

# STEP UP TO GREAT STRATEGY – 2021/24 & LEICESTERSHIRE PARTNERSHIP TRUST STRATEGIC PLAN – 2023/24

## Qtr 3 & 4 Highlight Report (Oct 2023 – Mar 2024)

SRO - David Williams, Group Director of Strategy & Partnerships



# OUR VISION

Is to create high quality, compassionate care and wellbeing for all. We will continue working towards this vision, by developing a great organisation that is able to deliver great outcomes, with great people as part of our local communities.

## Our goals



### **Great health outcomes**

For everyone in every community across Leicester, Leicestershire and Rutland (LLR). Tackling health inequalities, working together to ensure there are safe, healthy places for people to live and work are important elements of the integrated care we can provide with others.



### **Great care**

We want every service user and their family to have great care, we are playing our role in that by improving on the areas we know we need to improve on and seeking feedback and learning from our communities on other changes and improvements we can make.



### **Great place to work**

Our 6,500 staff and volunteers provide services through over 100 in-patient and community settings, as well as in people's homes, across Leicester, Leicestershire and Rutland. We want to continue to develop LPT to be a great place to work and be an employer of choice. Having a great place to work helps us all to keep improving the quality of care we can provide.



### **Part of the community**

With over 76,000 health and care employees in LLR we play an important role in our communities. The actions we take along with other providers, local authorities, universities etc. have a real influence on how we develop our communities. Through our strategy we are committing to think more about the impact on our communities and the decisions we can make to benefit them.

## We will know we are successful when:

- We are consistently receiving positive feedback from the people who use our services and their carers. We will also be receiving assurance and positive feedback from our core regulators such as the Care Quality Commission (CQC) that we are providing a high standard of care.
- People can live at home for longer and better manage their health and well-being with support from health and care providers. People are supported to restore their health, wellbeing and independence after illness or hospital admission.
- Patients/service users and staff share positive experiences, demonstrating patient-centered and joined up high quality, safe care which is accessible when and where it is needed.
- Children, young people and their families share decision making with our staff and have easy access to the right support, at home and at school.
- Our Children and Young People (CYP) are accessing care when they need it.
- More support for people with a learning disability to improve their health and wellbeing is available in the community, our service users tell us they are happy with our services, and fewer people with a learning disability need to be admitted to hospital.
- Our service users with Autism have a positive experience of our services and are supported to live well in the community. They will wait less time to receive care when they need it and will be supported to stay out of hospital as much as possible.
- We have the technology and support for staff and our communities to access services digitally that improves care, with support and alternatives for those who cannot.
- We have welcoming, clean and safe buildings that reduce the risk of harm to patients and improve their privacy and dignity.
- Patient involvement is at the core of everything we do and outpatient satisfaction, and feedback reflects this.
- We feel clear and confident about how we are governed, and we use these practices consistently across the Trust. When we are an outstanding Well Led organisation, delivering best practice governance across our Group and system, demonstrating agile and effective decision making.
- We are positively contributing to local communities to help reduce inequalities.
- We value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust.
- We are delivering services that meet people's needs and are accessible to all, evidenced through meeting our local and national targets.
- All our people are empowered to lead and make improvements in their everyday work. When performance and outcomes are measured and monitored in a systematic manner that leads to quality improvements being delivered and sustained.



## Key commitments:

- We will deliver safe care and reduce harm.
- We will reduce variation and create a safety learning culture.
- We will transform our patients' experience of care - making no decision about them, without them.
- We will create the conditions for quality.

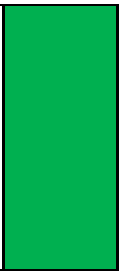

## Aims:

- We will demonstrably improve compliance against Health and Social care core standards and CQC registration requirements.
- Development of an implementation plan for the local National Patient Safety Strategy- includes pressure ulcers, deteriorating patient, self-harm, IPC, suicide prevention and least restrictive practice.
- Implementation of the Shared Decision-Making Framework

Lead Director: Director of Nursing, Dr Anne Scott

Key Actions 23/24	Qtr 3/4 Plan 23/24	Qtr 3 & 4 Achievements (Practical Examples and expected outcomes)	RAG
<p>All clinical teams to complete self-assessment at foundation level with Valuing High Standards Accreditation(VHSA) as part of the Foundations 4 High Standards Programme</p>	<p>Update communications with directorate feedback and actions.</p> <p>Create an online VHSA community for key messages and feedback.</p> <p>Support directorates on next steps for improvement plans for gaps in standards and self-assessment.</p> <p>Invite key seniors, leads, and service users to accreditation assessment.</p> <p>Undertake full accreditation with identified teams and celebrate their achievement.</p> <p>Gather feedback and experience from assessors to develop VHSA assessor training.</p>	<ul style="list-style-type: none"> <li>• Over <b>120</b> clinical teams have completed the foundation stage within DMH and FYPC/LDA. CHS are currently still in the process of gaining foundation awards.</li> <li>• <b>FYPC/LDA:</b> All community teams have achieved the foundation award. CAMHs Out-Patients were accredited at silver. MHST are being supported to full accreditation. In-patient teams have started working towards the foundation award due end of April.</li> <li>• <b>DMH:</b> All teams across the directorate have achieved the foundation award. Four teams have been nominated across services and are starting their journey to full accreditation.</li> <li>• <b>CHS:</b> CHS are being supported by the VHSA lead with the accreditation programme. Directorate are proposing to progress either one or two in-patient teams and a specialist community team.</li> <li>• The directorates are working through the timelines to complete the full accreditation in the context of competing priorities and responding to the current CQC inspection.</li> <li>• Monthly VHSA cafes are in place to support staff with VHSA and aim to build a community of practice space to discuss new ideas or concepts relating to accreditation.</li> <li>• Heads of Services and individual teams are increasingly engaged with VHSA and feedback has been increasingly positive from individuals in the program.</li> <li>• Services are working with teams to agree accreditation dates to provide a flow of teams reaching full accreditation.</li> <li>• A QI life project is underway to improve the onboarding of teams for full accreditation</li> </ul> <p><b>Impact:</b> <i>Through the VHSA services are better able to self-identify areas for quality improvement which is helping reduce variation in care and creating the right conditions for quality care.</i></p>	<p>RAG</p>
<p>To develop and launch Foundations for Great Nursing Care Standards</p>	<p>Review of outcome measures to assess impact at end of quarter 4</p>	<p>A workshop was planned for the 25<sup>th</sup> April 24 to maximize attendance and engagement. The plan is to finalise the principles in partnership with patients and staff and develop a plan for measures. This will include identifying opportunities to apply the principles across a range of programmes during 24/25 and measure impact. During the quarter 4 the working group built on the work developed through Q3 engagement. This was to</p>	<p>RAG</p>

