



Our

Quality Account

2009/10

Think, again.

Change.●

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1. **Statement on Quality from the Chief Executive of the organisation, on behalf of Trust Board**

I am delighted to introduce the first Leicestershire Partnership NHS Trust Quality Account, which is all about the quality of service we offer to people we care for. In this document we outline our performance on quality last year and set out our priorities for quality improvements in 2010-11 having drawn upon existing initiatives, planned innovations and improvements and national data and priorities.

We have a clear ambition of “Advancing health and well-being” that will be achieved through our four goals of:

- engaging communities
- protecting and promoting rights
- increasing inclusion, and
- developing our core business.

We will achieve these goals by providing high quality, innovative and responsive services, in partnership with the people who use them, their families and carers, local communities and other agencies.

We continually strive to improve the quality of services in ways that are meaningful to the people who use them, as their expectations and priorities change and our understanding of effective care develops. I am extremely proud of the commitment that our staff have towards improving the quality of services and have every confidence in their ability to make further improvements in the future.

The Trust Board ensures that quality and patient safety remain at the top of our priorities. In addition to this report, the Board has scrutinised quality accounts relating to each of our five clinical business units. Throughout the year, the Board receives monthly reports which enable a continuing assessment of quality to be made across the breadth of our services, as well as individual reports on quality improvement initiatives. Clinical input and advice to the Board is routine, as are visits by Board members to see services at first hand.

Our services are assessed by a number of external organisations, including the Care Quality Commission – the regulator for health and social care. Their most recent assessment, published in

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October 2009, awarded the Trust the top rating of 'excellent' for quality of service.

From April 2010, we are required by law to register with the Care Quality Commission. This is a new registration system to provide members of the public with an assurance that NHS services meet essential standards of quality and safety and respect people's dignity and protect their rights. Our services have already been assessed by the Care Quality Commission under this new system and I am pleased to say that we were granted full registration with no conditions attached.

I really hope that you find this first Quality Account informative and interesting. It is based on the Department of Health guidelines and on local views from service users, carers, Trust members and service user representative groups. I welcome your feedback on both the content and style of the report, particularly as this is our first Quality Account and your input will help us improve next year. Details of how to contact me are provided below.

Antony Sheehan
Chief Executive

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letter:	Chief Executive Leicestershire Partnership NHS Trust George Hine House Gipsy Lane, Leicester, LE5 0TD
phone:	0116 225 6485

2. Statement of Responsible Director

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

This report should be read in conjunction with our Annual Report, and our QIPP Strategy.

Jackie Ardley
Director of Quality and Innovation

3. Introduction

Welcome to our first Quality Account. This report covers the financial year from April 2009 to March 2010, and also looks forward to priorities for the year 2010-11. It focuses on the quality of the services that we deliver to our service users, and represents our 'Quality Story' over this time.

There is also much more information about us, and links to documents referred to in this Quality Account available on our website at www.leicspt.nhs.uk, or are available by contacting us by phone or in writing (details in conclusion section).

We are an ambitious Trust and we are currently transforming our services to ensure they are of a consistently high quality.

Who are we?

We are one of the largest specialist mental health and learning disability NHS Trusts in England. We have many sites, and provide both inpatient and community services. Our clinical services are delivered through five business units that define our care services directorate structure and form the framework for our service-line reporting and management. The business units are:

- Adult mental health services (AMHS)
- Mental health services for older people (MHSOP)
- Child and adolescent mental health services (CAMHS).
- Specialist mental health services.
- Learning disability (LD) services.

We currently have 521 inpatient beds. Our inpatient services care for and treat around 3,150 people admitted every year. We receive over 41,000 referrals a year to our community services.

The communities we serve are culturally diverse and the geographical area we cover is environmentally varied with market towns, inner city areas, and both rural and suburban areas.

Our key commissioners are NHS Leicester City (NHS LC) and NHS Leicestershire County and Rutland (NHS LCR), and the majority of our income is accounted for by the clinical services they commission.

We are a large teaching Trust and we work in partnership with a range of educational establishments to deliver effective pre- and

post-registration education and provide learning opportunities. Our main links are with the University of Leicester and De Montfort University, but we also work with other universities including Derby, Northamptonshire and Sheffield Hallam.

