

Quality Account

2014/15 - Draft Version 1.1



Version **1.1**

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Part 1 – Introduction

1.1 Statement on quality from the Chief Executive

I am proud to be the Chief Executive of Leicestershire Partnership NHS Trust (LPT), and proud to work in the NHS. During 2014/15 we continued to provide a huge range of services across community health, mental health, learning disability and services for children and young people. Over the year we have made over 1.5 million contacts with patients in the community, 250,000 beds were occupied overnight and services provided at 156 sites across Leicester, Leicestershire and Rutland by over 5300 staff. Importantly through this year, 95% of people that received care would be likely or very likely to recommend the service to family or friends. I am proud of that achievement, as I know is our staff.



Maintaining high quality, responsive services at times of increasing demands, increasing public expectations and financial constraint remains a challenge and the Quality Account reflects both the positive and negative.

The NHS nationally continues to be under intense public scrutiny with concerns about various hospitals during the year. A new report by Sir Robert Francis, 'Freedom to Speak Up' recommends actions to improve the culture of openness in the NHS. Our Trust Board has considered its implications and will be implementing a range of actions. This is an area I am determined to improve.

In 14/15 we worked hard to develop and consolidate the improvements we have made in our acute mental health inpatient services at the Bradgate Unit following a critical CQC report in 2013. These include clinical leadership, staffing levels and skill mix, daytime activities, therapy, discharge planning and risk assessments. I have personally seen these improvements and we have received visits from commissioners and local councillors who have all commented on the improvements.

We have also been able to improve the response we can give to people in mental health crisis, having remodelled our crisis response, which now include a crisis helpline and the development of a crisis house in conjunction with the Richmond Fellowship.

Effective leadership, coupled with a motivated and engaged staff group are critical to providing high quality care. We have continued to develop our leadership programmes, including our Leading Together group, focussing on the skills we need to become effective leaders. This was complimented by a range of other groups supporting our future leaders.

LPT wants to be a values led organisation and to support this we consulted with staff on what they felt were our core values. Trust, Respect, Integrity and Compassion came out on top and we will now build these into our training, induction and ongoing appraisals

I reported a disappointing staff survey in last year's Quality Account, and this year we saw significant improvements in eight of the measures and an overall increase in the staff

engagement score, which is great but the overall result is still below average, so there is still much to do.

To further support our staff we have continued with the 'Listening into Action' programme which has seen over 30 teams take part in trying to improve aspects of their service and then 'pass it on' to others. Individual staff have been supported by the development of an online appraisal process 'uLearn' which will be further developed this year.

The year culminated in an inspection by the CQC, which began on the 9th March 2015. 106 inspectors visited us for a week, visiting every inpatient unit and many of our community teams. They spoke to staff, patients and stakeholders. We welcome the external scrutiny that the CQC brings to help us continually improve our services. Thank you to all the staff and patients who were able to contribute. The report will be available in June 2015.

We continue to have good links with our partners. As CEO I have regular meetings with colleagues from Healthwatch and local voluntary sector organisations. During 2014 we invited Healthwatch to become part of our Board meetings, further developing our relationship and ensuring that we develop our services with the public.

Although we continue to face challenges we are continuing to improve services for patients and families. As I travel round the county meeting our staff and patients I remain impressed by their dedication, energy and professionalism. This Quality Account summarises the progress we continue to make.



Dr Peter Miller
Chief Executive

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

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

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

- The Quality Account presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review;
- The Quality Account has been prepared in accordance with Department of Health guidance.

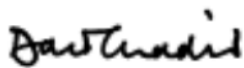
The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By Order of the Board



Dr Peter Miller
Chief Executive

Date;



Professor David Chiddick
Chairman

Date;



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

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



Adrian Childs

Chief Nurse

Date;



Part 2 – Priorities for improvement and statements of assurance

2.1 Priorities for quality improvement in 2015/16

Improving quality is about making healthcare safer, more effective, patient centred, timely, efficient and equitable. Our central purpose is to provide the highest quality healthcare and promote recovery and hope to our patients. We are committed to improving the quality of our care and the services we provide. Our patients pay close attention not only to clinical outcomes but also to their own experience of the services they receive. We want to provide the very best experience for every person using our services.

The priorities we identified in last year's Quality Account will continue to be pushed forward. We want to deliver sustainable and continuous quality improvement and whilst many have been achieved, there are others where there is further work to do.

During 2015/16, we aim to deliver quality improvements across a large number and range of projects and services. There have been several factors influencing how we have developed our priorities; the Quality Framework set out in the Quality Strategy (2013-16); priorities set for the NHS nationally; priorities agreed with Commissioners as part of our CQUIN contract; progress against the 2014/15 priorities; the Care Quality Commission inspections of our services and ideas that have been developed by our staff, in response to listening to feedback about the provision of care.

This year we have identified a number of local quality improvement priorities under the quality domains of safety, patient experience and clinical effectiveness. The priorities are important to our service users, carers, patients and staff. The performance of these priorities will be managed and monitored through our executive-led performance reviews.

Improve safety – reduce harm

(To reduce avoidable death and injury, to improve patient safety culture and leadership and to reduce the risk of error and adverse incidents)

- Improve the administration of insulin and reduce administration errors
- Develop and implement a Trust-wide anticoagulation policy and reduce administration errors
- Increase awareness and management of sepsis in our community hospitals

Improve Patient Experience

(To listen and learn from patient feedback and to improve patient experience of care)

- Improve our approach to family focussed care and strengthen relationships between staff groups working with different members of the same family
- Improve and increase engagement with people who use our services by developing service co-design opportunities
- Improve the understanding and application of the Mental Health Act and Mental Capacity Act

Improve clinical effectiveness

(To deliver evidence based care/best practice and effective pathways and to improve clinician and reported outcomes)

- Ensure physical and mental health needs are met and given equal priority
- Improve access to Child and Adolescent Mental Health services and provide consistent packages of care
- Develop and improve care pathways for people with a learning disability
- Reduce the number of mental health patients delayed in hospital

Further details on each priority are included in the table pages 10-15

2.2 Delivering our quality improvement priorities

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

The Trust Board has agreed the 2015/16 clinical quality priorities and these are shown in the tables overleaf.

Clinical Priorities 2015/16

Quality Priority	Why this is important to us	How this will be achieved	How this will be monitored and measured	Where this will priority be monitored
Improve Safety – reduce harm				
Improve the administration of insulin and reduce administration errors	<p>Medication errors are a cause of concern. Insulin administration errors have been identified to be a higher than expected.</p> <p>A Standard Operating Procedure for administering medicines has been launched and a campaign to raise awareness of insulin administration has been completed.</p> <p>We want to achieve a sustained reduction in insulin administration errors.</p>	<p>Insulin safety awareness week/campaign will be repeated and alternative methods of staff engagement will be explored.</p> <p>'Know how you're doing' boards to be incorporated into insulin safety (insulin errors to be separated from medication errors).</p>	<p>We will monitor the number of reported incidents each month.</p> <p>We will gather feedback from staff following the insulin safety campaign We will request staff feedback regarding the usefulness of safety campaign</p>	TBC
Develop and implement a Trust-wide anticoagulation policy and reduce administration errors	<p>The development of this policy as a priority has been prompted by incident concerns regarding Dalteparin,</p> <p>There is also no current initiation, management policy for Warfarin, which a significant number of our patients require during a hospital stay.</p>	<p>We will develop and implement a Trust-wide policy and develop an action plan with a particular focus on low molecular weight heparins and their delivery in the community.</p>	<p>We will measure this by reducing the number of Dalteparin administration errors (Target TBC)</p>	TBC
Increase awareness and management of sepsis in our community hospitals	<p>Sepsis is one of the top 3 causes of in-hospital deaths. The national work on sepsis recognition and management has identified that early intervention in sepsis management can reduce hospital mortality.</p> <p>In line with the Better Care Together Strategy and left- shift work with UHL resulting in a</p>	<p>Increasing staff awareness can influence the management and outcome of sepsis cases and during 2015/16 we plan to engage our MDT and define a sepsis tool.</p> <p>We will educate ward staff in recognition and management of sepsis.</p>	<p>We will evaluate implementation and the education package.</p> <p>We will undergo an audit of staff knowledge regarding recognition and</p>	TBC

Quality Priority	Why this is important to us	How this will be achieved	How this will be monitored and measured	Where this will priority be monitored
	move towards higher acuity patients within our hospital the occurrence and severity of sepsis is likely to increase.	We will introduce sepsis boxes onto all community ward areas following discussion with microbiology.	management of sepsis	
Improve Patient Experience				
Improve our approach to family focussed care and strengthen relationships between staff groups working with different members of the same family	<p>Staff Link (an internal electronic service directory) is being used across our Families Young People and Children's Services to provide contact information for staff working with children and families in each locality.</p> <p>In 2015/16 we want to strengthen relationships between front line staff across LPT who are working with different members of the same family.</p>	The Trust is rolling out the development of the Staff Link service (which is currently only available in FYPC) and therefore all staff across LPT will be on the Staff Link system and will be able to identify who works within their locality area.	<p>We will measure this by the number of staff using Staff Link.</p> <p>Leaders across LPT will meet regularly to review progress through family stories and staff feedback.</p>	Strategic Transformation Group (TBC)
Improve and increase engagement with people who use our services by developing service co-design and quality improvement opportunities	<p>We want to find better ways to engage with people living in Leicester, Leicestershire and Rutland, particularly in our Families, Young People and Children's service (FYPC) and our Learning Disability services.</p> <p>We want to provide a person centred Learning Disability (LD) Service based on the views of people who use our services and their family/carers. The LD service has carried out listening events and collected information from people who use our services in a variety of creative ways in order to ensure that people with learning disability can have a voice.</p>	<p>Learning Disability Services would like to develop their work further and set up an Experience Based Co-Design project to truly involve people in planning how our services are delivered in the future.</p> <p>They also want to continue to develop ways of providing patients with choice and control in our services and gaining feedback at the point of contact.</p> <p>FYPC will identify and deliver during 2015/16 three key service quality improvements developed in partnership with</p>	<p>FYPC will measure this by having service users involved in co design</p> <p>Progress within learning disability services will be measured against the project plan which sets out the time scales for preparation, piloting, delivering and evaluation the project.</p>	<p>FYPC Quality and Safety Group (TBC)</p> <p>Learning Disability TBC</p>

Quality Priority	Why this is important to us	How this will be achieved	How this will be monitored and measured	Where this will priority be monitored
	<p>During 2014/15 the Health for Kids and Health for Teens websites were successfully designed and delivered in FYPC using a co-design approach by using School Nurses and local children and young people to develop the new websites.</p> <p>We want to build on this, the neighbourhood programme, and the Asset Based Community Design approach further.</p>	<p>service users.</p> <p>They will recruit two Band 4 co-design practitioners to support this work.</p>	<p>We have a range of measures we will be working on with people who use our learning disability services to evaluate any improvements in their experience of our services.</p>	
<p>Improve the understanding and application of the Mental Health Act (MHA) and Mental Capacity Act (MCA)</p>	<p>This is a continuation of a programme of improvements developed in light of learning and is also in response to the CQC inspection in March 2015 where deficiencies relating to the application of the MHA and MCA were identified.</p> <p>We will actively be seeking to improve and ensure the robust application and subsequent scrutiny for adherence to the Mental Health Act Code of practice and the application of the Mental Capacity Act across the Trust</p>	<p>We will undertake training needs analysis for all staff involved in the application of the MHA and the new code of practice 2015 and for all staff involved in the application of the MCA to:</p> <ol style="list-style-type: none"> 1. Improve and evidence robust scrutiny procedures for application of the MHA code of practice 2. Ensure the correct application and management of Section 17 authorization and leave management 3. Ensure the correct application in regards to consent to treatment arrangements and recording 4. Improve the current process and arrangements for patients to understand their rights under section 132. 5. Improve staff's understanding of the MHA by providing a training programme and developing a community of practice 	<p>Using a mix methodology of quantitative and qualitative approaches to develop an audit process that embeds best practice.</p> <p>Continue to develop and apply audit and scrutiny processes with the Mental Health Act Office for application of MHA, the application and management of:</p> <ol style="list-style-type: none"> A) section 17 authorisation and leave management, B) the application 	<p>TBC</p>

Quality Priority	Why this is important to us	How this will be achieved	How this will be monitored and measured	Where this will priority be monitored
		<p>to share learning across the service line</p> <p>6. Develop and improve staff knowledge in the awareness of the MCA requirements through; supervision, clinical supervision, peer support, further training</p> <p>7. Through improving knowledge ensure that there is a proactive application of the MCA which is consistently sought and recorded.</p>	<p>and consent to treatment</p> <p>C) arrangements and recording through case file reviews</p> <p>We will also review service user and carer feedback</p>	
Improve clinical effectiveness				
Ensure physical and mental health needs are met and given equal priority	<p>The physical healthcare of patients with mental health problems and learning disability has been highlighted in several national documents and has been highlighted as an area of improvement following a review of incident reports.</p>	<p>We plan to develop a Physical Health Strategy for Inpatient Services to support the reduction in mortality in people with mental health problems and people with a learning disability</p> <p>We will implement improved prevention and management strategies including physical health monitoring, advice and guidance and treatment for patients.</p> <p>The Physical Health Strategy Group will be engaging with service user representatives to develop the physical health strategy.</p>	<p>Process outcomes will be developed in parallel to the physical health pathway.</p>	<p>SDI Project Group</p> <p>Assurance and Advisory SDI Group (which includes service user representation). (TBC)</p>
Improve access to Child and Adolescent Mental Health services and	<p>During 2014/15 we undertook a review of the Tier 3 CAMHS service along with commissioners, services users and local voluntary groups. We identified actions and four key work-streams. And want to take this work forward during 2015/16</p>	<p>We will ensure everyone on the CAMHS waiting list is appropriate, and that people on the waiting list know what to expect, and support and advice is made available.</p> <p>Children and young people will be offered</p>	<p>We will be looking for demonstrable service improvements from the Friends and Family test results</p>	<p>TBC</p>

Quality Priority	Why this is important to us	How this will be achieved	How this will be monitored and measured	Where this will priority be monitored
provide consistent packages of care		consistent packages of care prior to handover to more local services.	Reduction in complaints	
Develop and improve care pathways for people with a learning disability	<p>We have already begun development of LD pathways in response to various national drivers. The model of care pathways has been discussed in MDT meetings and with stakeholders (Commissioners, Local authorities) in the AMH-LD Clinical forum where the model was introduced</p> <p>Our service users have outlined what is important to them and we will continue to work with them as part of an Experience based Co-Design project.</p> <p>We want to improve Learning Disability (LD) Care Pathways by:</p> <ul style="list-style-type: none"> • developing care pathways based on conditions • developing care pathways that are based on evidence based standards of assessment and treatment • reducing variation in professional input and service delivery • enhancing the practice of patient centred service by incorporating patient reported outcome measures, alongside clinical outcome measures • developing an equitable, productive and effective locality based service 	<p>A list of conditions, assessment and interventions offered by LD services has been developed, and the first draft of care pathways is currently being updated.</p> <p>As a priority we now want to take these forward.</p> <p>We will launch pathway based practices within Teams</p>	<p>We will develop information reporting, based on clinical pathways. There will be clear time-lines within the pathway implementation plan. Pathway based activity will inform data quality.</p> <p>We will monitor feedback from the staff delivering the pathways and people who use our services</p> <p>We will ensure final versions are formatted, developed and placed on the Staff Intranet</p>	TBC

Quality Priority	Why this is important to us	How this will be achieved	How this will be monitored and measured	Where this will priority be monitored
<p>Reduce the number of mental health patients delayed in hospital</p>	<p>We want to reduce the number of patients that become delayed transfers of care by virtue of controllable variables such as housing, social care and after care.</p> <p>We have established monitoring of patient flow within a Multi-Agency Length of stay (LOS) panel, supported with the development of a real time patient census. The panel centres on multi agency discussion and agreement, working collaboratively to look at the nature of delays and help ensure that any potential barriers to patients returning home are identified early.</p> <p>The panel looks at patients who have been on the wards over 25 days. Membership has been widened to include, Rehabilitation Services, Occupational Therapy, Step Down Services, Local Authority Housing, and GEM, all of whom contribute to the patient pathway.</p>	<p>We plan to;</p> <ul style="list-style-type: none"> • further develop the panel to include regular input and attendance by Consultants. • complete the pilot process successfully. • develop and share the operating procedure. • develop improved working arrangements with GEM regarding funding decisions and communication . • continue to work closely with Housing Support Officers to ensure housing related delays are minimised. 	<p>We will be monitoring the number of patients delayed in returning home.</p>	<p>TBC</p>

2.3 Statements relating to the quality of NHS services provided

This section includes information which we are required to report to enable comparison between different health organisations. The content of this section contributes towards the mandatory reporting requirements, as outlined in the Quality Account toolkit (www.gov.uk).