	<p>Workshop on 22 March to finalise principles and I and We statements.</p> <ul style="list-style-type: none"> <li>To identify outcome measures linked to the statements.</li> <li>To map against current clinical improvement programmes and identify gaps.</li> </ul> <p>To develop resources to formulate the engagement and communication plan</p>	<p>consolidate and synthesize the information ready to present back at the workshop in April.</p> <p><b>Impact:</b> <i>The DAISY award recognises nursing staff who are delivering high quality care, this will help with retention and feeling valued within the workplace. The Foundations for Great Nursing Standards engagement sessions is helping ensure the programme is codesigned and meaningful for our service user and staff.</i></p>	
<p>To improve clinical process measures for mental health observation, deteriorating patient and pressure ulcer prevention to improve associated patient outcomes and reduce harm</p>	<p>Act phase – adjusting the process dependant on the analysis</p> <p>Planning meeting on 29<sup>th</sup> January 24 at NHFT with representatives from groups to agree commencement of change ideas. ‘Study’ phase – review of the impact to outcome measures and unintended consequences</p> <p>Continued PDSA for both projects, data collection and review</p>	<p><b>All 3 workstreams have met and identified change ideas and are commencing baseline information gathering and data collection.</b></p> <p><b>Pressure Ulcer Prevention</b> – Pressure ulcer prevention specifically a priority on repositioning is one of LPTs quality account priorities for 2024/25, this will build on the NHFT group work and enable sharing and spread of innovation and improvement ideas from the keep moving and nutrition project. NHFT Pressure Ulcer Group is progressing with enhanced Nutrition and Hydration revised training and patient information leaflets and staff resources. This is being supported with changes to the MUST tool on SystemOne. Testing is due to commence in May but impact has been demonstrated with a test case. Pressure ulcer prevention specifically a priority on repositioning is one of LPTs quality account priorities for 2024/25, this will build on the NHFT group work and enable sharing and spread of innovation and improvement ideas from the keep moving and nutrition project.</p> <p><b>Deteriorating Patient</b> Clinical process measures completed and two group areas/teams identified for the improvement projects. Baseline data collection completed including a staff survey and NEWS2 clinical audit. Group leads to be identified and then tests of change to be implemented.</p> <p><b>Mental Health Observations</b> The QI group met across both organisations in January to update on the following workstreams; nighttime observations, inpatient pathways, staff training, competencies and the delivery of observations. This provided an opportunity to share progress. Driver diagrams and change ideas were developed. The workstreams have continued to meet to work on their identified areas. There is a planned Group QI workshop for the 9<sup>th</sup> May 2024 that will look back over 23/24 achievements and challenges and consider plans for 24/25 and build on successes.</p> <p><b>Impact:</b> <i>By working across the group this enables sharing of learning and spread of innovation and ideas for improvement.</i></p>	
<p>Development of quality &amp; safety dashboard to enhance lens on closed cultures, early warning triangulation and heat map across all Trust services</p>	<p>Key metrics and alignment with data warehouse</p> <p>Dashboard operational</p>	<p>Additional capacity has been identified in the informatics team to support the delivery of this work. The PMO team and informatics team have met to shape a programme approach to the development of the dashboard. Key workstreams have been identified. Key quality metrics have been proposed There will be a significant piece of work in data cleansing and alignment prior to the development of dashboard functionality and this is being built into the programme.</p> <p><b>Impact:</b> <i>By having access to quality metrics at a local and team level this will enable better oversight and triangulation of information to improve quality of care.</i></p>	

<p>Development of Trust patient safetyplan in alignment with Step up to Great Strategy and national patientsafety strategy</p>	<p>Plan operational and embedded into Trust Comms, induction, and relevant training.</p>	<p>Development of the Patient Safety Plan is being led via 'Our Future Our Way' and the Psychological Safety workstream that feeds into the programme.</p> <p>The process is being co-produced with change leaders.</p> <p>Progress on delivery of the patient safety plan will include the development of psychological safety.</p> <p><b>Impact:</b> <i>Having a clear Patient Safety Plan which includes the PSIRP will ensure we take a systematic approach to ensuring patient safety is front and center of care delivery.</i></p>	
<p><b>Current Risks</b></p>	<p>Resource to develop Quality Dashboard</p>		



## Key commitments:

- Progress our Ageing Well accelerator work.
- Address our waiting lists, particularly in relation to continence and Neuro.
- Work in partnership to develop and deliver a strategic plan to ensure the Best Start for Life and the importance of the 1001 first critical days.
- Increase the focus on Learning Disability.
- Establish Neurodevelopmental Transformation Programme and Leicester, Leicestershire and Rutland (LLR) Autism service (children, young people and adults).
- Respond to the outcome of the public consultation on mental health services and support.
- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

## Aims (CMS):

- Remain focused on ensuring safe high-quality delivery of care by reviewing our clinical staffing models.
- Develop and implement a Winter plan that is integrated into system delivery.
- Progress our Ageing Well accelerator work.
- Address our waiting lists, particularly in relation to continence and Neurodevelopmental.