We play an important role in the Heart of England Mental Health Research Hub, and played an active part in the successful bid for a local National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC).

Our Quality

Following our 2007/08 Healthcare Commission ratings, we went through a thorough review of our approach to improving the quality of our services and managing risk. We have now seen a considerable improvement in our 2008/09 annual health check rating from 'Fair' to 'Excellent' for Quality of Services. We are committed to continuous improvement to ensure we maintain this CQC standard for Quality of Services.

Our Quality, Innovation, Productivity and Prevention (QIPP) Strategy will underpin the delivery of all our strategic goals and is central to our business unit planning.

We will continue to improve the quality of our services by improving our productivity and working with partners to integrate care, ensuring service users are cared for in the most appropriate and cost effective setting.

Our work is being further strengthened by the use of technology to help us to measure our quality. 'Vital Signs' will connect Clinical Directors, our Trust Board members, and our front line staff to real time information about our performance and help us to see where changes are needed quickly.

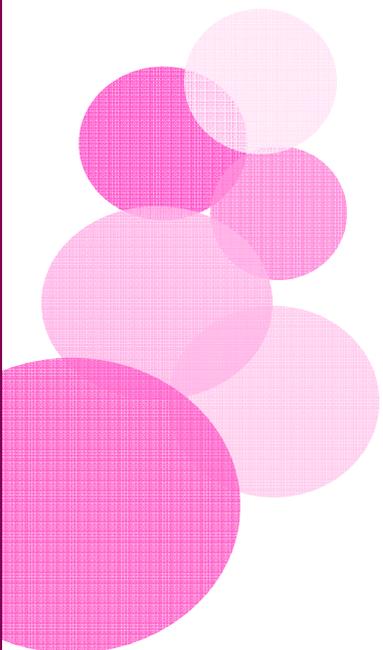
Our Mission and Vision

Our mission is advancing health and well-being. Our vision is to transform our community and inpatient services to provide clear pathways and improve outcomes for service users and carers. To achieve our mission and deliver our vision we have identified four strategic goals that will shape the way we work over the next five years. These are at the heart of our strategy.

- Engaging communities – ensuring our services are delivered as close as possible to people's homes and working much more closely with the communities we serve so that they are effectively involved.

Our Quality, Innovation, Productivity and Prevention (QIPP) Strategy will underpin the delivery of all our strategic goals

- Protecting and promoting rights – ensuring service users and carers have confidence in the safety and quality of our services, and we have a workforce and care environment that ensures dignity and respect.
- Increasing inclusion – ensuring that service users and carers feel involved in decision making about their care and the policies and direction of the Trust, and that services deliver outcomes that are based on recovery and inclusion.
- Developing our core business – ensuring we continue to deliver the excellent services we aspire to and remain a viable business within a challenging economic climate.



4. Statements of Assurance of Quality

This section contains the information relevant to the quality of NHS services provided by LPT during the reporting period 2009-2010 (which is prescribed for the purposes of section 8(1) or (3) of the 2009 Act by paragraph (2))

- Annual Health Check - Awarded 'Excellent' for Quality of Services by the Care Quality Commission (CQC) in October 2009, for the period 2008-09
- From 1 April 2010 Leicestershire Partnership NHS Trust is registered with the Care Quality Commission to provide the following regulated activities:
 - Accommodation for persons who require nursing or personal care
 - Accommodation for persons who require treatment for substance misuse
 - Treatment of disease, disorder or injury
 - Assessment of medical treatment for persons detained under the Mental Health Act 1983

4.1 Statements from the Care Quality Commission

LPT is required to register with the Care Quality Commission. The Trust received notification of full registration without any conditions from the CQC on 23 March 2010.

The CQC having assessed trust services is satisfied that it is meeting all the essential standards of quality and safety across all the services we provide.

The Care Quality Commission has not taken enforcement action against Leicestershire Partnership NHS Trust during the 2009-2010 financial year.

LPT is subject to periodic reviews by the CQC however none were held during the 2009-2010 financial year.

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

A special review of 'how physical healthcare is provided for people with a learning disability and people who use mental health services' has been scheduled by the CQC between February and May 2010 however, this is currently under review and further details are awaited.