2.3.1 Review of services

During 2014/15 Leicestershire Partnership NHS Trust provided and/or subcontracted 81 NHS services.

The Leicestershire Partnership NHS Trust has reviewed all the data available on the quality of care in 81 of these NHS services, both for services directly provided and for those services subcontracted. Robust monitoring both externally with commissioners (via contractual requirements to monitor over 40 clinical quality performance indicators) and internally (via performance reviews and scorecards) ensures the highest standards are adhered to in the areas of infection control, patients safety, service user and carer experience, safeguarding, clinical effectiveness and Care Quality Commission compliance.

The income generated by the NHS services in 2014/15 represents 100 per cent of the total income generated from the provision of NHS services by the Leicestershire Partnership Trust for 2014/15.

2.3.2 Examples of how we reviewed our services in 2014/15

Board members remain visible in our services

During 2014/15 we made some changes to our Trust Board and welcomed some new members. We invited our local Healthwatch representative to join the Board, and in July 2014 our three divisional directors became Board members in order to provide greater local leadership and divisional accountability.

To date, Board members have completed 34 visits to our services, to listen to the views of patients and carers and talk to staff about how they can be supported.

Board members also continue to participate in our clinical programme of 'Quality visits' where a team of senior staff visit services and assess whether the service is demonstrating compliance with the Care Quality Commission 'Essential standards of quality and safety'. A variety of services have been visited including inpatient, community based and outpatient services.

We have reviewed and improved the governance of our services

Governance arrangements are under constant review in order to ensure that our assurance arrangements are effective and patient centred. Each Division makes its own arrangements for assurance and review on clinical, financial, and workforce issues. The corporate governance assurance arrangements are focused upon the

Board committees and their duties delegated from the Trust Board to test and ensure that the Trust is in control of the quality of clinical and financial performance, and any risks. Periodically the Trust will test, by use of external agencies, the efficacy of the arrangements of the Board committees. This was undertaken between May and July of 2014 with the Trust Board receiving a report and recommendations. These were reviewed and acted upon with resulting improvement of practice of servicing the Board committees as well as refocusing the work of the Board committees in the area of Human Resources and Organisation Development.

Internal audit

The internal audit service 360 Assurance has a programme of internal audits for the year that is developed by the Executive Team and reviewed and agreed by the Audit and Assurance Committee.

Topics cover key areas where the Trust is either required to provide assurance such as the Information Governance Toolkit compliance, or where we want to have assurance around risks areas in our Board Assurance Framework, or for assisting in the development of our processes and systems.

The Trust has received the outcome from seventeen reviews of which significant assurance has been concluded for fourteen reviews. A split opinion of Significant/Limited assurance has been received for one review and limited assurance for two reviews. The latter covers medical devices and compliance with mandatory training. Both issues have now been reviewed by the Executive Team and senior governance committees for agreement on actions to address the areas of attention highlighted

Commissioners are visible in our services as they undertake quality visits

During 2014/15 there were four Commissioner led 'quality visits' to some of the places where we provide services. The commissioning teams included senior managers and doctors from the commissioning groups. The visits were undertaken to gain assurance of 'quality' for example good leadership, staff supervision, patient records. The methods used included observing the care environment, talking to nursing staff and patients and reviewing care records. The visits took place at a variety of services including; the District Nursing Service, Gartree Prison, the Evington Centre and the Bradgate Unit.

We commission independent opinions about the quality of our services

The Trust Board commissions an independent audit service to provide consultancy development and provide independent objective views about various aspects of our services. Audits can be selected in response to new service developments to ensure that they are meeting the quality objectives they set out to achieve, or where the Board need to be assured that policies are being applied consistently. We use the results to improve aspects of service delivery with Non-Executive Directors support. This programme is overseen by Non-Executive Directors.

Quality Improvement Programme Board

In response to the findings of the Care Quality Commission (CQC) inspections of the Bradgate Mental Health Unit published in July and December 2013, we set up a Quality Improvement Programme Board (QIPB). This task and finish group oversaw the implementation of a Quality Improvement Plan (QIP) for the unit and reported directly to the Trust Board.

Significant work has been undertaken to improve quality within the Adult Mental Health inpatient units. A large number of actions have been completed against the plan; with a focus placed on bringing the last few remaining actions to completion within agreed timescales, and the sustainability of those actions to be brought within the division's ongoing service development plans.

Lessons learned have been shared widely across the three clinical divisions and there is work to develop a consistent approach to Quality Improvement Plans across the Trust. It was agreed that future Quality Improvement Plans are to be led within the divisions, jointly by their clinical and operational leadership.

Freedom to Speak Up review

In recent years there have been exposures of substandard and sometimes unsafe patient care and treatment, which has led to a number of national reports and reviews, from which we can draw lessons from the experiences of those involved, in order to improve the quality of care for patients.

The Trust board has been considering the recommendations and guidance in Sir Robert Francis' recently published report on the 'Freedom to Speak Up' review. The review was set up to look into how NHS organisations handle concerns raised by staff in the wake of the Mid Staffordshire enquiry which, in part, attributed poor patient care to a culture of NHS staff feeling unable to raise concerns.

The review recommends a wide-ranging reform of culture in healthcare, to ensure that healthcare staff feels safe to raise concerns over patient care and treatment without fear of reprisal. Sir Robert's stated priority is that "above all, behaviour by anyone which is designed to bully staff into silence, or to subject them to retribution by speaking up, must not be tolerated."

The Review emphasises the requirement for NHS bodies to encourage openness and transparency in handling concerns. There is a real emphasis on the continued need for cultural change, with a focus on leadership, training and the proper management of complaints and NHS bodies are encouraged to embrace this new culture.



During 2015/16 we will be developing and progressing how the organisation will deliver the key actions from the Freedom to Speak up Review.

2.4 Participation in clinical audits

During 2014/15 four National Clinical Audits and one National Confidential Enquiry covered NHS services that LPT provides.

During that period LPT participated in four National Clinical Audits and one National Confidential Enquiry which was 100% of the National Clinical Audits and 100% of the National Confidential Enquires we were eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that LPT was eligible to participate in 2014/15 were:

National Clinical Audits
Prescribing Observatory for Mental Health (POMH)
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme
National Audit of Intermediate Care
Sentinel Stroke National Audit Programme (SSNAP)
National Confidential Enquires
National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH)

The National Clinical Audits and National Confidential Enquiry that LPT participated in and for which data collection was completed during 2014/15 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.

The reports of four national clinical audits were reviewed by LPT in 2013/14 and LPT intends to take the following actions to improve the quality of healthcare provided.

Title	Number of cases submitted as a percentage of the number of registered cases required
Prescribing Observatory for Mental Health (POMH)	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	tbc
National Audit of Intermediate Care	tbc
Senitol Stroke National Audit Programme (SSNAP)	Tbc
National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	100%

The reports of two National Clinical Audits were reviewed by the provider in 2014/15 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit title	Actions to be taken
Prescribing for ADHD in children, adolescents and adults (POMH Topic 13a)	<p>There was good adherence by CAMHS and paediatric services to the audit standard regarding measurement of baseline height, weight, blood pressure and pulse before starting treatment for ADHD, with respect to ensuring that early-on treatment monitoring (within the first three months of treatment) was undertaken and for those receiving longer-term treatment with ADHD medication.</p> <p>Centile charts for recording weight, height, blood pressure and pulse were provided and the results were documented in patient's notes and/or clinic letters. Staff were reminded of the requirement to document cardiovascular risk assessment (and ECG if appropriate) and substance diversion risk before starting medication for ADHD.</p>
Use of antipsychotic medication in CAMHS Re-audit (POMH Topic 10c)	<p>The indication for antipsychotic treatment was clearly described in 100% of cases. Documented evidence of pre-treatment screening for patients in whom antipsychotic treatment was initiated less than three months ago was 100% for body weight/BMI, blood pressure and pulse. Documented evidence of side effect assessment for patients in whom antipsychotic treatment was initiated more than three months ago was 90% for body weight/BMI, blood pressure and pulse.</p> <p>We held a one day education event for CAMHS consultants on medical prescribing; including prescribing of antipsychotics (as part of mandatory CPD) and we trained nurses to do phlebotomy and ECG monitoring at the main outpatient CAMHS LD base and at specialist schools. In addition, automatic electronic reminders about screening for clinicians were set up.</p>

The reports of 113 local clinical audits were reviewed by LPT in 2014/15 and LPT intends to take the following actions to improve the quality of healthcare provided.

Audit title	Actions to be taken
Dementia Care Mapping Re-audit (#891)	<p>Dementia Care Mapping (DCM) is an initiative that helps staff to provide individualised, person-centred care for people with dementia. It is used to observe the quality of dementia care from the point of view of the person with dementia.</p> <ul style="list-style-type: none"> • The audit identified the need to ensure that all patients with a diagnosis of dementia and presenting with behaviours that challenge have a DCM completed • Bite size training sessions, outlining the value of DCM in the care process, will be developed to assist staff in completing the DCM
Assessment for Inpatient Escort for ECT (#1037)	<p>ECTAS (ECT Accreditation Service) made the recommendations that patients must be escorted to and from the ECT Clinic by a Registered Nurse, Operating Department Practitioner or doctor and that the escort is known to the patient, is aware of the patient's legal and consent status and has an understanding of ECT. The escort should also be able to act as an advocate for the patient. The objective of this audit was to quantify the expertise and knowledge of escort staff in relation to ECTAS Standards.</p> <ul style="list-style-type: none"> • An escort hand-over checklist has been produced • A training programme will be developed for all relevant staff
Medicines Reconciliation Re-audit (#937)	<p>This audit was carried out to assess whether LPT is meeting NICE/NPSA recommendations for medicines reconciliation on admission to hospital.</p> <ul style="list-style-type: none"> • The usage of manual drug cards will be reviewed to ensure inappropriate usage is reduced
Did Not Attend (DNA) (Mental Health & Learning Disability Services) (#505)	<p>This audit aimed to assess the level of compliance with the Trust Did Not Attend (DNA) policy, specifically to:</p> <ul style="list-style-type: none"> • Demonstrate an LPT consistent approach to manage patients who fail

	<p>to attend or cancel planned appointments and to ensure that patients who are disadvantaged by their inability to attend an appointment are followed up</p> <ul style="list-style-type: none"> • A flowchart has been developed which describes the steps to take when a patient does not attend their appointment
VTE Risk Assessment and Appropriate Prophylaxis in Community Hospital and MHSOP Inpatient Wards (#973)	<p>This audit was undertaken to ensure that VTE risk assessment and appropriate prophylaxis is given in the Community Hospital and Mental Health Services for Older People (MHSOP) inpatient wards.</p> <ul style="list-style-type: none"> • Change in process for clerking during out of hours (OOH) with the introduction of an electronic system on Adastra to facilitate monitoring and action as required regarding non-compliance • Development of an SOP between CHS and OOH with clear expectations around admission • Mid-week clerking for stable patients is being completed by the Advanced Nurse Practitioners (ANPs) to ensure VTE assessments are completed • Introduction of new clerking documentation
E-Discharge Audit from General Adult Wards at the Bradgate Unit (#798)	<p>The aim of this audit was to obtain evidence of the quality of information provided to GPs in relation to blood tests and medical investigations in the electronic discharge letter.</p> <ul style="list-style-type: none"> • The document "Introduction to the rotation at the Bradgate Unit " will be updated to include expectations about the e-discharge letter in relation to the blood test and additional medical investigations • Pharmacy ward based induction sessions have been developed for all new doctors, which include communication to GPs in the e-discharge letter
Crisis Handover (Adherence to Handover Protocol & Quality) 2014/15 (#844)	<p>The aim of this audit is to assess compliance and integration of the handover protocol and assess its effectiveness of its implementation in the teams.</p> <ul style="list-style-type: none"> • A recording tool has been developed for the "3rd handover" between Home Treatment and Single Point of Access
Lower Limb Wound Care Audit (CHS) (#819)	<p>The objective of this audit was to establish whether patients with avoidable leg ulcers were being appropriately assessed</p> <ul style="list-style-type: none"> • To address the concerns identified from the audit, non-complex venous leg ulcer, complex venous leg ulcer and mixed aetiology pathways have now been developed

2.5 Participation in clinical research

LPT recognises the positive impact participation in research has on the organisation including enhanced care, retention and attraction of high quality staff, the opportunity for our service users to receive innovative interventions, and development opportunities for staff.

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

The number of patients receiving NHS services provided or sub-contracted by LPT in 2014/15 that were recruited to participate in portfolio studies approved by a research ethics committee was 855 (data to be confirmed).