Lead: Tim O'Donovan Transformation and Service Redesign Manager

Key Actions 23/24	Qtr. 3/4 Plan 23/24	Qtr. 3 & 4 Achievements (Practical Examples and expected outcomes)	RAG
<p>Planning &amp; delivery of the 8 transformation priority programmes as agreed by Senior Exec Board (SEB) (Feb 2023) and further embed ways of working and strengthening links between Transformation and all SUTG bricks.</p> <ol style="list-style-type: none"> <li>1. Better Mental Health for all</li> <li>2. Workforce, recruitment, and agency</li> <li>3. CHS Transformation</li> <li>4. FYPCLDA Transformation</li> <li>5. Estates Transformation</li> <li>6. Digital Transformation</li> <li>7. Patient safety Transformation</li> <li>8. Enhancing value</li> </ol>	<p>Delivery of Trust wide transformation priorities in line with defined programme plans and monthly reporting to Transformation and Quality Improvement Delivery Group</p>	<ul style="list-style-type: none"> <li>• All eight transformation priority programmes presented their in-year achievements and impact reports to TXQI on 24/4/24.</li> <li>• Multiple examples of outstanding practice were identified by the Chair, which will be reported in the April AAA report to FPC.</li> <li>• Overarching report to be completed by the PMO to showcase the year's transformation for use in onwards communication and engagement.</li> </ul>	
<p>Embedding the integrated transformation, Quality Improvement (QI), PMO approach across Leicestershire Partnership Trust (LPT)</p>	<p>Review of the integrated Quality Improvement (QI), PMO and transformation framework and process</p>	<ul style="list-style-type: none"> <li>• QI team also completed their in-year review which highlighted the successful partnership between PMO and QI. This was showcased using the example of the Crisis MDT project and the joint PMO/QI approach.</li> </ul>	

Scoping new ways of working with Integrated Care Board (ICB) and group partners	Review of monthly meetings with ICB and NHFT PMO	<ul style="list-style-type: none"> <li>NHFT PMO meetings embedded as BAU with strong working relationships established. Also evidenced through the joint PMO approach to the corporate benchmarking programme.</li> <li>ICB meetings under review with actions for UHL and LPT to share best practice and any opportunities on specific pathway redesign</li> </ul>	
Support new ways of working across strategy, planning and transformation	Implement new ways of working – tested through operational planning 24/25	<ul style="list-style-type: none"> <li>Integrated offer between strategy planning and transformation in action supporting directorate planning and delivery as evidenced with the FYPLDA planning away day Oct 2023 and DMH planning for 29<sup>th</sup> April.</li> <li>Final meeting held on 24/4/24 between strategy planning and transformation for new ways of working review, with next steps agreed to support the transitional year and the move to the new strategy in 25/26</li> </ul>	
<b>Current Risks</b>	Capacity to support transformation programme for 24/25		





## Key Commitments

- Make the Trust a better place to work by ensuring staff are safe and healthy, physically and mentally well and able to work flexibly.
- Take action to ensure our Trust engages staff well.
- Recruiting and retaining our people.

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### Aim:

- We value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust.

Lead Director: Sarah Willis Director of HR and OD

Key Actions 23/24	Qtr 3/4 Plan 23/24	Qtr. 3 & 4 Achievements (Practical Examples and expected outcomes)	RAG
<p>Culture, leadership and inclusion programme Co-design improvements in our culture – led by our change leaders and supporting a speaking up and learning culture and wellbeing. Continue to co-design with our people improvements to our culture, inclusion and leadership in order to create high quality, compassionate care and wellbeing for all We will continue to embed our Leadership Behaviours</p> <p>Culture, leadership and inclusion programme – including raising concerns and patient safety/recommending LPT as a place to receive care • People Promise exemplar • Health and wellbeing – focus on financial wellbeing and mental health</p>	<p>Design and Implement OFOW priorities.</p> <p>Evaluate the Organisation Development offer through Staff working Group SEB and SWG</p> <p>HWB Roadshows continue.</p> <p>Review staff survey feedback, pulse survey</p> <p>Leadership development conferences</p>	<p>The four of our priorities agreed and worked on; team time out rolled out.</p> <p>OD Revised and full year leadership development program launched for middle level managers.</p> <p>Rolling program of HWB roadshows</p> <p>Staff Survey results received with improvement made.</p> <p><b>Impact:</b> Provides opportunities for staff to influence change and improve the culture of the organization.</p>	<p style="background-color: green; color: white; text-align: center;">RAG</p>