4.2 National Clinical Audits and Confidential Enquiries

During 2009–10, there were 2 national clinical audits that covered services that we provide (and so we were eligible to take part in), and 1 national confidential enquiry. We participated in all of these. These were:

- The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)
- The ‘Prescribing Observatory for Mental Health’ (POMH): prescribing topics in mental health services
- Royal College of Physicians: Continence Care Audit

The national clinical audits and national confidential enquiries that LPT participated in, and for which data collection was completed during 2009-2010, 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.

National Audit/ Enquiry	No. of cases submitted during 2009-10
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	This is a rolling data collection programme. Figures for 2009-10 are that 20 responses (to 23 requests, i.e. 87%) have been submitted to date.
POMH: prescribing topics in mental health services	
<ul style="list-style-type: none"> • Assessment of Side Effects of Anti-psychotic Medication 	48 returns were submitted, from 4 teams. (It is not possible to say how many this is potentially out of)
<ul style="list-style-type: none"> • Use of Anti-psychotic Medicine in People with Learning Disabilities 	42 returns were submitted, from 3 teams’ case-loads (It is not possible to state the total number of case-loads)
<ul style="list-style-type: none"> • Medicines Reconciliation Audit 	A sample of 5 returns for each of 2 wards involved was required and was achieved.
<ul style="list-style-type: none"> • Prescribing High Dose and Combination Anti-psychotics on Adult Acute and PICU Wards 	141 returns across 8 wards. Audit parameters required all inpatients in participating wards, that are prescribed antipsychotic medication. This figure is thought to represent a high percentage.
<ul style="list-style-type: none"> • Benchmarking the prescribing of High Dose and Combination Anti-psychotics on Adult Acute and PICU Wards (Quarter 2) 	97 individuals from 7 wards; this was 100% of those admitted onto a ward which had e-prescribing
<ul style="list-style-type: none"> • Benchmarking the prescribing of High Dose and Combination Anti-psychotics on Adult Acute and PICU Wards (Quarter 2) 	181 individuals from 14 wards; this was 100% of admissions to acute wards and PICU, (e-prescribing plus manual data collection)
RCP Continence Care Audit	45 pro formas were submitted, in accordance with requirements of RCP

We understand the importance of reflecting on the findings of national clinical audits and national confidential enquiries, and plan to make changes within our Trust where relevant and necessary.

The reports of 6 national clinical audits were reviewed by LPT in 2009-10. These were all POMH (prescribing topics in mental health services) audits:

- Assessment of Side Effects of Anti-psychotic Medication
- Use of Anti-psychotic Medicine in People with Learning Disabilities
- Medicines Reconciliation Audit
- Prescribing High Dose and Combination Anti-psychotics on Adult Acute and PICU Wards
- Benchmarking the prescribing of High Dose and Combination Anti-psychotics on Adult Acute and PICU Wards (Quarter 2)
- Benchmarking the prescribing of High Dose and Combination Anti-psychotics on Adult Acute and PICU Wards (Quarter 3)

The results of these audits were circulated to all who took part, were discussed at our Prescribing Group meeting, and were also publicised, (with links to further POMH-UK resources) in our monthly Prescribing Group Newsletter.

4.3 Local Audits

Our Clinical Effectiveness sub-group is answerable to the Senior Clinical Group which in turn, reports to the Trust Board. This sub-group oversees all clinical audit activity.

The reports of 46 local clinical audits were reviewed by LPT in 2009–10.

Our local audits relate to areas for improvement in practice or care, and are related to requirements to improve services and the patient experience. A number of the audits have been related to the 'Commissioning for Quality and Innovation Scheme' or 'CQUIN', for example, our audit of Electro-Convulsive Therapy (ECT), Falls audit, and our audit of Nutritional Screening. The table below gives a few examples of actions taken as a result of local audits to improve the quality of healthcare provided. (Other audits will yet require re-audit to evidence improvement, and these will feature in next year's Quality Account):