The portfolio studies hosted by the Trust in 2014/15 are listed in the table below:

Sample Portfolio Studies Title/Acronym	Key aim/principle of study
Addiction Endophenotypes	Understanding the possible biological causes of stimulant abuse, and long-term effects on the brain
ADHD "One-Stop Shop"	The impact of a drop in clinic for children and young people with ADHD on service user satisfaction, DNA rates and accessibility
AFFECT	A randomised controlled trial of calcium channel blockade with Amlodipine For the treatment of subcortical ischaemic vascular dementia
AMIGOS	Acute Medicine Interface Geriatric Outcomes Study
ASK SNIFF: ASK SID	ASK SNIFF: ASK SID (Acutely Sick Kids Safety netting Interventions Development) study. Development of the content for a Standardized Safety Netting Intervention tool for the acutely ill child.
AQUA	A randomised controlled trial comparing the effects of providing clinicians and patients with the results of an objective measure of activity and attention (QbTest) versus usual care on diagnostic and treatment decision making in children and young people with ADHD
BDR	Brains for Dementia – Longitudinal assessment of potential brain donors
BISCA	Adapting a behavioural support intervention for smokeless tobacco cessation in South Asians
CIRCLE	Randomised controlled trial of the clinical and cost effectiveness of a contingency management intervention for reduction of cannabis use and of relapse in early psychosis
DAPA	Physical activity programmes for community dwelling people with mild to moderate dementia
D-PIM (Alcohol)	DNA Polymorphisms in Mental Illness (examining possible genetic links to problematic alcohol usage) (with University College London)
D-PIM (Schizophrenia)	DNA Polymorphisms in Mental Illness (possible genetic bases of schizophrenia) (with University College London)
DRIFT	DRIFT: Disseminating Research Information through Facebook & Twitter - Do patients and the public engage in Research Study Specific Social Networking groups?
DVLD	Domestic violence and women with learning disabilities

ENGAGER 2 CASE STUDIES ENGAGER 2 FOCUS GROUPS	Developing and evaluating a collaborative care intervention for prisoners, with common mental health problems, near to and after release
ENROLL-HD	Enroll-HD: A Prospective Registry Study in a Global Huntington's Disease Cohort
EXCEED	Extended cohort for e-health, environment and DNA (EXCEED) Study
EQUIP	EQUIP: Enhancing the quality of user involved care planning in mental health services Evaluation of the efficacy and cost effectiveness of user/carer involved care planning
GERAS	Observational study of resource use and cost of Alzheimer's disease in Europe
IRAM	Remote Monitoring of Attention, Activity and Impulse Control using Mobile Phone Technology in Attention Deficit Hyperactivity Disorder (ADHD)
JEJ-OC	A pilot study investigating the effect of postoperative home jejunostomy feeding on quality of life and nutritional parameters in patients with oesophagogastric cancer.
LEAP	An interventional study in Anorexia Nervosa
LISTEN UP	Understanding and helping looked after young people who self-harm
MADE	Minocycline in Alzheimer's disease efficacy trial: The MADE Trial. (Professor Robert Howard: Kings College & SLAM)
MARQUE	The quality of life of people with memory problems who live in care homes
MOLECULAR	A national study investigating the genetic basis of Bipolar Disorder.
PBS	Clinical and cost effectiveness of staff training in Positive Behaviour Support (PBS) for treating challenging behaviour in people with intellectual disability (Angela Hassiotis – UCL).
PPIP2	Prevalence of neuronal cell surface antibodies in patients with psychotic illness
RADAR	Reducing pathology in Alzheimer's Disease through Angiotensin taRgeting. The RADAR Trial. A phase II, two arm, double-blind, placebo-controlled, randomised trial to evaluate the effect of losartan on brain tissue changes in patients diagnosed with Alzheimer's disease
REGISTRY 3 (ENROLL-HD)	A Prospective Registry Study in a Global Huntington's Disease Cohort
Servier S38093	Efficacy and safety of 3 doses of S38093 (2, 5 and 20mg/day) versus placebo in co-administration with donepezil (10mg/day) in patients with moderate Alzheimer's Disease. A 24 week international, multi-centre, randomised, double-blind, placebo-controlled phase IIb study

SHIP	Efficacy of a Self-Help Parenting Intervention for Parents of Children with Attention Deficit Hyperactivity Disorder (ADHD) as an Adjunct to Pharmacotherapy.
SHIRES-ADHD	Impact of ADHD on the health and well-being of families
STOP	Diabetes screening and prevention for people with Learning Disabilities
SUICIDE	Study of Suicide in the Criminal Justice System: Nested Case-Control (Prof Jenny Shaw (Manchester))
	In-patient suicide whilst under non-routine observation (Prof Jenny Shaw, Manchester)
Surviving Crying	Development and Preliminary Evaluation of an Intervention Package to Support Parents of Excessively Crying Infants

There were 15 clinical staff participating as Principal Investigators in portfolio research approved by a research ethics committee at LPT during 2014/15. These staff participated in research covering a range of specialities including old age psychiatry, adult mental health, children, learning disability, child and adolescent mental health and public health.

In the last three years we have not had any National Institute of Health Research (NIHR) funded Chief Investigators within the Trust. However our staff have been disseminating their research through various publications, showing commitment to transparency and desire to improve patient outcomes and experience.

A full list of all research activity is available upon request.

2.6 Goals agreed with Commissioners

2.6.1 Use of contractual arrangements

Local authorities, West Leicestershire Clinical Commissioning Group, East Leicestershire and Rutland Clinical Commissioning Group and Leicester City Clinical Commissioning Group commission services on behalf of people living in Leicester, Leicestershire and Rutland. As part of our relationship with the three Clinical Commissioning Groups we have agreed quality targets and goals and these are translated into a Quality Schedule and a Commissioning for Quality and Innovation (CQUIN) payment framework. Progress against delivery has been monitored by our Commissioners on a monthly basis through formal meetings and visits to review our services in 2014/15.

The Trust's Quality schedule for 2015/16 has been agreed with our commissioners.

TBC

Further details of the Quality Schedule for 2015/16 can be requested via email to: feedback@leicspart.nhs.uk

2.6.2 Use of the CQUIN payment framework

A proportion of LPT's income in 2014/15 was conditional on achieving quality improvement and innovation (CQUIN) goals between West Leicestershire Clinical Commissioning Group, East Leicestershire and Rutland Clinical Commissioning Group and Leicester City Clinical Commissioning Group for the provision of NHS services, through the CQUIN framework. In 2014/15 we agreed 13 CQUIN goals with our Commissioners and we partially achieved 2 and fully achieved 11 CQUIN goals. (Awaiting final confirmation from commissioners)

The table below outlines our CQUIN goals for 2014/15.

CQUIN	Description of goal
Friends and Family Test - Staff	National CQUIN to gain staff opinion on whether they would recommend LPT to their friends and family
Friends and Family Test - Early Implementation	Implementation of Friends and Family Test across 20% of LPT services
Friends and Family Test - Phased Expansion	Implementation of Friends and Family Test across 100% of LPT services
NHS Safety Thermometer Reduction in Pressure Ulcer Prevalence	National CQUIN aimed at facilitating strategic leadership and collaborative working across the LLR health community with the aim of preventing and reducing harm related to pressure ulcers
Cardio metabolic assessment for patients with Schizophrenia	National CQUIN to improve the assessment, documentation and action on cardio metabolic risk factors in patients with schizophrenia.
Patients on CPA: Communication with general practitioners	National CQUIN to improve communication with patients' GPs, focussing on patients on CPA.
To optimise the flow of patients throughout the in-patient mental health services, by improving the continuity of care and discharge planning *	Local CQUIN to ensure continuity of care across in-patient and community settings, collaborative plan of care and treatment and effective discharge planning.
Improving access to mental health service contact numbers both	Local CQUIN to provide access to out of hours services for community mental health patients and ensure that patients know how to contact the new service

CQUIN	Description of goal
in and out of hours for LPT patients in the community	
Contact sessions with named health care practitioner*	Local CQUIN to ensure that patients in the Bradgate Unit see a mental healthcare professional, known to the service user on a one-to-one basis five times a week
Improving the Transition between children's and adult services for young people with long-term conditions	<p>local CQUIN to improve the transition process focussing specifically on the following of children and young people:</p> <ul style="list-style-type: none"> • Autistic Spectrum Disorder – young people known to CAMHS and require ongoing review and intervention. • Severe, Profound and Multiple Learning • Neuro muscular disorders and neuro disability • Children and young people with a Statement of Special Educational Needs
Improving the care of patients with diabetes in AMH and MHSOP inpatient settings	Local CQUIN to improve the management and care of mental health patient with diabetes by improving the knowledge and skills in nursing staff in order to provide appropriate care.
Making Every Contact Count	Building on last year's Making Every Contact Count (MECC) CQUIN to use every opportunity to deliver brief advice to improve health and wellbeing.
CHS Single Point of Access	Local CQUIN to develop and implement a call assessment quality framework to improve the responsiveness in 4 areas that receive a high volume of calls: Palliative care, catheter care, wound care and medication.

*LPT did not demonstrate full compliance with this CQUIN. Further discussed in Section 2.6.3

2.6.3 Improved patient outcomes as a result of CQUINs

As a result of the 2014/15 CQUIN programme the following are some examples of improved patient outcomes:

- XX
- XX
- XX

We could not demonstrate full compliance with two CQUINs in 2014/15 and therefore received partial payment. The CQUINs that we partially met were;

TBC

Further details of the CQUIN programme for 2014/15 and 2015/16 can be requested via email to: feedback@leicspart.nhs.uk Awaiting final confirmation from commissioners and final reports from divisions

2.7 What others say

2.7.1 Care Quality Commission

The Care Quality Commission (CQC) was established by the Health and Social Care Act 2008 to regulate the quality of Health and Adult Social Care. From 1 April 2010 all NHS providers were required to register their services with the CQC. The Trust received notification of full registration without any conditions on 1 April 2010. During 2014/15 LPT maintained an accurate Statement of Purpose as set out in the Health and Social Care Act 2008 regulatory requirements. LPT has a total of 21 registered locations.

The CQC has not taken enforcement action against Leicestershire Partnership NHS Trust during 2014/15 in any of its registered locations, as a result of its inspection programme.

LPT has not participated in any special reviews or investigations by the CQC in 2014/15.

Further information is provided in Section 3.3

2.7.2 HM Coroner

The Trust has received three Prevention of Future Death (PFD) Reports under Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. The new Regulations provides the Coroner with a duty not just to decide how somebody came about their death but also where appropriate to report the death with a view to preventing future deaths. These reports are important and are emphasised by the fact that the new law now makes it a mandatory duty for the Coroner to make a report when a concern is identified.

At the conclusion of an Inquest on 21 May 2014 the Coroner raised concerns where a patient was referred to the Crisis Team and different clinicians who attended the home address of the patient failed to make contact with the patient with no follow-up. The Trust considered the issues that were raised and responded positively on 15 July 2014.

At the conclusion of an Inquest on 11 September 2014 the Coroner felt that the patient's individual needs, risks and vulnerability was not assessed appropriately and concerns were raised that staff at HM YOI Glen Parva alleged that they are not appropriately trained for the use and purposes of the Assessment Care in Custody and Teamwork document (ACCT). The Trust considered the issues that were raised and responded positively on 22 October 2014.

At the conclusion of an Inquest on 4 February 2015 the Coroner raised concerns about the intention and appropriateness of bed rails and the conflict of policies governing transfer and co-ordination arrangements between University Hospitals of Leicester NHS Trust and the Trust. The PFD report was received on 18 February 2015 and the Trust responded by 30 March 2015.

2.7.3 Royal College of Psychiatrists

The Royal College of Psychiatrists visited the Agnes Unit on 21 May 2014 and the report received has been responded to with a series of planned actions. It was a standards-based accreditation programme designed to improve the quality of care in inpatient mental health wards. Achievements fed back at the time were positive and included the design of the unit, staff levels and consistent staffing team, and managers having a good understanding of the unit and evident leadership.

2.7.4 Health Education East Midlands

Health Education East Midlands (HEEM) visited the Trust in November 2014. The Trust showed a high level of engagement and commitment to multi-professional education and training through a well organised visit. The education team was able to demonstrate improvement and innovation across the Trust. In general, most learners were happy with their education and training experience, felt well supported and regarded LPT as a good Trust to work in. Moreover, most trainers and mentors / supervisors were satisfied with the support provided by LPT to undertake their roles.

2.8 Data quality

Reliable, accurate and relevant high quality data is a key organisational requirement. LPT is committed to improving data quality across all of its services and undertakes regular data quality audit reviews, supported by performance monitoring systems to ensure its continual improvement.

The Trust is taking the following actions to improve data quality by instigating a significant programme of work in 2014/15 which will continue through 2015/16 to review and improve all aspects of the information lifecycle. This solution includes the development of a new fit for purpose data model and a rolling programme of Key Performance Indicator (KPI) reviews incorporating clinical systems training, system configurations and a review of how our services enter information onto clinical systems and use their performance data to improve patient care.

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

2.9 Use of NHS number

LPT submitted records from April 2014 to January 2015* to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number for LPT was:

99.7% for outpatient care
99.8% for inpatient care

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

99.9% for admitted patient care
100% for outpatient care

***This data is accurate up to end of January. Data to 31st March will be available from SUS from 3rd of June - and will be included within final published version of the Quality Account (30 June 2015)**

2.10 Information Governance

The 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. These standards cover information governance management, confidentiality and data protection, information security, information quality and the keeping of all records.

LPT's Information Governance assessment overall score for 2014/15 was 91% and was graded green against the Information Governance toolkit grading scheme. 360 Assurance completed an audit to assess the robustness of LPT's approach to establishing an information governance control framework and reviewed evidence to demonstrate compliance with the Information Governance Statement of Compliance requirements, including the validity of the our interim self-assessed scores.

The review was completed in accordance with the internal audit standards for the NHS and was performed to provide an objective and unbiased opinion.

The outcome of this review was that we received 'significant assurance' in relation to the Information Governance Toolkit Assessment for 2014/15

LPT developed an Information Governance Assurance Development Programme in 2012/13 which has become an integral part of the management of the work to improve information governance practices, and was reviewed in year and updated to reflect organisational changes, supported by the Chief Nurse as Senior Information Risk Owner (SIRO), to ensure that information governance practices are embedded.

2.11 Clinical coding error rates

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

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

The principle aim of this requirement is to ensure all mental health trusts are providing accurate and concise quality data and continue to into the future. By providing a standard development framework it is possible to outline what is considered to be best practice and drive the production of good quality data inputted by staff using the application of national standards. This will ensure consistent, meaningful and comparable data.

An annual audit is undertaken to conform with Information Governance Toolkit requirement 12-514, which states that all Mental Health Trusts should have an audit of a minimum of 50 Finished Consultant Episodes (FCEs) undertaken each year.

In 2014/15 the quality of clinical coding was audited in a number of our mental health services and a total of 50 Finished Consultant Episodes were selected from a random selection. The audit included (under the Information Governance Toolkit requirement 12-508 and 12-516), Child and Adolescent Services, Alcohol Services, Mental Health Services for Older People, General Psychiatry, Eating Disorders, Assertive Outreach and Learning Disability Services.

NHS Connecting for Health (CfH) recommend the following percentage accuracy scores measured by procedure and diagnosis error rates as targets.

NHS Connecting for Health Attainment Level for Information Governance Purposes		
	Level 2	Level 3
Primary diagnosis	>= 85%	>= 90%
Secondary diagnosis	>= 75%	>= 80%
Primary procedure	>= 85%	>= 90%
Secondary procedure	>=75%	>= 80%

The audit selected a random sample and the error rates reported in the latest published audit for this period for diagnoses and treatments coding (clinical coding) were:

Primary diagnoses correct	98.00%
Secondary diagnoses correct	99.43%
Primary procedures correct	N/A*
Secondary procedures correct	N/A*

The figures for primary and secondary diagnostic coding attained above level three for Information governance purposes.

LPT was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

*Not relevant to LPT

Part 3 – Review of quality performance in 2014/15

Our Quality Strategy (2013-2016) articulates our three year vision for continuous quality improvement. The strategy is being delivered through a 'Quality Framework' which is based on four key pillars of quality:

- **Safe care**
- **Effective care**
- **Patient experience**
- **Regulation**

We must make quality the reason for everything our organisation does. Whilst we know through levels of patient satisfaction and feedback we provide good quality care, we also have to work towards ongoing, continuous quality improvement.

We aim to provide care which provides excellent clinical outcomes for our patients and to do so with compassion that is evident to those patients and their families and carers.

We want to be transparent about the continued challenging economic climate that we are facing where we are expected to make cost improvement savings year on year, which could impact not only on our organisation, but in the local healthcare economy in Leicester, Leicestershire and Rutland. We need to be assured that any efficiency gains that the Board and senior clinical leaders agree are underpinned by robust monitoring, to identify the smallest risk of impact on local services. The risk of impact in our services continues to be rigorously assessed and monitored by senior leaders to ensure that we continue to deliver quality led services, whilst maximising the best use of the available resource.

This section of the report demonstrates our progress against the priorities that we set out to achieve in 2014/15 and includes progress against the mandatory national measures that all NHS Trusts have been asked to report on.

We provide a vast range and scope of services and in this section of the report we aim to provide information about the breadth and quality of some of those services.

3.1 Progress on quality priorities for 2014/15

3.1.1 Our local priorities – our achievements in 2014/15

The table below represents our progress to date as measured against the local priorities that we set out to achieve in 2014/15. We will continue to monitor progress with these priorities, where some have been achieved but need to be sustained and in others where we have achieved some improvement, but they still require further work and this will be monitored by the groups responsible for monitoring the quality of our services.