<p><b>Deliver Equality, Diversity and Inclusion (EDI) Plan</b> - as data informed <b>Workforce Race Equality Standards (WRES)</b> and <b>Workforce Disability Equality Standards (WDES)</b> action plans include reverse mentoring, cultural intelligence learning sets, mandatory diverse interview panels, and increasing listening activities</p>	<p>Review progress through Equality and Diversity &amp; Inclusion (EDI) group and refresh plans.</p> <p>Group Together Against racism workshop and showcase of progress.</p>	<p>Reverse mentoring new cohort programme launched.</p> <p>Active bystander running across the system.</p> <p>Together against racism conference was held and work showcased.</p> <p><b>Impact:</b> <i>By including the views and experience of our staff we aim to create equality for the whole of the workforce and those using our services.</i></p>	
<p><b>Workforce agency reduction plan</b> Continue to maintain quality and patient safety by developing our workforce and reducing our reliance on agency</p>	<p>Progress workforce and agency reduction plan monthly monitoring</p> <p>Progress updates on medical workforce plan</p> <p>Commence implementation of recruitment system</p>	<p>Continue to deliver recruitment plans and agency reduction.</p> <p>Time to recruit has reduced through quality improvement initiatives undertaken.</p> <p>System led recruitment event held lead by LPT 2000 plus people attended.</p> <p>Procured new recruitment system and mobilisation now underway.</p> <p><b>Impact:</b> <i>Stabilization of the workforce will reduce risks and improve services for patients as well as the reduction in agency costs which will support financial cost saving and Trust commitments.</i></p>	
<p><b>Current Risks</b></p>	<p>A high vacancy rate for registered nurses, AHPs, HCSWs and medical staff, is leading to high temporary staff usage, which may impact on the quality of patient outcomes, safety, quality and experience.</p> <p>High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2023/24</p>		



## Key Commitments:

- To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services, including Implementation of the new Friends and Family Test system across the organisation.
- Deliver continuous development of patient/carer participation and involvement.

## Aim:

- We will make it easy and straight forward for people to share their experiences.
- We will increase the numbers of people who are positively participating in their care and service improvement.
- We will improve the experience of people who use or who are impacted by our services.

Lead Director: Anne Scott Director of Nursing.

Key Actions 23/24	Qtr 3/4 Plan 23/24	Qtr. 3 & 4 23/24 Achievements (Practical Examples and expected outcomes)	RAG
<p>Implementation of the Trust's Lived Experience Leadership Framework:</p> <ul style="list-style-type: none"> <li>Lived Experience Partners</li> <li>Patient Safety Partners</li> <li>Establish recruitment pathway for lived experience</li> <li>Develop Peer Support Worker training and recruitment pathway</li> <li>People's Council Lived Experience Partners</li> <li>Develop Lived Experience roles within Directorate of Mental Health</li> <li>(DMH) and Families, Young People and Children/Learning Disability</li> <li>(FYPC/LD) (funding dependent)</li> </ul> <p>Recommence People's Council</p>	<ul style="list-style-type: none"> <li>Delivery of framework</li> <li>Evaluation of Lived Experience Leadership Framework with recommendations for substantive approach</li> <li>Hold reward and recognition celebration event for Lived Experience Partners and staff</li> <li>Delivery of service for Involvement Centre; Recovery College; Peer Support Workers and Arts in Mental Health</li> </ul>	<p>Continued recruitment to Lived Experience Partners:</p> <ul style="list-style-type: none"> <li>2 Patient Safety Partners</li> <li>4 CHS Lived Experience Partners – working alongside senior leads as part of the Community Health Services transformation. In addition to this a Partner will also join the directorates Patient and Carer Experience Group.</li> <li>6 FYPC/LDA Lived Experience Partners – Learning Disabilities and Autism Partner: CAMHS Partner; LeDeR Project Partner; Healthy Together Partner and a governance role within Directorate Patient and Carer Experience Group.</li> <li>5 DMH Lived Experience Partners – Co-production groups are established/being established aligned to each of the nine workstreams, each will be co-chaired by a Partner. The directorate Patient and Carer and Experience Group also has a Lived Experience Partner as co-chair.</li> <li>4 People's Council Lived Experience Partners</li> <li>4 Corporate Lived Experience Partners – for delivering training/facilitation.</li> </ul> <p>Evaluation of recruitment phase of Lived Experience Partners complete. Planning for phase 2 of evaluation (placing Partners into roles and induction) to commence in Q1 24/25.</p> <p>Working Towards Coproduction Event held in March. 40 staff and 20 patients and carers in attendance. Event codesigned and co-delivered with Lived Experience Partners. Outputs of event to inform approach to coproduction and quality improvement approach for Trust, including spread and adoption. Post event report and recommendations to be completed in Q1 24/25 with materials and request to present to Trust Board via Board Development Session on Lived Experience Leadership Framework.</p> <p>Mett Centre Service replaced into local Community Mental Health Neighbourhoods. Recovery College relocated into Mett Centre Building as new base.</p> <p>Peer Support Worker programme implementation plan in place to train and recruit up to 36 wte Peer Support Workers for 2024/25. Programme aligned to Patient and Race Equality Framework to ensure recruitment representative of communities across LLR. In-house training programme to be designed for recruitment and training of PSW's post 2024/25.</p> <p>People's Council meetings took place in January and March with a focus on Complaints. People's Council adopting a model of Receive; Review and Recommend with a focus on quarterly patient experience and involvement reports (including complaints) and health inequalities including PCREF and TAR.</p>	<p style="text-align: center; background-color: #00b050; color: white;">RAG</p>