Audit Title	Improvement Actions
Patient Safety	
Audit of the recording of the Medical and Drugs History and Allergies in new admissions	Improved communication of these aspects of care, with primary care
Audit of ECT standards	LPT has achieved ECTAS accreditation. Re-audit will be used to show maintenance of standards
Medicines Code Audit	Mandatory training to include Medicines Code training for clinicians
	Pharmacists to work with Ward Managers to conduct regular checks of prescription charts to increase compliance
Effectiveness	
Falls Assessment Screening and Implementation of the Falls Pathway	Review of guidance to staff, emphasising importance of falls risk screening
	Improved access to falls training
Nutritional Audit - use of the MUST (Malnutrition Universal Screening Tool)	There was improvement in the numbers of service users who have had their nutritional needs assessed and met, reflecting their needs preferences and rights.
Nurse-led memory clinic case note audit	Improvements to case-notes
	Improved communication/formal process to decide the best way to review clinic attendees.
Patient Experience	
Copying Care Plans to Carers in CAMHS	To improve communication between Service and family/ carer.

4.4 Commissioning for Quality and Innovation Schemes (CQUIN) - Use of the CQUIN payment framework

The CQUIN scheme supports the vision set out in ‘High Quality Care for All’, which puts quality as an organising principle of Commissioner-Provider discussions.

A proportion of LPT’s contracted income during 2009-10 was conditional upon achieving quality improvement and innovation goals (our CQUIN indicators) which were agreed between LPT and our Commissioners. For this year, the development of CQUINs was optional, but for 2010-11 it will be mandatory.

The CQUIN indicators (see table below) agreed for 2009-10 were chosen using the following principles:

- a focus on high volume clinical conditions
- the availability of measurable clinical quality indicators
- outcomes or process development focus
- evidence base available
- potential for transfer of learning

CQUIN	Threshold	What we achieved
Service users with schizophrenia receiving a physical health review	80%	68%
Service users with schizophrenia with side effects documented and monitored.	93%	86%
Service users with Schizophrenia on one anti- psychotic medication/ changeover monitoring	78%	89%
Service users treated in line with NICE ECT recommendations	94%	98%
Improvement in memory assessment processes for individuals receiving ECT at three stages of care pathway	During 97% Post treatment 87%	100% 100%
Improvement in Falls assessment and screening for in-patient older persons		
- initial screening	100%	97.8%
- full screening	77.8%	97.8%
Implementation of falls pathways for all at risk patients	91.9%	90.4%
Nutrition	80%	82.9%
Safe discharge/ transfer process	County 2.7/100,000 City 8.7/100,000	Achieved Achieved

We continue to strive for improvement

Further details of LPT's agreed goals for 2009-10 and for the following 12 month period are available on request from our website or by writing to LPT.

We continue to strive for improvement; this was our first year of CQUIN targets. We will continue to ensure improvements against our 2010 CQUIN targets.

4.5 The Quality Schedule

The Quality Schedule forms part of the formal contracting process with NHS Leicestershire County and Rutland and NHS Leicester City other associates, which are the commissioning arms of the PCTs. We are required to report on a periodic basis (there is a

timetable of reporting, monthly, quarterly and bi-annually according to the indicator), on aspects of the Quality Schedule, which is reviewed and updated annually, and this process is now agreed for the 2010/2011 schedule.

The quality requirements for 2009/10 included service quality and safety indicators to cover the following areas:

- Infection Control
- Patient Safety
- Privacy & Dignity
- Safeguarding
- Local Quality Indicators relating to standards compliance and local improvement plans
- Measured safe processes and systems for management

For the year 2009-10, we have had 31 indicators, which are each reviewed periodically at monthly Quality Meetings, which take place between the LPT and our Commissioners.

4.6 Complaints and Compliments

We take seriously all complaints, comments and concerns and learn lessons from the analysis of the issues they raise.

In 2009-10, a total of 224 formal complaints were received across the Trust. This represents a 4.7% decrease in complaints compared with the previous year. In addition we received 20 informal complaints and 201 compliments.