Priority	What we said we would do	How did we do?
1	<p>We wanted to improve the physical health of older people who are admitted with mental health illness.</p> <p>We wanted to ensure that people admitted to the Evington Centre received seamless care for their physical and mental health problems.</p>	<p>We appointed an Advanced Nurse Practitioner (ANP) to pilot a new scheme on our mental health older person's inpatient wards and are evaluating the benefits of having an ANP working alongside the multi-disciplinary team.</p> <p>The new scheme has been implemented on two wards and a further ward will go live in April/May 2015.</p> <p>The pilot work has identified a number of actions which have been formulated into an action plan.</p>
2	<p>Our Community Health Service Division wanted to further build on their achievements for staff and service users using the 'Changing your experience for the better' programme, which was introduced in 2013/14. The programme focuses on engaging staff and patients in the improvement of services.</p>	<p>There have been demonstrable service improvements after using feedback from the Friends and Family Test (FFT) responses. Results are shared in a monthly highlight report and quarterly in the quality and patient safety report</p> <ul style="list-style-type: none"> • A 'music in hospital' event was trialed in Rutland Community Hospital following feedback from patients that there was not much to do during their stay in hospital. • The feedback return rate for podiatry is high, with issues raised relating to access to the call centre. As a result additional phone lines have been purchased and staff recruited to support access to the service. • Use of a '5 things in 5 minutes' template is proving useful to support patients who have displayed challenging behaviour. In one instance this identified a patient's aversion to loud noises and supported the staff to modify how they communicated with the patient and their environment. The use of '5 things in 5 minutes' templates is also resulting in higher FFT results. <p>Our complaints are tracked to ensure completion on time, that robust action plans are in place and that lessons learned are</p>

Priority	What we said we would do	How did we do?
		implemented.
3	<p>We wanted to prevent the development of pressure ulcers (sores) for all our patients. Since April 2013 we have been working hard to reduce the number of patients developing pressure ulcers through our 'harm free care' programme.</p> <p>We've been working with the Local Authority and our commissioners to engage all health and social care staff in our ambition. We have trained over 3,000 health and social care staff to raise pressure ulcer development awareness.</p>	<p>The patient Safety Thermometer data continues to be collected on a monthly basis. Prevalence is submitted via the Safety Thermometer, incidents are reported and numbers of avoidable / unavoidable pressure ulcers reported within LPT care are collated each month.</p> <p>Our community hospitals and Hospice at Home service achieved 400 pressure sore free days and one of our city community teams achieved 750 pressure sore free days</p> <p>In December the Safety Thermometer data and incident reports were triangulated; all reports matched on both methods of data collection.</p> <p>100% attendance by LPT staff at all the Pressure Ulcer Ambition meetings (inclusive of the strategic group through to internal pressure ulcer ambition group) and working groups has been achieved.</p> <p>The LLR Health Economy Pressure Ulcer Prevention Plan has been updated. The target for Q3 of 75% of community nursing staff trained has been achieved.</p>
4	<p>We wanted to strengthen how we demonstrate the involvement of people who use our community learning disability services.</p> <p>The assessments used to demonstrate compliance with CQC Essential standards identified that our staff were not accurately recording how service users had been involved in their care – even though service users and carers agreed they had been involved.</p> <p>We wanted to update the standards for involving people in their care, complete a baseline audit, and develop clear guidance for staff on how to</p>	<p>Following discussion with commissioners, further work was completed with people who use our services and their carers to identify the standards that were important to them. This, along with the introduction of electronic patient records has delayed the audit, which will now be completed next year.</p>

Priority	What we said we would do	How did we do?
	record service users' involvement.	
5	<p>We wanted to implement the five 'Good communication' standards recommended from the Winterbourne review through a new Communication strategy.</p> <p>We wanted to implement these five standards in our learning disability inpatient unit (Agnes Unit).</p>	<p>We have raised awareness of these standards across the Trust supporting the development of an Inclusive Communication Strategy.</p> <p>A 'Giving Voice' promotional campaign has been implemented and a Communication Network has now been set up.</p> <p>We are embedding the standards into the Learning Disability Communication Strategy.</p>
6	<p>We wanted to improve choice and control for service users in receipt of learning disabilities inpatient services.</p> <p>Effective communication with service users is essential for successful care planning.</p> <p>We have ward forums where service users discuss the care they are receiving. Some of our service users have advocates</p>	<p>We have developed the 'My Agnes Unit' person centred care plan, which includes Speech and language therapist (SALT) involvement.</p> <p>Patients have communication care plans.</p> <p>Communication passports are implemented by SALT</p> <p>Ward Forum meetings are now called 'come and share'. Occupational Therapists are reintroducing these within activities.</p> <p>We wanted to explore further ways to improve choice and control for service users admitted to our inpatient services. Patients are involved in their reviews and meetings as part of the development of the 'My Agnes Unit' person centred plan.</p>
7	<p>The Care Quality Commission inspected a number of our services during 2013/14 and identified a number of areas for improvement in the way that we deliver care.</p> <p>We wanted to improve the standards of care delivered to adults requiring care in adult mental health facilities.</p> <p>We wanted to ensure that patient care, both mental and physical healthcare, was planned and delivered appropriately.</p> <p>We wanted to improve our feedback processes for</p>	<p>We developed a comprehensive Quality Improvement Programme (QIP) for the Bradgate Unit which was over seen by the QIP Board.</p> <p>The majority of actions have been achieved with only a few outstanding areas remaining. The remaining actions have been integrated into the Divisional Quality Improvement Plan.</p> <p>For 2015/16 the CQC inspection action plan has been completed and signed off by the</p>

Priority	What we said we would do	How did we do?
	<p>capturing patient views through questionnaires and ward forums.</p> <p>We wanted all newly admitted patients to be seen by a senior doctor within 48 hours of their admission.</p>	<p>QIP Board.</p> <p>Part of the Bradgate QIP focused on the development of a new care planning system and audit process.</p> <p>Staff received training in care planning and weekly audits of patients' records took place. The audit results are available weekly to enable robust monitoring. All areas have shown considerable improvement with only the discharge planning section being more variable.</p> <p>A physical Health Nurse was appointed and has trained/ updated the majority of qualified and health care support workers in vital signs monitoring and care of the diabetic patient. A physical care strategy is being developed for further work in 15/16.</p> <p>Ward level patient involvement (community) forums were started in 14/15 and led by the two Senior Matrons.</p> <p>A service user representative visits wards regularly meeting individual or groups of patients to gain feedback on their inpatient experience.</p> <p>The Friends and Family test is offered to all patients on discharge throughout the unit. The inpatient survey results have been used to develop an action plan to address the most important areas for improvement raised by patients in 2014.</p> <p>A new multidisciplinary ward review form was developed to take into consideration the views of patients and their families before the ward meeting with the MD Team and this has improved patients ability to be involved in their care.</p> <p>It is our aim that all patients are seen by a consultant or a senior trainee within 48 hours of admission. This is monitored as part of the weekly care planning audit. There are further opportunities to restructure our medical staffing rotas to ensure patients are</p>

Priority	What we said we would do	How did we do?
		assessed and given treatment plans in an increasingly timely fashion.
8	We wanted to improve the support given to patients who are in mental health crisis and be assured of the quality of services provided to patients in crisis, and meets their needs and agree the most effective model of care to safely streamline access to services.	The Crisis Pathway has been reviewed and redeveloped by a Multidisciplinary team. A single referral line has been activated. The Richmond Fellowship Crisis helpline and drop in service is now in place. The Crisis House is open and has begun taking patients. The new Key Performance Indicators are in the process of being agreed to start measuring the success of the new model of care from March 2015.
9	<p>Demand for treatment in an acute mental health unit continues to increase sometimes resulting in some patients being admitted to units outside of Leicester/Leicestershire.</p> <p>We redefined our process of reviewing patients on the wards on a daily basis to ensure that recovering patients are supported for discharge and partner agencies are involved as soon as possible.</p> <p>We wanted to ensure that those patients who are very unwell and require admitting to an acute mental health bed are admitted as soon as possible. We wanted to review the allocation of beds and discharge arrangements and identify alternatives to admission and improve discharge processes.</p>	<p>We continue to experience seasonal high demand for acute inpatient beds however, proactive length of stay (LOS) management earlier in the year, has facilitated a marked reduction in out of area patients over the winter months compared with 13/14. The LOS meeting continues to be developed and has made a great impact on raising the LOS problem and coordinating a multi-agency approach to the issues. We will continue to build on this way of working as we also bring the bed management team into taking responsibility of social discharge planning.</p> <p>All patients have a daily review via their named nurse supported by a doctor presence. These discussions are recorded on the patient census. The service manager reviews compliance regularly.</p>
10	<p>We wanted to improve families and our staff's experience of joined-up care for children and young people.</p> <p>We asked local families and our staff to share their experience of our services and their ideas on how we could improve. Since October 2013, we have been working hard to put these ideas into practice as part of our 'neighbourhood programme' in particular the introduction of 'care navigation' and clinical forums.</p> <p>We have been working with our partners in the</p>	<p>During consultation forums families and staff felt access to services was complex and complicated. The journey of children through from universal to specialist services is often slow and unhelpful. Their comments and ideas informed the development of the neighbourhood model.</p> <p>A range of positive comments have been received from families who have experienced working with our Care Navigators.</p>

Priority	What we said we would do	How did we do?
	<p>Local Authorities to listen more to families' choices about their care to reduce duplication in the way our services are delivered and provide more accessible local information and support.</p>	<p>The Friends and Family test has recently begun to be used for Care Navigation and reports and feedback is expected shortly. This involves another member of the team directly contacting families by telephone to specifically request feedback on their experiences. Early analysis of the feedback has indicated a positive response in terms of the service becoming more 'caring' and being able to be more responsive to family's needs.</p> <p>A staff questionnaire was devised to gain an insight into numbers and types of staff attending forums and their views on the usefulness of care navigation and clinical forums.</p> <p>Questions and comments around care navigation included: 'What have you experienced as the benefits of considering the child and family's needs through Care Navigation'</p> <p>Analysis of the responses highlighted the following:</p> <ul style="list-style-type: none"> • The Care Navigator becoming a point of contact for both parents/carers and professionals' • The Care Navigator taking responsibility for the distribution of information to both parents/carers and professionals • The Care Navigator taking responsibility for following up actions and saving practitioner time <p>Q: 'Have the families you work with reported a difference since having Care Navigators to contact? If so, what has been expressed'</p> <p>Responses included:</p> <p>A's: 'Yes – the client felt that she had someone who was there to support and help her'</p> <p>Yes – 'organised care' 'get things moving'</p>

Priority	What we said we would do	How did we do?
11	<p>We wanted our 'Youth in Focus' initiative will help vulnerable young people lead fulfilling lives.</p> <p>Looked after children (LAC) are some of the most vulnerable children in our society. Y-POD is a lottery funded initiative which aims to help vulnerable young people lead fulfilling lives. The project aims to deliver a specialist service to support hard to engage care leavers to access a range of education, training, employment, health services and housing options available to them.</p>	<p>'actually got help after years of trying'</p> <p>Each Looked after Child is offered Face to Face contacts and Leaving Care Health Passports.</p> <p>Health promotion support at Y-POD including smoking cessation, dental health, healthy diet, breast and testicular examination, virtual baby. Developing service access to CAMHS, smoking cessation, dental services.</p> <p>A 'Leaving Care Health Summary' has been amended with feedback from young people at the Y-POD and the Children in Care Council. The changes have been triangulated and the summary piloted with young people fully engaged in the improvements.</p>
12	<p>We wanted to improve the transition between Children's and adult services, for young people with long term conditions.</p> <p>We wanted to scope the current pathways and establish where we need to improve. We wanted to ensure that those children have a health action plan to ensure they receive person centred care plans.</p>	<p>We have gathered initial information from service users;</p> <p>In the county we are in the process of gathering information to see if there has been a 10% improvement in the number of young people who understand the transition process.</p> <p>In the city we are measuring the same with the addition of their understanding of the transition lead.</p> <p>We have developed a Transition Protocol - final comments awaited, but on track to be completed by end of March.</p> <p>Training for staff- we are developing an E-learning pack and have identified transition modules already which are waiting to be transferred to our in-house training system.</p> <p>We have developed an Information pack- developed the service leaflet and the transition leaflet which are in use.</p> <p>Health Action Plans are completed in the City and recorded on SystemOne</p>

3.1.2 Mandatory reporting criteria 2014/15

The Trust considers that the data presented in the table below is as described for the following reasons:

These figures have been reported in either the Integrated Quality or Performance Report (IQPR) which is presented to the Trust Board on a monthly basis or through the sub committees of the Trust Board.

The Trust submits some mandatory national measures on a quarterly basis either through the Omnibus Survey data collection system on behalf of the Health & Social Care Information Centre (HSCIC) for the Crisis Resolution Home Treatment measure and via the Unify2 web portal on behalf on the DH Information Centre for Care programme approach seven day follow up. The Trust submits data to the National Reporting and Learning System (NRLS) which is published bi-annually by the NHS Commissioning Board.

- The Trust monitors and discusses the performance of all performance measures on a routine basis to ensure continuity and enable services to provide high quality care.

Please note this is the most up to date information available via the HSCIC website

Mandatory National Measure	Quarter period totals/ percentage				Year end	National Average
	Q1	Q2	Q3	Q4		
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care 'under receipt of adult services' (reported to Trust Board in 2014/15)	96.0%	96.1%	95.5%	Data yet not available	95.5% (as at Q3)	97.3%** Highest 100% Lowest 90.0% (As at Q3)
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper	97.3%	98.9%	73.0%	Data not yet available	73.0% (as at Q3)	98.3%** Highest 100% Lowest 73.0% (as at Q3)
The percentage of staff employed by, or under contract to the trust who would recommend the trust as a provider of care to their family or friends. (Source 2014 Staff survey)	55%				55%	66%

Mandatory National Measure	Quarter period totals/ percentage				Year end	National Average
	Q1	Q2	Q3	Q4		
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. (Source 2013 National NHS Community Mental Health Service User Survey, Q45 rate the overall care)	83% Latest data 2013				83% Latest data 2013	86% Latest data 2013
I. The number (or rate) of patient safety incidents reported within the trust	2413	2631	2326	2605	9975	Awaiting data
II. ***The number and percentage of such patient safety incidents that resulted in severe harm or death	0.74% N= 18	0.57% N=15	0.98% N=23	0.95% N=25	0.16% N=12	Awaiting data
The number of delayed transfers of care	TBC	TBC	TBC	TBC	TBC	Awaiting data
The percentage of patients: Re-admitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital of the Trust	0%	11.11%	0%	0%	3.33%	N/A
I. aged 0-14						
II. 15 or over	8.38%	14.76%	14.74%	16.74%	13.74%	N/A

**Figures taken from NHS England via Unify submissions, for 2014/15 (as at Q3 – awaiting full financial year).

***These incidents are subject to further validation through the serious incident investigation process which may result in a variation in the number of incidents as investigations conclude. National average data has been taken from NHS England's Organisational Patient Safety Incident Report for Leicestershire Partnership NHS Trust and relates to the median reporting rate for NHS Trusts within the Mental Health Cluster for NRLS reporting.

In 2014/15 two of these figures were subject to a mandatory independent audit opinion which provides additional scrutiny of the figures being presented. The areas selected for independent audit this year were:

- Percentage of patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay (performance reported in the table above).
- Number of delayed transfers of care

The results of this testing are discussed further in Section 3.3.9

3.2 Listening into action (LiA)

Listening into Action began in May 2013, and is now one of the key ways that the Trust empowers staff to make changes that improve working life and patient care. More than forty teams have now taken part in the 20 week programme that enables staff to take bold steps to deliver better outcomes for our patients, staff and the Trust as a whole.

LiA brings people together to share their thoughts and ideas and make improvements together and is now an essential part of our programme to improve the quality of care across all of our services, because our staff are central to the delivery of high quality care.

The infographic is titled "Do it the LiA Way" and is part of the "Listening into Action" program by the "Leicestershire Partnership NHS Trust". It outlines a seven-step process:

- 1.** Decide what you want to change and find people who agree
- 2.** Identify the people who can help you and ask them to be involved
- 3.** Identify all people who are key to change including patient groups
- 4.** Share your vision and invite everyone to a big conversation
- 5.** Have a big conversation and record all views and suggestions
- 6.** Identify what the quick changes are and do them, make plans for the rest
- 7.** Share your changes and plans for change regularly with all

After step 7, it says: **Congratulations! You are making a difference the LiA Way**

At the bottom, it says: **Do it yourself, or sign up today for extra support. Contact LiA Lead Mulenga Katebe at mulenga.katebe@leicspart.nhs.uk or call 07766 925 196.**

We are encouraging teams and services to use the seven step LiA approach to improve something in their own area.