<p>Develop Community of Practice of Patient Experience and Involvement across the Trust</p> <p>Design and Implement staff training and development programme. for coproduction and engagement Lead Change Leader Programme in respect of Patient Experience and Involvement.</p>	<p>Delivery of training programme to staff with co-delivery by Lived Experience Partners</p>	<p>Staff training programme in place and promoted via Team brief and various networks. Training includes:</p> <ul style="list-style-type: none"> <li>• Experience-Based Co Design (EBCD)</li> <li>• An introduction to involving service users/carers in QI</li> <li>• Digital Story Telling</li> <li>• FFT and Envoy Survey Training</li> <li>• PALS and Complaints Training</li> <li>• Carers Awareness Training</li> <li>• Customer Service Training (launched in March)</li> </ul> <p>Two communities of Practice are established in relation to Coproduction and Quality Improvement. A staff network and a patient and carer network.</p>	
<p>Design and implementation of Carers Strategy and implementation plan Review, revise and embed carers training package for staff Develop offer that forms part of the Carers Passport and embed across Trust.</p> <p>Cocreate a Carers Charter in partnership with buddy Trust.</p> <p>Review and consider implementation of Triangle of Care</p>	<p>LA Training offer for staff on Young Carers Continue to roll out Triangle of Care standards delivery across Trust</p> <p>Delivery of Carers Awareness training programme for staff</p> <p>Phased rollout - Delivery of LLR Carers Strategy</p>	<ul style="list-style-type: none"> <li>• The Triangle of Care (TOC) has been confirmed as one of the Trust quality account priorities for 2024/5, this decision will support and continue to raise the profile of the TOC across the Trust.</li> <li>• TOC Leads have been identified across all areas of the Trust at different levels. Monthly TOC lead meetings began in January, meetings for this quarter have focused on training TOC leads the newly revised “Carers awareness training” in a train the trainer approach, supporting understanding the self-assessments for TOC alongside introducing the national TOC lead to support conversations.</li> <li>• Carer identification through a carer dashboard on Systmone is being developed through the support of a working group with clinical officers and HIS leads. The dashboard is currently in the development stage with links being made to SNOMED codes to support reporting. A final version of the dashboard will be shared with TOC leads in Q1 24/5 for feedback and review before being launched.</li> <li>• Two patient partners with carer lived experience have been recruited to support the TOC work and carers awareness training. These 2 roles will be central in the quality assurance of self-assessment submissions before the end of the first year roll out in September 2023.</li> <li>• Local Authority (LA) Young Carers Awareness Training will continue to be delivered throughout 2024/5 via young carer leads. This will enhance and support the wider training offered to staff.</li> </ul> <p>Carers from the LPT Involvement network have continued to support and be involved in understanding the Trusts position with the TOC. Carers continue to be involved through other opportunities within the Trust included, DHON project, 15 Steps and Place projects and complaints peer reviews.</p>	
<p>Build capacity and capability within directorates to capture, learn and improve using patient experience and involvement</p>	<p>Outcomes of Complaints Peer Review Programme delivered through various groups/comms channel</p> <p>Delivery of directorate groups and coproduction groups</p> <p>Quarterly reports to People’s Council &amp; Youth Advisory Board</p>	<p>Complaints Peer Review evaluation complete and paper with recommendations shared with EMB. Recommendations are:</p> <ul style="list-style-type: none"> <li>• A series of compassionate writing training sessions are delivered to investigators and those involved in quality assurance processes.</li> <li>• Proposal to hold a discussion with senior leads to amend Trusts current opening and closing of letters and formality of language, as well as Investigator sign off to be included.</li> <li>• Design a process for wider Trust learning from complaints outside service level.</li> <li>• All complaints to include robust action plans.</li> <li>• Evidence of learning to be reflected in final responses.</li> <li>• To facilitate 3 additional peer review sessions, alongside complaints and compassionate writing training.</li> </ul> <p>Coproduction Groups established and ongoing in Directorate of Mental Health. Groups established are co-chaired by a Lived Experience Partner. Groups established to date:</p>	

		<ul style="list-style-type: none"> <li>• Acute and PICU</li> <li>• MHSOP x 2</li> <li>• Clinical Reference Group – Planned Care and Treatment</li> <li>• Rehab Services</li> <li>• Urgent Care</li> <li>• PIER</li> </ul> <p>Youth Advisory Board continued to meet every week. Areas covered during the period include:</p> <ul style="list-style-type: none"> <li>• Autism, Neuro Diversity and CAMHS Videos</li> <li>• Neurodiversity Project web/online information</li> <li>• Adolescent Research Study (DMU) YAB as partners</li> </ul> <p>Both the People’s Council and Youth Advisory Board were attended by Deloitte as part of the Well Led Review</p>	
<b>Current Risks</b>	Continued focus on patient experience and actions to improve services		



## Key Commitments:

- Providing leadership for ongoing improvement across our Well Led framework, informed by learning from others.
- Contributing to the delivery of joint governance objectives under the Group Model with NHFT.
- Contributing to the development of ICS governance and risk systems.
- We have a clear data quality framework and plan that guides our delivery of great data quality.

## Aims:

- Providing leadership for ongoing improvement across our Well Led framework, informed by learning from others.
- Contributing to the delivery of joint governance objectives under the Group Model with NHFT.
- Contributing to the development of ICS governance and risk systems.