Number of complaints received:-

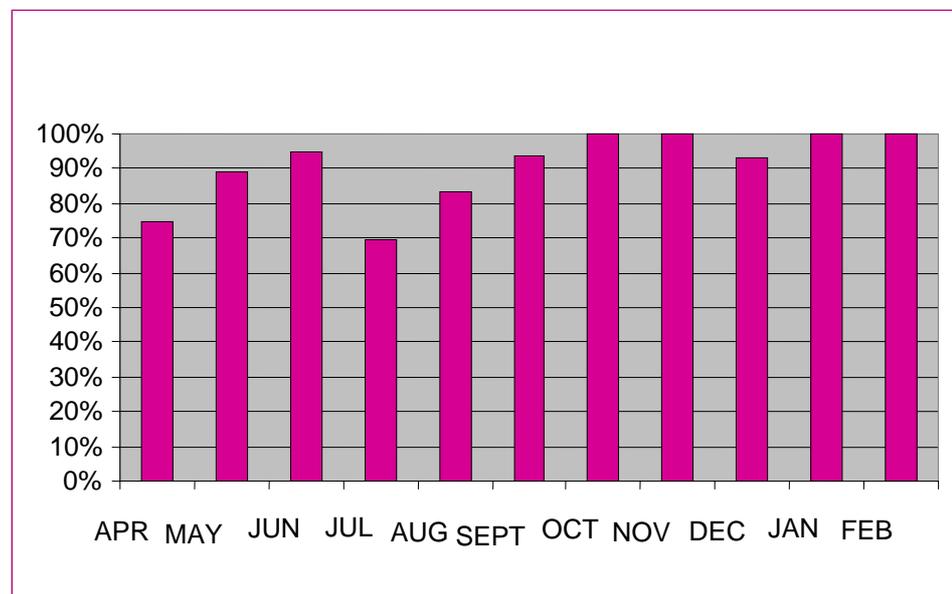


There was an increase for February and March 2010 to its highest level. This was because in February 2010 we informed everyone of how to make a complaint, and this has led to the increase in the number received.

Response Time

For complaints received, we try to respond within the agreed timescale of 25 days. In 2009/10 the Trust achieved an average of 91.07% for meeting agreed timescales for formal complaints. (NHS Complaints Regulations which came into force from 1st April 2009 state that each responsible body must make arrangements for dealing with complaints in accordance with the Regulations.)

Percentage of complaints which were dealt with within the agreed timescale



Learning from Complaints

We look at themes and trends in complaints received, and we take appropriate action to try to prevent it happening again, and to improve the quality of the care and treatment we provide.

Information on the complaints we receive is contained in our monthly Performance Reports, Quarterly Reports, and in the 'Concerns, Comments Complaints and Compliments Annual Report'. The Trust-wide circulation of the document 'TRAIL' also highlights 'lessons to be learned' from incidents and complaints and is a valuable tool for staff. 'TRAIL' is our regular Trust-wide publication which stands for 'Talk, Reflect, Act, Improve, Learn' and which is a method to share and learn from incidents across the Trust, and thereby boost staff confidence in the incident reporting process.

We have learned a number of important lessons as a result of complaints. For instance:

- We need to ensure that service users and carers are given information about the type of ward that patients will be admitted to
We need to make sure that we maintain good communication with service users and their carers during an admission.
- If a member of staff is absent for a long period of time we must ensure that alternative arrangements are in place to maintain continuity of care.
- We need to ensure that correspondence is correctly addressed before sending it out to service users.
- We need to make sure that we communicate with GP's regarding medication when a patient is discharged into their care.
- We should explain to service users that their information may be shared with other teams within the Trust who may be involved in their care.

In 2009-10, a total of 224 formal complaints were received . . . in addition we received 201 compliments

Compliments

We are very proud of the positive feedback we receive through compliments which are always forwarded and acknowledged with the staff concerned.

- We have received a number of compliments related to the commitment, kindness and professionalism of our staff.
- We have also been complimented on the speed and efficiency with which we dealt with an enquiry regarding access to medical records.
- A service user has stated how fortunate it is that they have our unique service and that their job would be impossible without LPT.
- A service user who attends the day unit has praised the quality of this service.

4.7 Reporting and Learning from Patient Safety Incidents

During 2009/10 we have established a new incident reporting system to help staff report incidents. Staff are now actively encouraged to report incidents electronically. Incident data is used within the organisation to further improve our reporting. This provides staff with the encouragement that their reporting of incidents has been taken seriously and change has resulted from their efforts. By March 2010 we had moved to 100% of incidents from inpatient areas being reported electronically.