Highlights have included:

- tele-psychiatry trial to improve training and collaboration (see page 55)
- new group education sessions for patients with Coeliac disease
- improved dementia care in a number of sites and specialist dementia training for staff
- protected mealtimes and an enhanced mealtime environment for patients

- improved pharmacy services
- new aquatic therapy service in Market Harborough

The impact of the programme has been monitored annually with a Pulse Check survey, and the results last year clearly showed that Listening into Action was helping staff who engaged, feel more supported and valued.

There have been three 'Pass it On' events. The events have featured lively presentations from the current cohort of Pioneer Teams and performances from the Lakeside Staff Choir.



The Listening into Action project at LPT has also won two awards. The internal communications implemented

by staff and the LiA team was recognised by the Chartered Institute of Public Relations, securing a Gold Award in the Midlands PRide Awards for 2014.

Not only that, but staff also voted for Listening into Action as the best staff-led activity for 2014 in the #goodyearforchange campaign.

3.3 Quality of services 'Regulation' and 'Safe care'

Quality strategy key achievements in 2014/15

Regulation and Safe care – key achievements

- ✓ The Care Quality Commission undertook a Comprehensive inspection of all inpatient and some community based services in March 2015
- ✓ HMP Leicester is compliant with the CQC regulations
- ✓ HMP YOI Glen Parva is compliant with the CQC regulations
- ✓ Roll out of patient safety 'stop the pressure' compliance data tool within community nursing teams
- ✓ All community inpatient wards and Hospice at Home service achieve 400 pressure sore free days – one community team achieves 750 pressure sore free days
- ✓ Falls prevention project in older person's mental health wards introduced to develop tailored falls prevention interventions

- ✓ 100% staff attendance at Pressure Ulcer ambition meetings
- ✓ First physical health nurse in mental health inpatient service and staff trained in vital signs monitoring and care for diabetic patients
- ✓ Improved access to mental health crisis support with the opening of a new crisis house, help-line and drop in service in March 2015.
- ✓ FGM training delivered to 300 staff

3.3.1 Learning from incidents

During 2014/15 our staff reported a total of 9975 incidents, of these 167 incidents were considered serious. The definition of a serious incident is: 'any reportable event which could have, or did lead to unintended harm, loss or damage (including reputation)'.

Trained staff investigate every serious incident to identify the root causes and share lessons learned with all staff to prevent recurrence. Our commissioners also review our investigations to ensure that they have been thoroughly investigated.

The most frequent type of serious incident reported this year has been tissue viability, but there are other incidents such as sudden unexpected deaths; attempted or actual suicides; slips, trips and falls resulting in serious injury and confidential information breaches which require a full root cause analysis investigation. When something has gone seriously wrong or where someone has been seriously harmed in our care, we have a duty of candour to be open and honest with those people who have been affected. This is one of the recommendations that we have applied following the Robert Francis Public Inquiry into the Mid Staffordshire NHS Foundation Trust (2013).

From the 180 serious incident investigations completed in 2014/15, we have identified lessons to be learnt and shared them with staff to ensure that the risks associated with similar occurrences are reduced.

Some of the lessons learnt include:

- A revision of pharmacy department standard operating procedures to make it clear that high risk incorrect prescriptions should be suspended
- A review of medicines management training to incorporate lessons learnt from the investigation
- Face-to-face training for all advanced nurse practitioners on safety systems built in to e-prescribing
- Production of a daily high-risk drug report within pharmacy ensuring close scrutiny of all patients on identified high-risk agents

- Reviewed our policy for the management of falls to ensure that we have a robust falls care pathway. We have trained our falls champions on all wards and teams and they are now delivering falls training to their teams.
- Reviewed lower limb clinics across all localities.
- In the process of developing hub and spoke model of lower limb clinics. Hub and spoke model will identify staff with enhanced knowledge of lower limb care; enhancing clinical care in clinics and patients own homes.
- Agreed non-complex venous leg ulcer, complex venous leg ulcer and mixed aetiology pathways.
- Reviewed and updated our inpatient observation policy
- A formal protocol has been developed across the Bradgate Unit to ensure the completion and tracking of patients' physical examination and relevant tests, on admission and where appropriate on return from unauthorised leave.
- The Crisis and Home Treatment Team Operational Policy has been reviewed to incorporate actions from serious incidents

3.3.2 Never Events

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

For an incident to be classed as a 'Never Event' it must fulfil the following criteria:

- The incident has clear potential for or has caused severe harm/death
- There is evidence of occurrence in the past (i.e. it is a known source of risk)
- There is existing national guidance and/or national safety recommendations on how the event can be prevented and support for implementation
- The event is largely preventable if the guidance is implemented
- Occurrence can be easily defined, identified and continually measured

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

During 2014/15 one Never Event occurred. This was an incident where a drug (Methotrexate) which should only be administered once a week was given to a patient on two consecutive days. The patient was not harmed but a full root cause analysis investigation was carried out and actions taken as a result of the lessons learnt.

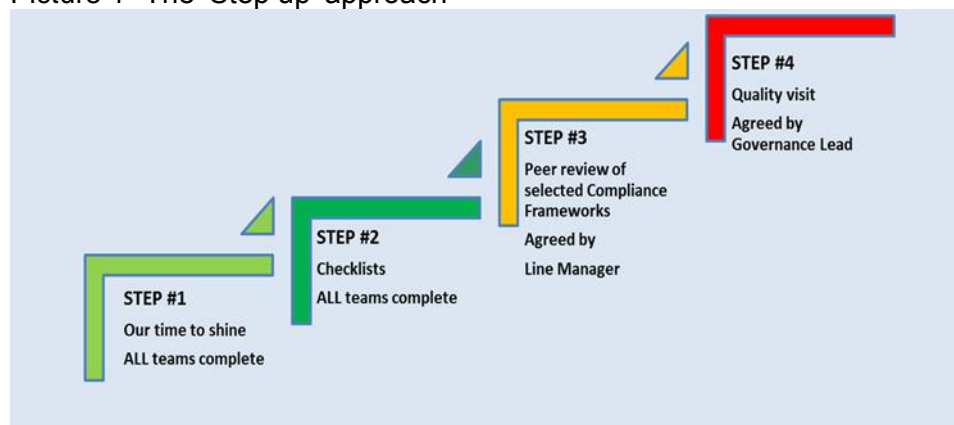
3.3.3 Regulation

Introducing the 'Step-up' approach to regulation

We have continued to strengthen our approach to regulation in 2014/15 - building upon the achievements we introduced in 2013/14.

Our strengthened approach to regulation has been encapsulated in our new model the 'Step-up' approach.

Picture 1- The 'Step up' approach



This approach enables teams to identify areas for improvement and demonstrate compliance with the expected regulatory requirements. It is based around the CQC's five key questions –

- Are services safe
- Are services effective
- Are services caring
- Are services responsive
- Are services well- led

Our new model empowers teams to identify areas for improvement using a variety of different approaches – teams can self-assess to identify areas for improvement – led by their Team leader, teams can use peer review to bench mark quality standards across similar service types or services can request an objective partial review of the quality of their services from staff working outside of their team and service.

During 2014/15 in excess of 70 services completed -

- ✓ Step #1 'Our Time to Shine' AND
- ✓ Step #2 '5 Key Checklists' and identified their areas for improvement.

Chief Inspector of Hospitals Comprehensive inspection of services

The Care Quality Commission (CQC) commenced a Comprehensive inspection of LPT services on 9 March 2015. In excess of 100 inspectors spoke with local stakeholders staff, service users and carers and visited inpatient and community based services over the course of one week. The CQC held focus groups and interviewed staff working at all levels across the Trust to inform their view about the quality of care provided.

A small number of services received a follow up visit over the course of the following two weeks.

The CQC said that *“our staff are an asset to the Trust; doing a really good job of caring for patients they are seeing”*.

The outcome of the inspection will be published in a quality summit to be held at the end of June 2015, after which the Trust will be required to publish its CQC rating.

Outstanding CQC Compliance actions from 2013/14

As we entered 2014/15 the Trust had a number of Compliance actions as a result of previous CQC inspections completed in 2013/14. These locations and outcomes of non-compliance are indicated in the tables below:

HMP Leicester

On 23 April 2014 the CQC returned to HMP Leicester to test compliance with the CQC Essential standards of quality and safety. The table below indicates the improved position compared to the previous inspection of 11/12 November 2013 (as reported in the 2013/14 Quality Account).

HMP Leicester		
116 Welford Road, Leicester, LE2 7AJ		
Date of Inspection:	23 April 2014	Date of Publication: May 2014
We inspected the following standards as part of this inspection. This is what we found:		
Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Cleanliness and infection control	✗	Action needed
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

In March 2015 the CQC undertook a desk top review of the actions that had been put in place to enable HMP Leicester to return to demonstrating compliance and all associated evidence.

On 1 April 2015 the CQC confirmed that the healthcare service had returned to demonstrating compliance as shown below:

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

HMP Leicester

116 Welford Road, Leicester, LE2 7AJ

Date of Publication: March 2015

We followed up on our inspection of 23 April 2014 to check that action had been taken to meet the following standard(s). We have not revisited HMP Leicester as part of this review because HMP Leicester were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

Cleanliness and infection control	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Bradgate Mental Health Unit

In September 2013 the CQC returned to the Bradgate Mental Health Unit to test compliance with the CQC Essential standards of quality and safety. The table below indicates the areas of non-compliance as a result of this visit (as reported in the 2013/14 Quality Account). This unit was visited by the CQC in their 2014/15 inspection and an updated position will be available in June 2015.

The Bradgate Mental Health Unit

Glenfield Hospital, Groby Road, Leicester, LE3 9EJ Tel: 01162252650

Date of Inspections: 27 September 2013 Date of Publication: November 2013
 26 September 2013
 25 September 2013
 24 September 2013
 09 September 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✗	Action needed
Cooperating with other providers	✗	Action needed
Management of medicines	✗	Action needed
Staffing	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed

Report published 28 November 2013

CQC inspection at HM YOI Glen Parva

HMP YOI Glen Parva is a young offenders institute and primary healthcare services are provided to males between the ages of 18 and 21. The CQC attended HMP YOI Glen Parva on 8 and 9 April 2014 to undertake an inspection of the healthcare services as measured against the CQC Essential standards of quality and safety.

The CQC were satisfied that HMP YOI Glen Parva was demonstrating compliance with the following Essential standards tested:

HM YOI & Remand Centre Glen Parva

10 Tigers Road, Wigston, LE18 4TN

Tel: 01162253729

Date of Inspections: 09 April 2014
08 April 2014

Date of Publication: May
2014

We inspected the following standards as part of this inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

The CQC spoke with service users and staff to review the quality of service. The CQC confirmed that *'patients were very happy with the services that were provided. There was a wide range of support and treatment available and this was accessible in a timely way.'*

The full report was published on 30 May 2014 and is available on the website www.cqc.org.uk

CQC Mental Health Crisis Care Themed Programme

In 2014/15 LPT was approached by the CQC to support their themed programme around *'the experiences and outcomes of people experiencing a mental health crisis'* (living in Leicester). The pilot commenced on 24 September 2014 for a period of three days and involved a number of local agencies including the Local Authority and University Hospitals Leicester (UHL). The inspection reviewed three care pathways supporting service users in crisis and the findings have informed how crisis services shall be tested nationally under the CQC inspection programme.

Whilst the CQC did not provide a rating of the services provided, these teams were re-inspected in March 2015 under the CQC Comprehensive inspection programme.

CQC Mental Health Act Commissioner visits in 2014/15

The CQC completed 10 (TBC) inspections to monitor local use of the Mental Health Act (MHA) for patients whose rights are restricted under the Act (as shown below). These type of visits are normally unannounced. Local application of the MHA is now included as part of the CQC's Comprehensive inspection programme.

Month/Year 2014/15	MHA Commissioner visits
May	1
June	4
Aug	2
Sep	2
Nov	1
Grand Total	10 (TBC) visits

3.3.4 Patient Safety Collaborative

The East Midlands Academic Health Sciences Network has established a local Patient Safety Collaborative whose role is to offer staff, service users, carers and patients the opportunity to work together to tackle specific patient safety problems, improve the safety of systems of care, build patient safety improvement capability and focus on actions that make the biggest difference using evidence based improvement methodologies.

LPT is committed to working with the East Midlands Patient Safety Collaborative and has pledged to contribute to the safety priorities below:

- Falls
- Medication errors
- Medical devices

In addition, we pledge to support the core priorities identified below:

- Developing a safety culture/leadership
- Measurement for improvement
- Capability building

3.3.5 Physical healthcare of Bradgate patients

During 2014/15 we appointed our first dedicated physical health nurse at the Bradgate Mental Health Unit, as part of a new drive to improve the quality of physical health care provided for adults on our acute wards.

Lindsay Palmer, right, has taken up her new post at the unit, on the Glenfield Hospital site.

This has seen the Bradgate Unit develop and deliver systems to identify patients with a mental health condition who are at potential risk of developing physical ill health. These include checks on cardiovascular disease risks and certain metabolic factors.

LPT introduced the new role of physical health nurse as part of an intensive programme of quality improvements at the Bradgate Unit. Since taking up the new post Lindsay has been developing training programmes for qualified and unqualified ward nursing staff covering key areas such as:

- Measuring and recording patients' vital signs including blood pressure, temperature, oxygen saturation levels, pulse and respiration rates
- Improving the care of in-patients with diabetes

Type 2 diabetes is a particular concern for patients with a mental health condition as it is estimated that one in five people with a severe mental illness have diabetes, and that type 2 diabetes might be up to five times more common in those with severe mental illness compared with the general population.

This has consequences for life expectancy and disability in this group of vulnerable people. The training we have developed aims to improve the management and care of patients with diabetes admitted to inpatient settings, and has a positive impact on our patients' health outcomes.

3.3.6 'Learning Lessons to Improve Care' Quality Review in Leicester, Leicestershire and Rutland

In July 2014 Local Clinical Commissioning Groups (CCGs), and University Hospitals of Leicester NHS Trust (UHL) and LPT published a jointly commissioned 'quality review' conducted into previous patient cases in order to understand where lessons about care could be learned.

The quality review was commissioned as the Summary Hospital Level Mortality Indicator (SHMI) – one way in which mortality is measured – of UHL had been slightly above the average for the rest of the country since 2010/11. Although it was still within expected limits, the local health community decided to investigate to understand more about what the very best care should look like, whether there were any local factors affecting current services and what improvements could be made.

The review focused on the care that patients received between March 2012 and June 2013 and looked at the care the patients had received before admission to hospital,



during their stay in hospital and after being discharged, including care from local GP and social care services. The review was designed to shine a light on the quality and appropriateness of care rather than clinical outcomes. The reviewers were not looking at whether there was 'harm' or 'avoidable deaths' but whether the quality of care was as good as it could be in the notes they studied.

The reviewers found 'significant lessons to learn' for all healthcare partners in just over half of the cases they examined. Examples included:

- confusion about Do Not Attempt Resuscitation (DNAR) orders
- delay in giving antibiotics
- communication problems between hospitals and GPs
- cases where a patient's management plan was not clear.

Many of the issues described by the review were already recognised locally and nationally as key areas for improvement and as such in many instances action were already being taken. Nonetheless the review has shown where, as a whole local health system, effort should be focused. Through the Better Care Together programme (see page 55), we will work as partners to accelerate our plans for integrated care and to support our clinicians to create a better functioning, joined up, system of care.