Lead Director: Kate Dyer Director of Corporate Governance

Key Actions 23/24	Qtr 3/4 Plan 23/24	Qtr. 3 & 4 Achievements (Practical Examples and expected outcomes)	RAG
Well Led Self-Assessment Narrative developed by the Board. (Kate Dyer)	Complete – not included on Q3 plan	The self-assessment for 22/23 has been completed. The Trust Board will re-visit this later in the year. <i>Impact: Trust and its services will benefit from being a Well Led organisation.</i>	Green
Well Led External Review procured and delivered. (Kate Dyer)	Q3 to complete the procurement exercise and appoint an external reviewer.	The strategic executive boards in both NHFT and LPT have agreed to proceed with the procurement for the well led external review. This is being reviewed by the procurement team in NHFT. Report due May 2024 Output: the external review parameters have been agreed and we are reviewing the procurement framework	Green
Well Led Improvement Plan developed and approved. (Kate Dyer)	Commencement of this work is planned to take place during Qtr. 4. The improvement plan will follow through from the external review.	Well Led improvement plan will be developed and approved – to be presented at Joint Board workshop on 25 June 2024	Blue
Delivery of the Data Quality Plan including the delivery of SNOMED at the Point of Care (Sharon Murphy)	Implementation of SNOMED Phase 2 Development of updated Data Quality Plan to run from January 2024	Data Quality plan delivery continues. The Terms of Reference of the SNOMED Group are currently under review and will be reframed at the April SNOMED Oversight Group meeting with a view to refocusing efforts on year 2 of the plan. <i>Impact: Improving data quality will ensure our services are addressing the needs of a local population, improve service delivery and outcomes for patients.</i>	Yellow
Delivery of a robust data security and protection framework (Sharon Murphy)	Data Protection and Toolkit Baseline submission for 2023/24	The Data Security and Protection Toolkit baseline submission for 2023/24 was completed by the deadline of 29th February 2024. The final position was 25% complete against a total of 128 requirements which was where the Trust expected to be now. Final 2023/24 toolkit submission will be in June 2024.	Green
Enhancing the value programme will contribute to the long-term financial sustainability of the Trust. (Sharon Murphy)	Outputs from 2023/24 work programme to feed into the 2024/25 Trust efficiency target. Define 2024/25 work programme.	Group has continued to meet & services have presented efficiency themes for cross directorate learning. Transport policies/usage across the Trust has emerged as a trust wide theme that is being explored as a potential QI project that could deliver value benefits. Approach is being reviewed to ensure 2025/26 efficiency planning can deliver more recurrent & transformational schemes.	Yellow
<b>Current Risks</b>	Evaluating Value – pressure within the programme due to conflicting priorities. SNOMED - Trust is not currently compliant with the statutory requirement for SNOMED coding at point of care (ORR no. 68)		



## Key Commitments:

- Ensure a sustainable local community.
- Create a sustainable planet.
- Support the reduction of poverty through employment and job creation, anchoring wealth in LLR through our procurement processes.
- Positively supporting economic and regeneration policies and practices that will support the most vulnerable within our society.

## Aim:

- Support a sustainable local community in LLR.
- Positively support environmental, economic & regeneration improvements, policies and practices in LLR
- Supporting our most vulnerable in society; raising health equity across LLR

Lead Director: David Williams Group Director of Strategy & Partnerships

Key Actions 23/24	Qtr. 3 & 4 Plan 23/24	Qtr. 3 & 4 Achievements (Practical Examples and expected outcomes)	RAG
<p>Review the current work with other NHS partners, local authorities and other stakeholders and identify areas of work where LPT can work with others to support our sustainable communities through the development of Anchor Organisations and Social Value</p>	<p>Develop timetable to reintroduce We Citizen staff volunteer programme (engaging with VCS, recording activity, feedback mechanism, reporting metrics)</p> <p>Confirm social value reporting template and metrics, begin populating template, (phased approach based on data availability)</p> <p>Scoping and first draft of Social Value Procurement Policy (by Head of procurement)</p> <p>Scope purpose and function of Social Value Champions</p>	<p>WeCitizen plan drafted. This now on hold until resources and capacity can be identified to continue.</p> <p>NB: WeCitizen now paused; awaiting outcome of review of resources and priorities in June 2024</p> <p>Social value reporting template and metrics and initial completion of template ongoing.</p> <p>Publication of Social Value Policy has been delayed;. Currently working with Procurement colleagues to identify resources and capacity to complete.</p> <p>Social Value Roundtable completed. Agreed next steps to develop Community of Practice across the Group.</p> <p><i>Impact: Our Charter commitments will result in staff contributing towards the health and wellbeing of its local population as well as growing and expanding local businesses and contributing towards our sustainability commitments.</i></p>	<p style="text-align: center;">RAG</p>

<p>To have an agreed set of principles that set out our commitments to this aim, agreed through our Trust public board meetings</p>	<p>As part of our Social Value Charter and Pledges:</p> <p>A medium to long term strategic plan for the SWAP programme to be developed.</p> <p>This will be supported by a stakeholder analysis informing how and where the SWAP programme could be extended across LLR.</p> <p>Extend cohort – veterans; LAC and the homeless.</p> <p>Extend learning across NHFT.</p>	<p>We have continued to work closely with Leicester College to deliver the <b>Sector-Based Workforce Academy Programme (SWAP)</b> with the aim of upskilling local people wanting to apply to work for the NHS. S &amp; P staff, with the assistance of staff across all directorates have assisted in a monthly presentation to students on the benefits of working with LPT. Students are then supported in any application/job description queries they may have. Since the launch of the programme, we have had <b>7</b> students who have applied for roles at LPT/UHL and have been successful.</p> <p>SWAP Programme now paused; awaiting outcome of review of resources and priorities in June 2024</p> <p>Weekly LPT vacancies shared with college students with support and guidance given around applying for roles and preparing people for interviews. LPTs presentation includes the promotion of volunteering opportunities allowing people to ‘try (roles) before they apply’.</p> <p>Initial plans agreed to extend cohort to include Veterans. Homeless community and LAC.</p> <p>Social value roundtable with NHFT held</p>	
<p>We will as a member of the local authority and NHS group continue to work to reduce health inequalities in LLR and play a full role in agreeing a plan and implementing that plan to improve equity</p>	<p>The Health Inequality Framework will be codesigned within pilot areas across the Trust.</p> <p>The relevant service line data will be disaggregated, and the presentation of the data will be codesigned with the Service Leads.</p>	<p>The development of a Health Inequalities Framework has been completed and continues to be rolled out across the Trust.</p> <p>Data is now being used to inform Quality Improvement Plans and Thematic reviews.</p> <p><i>Impact: Improved collaboration with LA will improve service for LDA cohort.</i></p>	
<p><b>Current Risks</b></p>	<p>Continued engagement of partners – low risk – currently very strong</p> <p>Continued financial support in 24/25 through LDA NHS England funding – yearly non-recurrent funding from NHS E..</p>		





## Key Commitments:



- Therapeutic environments that improve outcomes for people using services by supporting safe, joined up, person-centred care.
- A positive and effective working environment for all staff building on the learning from post Covid 'reset and rebuild' work.
- Greener NHS buildings and identifying our route to net zero.

