walking aid clinic for patients would be beneficial. The clinic would see patients referred for a walking aid assessment only, whose mobility would be negatively impacted by a delay. The aim was to see patients in a timelier manner and reduce the community therapy waiting list overall.



A four-week trial was set up at Oadby Health Centre. Patients were assessed by either a physiotherapist or technical instructor. They could trial walking aids at the session and equipment was then ordered and delivered to their home within five days. Follow up to check everything was ok was via telephone and a subsequent face to face appointment was then made if necessary. Only 25% of patients required this, and this was usually due to the wrong height of equipment being delivered.

Time from initial referral to first assessment reduced from 18 weeks to 22 days. Patient satisfaction with the clinics was high, with patients surveyed feeling their needs were met within the clinic by being able to trial the equipment they wanted to. Following clinic attendance confidence when walking increased to four out of five, from an original score of two out of five prior to attending the clinic. Following this success, the clinics have been continued and a review of the equipment delivery process is being undertaken.

Supporting carers of people with dementia

Carer strain is prevalent for carers of people with dementia. Research suggests that communication difficulties can be one of the hardest to manage aspects for carers. Speech and Language Therapists (SLTs) in MHSOP perceived that there was a lack of knowledge about communication and how this can impact.

Prior to the COVID-19 pandemic the team had run face to face sessions about communication for carers. They wanted to keep the support going so began to offer the sessions remotely. These were delivered as a five-week course. The course has given the SLT team 'somewhere to go' for carers who need further support regarding communication. Carers have an opportunity to meet others in similar situations and learn practical skills to support communication. This may help the way they support the person with dementia to promote more effective communication and reduce frustration.

The team sought feedback after each course which they have used to make improvements. The course was shortened to four weeks, an evening session was



offered for those who work or can't attend during the day, and the content of the course has been refined. The team is now considering whether the approach could be adopted outside of MHSOP, whether there is any need for face to face sessions to return, and whether there are any other outcomes that they could helpfully measure.

Monitoring performance using AMaT

As described above, the Trust uses AMaT (Audit Management and Tracking) which is a web-based system designed to make auditing easier, faster, and more effective. There are currently 102 ward and area audits on AMaT with regular (usually monthly) data collection that gives a continuous picture of performance. The majority of these are used by individual teams and wards to monitor quality around aspects of record keeping, which also feeds into staff supervision. A number of audits on AMaT form part of the Trusts' wider assurance and governance process, for example around how we manage medicines, and there are also 13 clinical audits and 34 service evaluations currently on the system.

Working with patients and carers

The WelImproveQ team hosts a quarterly QI café on MS Teams where staff and service users meet to learn about QI techniques and methodology and, most importantly, to hear from people who have been involved in QI projects which have had a positive impact for both staff and patients. As part of the continued growth of the QI function there has been significant strengthening of the link with our patients and carers with a specific workstream to deliver closer integration and alignment of the improvement and involvement agendas. You can read more about this in the patient experience and involvement section on page 44.

Strengthening the relationship between improvement and patient safety

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

Summary

This Quality Account for 2022/23 outlines our key areas of improvement. This document should be read in conjunction with our Annual Report 2022/23 which provides further information on our progress in performance and finance.

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

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

LPT Quality Account 2022-23

Leicester, Leicestershire and Rutland Integrated Care Board Statement

LLR ICB welcome Leicestershire Partnership NHS Trust's Quality Account for 2022-23 and thank them for the opportunity to comment. We acknowledge the partnership function the organisation has in the LLR Integrated Care System and the contribution that is made to the care and wellbeing of LLR patients in a safe, effective and patient focussed way as outlined in the Quality Account.

We also acknowledge the progress made against the priorities outlined in last year's Quality Account and how LPT have risen to the challenge and put in place measures to progress these.

This year has not been without further challenges, particularly coming out of the Covid-19 pandemic, actions arising from the CQC visit together with System wide pressures which have impacted on all services.

We support the recognised priorities for improvement for 2023-24 and are confident that the measures described will positively support patient safety and staff wellbeing in particular Priority 1 relating to Valuing High Standards Accreditation.

We are pleased to see the continuing commitment to improvement through the 'Step up to Great' quality improvement framework and support all that it endeavouring to achieve.

We feel that this account demonstrates continued quality achievements and together with commitment to their quality priorities, challenges and with collaboration we look forward to maintaining our longstanding relationship with LPT as a System partner to achieve demonstrable quality outcomes for the patients of Leicester, Leicestershire and Rutland.

Leicestershire Partnership Trust Draft Quality Account 2022/2023

Statement from Healthwatch Rutland

Healthwatch Rutland thanks LPT for inviting our response to the 2022-2023 Quality Account. We also value our regular meetings throughout the year with LPT leaders.

We are especially pleased that refurbishment work has been carried out at Rutland Memorial Hospital and that the inpatient ward has now reopened. We know that Rutland people value this facility highly and hope for an increased range of services there in the future.

LPT's excellent efforts in involving patients, their families and the wider public in their health and care activities are well evidenced throughout the Quality Account. We particularly support the recognition by LPT of the need to involve patients in shared decision-making and the importance of learning from the lived experience of children and young people through the work of the Youth Advisory Board.