3.3.7 Infection Prevention and Control/ Healthcare Associated Infections (HCAs)

Infection prevention and control and the reduction of healthcare acquired infection are a patient safety priority. Our annual programme for infection prevention and control is reviewed by our commissioners on a quarterly basis, and six monthly by the Trust Board.

We have a statutory responsibility to ensure that our infection control systems and processes are robust to prevent and control Health Care Associated Infections (HCAs). During 2014/15 we had four cases of MRSA bacteraemia which we investigated to identify what lessons could be learnt to improve patient outcomes. None of the cases were assigned to LPT. We had twelve confirmed cases of clostridium difficile which we investigated, against a local target of nine. None of the cases were due to lapses in care or cross infection within the Trust.

During 2014/15:

The Infection Prevention and Control (IPC) team took part in the Listening into Action programme. There were many actions that came out of the process which supported the work of the IPC team including:

- Developing a brand to promote awareness and recognition of Infection Prevention and Control. The team now wear a black and white uniform and all associated paperwork carries the black and white logo
- Development of an IPC wordle
- Redevelopment of a dedicated Infection Prevention and Control intranet webpage for staff, who can access the IPC policies, newsletters, supporting paperwork, videos, training packages and audit tools in one place.

- Development of four Infection Prevention and Control Training videos for use by the team and staff.

In addition, during 2014/15 we have also developed a programme of audits across all of our services, including urinary catheter, the management of sharps, Uniforms, Clostridium difficile care pathways and hand hygiene.

We supported delivery of the Trust flu vaccination programme for 2014/15 and the uptake rate by staff was up by just under 1.0%, and we were shortlisted for a Flu fighter award in the Digital Award Category.

3.3.8 Safeguarding Children and Vulnerable Adults

The Trust continues in its commitment to safeguarding children and vulnerable adults and ensuring that its services meet with statutory requirements. In particular 2013/14 saw key developments in relation to the statutory requirements for safeguarding including the updates to 'Working together to Safeguarding Children, 2013' and the introduction of the 'Care Act, 2014'), both of which guided our work moving forward into 2014/15

We continue to work in partnership with multiple local agencies – the Local Safeguarding Children Boards (LSCB) and Local Safeguarding Adults Boards (LSAB) - and to their policy and procedures to ensure that we maintain best practice and compliance with essential standards to deliver safe, high quality care.

Some of our achievements in 2014/15 included:

- The Safeguarding Adult Team embracing the changes with the Mental Capacity Act (MCA) 2005 in respect of the Cheshire West / P&Q case to ensure that any patient on an inpatient area that lacks capacity to consent to their care and treatment are under an appropriate legal framework, of either the Mental Health Act or a Deprivation of Liberty Safeguard.
- Development of the Mental Capacity Act Clinical Forum which has representation from across the Trust, to establish policies and procedures, training and audits within the field of MCA.
- All three Specialist Nurses Safeguarding Adults completing the Best Interest Assessors Award.
- Developing guidance for staff on responding to Female Genital Mutilation (FGM): LPT have and continue to contribute to a Multi-agency approach to tackling FGM, including development of Multi-agency procedures.
- Reviewed the current Peer Supervision process using Listening into Action methodology. A 'Listening into action' event, took place in November 2014 and work began to review supervision process taking the views of the staff into consideration. The launch of the new Safeguarding Supervision Procedure takes place in late March 2015.

- Making significant progress in relation to embedding PREVENT. It has been a key year for the Trust's Prevent strategy with new policy, process, resources being embedded & significant numbers of staff receiving Prevent training & awareness across the organisation, putting the Trust in a strong position with the imminent introduction of the new Prevent statutory duty from April 2015.
- From May - Dec 2014 a total of 1103 staff in LPT received some form of MAPPA training resulting in an increased profile and awareness of MAPPA throughout the organisation as evidenced by 30 referrals received in that time period.

3.3.9 External assurance on quality indicator testing

Care Programme Approach

We continue to work closely with service users and their families to develop discharge care plans to support them when they move from inpatient care to the community. To ensure a safe transition back into their local community one of our priorities is to follow up those service users on Care Programme Approach within 7 days after discharge. This indicator was subject to audit testing and information is shown in the tables below

Delayed Transfers of Care

High quality provision of care during an inpatient episode is defined by effective assessment and treatment followed by a well-managed discharge when the individual no longer need to be in hospital. It is considered to be detrimental to well-being to remain on a ward beyond this point. Our clinical teams meet regularly with housing and social care representatives to speed up the discharge process and to keep the number and length of delays to a minimum. One of our clinical priorities for 2015/16 (see page15) is to reduce the number of patients that become delayed transfers of care by virtue of controllable variables such as housing, social care and after care.

Data regarding delayed transfers of care is captured both locally and nationally against agreed targets. This indicator was subject to audit and information is shown in the tables below.

These data tables will be included at point of publication - upon conclusion of audit by KPMG

3.4 Quality of services 'Effective care'

Quality strategy key achievements in 2014/15

Effective care – key achievements

- ✓ We achieved a 47% re-audit rate compared with 36% last year
- ✓ We supported 299 audits compared with 280 audits last year
- ✓ 100% of personalised care plans for patients with long term conditions has contingency planning for crisis episodes or exacerbations
- ✓ 100% of patients receiving care from the Mett Centre were involved in the care planning process (a day service for adults with severe and enduring mental health problems, who would find it difficult to access mainstream groups or resources)
- ✓ 100% of falls in MHSOP services were clearly documented, correctly managed and were reviewed by a medic where appropriate

3.4.1 Clinical audit key achievements

Providing high quality care means taking the best clinical decision 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 2014/15 the Trust's Clinical Audit Support Team supported 299 audits and achieved a 47% re-audit rate which is an 11% improvement on last year's re-audit rate (36%). In excess of 1000 audit criteria have been used to re-audit whether standards have been applied to practice, for the benefit of patients in our care.

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

3.4.2 Quality improvement as a result of clinical audit

In 2014/15 clinical audit demonstrated that:

- ✓ 100% of patients within the County Outreach Services prescribed high doses of antipsychotic medication in the treatment of their psychotic illnesses had been informed of their high dose. An improvement of 53% compared to the last audit
- ✓ 100% of patients who were on level 1 or 2 observations in all Mental Health and Learning Disability inpatient areas had their need for observation communicated to staff during their handovers and this was recorded in the ward/area daily communication document. This is an improvement of 43% since the last audit

- ✓ 100% of intellectual disability patients receiving pharmacological treatment for challenging behaviour had a clear description of the nature of those behaviours recorded before treatment commenced. This is a 26% improvement on last year's results
- ✓ 94% of intellectual disability patients receiving pharmacological treatment for challenging behaviour had a risk assessment recorded before treatment commenced, which is an improvement of 26% since last year's audit
- ✓ 100% of "72 Hour Reports" produced following a serious incident had evidence that patients, relatives or carers had been contacted, involved or supported, which is a 26% improvement from last year
- ✓ 100% of patients at risk of falling had a Frequent Intervention Record completed. This is an improvement of 33% since last year.
- ✓ 100% of patients within Mental Health Services for Older People who were assessed to be at risk of pressure ulcers were using the correct equipment, which is an improvement of 42% since last year
- ✓ 92% of service users from The Willows Adult Mental Health Rehabilitation Service, had a mental capacity assessment undertaken which was documented, which is a 60% improvement from last year
- ✓ 94% of patients within the County Outreach Services prescribed high doses of antipsychotic medication in the treatment of their psychotic illnesses had monitoring blood tests including U&E and LFTs in the last 6 months. An improvement of 53%

Audit results are communicated to staff through a variety of ways including team meetings, staff briefings and communication posters which provide staff with a snapshot of the key results. Examples of staff communication posters are shown in Appendix 1 and 2.

The Clinical Audit Team have supported 12 clinical staff working with our services to undertake a clinical audit course whilst at work. The course has been designed with the Clinical Audit Support Centre and is accredited by the National Open Learning College. Students get the opportunity to undertake a local audit project supported by the Trust's audit team, whilst improving the effectiveness of their own patient's outcomes.

3.4.3 Time for a change: Making Clinical Audit Count

In March 2015 we held our annual Clinical Audit Conference – *Time for a change: Making Clinical Audit Count*.

This was an opportunity to share learning from some of the audits which staff have completed. The day was a huge success with local speakers sharing their audit results and promoting standards of high quality care.

Around 100 staff attended the event to hear about the results of local audits, the Care Quality Commission's new inspection process and how technology has helped to advance data collection methods for staff. Additionally an inspiring talk was given by Dick Moore from the Charlie Waller Memorial Trust.

Interactive activities and a poster competition (appendix 1 & 2) ensured a varied and interesting day. **Awaiting new photo from 2015 conference**



3.4.4 Quality improvement as a result of research and development

There are a number of examples of how research has improved the quality of care for patients. For example, Think Family - Whole Family is the result of collaborative research between one Child Psychiatrist and a De Montfort University academic. They developed and evaluated a project for training multi-agency professionals in whole family intervention for families with parental mental illness (PMI). This has improved practice and outcomes in this field and shed new light on the key issues relating to the impacts of PMI. The project revealed many shortcomings with practice, both in identifying the presence of PMI and in raising it as an issue in professional intervention.

They found compounding problems stemming from a lack of focus on PMI, including stigmatisation and social isolation, stressed and difficult family relationships, conflict, and low confidence and self-esteem for all family members. Up-skilling and raising the confidence of professionals and development of a structured but adaptable eight-session intervention programme yielded significant results in improving family relationships and mental health, raising confidence and self-esteem, and feeding these through to impacts on education, employment and family wellbeing. The Research Programme was funded by Health Innovation Education Cluster (HIEC), DH.

Supporting staff to apply for Clinical Academic Career funded opportunities have also resulted in research with impact. A Specialist Health Visitor in our Families, Children and Young Peoples Division through a National Institute of Health Research funded an internship project in 2014, looked at constipation in children and young people and posed the question "is there a role for nurses and health visitors?" The literature search and analysis together with a retrospective GP data analysis and a staff survey demonstrated that implementation of the National Institute for Health and Care Excellence Guidelines and Quality Standard Statements could be improved to

manage the condition. LPT staff are now exploring ways including the establishment of a new nurse-led clinic to improve the implementation of the NICE guidelines.

Research has also led to a change in the paediatric ADHD service provided in some areas. As a result of preliminary findings from the ADHD One Stop Shop study, a drop-in service has been established since it was found that this significantly reduced the time ADHD Specialist Nurses were spending on home visits and dealing with crisis situations at the same time as making the service more available to families.

3.4.5 We are working with our local partners to provide effective healthcare services

Pilot boosts all-age mental healthcare support to courts and police

Just over a fifth of the 24,000 people a year who come into police custody suites declare a mental health condition. A £450,000 pilot to provide round-the-clock mental health nursing cover in police custody suites, and boost support in youth and adult courts was launched in April 2014. LPT's mental health practitioners are now available in custody suites 24 hours per day, seven days a week – almost double the previous provision. Nursing staff are based on site from 8am to 10pm and on call outside those hours.

Funded nationally by the Department of Health, through NHS England, the new all-age liaison and diversion service is a partnership between Leicestershire Partnership NHS Trust, Leicestershire Police and the county's probation service.

Leicestershire is one of 10 national pilots announced by Norman Lamb in January 2014 to trial a new liaison and diversion service - a system of 'timely' healthcare support for people with mental ill health who come into contact with the criminal justice system. Schemes are expected to be rolled out across half of England by April 2015.

The service increases specialist support for children and young people; people with learning disabilities, particularly autism, and older people with mental health issues – in particular those with dementia. It also introduces specialist mental healthcare support in Leicestershire youth courts.

Nurses, police officers, probation officers, youth workers, court staff and local authority staff, professionally share information necessary and pertinent to specific cases where people have become involved in the criminal justice system and have mental health issues or learning difficulties.

Joint mental health 'summit'

70 delegates attended a half-day event at Leicestershire Constabulary Police HQ in March 2015.

The aim of the mental health summit was to kick-start work to strengthen and co-ordinate support in the community for people with mental health needs - one of the

drivers for the Better Care Together health and social care programme across Leicestershire and Rutland. The focus of this year's summit was on Resilience and Recovery and positive change for service users.

"When people who are not used to speaking are heard by people who are not used to listening, then real change happens."

Colin Gell

The summit was organised jointly by a number of organisations including Leicestershire Constabulary, Healthwatch Leicester, SUCRAN, local VCS and LPT.

The programme included a moving keynote speech by patient-centred improvements innovator David Gilbert, a former mental health service user and founder/ director of InHealth Associates, a national network of patient-centred improvement and engagement specialists. He spoke about his own experiences and emphasised the need to hear the service user's voice, and to encourage development of co-produced services and peer-to-peer support.

Local partnership raising awareness of Female Genital Mutilation (FGM)

In response to local and national concerns about the practice of Female Genital Mutilation LPT staff have led on the development of a local partnership to actively raise awareness and understanding of this act of child abuse. The partners included an LPT Neighbourhood Lead, a Health Visitor, and Designated Dr for Safeguarding Children, a police officer from the Child Abuse Investigation Unit, Somali Community Development Worker, a GP Commissioner, and a Safeguarding Education Development Manager.

The following progress has been made.

- FGM training delivered to multi-disciplinary, multi-agency teams in the city training over 300 staff. Training delivered to City GPs. All safeguarding teachers in Primary Schools in the City were trained in FGM.
- FGM will feature on the Health for Teens Website, promoting the NSPCC Helpline. It will also feature on the Local Safeguarding Children Boards websites for both City and County and Rutland.
- A pathway has also been developed to guide frontline staff on dealing with FGM safely and appropriately.
- Since the training staff report they are more confident in managing FGM and children at risk of FGM have been highlighted to Social Care and Health, therefore preventing this act of child abuse. Social Care and Health Practitioners are also responding to calls with better information and guidance.
- Health Visitors are to have a mandatory question around FGM in their prospective parent questionnaire. The Health Visitors are reporting that handover from Midwives is safer in that they are informed of mothers who have FGM.

Local schools supported development of our websites

Two new websites were launched during 2014/15. 'Health for Kids' and 'Health for Teens'

The new websites have been developed by school nursing and other children and young people's health professionals, alongside more than 100 children and young people from Leicestershire's primary and secondary schools. These unique websites are the first NHS websites to be created especially to support young children and teens with their mental and physical health and wellbeing. Both sites feature age-appropriate interactive content, including animations, films, and quizzes.



Working with our local healthcare partners

We have been working very closely with our local health and social care partners in 2014/15. There has been an unprecedented demand for acute and emergency care during the past 12 months and our staff worked closely with University Hospitals of Leicester to assess and transfer patients in a bid to reduce any anticipated bottlenecks that can build up when the system is under such intense pressure.

Our community health staff continue to work hard to ensure that patients who require either community-based healthcare or a community hospital bed are supported to access this care as quickly as possible. Our nurses are working directly with acute hospital staff to identify patients who could be sent home and our mental health assessment and triage nurses are on duty 24 hours a day.

We know that demand on NHS services is likely to continue and grow, and the Trust is part of Better Care Together (BCT) - a significant programme of work

which will transform the health and social care system in Leicester, Leicestershire and Rutland (LLR) by 2019. The programme is about ensuring that health and social care services in LLR are capable of meeting the future needs of the local population. There are significant opportunities to improve the quality of care for people by providing more support and care for them in the community, closer to home. At the



Better care together

Leicester, Leicestershire & Rutland health and social care

same time, services face increased and more complex demands because of the ageing population.

There are also financial pressures, with the local NHS funding gap predicted to reach almost £400m in five years' time (2018/19). All of this means that big changes are needed to the way health and social care are delivered. NHS organisations and local authorities have formed a partnership to plan and deliver such changes, under the Better Care Together banner.