## Aim:

- Therapeutic environments that improve outcomes for people using services by supporting safe, joined up, person-centred care
- A positive and effective working environment for all staff
- Greener NHS buildings and identifying our route to net zero.

Lead Director: Paul Sheldon Group Chief Finance Officer

Key Actions 23/24	Qtr. 3 & 4 Plan 23/24	Qtr. 3 Achievements (Practical Examples and expected outcomes)	RAG
<p>Privacy and dignity to the standard our patients deserve with new hospital buildings to meet the Trusts Strategy</p>	<p>Monitor training compliance.</p> <p>Nutrition Group and LPT dietician involved in menu design.</p> <p>Mobilisation planning started for onboarding of new supplier expected Jan 2024.</p> <p>Monitor progress and implementation.</p>	<ul style="list-style-type: none"> <li>• New food supplier in place.</li> <li>• Move to 4 week menu rotation from 2 week rotation complete.</li> <li>• Patient feedback on new supplier in place with reporting via Estates and Medical Equipment Group.</li> </ul>	<p style="text-align: center; background-color: #00a651; color: white;">RAG</p>
<p>Improved staff morale by providing a high-quality estate</p>	<p>E&amp;F HR supported by Business Admin to drive to completion the final checks.</p> <p>Continue the high-quality engagement sessions and welcomes for new starters.</p> <p>Maintain the current position.</p>	<ul style="list-style-type: none"> <li>• HR has supported completion on the outstanding Right to Work checks.</li> <li>• Significant progress has been made on CBS checks with a small number remaining in progress.</li> <li>• HR have also supported recruitment to vacancies across the team. Current vacancies is the lowest since transfer of services back to LPT.</li> </ul>	<p style="text-align: center; background-color: #ffc107; color: white;">RAG</p>

<p>Improve public health, sustainability and reduce climate <del>change</del> risks</p>	<p>Training and refreshers continue as routine activity.</p> <p>Develop maturity of new Safety Groups.</p> <p>Review April 2024.</p> <p>Estates Plan requiring monthly</p>	<ul style="list-style-type: none"> <li>• Training programme in place for all Estates &amp; Facilities staff with improvements in compliance improving.</li> <li>• Face to face group sessions enabled to deliver training to a wider number of staff.</li> <li>• Safety groups all in place with Authorised Engineers appointed.</li> </ul>	
<p><b>Current Risks</b></p>	<p>Inability to recruit to Sustainability Manager post.</p> <p>HR onboarding impacting agency costs and effectiveness of workforce.</p> <p>Changes to capital plan affecting Trust plans esp. Directorate plans.</p> <p>Presentation of Med Devices for compliance.</p> <p>Necessity to rectify legacy issues around statutory compliance requiring capital and revenue investment.</p>		



## Key commitments:

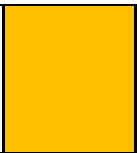
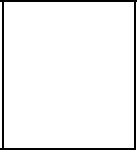
- Improve access in a prompt, responsive and suitable manner.
- Ensure that the Standard Operating Procedures governing access are being adhered to consistently across all areas.
- Improving data quality and performance monitoring in relation to access.

## Aim:

- Improve access in a prompt, responsive and suitable manner.
- Ensure that the SOPs governing access are being adhered to consistently across all areas.
- Improving data quality and performance monitoring in relation to Access

Lead Director: Dr Bhanu Chadalavada Medical Director

Key Actions 23/24	Qtr. 3 & 4 Plan 23/24	Qtr. 3 & 4 Achievements (Practical Examples and expected outcomes)	RAG
Re-establish Access Delivery Group with updated Terms of Reference (ToR)	Further work to be undertaken to reconsider Terms of Reference considering six months operation. A particular focus will be on the remit of the group on keeping patients safe whilst waiting, the relevance of priority services versus a broader overview of waiting times and the role of the group in overseeing performance.	Access Group has been refreshed with amended ToR and leadership to enable clinical focus	Green
Review, update, revise and implement Trust Access Policy	Review of Access Policy deferred pending the further review of the Terms of Reference of the Access Delivery Group and the scale and scope of review required. This action will now be timetabled for Q4 23/24 and Q1-3 24/25.	Access Policy is in date and a review is scheduled as part of the ongoing programme of work within the Access Group	Green
Review and where necessary update Directorate Single Operating Procedures (SOPs) to ensure alignment to updated Access Policy		This action cannot be completed until the Access Policy has been updated and so needs to be deferred. In the interim all services will be required to review SOP currently in place and confirm fitness for purpose. However, all SOPs are under review and expected to be complete within Q1 24/25	Grey
Align commitment to improving data quality re access with wider Trust work on data quality to ensure consistency	Continue emphasis on robust data quality as part of wider work on this issue, led by the Integrated Information Team.	Data quality in relation to measuring and monitoring access times and numbers is supported by wider measures to address data quality. All access data is drawn from patient specific data entered into S1 as part of clinical delivery. Any areas of concern are flagged, investigated and, where required, addressed. The focus on waiting times has supported the wider DQ work, placing an additional impetus for accuracy. Impact – high quality, consistent data will support decision-making and enable accurate and early warning on areas of concern enabling rapid response.	Green