We also welcome the continuing focus on reducing harm from pressure ulcers and encourage the continuation of this work. We do recognise that resource constraints and high demands might limit some work (for example a proposed review of the plans for patient first contact with a senior community nurse). However, we would urge LPT to consider any plans to reduce services which might put a later strain on resources and adversely affect patient well-being if more pressure ulcers were a result.

We are pleased to see the ongoing work for achieving high standards of patient care through the Valuing High Standards Accreditation (VHSA) self-assessment framework and Fifteen Steps programme of service user involvement. Further to this, we support the prioritisation of meaningful activity for inpatients; not just for patients but for family, friends and carers, too.

We also encourage the continued involvement in research and note the Finch-IMP programme looking at falls in care homes. We would like to see such work extended further to investigating causes, effects and potential mitigations of falls by the frail and elderly in their own homes.

Finally, the quarterly core indicators since 2018/2019 clearly show the impact of the COVID-19 pandemic with notable improvements over the period 2022/2023. However, we question why the number of major harm and deaths are showing a slight upward trend but note that there are a greater number of deaths investigated for a Learning from Deaths Review. We hope to see a decline in patient harm incidences in this year.

We acknowledge that LPT staff are often working under tremendous pressure and would like to thank all staff members for their hard work in the recovery and rebuild phase following the COVID-19 pandemic.

LEICESTERSHIRE COUNTY COUNCIL
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
COMMENTS ON THE LEICESTERSHIRE PARTNERSHIP NHS TRUST QUALITY
ACCOUNT FOR 2022-23

MAY 2023

The Health Overview and Scrutiny Committee welcomes the opportunity to comment on the Leicestershire Partnership NHS Trust (LPT) Quality Account for 2022-23 and acknowledges that the Account is a balanced representation of the Trust's work over the past year and is not aware of any major issues omitted from the report.

The Committee notes that there were no inspections from the Care Quality Commission (CQC) during the 2022/23 year therefore there is no update to the CQC ratings but is pleased that LPT staff continued to have regular meetings with the CQC to offer assurance and updates on improvements. Committee members intend to scrutinise the progress of LPT against the CQC Action Plan at upcoming meetings. The Committee is aware that the Trust does not have any enforcement actions against it.

The Committee is pleased to note from the Quality Account that in the absence of a CQC inspection the quality compliance and regulation team have been undertaking unannounced quality visits to services to focus on the issues that CQC inspections focus on. However, the Quality Account does not state what was found by these visits which is disappointing.

The Quality Account clearly sets out LPT's priorities for 2022/23 which were linked to the Step up to Great strategy. The Committee particularly welcomes the priorities relating to 'meaningful activity', shared decision making and health inequalities.

The Committee welcomes the research LPT have been conducting particularly that relating to health inequalities and the psychological impact of COVID-19. The pandemic had a disproportionate impact on some demographics which highlighted that health inequalities is an area which requires focusing on in future. The Committee also has concerns about the long-term impacts of the pandemic on the physical and mental health of the population and therefore the research being conducted could be invaluable.

The Quality Account refers to the contribution LPT made to the COVID-19 vaccinations programmes across LLR and the Committee thanks LPT for the work on this.

The Committee has over the last year raised concerns about problems relating to the recruitment and retention of staff across health services in Leicestershire and therefore it is pleasing to note the action LPT has been taking to address these issues such as holding recruitment and careers fairs, and having a strong focus on international recruitment. It is also reassuring that the staff survey found an increase in the number of staff feeling that LPT is an inclusive and compassionate place to

work. The Committee intends to look at the issue of recruitment and retention in more detail at future meetings.

The Committee was aware that LPT was awarded the contract to deliver health visiting and school nursing services to 0-11 year olds in Leicestershire, and the County Council decided to bring in-house the contracts to provide services for 11-25-year-olds. The Committee has scrutinised this topic at meetings over the last year.

The Committee welcomes the partnership working which LPT has been involved in in relation to learning disabilities and notes that the work has received national recognition. However, the Committee is aware that conditions such as autism still take a long time to be diagnosed and are often missed at schools, and more help is needed in the community to better understand these conditions. The Committee also has concerns about the level of support available during transition from child to adult or once a person with autism reaches 18 years old. It is pleasing that as part of the COVID-19 vaccination programme there were bespoke clinics for persons with learning disabilities.

It is surprising that the Quality Account makes little reference to the progress LPT has made with regards dormitory re-provision as this has been a key issue for LPT over recent years and the Government has pledged to eradicate dormitory accommodation in mental health settings. The Committee is aware that in 2023 work was due to take place on the dormitories at the Evington Centre and Bennion Centre and would welcome an update on this.

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

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

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

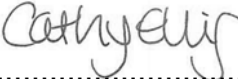
NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality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

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

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2022/23* and supporting guidance *Detailed requirements for quality reports 2022/23*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2022 to March 2023
 - papers relating to quality reported to the board over the period April 2022 to March 2023
 - feedback from commissioners dated May 2023
 - feedback from local Healthwatch organisations dated May 2023
 - feedback from overview and scrutiny committee dated May 2023
 - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the latest national patient survey published 2022
 - the latest national staff survey published 2023
 - CQC inspection report dated 2021
- the quality report presents a balanced picture of the NHS trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate

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

By order of the board

...30th May 2023... Date..........Chairman

...30th May 2023.....Date..........Chief Executive