BCT brings together partners, including local NHS organisations and councils, to ensure that services change to meet the needs of local people. We are also working closely with public and patient involvement (PPI) representatives to develop plans for change. For more information about the programme visit:
www.bettercareleicester.nhs.uk

3.4.6 Quality improvements using new technology

Tele-psychiatry pilot

During 2014/15 we developed and launched a 'virtual' training and professional development system for mental health, to drive up the quality of care.

The Trust is using the same secure technology to trial 'tele-consultations' with patients and 'virtual' handovers, allowing staff to share information in a confidential setting without having to take time out from direct patient care for travelling.

The pioneering 'tele-psychiatry' system has been designed and developed by mental health specialists in the Trust. It uses secure technology to train and develop groups of clinicians at different sites simultaneously. Up to 20 people at each base interact with colleagues and trainers at the other sites via a secure encrypted 'video link' projected onto a large screen linked to a microphone.

Each training session is recorded and saved as a podcast which is available to clinicians who are unable to attend in person.

It means that clinicians can keep up to date with mandatory training – as well as update their skills and qualifications and share best practice with minimum loss of time spent on direct patient care.

Tele-psychiatry has been used for therapeutic purposes and training in part of London but we believe this is the first structured training programme of its kind.

The new system means we can provide clinicians with hands-on training, including psychological interventions identified as part of the new national programme of care 'cluster' pathways for mental health care, the latest NICE guidelines and updates in psychiatry to help us ensure service users receive the right psychological therapy in a timely manner.

We're eliminating some of the obstacles to consistent and timely training and development – such as travel time which can take away from direct contact with service users.

£1m nursing technology fund awarded to help support patient care

We have won a £1m share of NHS England's £35m Nursing Technology Fund. The successful submission will enable us to use mobile digital technology on our wards. Mobile devices such as tablets and smartphones will be provided to all community hospital nursing staff, therapists and advanced nurse practitioners to assist them to record patient information at the bedside, improving record keeping of patient information on the wards. The transition from manual paper processes to digital records aims to see a dramatic reduction in paperwork, giving staff more time to spend with patients.

Benefits to patients will include:

- Health monitored and managed quicker and more efficiently
- Shorter length of stay in hospital
- Recording and sharing a patient's vital signs such as blood pressure and temperature will provide better risk assessments and aid early intervention
- Improved safety and quality of care resulting in a better patient experience

3.5 Quality of services 'Patient experience'

Quality strategy key achievements in 2014/15

Patient experience – key achievements

- ✓ Our ratio of compliments to complaints is 14:1
- ✓ We rolled Friends and Family test to 100% of our services
- ✓ 95% of patients would recommend us to family and friends
- ✓ Improved mental health survey results
- ✓ CAMHs inpatient service moved into their new ward
- ✓ Opened new Pharmacy facility
- ✓ Our volunteers drove service users on journeys to hospital and home, totalling 220,000 miles this year

3.5.1 Giving Voice Campaign

In June 2014, LPT staff, social care professionals, people with learning disabilities and their loved ones launched an awareness raising campaign - *Giving Voice to people with learning disabilities across Leicester, Leicestershire and Rutland*.

Led by LPT in partnership with Leicester, Leicestershire and Rutland Learning Disability Partnership Boards which included Leicestershire and Rutland County Councils and Leicester City Council, the campaign had two key aims:

- To make more people aware of how taking simple steps to communicate better you can transform the quality of life of an individual with a learning disability
- To get health and social care providers to 'sign a pledge' to implement the five good communication standards – part of a national blueprint drawn up in the wake of the Winterbourne View scandal to improve standards of safety and care.

Giving Voice to people with learning disabilities in Leicester, Leicestershire and Rutland



Jane Parr, speech and language therapy clinical lead for adult mental health and learning disability services at LPT, helped to develop the five good standards. These are benchmarks which set out what organisations should do to communicate with individuals – including those with autism and complex and challenging behaviour – to cut the risk of them being excluded socially, losing the opportunity to have a say in their own care or facing health disadvantage.

The standards have been adopted by the government as part of its Winterbourne action plan specifically to improve safety and the quality of care providers.

The aim is for the standards to be implemented by social and healthcare providers across Leicester, Leicestershire and Rutland. But every one of us can help - by giving a voice to people with a learning disability.

Everyone wants, and deserves to feel happy, valued, cared for and fulfilled. Making an effort to help people express their views and feelings can be one small step that helps that to happen.

3.5.2 Customer Services

The Customer Services team work with service staff to ensure that all patient concerns and complaints are dealt with quickly and effectively. Complaints provide valuable opportunities to identify ways of improving patient care and we are committed to capturing all patient and carer feedback to ensure that lessons are learnt.

During the last 12 months we have reviewed and updated our complaints policy and process to incorporate recommendations from the Clwyd Hart review – which was commissioned to look at the complaints handling process as a result of the Francis report.

During 2014/15 we received a total of 348 complaints (an increase of 18 from the previous year). We also had 2 complaints ‘upheld’ by the Ombudsman and 2 complaints ‘partially upheld’.(These were related to complaints received in 2012 and 2013)

What our patients say - themes



We monitor our complaints and look for themes and trends, so that we can ensure that appropriate changes are made to improve services and improve the experience of our patients. For example we know that our community patients wanted more mental health crisis support out of hours and we have now introduced telephone support at evenings and week-ends. We also received complaints about people struggling to get through to our Single Point of Access (SPA) phone line and as a result have increased staffing levels and phone lines.

We receive complaints relating to staff attitude and have continued to focus on developing our Trust values and on leadership skills and team working. In November we introduced a new staff appraisal process, which asks staff to evidence values based behaviours.

During 2014/15 we received 5014 compliments from service users and carers. Compliments are very important to us as it confirms that we have got it right from the patients', service users' and carers' perspective. Here are a few of the compliments we've received.



3.5.3 Mental Health Surveys

Inpatient Survey

There has been a marked improvement in the results from the 2014 survey with more positive results this year in 33 of the 47 questions. The Trust also has 8 questions in the top 20% of Trusts surveyed, compared to none last year and although the results showed the Trust to be in the bottom 20% in 5 questions, this is an improvement on the 12 areas where we performed badly last year.

The areas where the Trust is rated in the top 20% are:

- Being told about ward routine
- Helped to keep in touch with family
- Time with psychiatrist
- Treated with respect by psychiatrist
- Informed about their rights (if sectioned)
- Had the purpose of medicines explained
- Felt involved in decisions
- Talking therapy helped

CQC Community Survey

Whilst it is not possible to directly compare 2014 results with 2013 there were some similar questions. Within these questions an overall improvement on last year was highlighted in:

- Knowing who is in charge or organising care

- Patients who have had a care review meeting
- Knowing who to contact in an emergency

The survey results tell us that many of our patients (64% of respondents) feel involved in discussions around their care and decision making.

We expect to see an improvement in the number of patients knowing who to contact in a crisis out of hours as a new out of hours telephone system was implemented in September 2014.

3.5.4 New Ward packs to support mental health inpatients

During 2014/15 we launched new patient information packs to ensure adult mental health inpatients have all the information they need at their fingertips.

The 'Welcome to the ward' folders are packed with a comprehensive range of user-friendly leaflets.

Now available on all eight acute care wards in the Bradgate Unit, the new ward packs are being rolled out to all other LPT adult mental health wards across Leicester, Leicestershire and Rutland.

Patients receive the packs on admission. As well as a welcome letter from the matron and information specific to the ward, the packs ensure every patient receives consistent, high quality information that will help ensure they are informed about and involved in plans for their care.



3.5.5 Children's therapy suite refurbished

The Valentine Centre has been refurbished and includes a new children's therapy suite of rooms. Consultation with children and young people took place and their views and suggestions taken into account in the design of the suite. The colour scheme is bright with furniture and wall art that is modern and child-focused. The suite will include a therapy gym, therapy kitchen, postural management assessment room and a sensory motor room. The new suite opened in April 2015.

3.5.6 Involving patients and carers in the infrastructure of the organisation

Involving our patients, their relatives, carers and the local community to improve patient experience is key to our success as an NHS Trust. In early 2015 the Trust developed a new Patient and Carer Experience and Involvement Strategy, which includes three promises.

- We will listen and learn from our patients, their carers and families about their experiences and ask for their suggestions about how services will be improved.
- We will do this by systematically gathering and analysing qualitative and quantitative evidence in a range of different ways and use this evidence to continuously measure and improve our services in order to provide our patients, carers and families with the best possible experience.
- We will involve stakeholders, especially those from vulnerable or seldom heard groups, in the planning, development and delivery of our services.

The strategy gives us a clear focus and will help us to build on the work we already have in place including, working with our Patient and Carer Reference Group who provide the Trust with a patient and carer perspective on planned changes and improvements to the way that we deliver our services. This group meets quarterly and have considered areas such as:

- greater partnership working and we can establish greater links with local service user and carer groups
- updates from the Chief Nurse around changes to the Trust Board structure safe staffing levels
- the progress of the provision of the AMH crisis house and step down beds planned changes to services as part of the Service Development Initiatives

The Trust has continued to ensure that patients and carers are involved in the recruitment of staff across all levels of the organisation including consultant psychiatrist, wards matrons, nurses and a clinical governance lead.

Chief Executive, Dr Peter Miller meets quarterly with leads from the Leicester, Leicestershire and Rutland local Healthwatch teams. Before the meeting the Healthwatch teams contact their membership groups, inviting any questions for Dr Miller. These questions are wide ranging and very varied. Examples include;

- request of instances where we have made changes as a result of the Friends and Family Test (FFT) feedback
- details of the transformation programme for district nursing services
- crisis care provision information
- details about care pathways for children experiencing a mental health crisis.

The Chief Executive also meets quarterly with members of the voluntary community sector to share information about health services and answer questions.

Patient Stories

The Patient Experience Team are building a library of patient stories held securely on video. The stories can be used for a variety of purposes, e.g. staff training and induction, team meetings and service development sessions.

Patient Voice

There are a variety of ways that Patient Voice is utilised to bring patient experience to the Board. Patient /Carer attendance at Trust Board, video stories and written experiences are providing a regular opportunity for our patients and carers to be heard. Patient video stories are now being shown to the Board and have included a carer experience of Community Health Services and patient's experience of district nursing services and tissue viability support.

Exit questionnaires

An exit questionnaire has been introduced for patients discharged from our inpatient mental health areas. Embedded within the questionnaire is the Friends and Family Test (FFT) question. The FFT results show that 83% of patients who completed the questionnaire stated they were likely, or extremely likely to recommend the ward to friends and family if they needed similar care or treatment.

As a result of patient feedback received from the questionnaire, additional furniture and equipment has been purchased to make life more comfortable on the wards and the number of 1:1 patient contacts with their named nurse has also been increased.

Prison questionnaires

LPT has implemented a healthcare questionnaire for patients in prisons who are receiving care overseen by the Trust, i.e. HMP Leicester, HMP Gartree and Glen Parva Young Offenders Remand Centre. The questionnaire is designed to encourage honest feedback from patients and consists of twenty questions and includes the FFT question currently being trialled specifically for prisoners; '*Thinking about the care or treatment you have received, how likely are you to recommend our service to other patients?*' A consistent theme noted in the responses is around access to healthcare services within the prison. We have been working with the prisons to ensure that patients have timely access to healthcare. The processes for

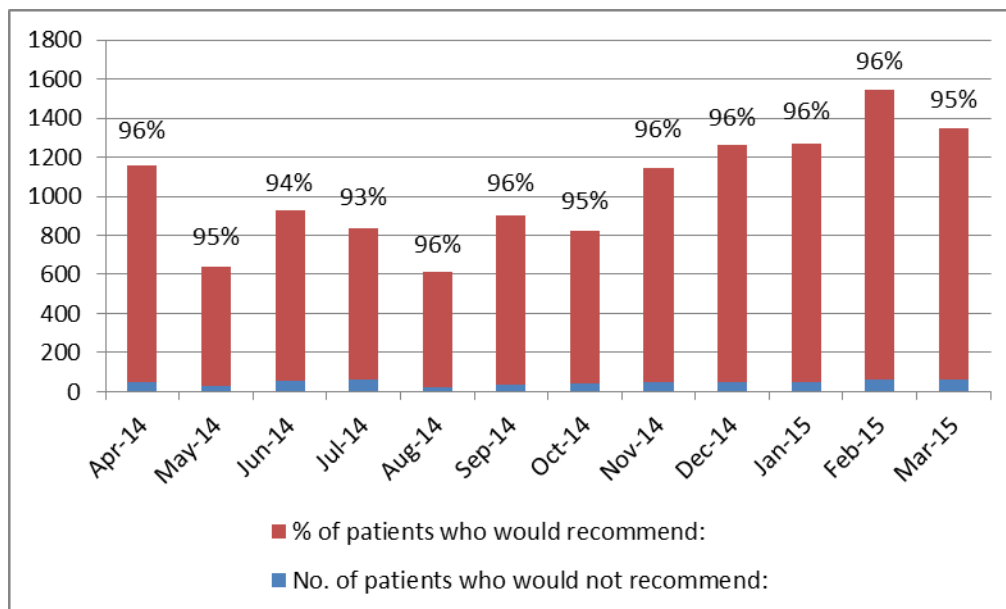
the administration of methadone have been improved following substantial joint investment by the prison and health. This has reduced the overall waiting times.

The results tell us that the patient groups are happy with the information they receive on arrival, and the majority found it easy to transfer their medication onto the prison systems. There were some less than positive comments about access to health information and as a result each prison has now developed its own information booklet which outlines the health services available and how to access them. This is also available in an easy read format with photographic descriptors.

3.5.7 The NHS Friends and Family Test

During 2014-15 the Friends and Family Test (FFT) was implemented across the whole of Leicestershire Partnership Trust. Patients are asked 'How likely are you to recommend our ward / service to friends and family if they needed similar care or treatment?' and then asked to score the service using a 5 point range from; 'Extremely likely' to 'Extremely unlikely'.

The national guidance for FFT in mental health and community services Trusts was published in July 2014. This recommended a change in the way FFT is scored to something more meaningful to patients and staff than a net promoter score. Scores are now shown as the percentage of people who express extremely likely and likely to recommend the service to their friends and family.



The overall score for LPT is shown in the chart which indicates that in March 95% of people who completed the FFT indicated that they would be extremely likely or likely to recommend our service (n=1354).

We implemented the Friends and Family Test in 100% of our healthcare services

Following the successful pilot of FFT across the Trust in 2013, this patient experience questionnaire has been implemented across 100% of appropriate commissioned services. Over 12,000 responses have been received in 2014/15 and consistently over 95% of responders would recommend the service we provide to their friends and family if they needed similar care or treatment.



Patients are also given the opportunity to make a comment and offer suggestions to help improve the service. On average, 93% of the comments made have been positive and are shared with staff to show appreciation from our patients. Of the 7% of comments that are not so complementary, on average 1% has a suggestion for ways things could be improved.

The following are some of the improvements that have been made as a result of FFT comments in 2014/15:

Comment:	Nurse comes twice a week not always at the same time.
Improvement:	The introduction of admin in the teams should help with contacting to patients and arranging visits and times to ensure that the patients know what day and time the nurse is due to attend. Although unable to provide a dedicated time, we are able to say if the visit will be morning or afternoon. The team works towards providing holistic care and try to attend the patient at within an agreed time period.
Comment:	The 0300 300 7373 need to answer the phone quicker.
Improvement:	SPA is currently in discussions with the CCGs regarding appropriate funding to deliver the service levels for work volumes.
Comment:	Could improve on time keeping.
Improvement:	Recruitment to three new staff members across city and county should improve this. We will also inform patients of a reason for any delay.
Comment:	You have to wait too long. The patient gets frustrated.
Improvement:	There is a plan for an information board to be placed in reception to let patients know what the wait time is.
Comment:	It was a shame didn't get offered this service at the beginning of problems with hands.
Improvement:	We have closer links with the Rheumatology service now, so patients with an early diagnosis are being referred through to our service more promptly.