<p>Ensure effective performance management of waiting times/accesstargets, consistent with Executive Performance Meetings</p>	<p>Q3 plan will be dependent on the outcome of the review of the ToR.</p>	<p><i>Impact – appropriate reporting to support improved assurance with actions taken to address areas of concern.</i></p>	
<p><b>Current Risks</b></p>	<p>Increasing numbers of patients on waiting lists and increasing lengths of delay in accessing services will mean that patients may not be able to access the right care at the right time and may lead to poor experience and harm. (ORR: 75)</p> <p>Increasing numbers of patients on waiting lists and increasing lengths of delay in accessing diagnostic services for ADHD and ASD and timely follow-up, mean that patients may not be able to access the right care at the right time and may lead to poor outcomes and harm (ORR: 91)</p>		



## Key commitments:

- We will proactively work with Northamptonshire Healthcare Foundation Trust (NHFT) on a single approach for both Trusts, optimising the shared learning approach, building on the learning from post Covid 'reset and rebuild' work.
- We will set clear priorities for Quality Improvement initiatives.
- Widening the opportunities for more people to participate in research to inform future health and social care.

## Aims:

- We will proactively work with NHFT on a single approach for both Trusts, optimising the shared learning approach.
- We will set clear priorities for Quality Improvement initiatives.
- We will ensure that the infrastructure supporting Quality Improvement is effective and sustainable.
- We will ensure that Quality Improvement is embedded.
- We will research.

Lead Director: Dr Anne Scott Director of Nursing

Key Actions 23/24	Qtr. 3 & 4 Plan 23/24	Qtr 3 & 4 Achievements (Practical Examples and expected outcomes)	RAG
Strengthening the use of data for improvement as part of the new board performance report and trust wide use of statistical process control charts	Internal audit to be conducted in Q4, which will consider whether the performance framework is effective in leading to action and improvements, and information is presented in the appropriate way for the correct meaning to be drawn and used within the directorates.	<p>Outcome of the internal audit report and findings awaited.</p> <p>A board survey regarding changes to the performance report and the role time series data and analysis has played in the decision-making process since its' introduction is to be undertaken in May 2025 (delayed due to demands of the CQC inspection and Well Led review by Deloitte).</p> <p><i>Impact: This ensures as a trust we are concentrating our improvement activities in the right place and responding to variation appropriately.</i></p>	Green
Continue to build the trusts commitment to strengthening Quality Improvement (QI) capacity and capability through the delivery of the following: Trust board development session Implementation of the blended group training model inc Quality Service Improvement and Redesign and the development of an e-learning package as part of the Group priorities	Learning and Development team to start work on creating the e-learning package.  QSIR Practitioner programme delivery x 2 cohorts in Qtr 4.	<p>Trust board development session delivered 20th June 2023.</p> <p><b>QSIR programme delivered in partnership with NHFT and the LPT QSIR Associates in February and March with 16 LPT participants trained. Current staff trained in QI in a Box series for Q4 to date is 13 with total to date of 504 for 23/24</b></p> <p>E-learning content developed and L&amp;D to start work on development in Q1 of 24/25, delayed due to mandatory training development prioritisation.</p> <p><i>Impact: This ensures that we continue to grow our capability and capacity as an organization to undertake meaningful improvement for the benefit of all.</i></p>	Green
Integrating planning strengthening governance oversight of QI through directorate governance reporting to Transformation and QI Delivery Group	Review of reporting for all directorates to determine impact.  Review of Trust wide QI and transformation approach	<p>Number of portfolio studies attracted to the Trust increased by 22% over the year: number of participants in portfolio studies increased by 87% over the previous year. This is despite challenges within clinical services to get involved.</p> <p>Confirmation of uplifted research delivery budget for 2024/25 (to be split into two contracts, one under the CRN and latterly the RDN)</p> <p><i>Impact: Consistent oversight and understanding of QI projects within directorate to ensure line of sight from board to ward.</i></p>	Green

<p>Research: ensure continued commitment to participation in high-quality, multi-centre NIHR Portfolio research through the East Midlands Clinical Research Network, and as part of the forthcoming regional research delivery network</p>	<p>Performance Update to Assurance Structure</p> <p>Explore joint opportunities with NHFT</p>	<p>New staff now in LPT Research Delivery leading to a significant increase in recruitment activity and a solid pipeline of Portfolio studies for the next three years.</p> <p>Opportunities for both NHFT and LPT to participate are shared by virtue of sharing a CRN Senior Link.</p> <p>Both organisations are participating in discussions with NIHR CRN-CC with regard to transition to RDN. Some potential financial risk as time progresses whilst clarity on future framework is established.</p> <p>Both Trust secured one-off capital infrastructure from NIHR.</p> <p><i>Impact: Improved oversight of Research &amp; Development activity both internally and as a system partner.</i></p>	
<p>Research: support moves to attain Group University Hospital Trust Status to achieve long-term growth in local infrastructure and academic partnership</p>	<p>Implement and embed Working Group</p> <p>Widen university partnerships across both Trusts.</p> <p>Agree Road Map to University Hospital status.</p>	<p>Initial partnership agreement reached with Leicester University and Northamptonshire Foundation Trust to support attainment of Group University Hospital Trust Status.</p> <p><i>Impact: Gaining University Hospital Trust Status will secure long-term growth of R&amp;D.</i></p>	
<p><b>Current Risks</b></p>	<p>University Partnership Steering Group competing priorities impacting on delivery.</p> <p>Move of QSIR from NHSE to AQUA will incur a subscription cost moving forward if LPT subscribe to QSIR</p>		