Please note there are some services not considered appropriate for this questionnaire, these are:

End of life care – the Hospice at Home Service provides care to patients during the final stages of their life. This is considered by clinicians to be an inappropriate time to be asking patients whether they would recommend the service to their friends and family. Carers / family are sent a request six weeks after the death of their loved one to gain their feedback on the service they received giving them the opportunity to make recommendations for improvement if needed.

Looked after children - the clinicians who carry out assessments with these children know that it would cause considerable distress to be asked any question that would remind them that they have been separated from their friends and family.

Community Psychiatric Nurse led services at Police Stations, Magistrates Court and Mental Health Police Triage Car - although LPT has implemented FFT in secure settings: Leicester Prison; Glen Parva Youth Offenders Unit; Gartree Prison; Herschel Prins Centre for example, it is deemed that implementing FFT whilst patients are both in the health and criminal justice system and experiencing mental health crisis would not be appropriate.

3.5.8 Volunteers

We have over 400 members of the local community volunteering in our services for the benefit of patients. Using the formula recommended by NCVO (National Council of Voluntary Organisations) the financial value of this volunteering to the Trust is £500,000 per year.

The first Volunteering Strategy for the Trust has been developed to ensure that volunteering reaches its full potential to enhance the quality of Trust services, improving the experience of patients and service users and also providing opportunities for improved outcomes for service users. Following a consultation the strategy will be launched during the summer of 2015.

Our volunteer drivers have completed 700 journeys per month on average which is around 200,000 miles enabling service users and patients to access services across the Trust.

In 2014 we recruited an additional 155 volunteers making a significant contribution to improving services and enhancing patient experience.

3.5.9 New pharmacy building opened at Glenfield Hospital site

In May 2014 we opened a brand new, specially designed Pharmacy Service building on the Glenfield Hospital site. The £1.5m modular building has been purpose built to support the needs of LPT's Pharmacy Service, which provides high quality pharmacy support to LPT's wide range of services

The service was previously located on the Towers Hospital site. It employs 35



members of staff, and moved to the new building in May following the sale of the former hospital.

The busy team undertakes some 20,000 medicine supply transactions every month to wards, departments, community teams and directly to patients across, Leicester, Leicestershire and Rutland.

The LPT pharmacy team provides a 24 hour, 7 day a week service for the Trust and the Pharmacy is open to the public Monday to Friday 8.30am-5.30pm and Saturday 9am-11am. The service also regularly offers patient education sessions and has a medications website to help mental health service users find out more about mental health conditions, treatments and medications that can be accessed via www.choiceandmedication.org or through the LPT website www.leicspart.nhs.uk

3.5.10 New Phlebotomy Service for Children

Our Families, Young People and Children's Division were awarded the contract to deliver a Children's Phlebotomy Service. Families will now be able to choose from several local venues, and children and young people no longer have to attend hospital appointments for blood tests requested by their GP. Local children have helped to design a mascot called 'SPLOOD' for the service which will soon feature on badges, posters and a website for the service.



3.5.11 New location for CAMHS inpatient service

The relocation of our inpatient Child and Adolescent Mental Health Service (CAMHS) successfully moved from Oakham House to Ward 3 at Coalville Hospital on 24 March 2015. Prior to moving to the new facilities an open day for stakeholders was held to view the newly refurbished ward and talk to staff. This temporary move follows the sale of Oakham House as part of the Towers Hospital site, and follows a public engagement exercise in May 2014. A permanent location is currently being explored in more detail by clinicians alongside service users, their families, and wider stakeholders.

The CAMHS inpatient service provides support to children and young people in the East Midlands, between the ages of 11 – 18, who require acute mental health care. The ward can admit up to 10 patients at any one time and sees approximately 70 young people per year – on average patients stay for approximately six weeks. The service will continue to provide the same number of beds at its new location.



Moving to the hospital gives us more time and a greater opportunity to think creatively about the type of space we require for a permanent facility. The young people friendly unit features three small dormitories with en-suite, lounge and dining spaces, activity areas, class and therapy rooms, and an outdoor gym.

3.6 Commentary received from the local healthcare community

This section will be completed following consultation with: Healthwatch Leicester and Leicestershire and Rutland, Leicester City CCG, West Leicester CCG and East Leicestershire and Rutland Clinical Commissioning Groups and Leicestershire County Overview and Scrutiny Committee

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

This section will be completed prior to publication on 30 June

Chronic Obstructive Pulmonary Disease Re-audit 2014

Why was the audit undertaken?

- To establish if improvements following the re-audit twelve months ago had been maintained.
- To ensure that people with COPD on the caseload of the respiratory specialist service received high quality and evidence based care.
- To examine if the action plan following the re-audit had improved those areas which had not met the criteria.

What we did?

A retrospective case note review of 78 electronic patient records out of a whole population size of 250 by six members of the respiratory specialist team.

Authors

Karen Moore –
Respiratory Specialist
Nurse
Zoe Harris – Specialist
Nurses Manager

Audit Period
July – October 2014

Criteria	2013 Compliance
Is the patient being assessed for COPD?	100%
Has patient with COPD on the 1 st assessment, been asked about the presence of the following factors by the respiratory nurse?	
weight loss?	91%
effort intolerance?	99%
waking at night?	63%
ankle swelling?	97%
fatigue?	78%
occupational hazards?	78%
chest pain?	91%
haemoptysis?	95%
Was the mMRC dyspnoea scale used to grade breathlessness according to the level of exertion required to do it?	99%
Have patients with an mMRC score of 3, 4 or 5 been offered a referral to pulmonary rehabilitation?	80%
Has pulse oximetry been recorded to assess the need for oxygen?	100%
Is there an up to date smoking history for the patient?	99%
If the patient is planning to stop smoking, have they been referred to smoking cessation services – Making Every Contact Count?	100%
Has the patient been given a personalised care plan which includes a self-management plan for exacerbations?	100%

Actions from 2013 audit

- Feedback to LTC COPD specialist service
- Discuss with individuals during one to ones
- One to one with respiratory nurse who had not recorded information to discuss smoking template and ensure their understanding
- Re-audit annually

Re-audit

Actions from re-audit 2014

- Feedback to Clinical Effectiveness Group and LTC COPD specialist service
- Discuss results with individuals during one to ones.
- Arrange for a respiratory consultant from UHL to deliver a session to cover lung cancer and update to cover respiratory consultation and increase team awareness of 'red flags'
- Arrange for a speaker from Making Every Contact Count to speak at respiratory monthly meeting and ensure all team members are aware of how to make referrals.

2014 Compliance	Progress ▲ ▼
95%	▼ 5%
99%	▲ 8%
100%	▲ 1%
91%	▲ 26%
97%	► -4
86%	▲ 8%
95%	▲ 5%
96%	▲ 5%
86%	▼ 9%
99%	► -4
95%	▲ 15%
96%	▼ 4%
96%	▼ 3%
25%	▼ 75%
100%	► -4

Actions

Abbreviations:

LPT - Leicestershire Partnership NHS Trust
UHL - University Hospitals of Leicester NHS Trust
COPD - Chronic Obstructive Pulmonary Disorder
LTC - Long Term Conditions

Appendix 2 Observational Audit of Daily Reviews within Bradgate Unit and Belvoir PICU

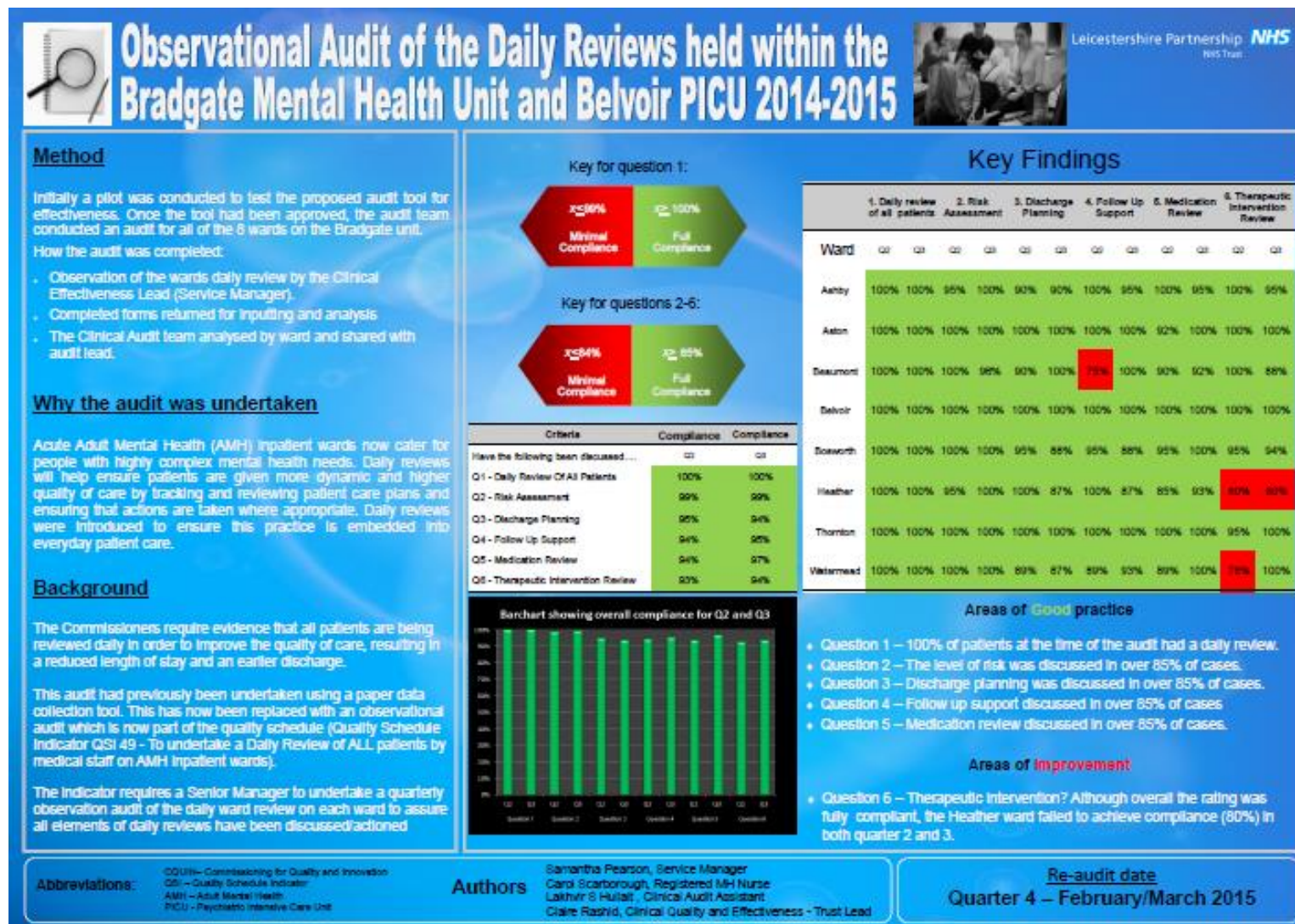


Table of Data Sources

To be updated

SOURCES OF DATA	
Royal College of Psychiatrists	Care Quality Commission website materials for published inspections
Contractual performance monitoring by Commissioners	NHS England via Unify submissions
CQUIN achievements from Quality Schedule	Staff survey results 2014
Trusts Clinical Audit Database	2014 National NHS Community Mental Health Service User Survey
EMIAS (audit services)	Care Quality Commission Community Mental Health Survey
360 Assurance (audit services)	Trust wide risk management reporting systems
Trust Board visits	Trust Board Integrated Quality and Performance Report
Coroner's inquest reports	Secondary User service for hospital episode statistics
Mental Health Minimum Dataset	Information governance toolkit audit requirements NHS Connecting for Health
Friends and Family test results	NHS England Organisational Patient Safety Incident Report
Omnibus Survey data collection System on behalf of the Health & Social Care Information Centre (HSCIC)	National Reporting and Learning Service (NRLS)

Glossary

To be updated

Adult Mental Health Services (AMH)

This is the division which provides adult mental health services.

Care Pathways

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

Care Programme Approach (CPA)

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

Care Quality Commission (CQC)

The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit www.cqc.org.uk.

Child and Adolescent Mental Health Services (CAMHS)

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

Clinical audit

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

Clostridium difficile

Is a species of bacterium that causes diarrhoea and other intestinal disease when competing bacteria are wiped out by antibiotics.

Commissioning for quality and innovation (CQUIN)

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.

Commissioners

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

Community Health Services and Mental Health Services for Older Persons (CHS/MHSOP)

This is the division which provides inpatient community services, community services, and mental health services for older people.

Families, Young People and Children's Services (FYPC)

This is the division which provides services to families, young people and children services.

Healthcare Associated infections (HCAI)

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

Integrated quality and performance reports (IQPR)

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

Learning Disabilities Services

This is the division which provides learning disabilities services.

Methicillin-resistant staphylococcus aureus (MRSA)

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

NHS number

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

National Institute for Health and Clinical Excellence (NICE)

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

National Institute of Health Research (NIHR)

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

National Patient Safety Agency (NPSA)

A national agency which leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.

Non-portfolio Research

The majority of these studies are relatively small-scale, local studies (formerly known as “own account” research).

Portfolio Research

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

Secondary Users Service (SUS)

A single source of comprehensive data available to the NHS to enable a range of reporting and analysis.

Trend

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

Feedback your views

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

Comments should be sent to:

**Chief Executive
Leicestershire Partnership NHS Trust
Lakeside House
4 Smith Way
Grove Park
Enderby
Leicester LE19 1SS**

Telephone: 0116 295 0994 and ask for the communications team

Email: feedback@leicspart.nhs.uk

This document is also available on our website at www.leicspart.nhs.uk (after 30 June 2015)

If you need this information in another language or format please telephone 0116 295 0994 or email: Patient.Information@leicspart.nhs.uk

Arabic

إذا كنت في حاجة إلى قراءة هذه المعلومات بلغة أخرى أو بتنسيق مختلف، يرجى الاتصال بهاتف رقم 0116 295 0994 أو إرسال بريد إلكتروني إلى: Patient.Information@leicspart.nhs.uk

Bengali

যদি এই তথ্য অন্য কোন ভাষায় বা ফরমেটে আপনার দরকার হয় তাহলে দয়া করে 0116 295 0994 নম্বরে ফোন করুন বা Patient.Information@leicspart.nhs.uk ঠিকানায় ই-মেইল করুন।

Traditional Chinese

如果您需要將本資訊翻譯為其他語言或用其他格式顯示，請致電 0116 295 0994 或發電子郵件至：Patient.Information@leicspart.nhs.uk

Gujarati

જો તમારે આ માહિતી અન્ય ભાષા અથવા ફોર્મેટમાં જોઈતી હોય તો 0116 295 0994 પર ટેલિફોન કરો અથવા Patient.Information@leicspart.nhs.uk પર ઇમેઇલ કરો.

Hindi

अगर आप यह जानकारी किसी अन्य भाषा या प्रारूप में चाहते हैं तो कृपया 0116 295 0994 पर हमें फोन करें या Patient.Information@leicspart.nhs.uk पर हमें ईमेल करें

Polish

Jeżeli są Państwo zainteresowani otrzymaniem niniejszych informacji w innym języku lub formie, prosimy skontaktować się z nami telefonicznie pod numerem 0116 295 0994 lub za pośrednictwem poczty elektronicznej na adres: Patient.Information@leicspart.nhs.uk

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 295 0994 ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ ਜਾਂ ਇੰਝੇ ਈਮੇਲ ਕਰੋ: Patient.Information@leicspart.nhs.uk

Somali

Haddii aad rabto in aad warbixintan ku hesho luqad ama nuskhad kale fadlan soo wac lambarka 0116 295 0994 ama email u dir: Patient.Information@leicspart.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی اور زبان یا صورت میں درکار ہوں تو براہ کرم اس ٹیلی فون نمبر 0116 295 0994 یا ای میل پر رابطہ کریں Patient.Information@leicspart.nhs.uk

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April 2015