Key changes implemented following learning from Serious Untoward Incidents have led to

- A review and re-introduction of CPA policy and guidance supported by a monitoring and training programme to ensure changes are maintained and regularly reviewed.
- A revised investigation training programme has been cascaded through the organisation to support improvement in the quality of Incident Investigations and during 2009/10 this training has been accessed by 115 members of staff.
- We have overhauled our risk management processes and introduced a new clinical risk assessment training programme, which is mandatory for clinical staff.

Independent reviews

During 2009-10 there have been two independent investigation reports published by the NHS East Midlands Strategic Health Authority. These concerned care and treatment of some of our service users, one in 2004 and one in 2006.

Following these incidents we:

- Revised our Care Programme Approach (CPA) policy, practice, documentation and training
- Reviewed our 'Did Not Attend' (DNA) policy (which refers to Out-patient attendance)
- Improved our process for investigating serious incidents and trained staff on the new process.

The independent enquiry recommendations highlighted that we did not always meet the standards required by the care programme approach. We have put in place robust actions to build on the work we have already undertaken. Our action plans include follow-up audits and review mechanisms to ensure that our actions are fully implemented and sustained.

4.8 NHS Litigation Authority

The NHS Litigation Authority Risk Management standards for Mental Health and Learning Disability Trusts aim to reduce the risk to patients through the establishment and maintenance of systems and processes to underpin service delivery. We have achieved Level 1 compliance which is about having the right policies and procedures in place, and these to be in line with best practice guidance.

4.9 National Community Mental Health Survey (2008)

The 2008 National Community Mental Health Survey was the third in a series of such surveys organised currently by the Care Quality Commission (and previously by the Healthcare Commission). Our service users in the community had identified several areas for improvements which concerned several aspects of care provision and communication, and so during 2009-10 we have continued to work on our targeted action plan for implementation across all its community based services.

The National Community Mental Health Survey will be repeated in 2010 and it is hoped that the improvements that we have made will be effective and result in positive feedback on the way the Trust operates the Care Programme Approach (CPA) in mental health care.

4.10 Commitment to Research for Improving Quality of Care and Patient Experience

The Trust is committed to the delivery of high quality healthcare, and through close working between the LPT Academy and collaborators within healthcare providers, academic organisations and industry to significantly improve the translation of research evidence into changes in practice. The Trust supports research work by academic and other institutions, clinicians in training, or through students engaged in postgraduate projects. We are always working to improve the contribution made by service users and carers to ensuring that research undertaken is both acceptable and meaningful.

It is the aim of the NHS Research and Development Strategy 'Best Research for Best Health' to ensure a substantial increase in the participation of service users in high quality research projects, with the overall aim of an increase of 100% nationally by 2012. These projects usually involve centres across the country, and are only adopted as a 'Portfolio' study following ethical review, evidence of

substantial user involvement, scientific peer review (including the quality and experience of the research team) and a clear pathway for implementation in the NHS.

In order to ensure that Trust service users have the opportunity to take part in such studies, we are part of the 'Heart of England Hub' of the Mental Health Research Network (MHRN), and also have strong links to the Dementia and Neurodegenerative Disease Research Network (DeNDRON) which are both 'topic-specific' parts of the National Institute for Health Research (NIHR). This link means that the Trust (and its clinicians and patients) is able to participate in national and international studies that have been deemed to have both scientific importance and clinical impact. Amongst these studies are:

- GAN: Genetics of Anorexia Nervosa
- DOMINO-AD: Donepezil and memantine in moderate to severe Alzheimer's disease
- FIAT: (Financial Incentives to Improve Adherence to Anti-psychotic medication)
- CASIS: (Carers Assessment Skills/Eating Disorders)
- COMMAND: (Cognitive Therapy & Command Hallucinations)
- CEQUEL: (Clinical trial of treatments for bipolar depression)
- ReFOCUS: (outcome measures for mental health recovery)
- IPSM: In-patient staff morale survey
- LEAP: Loughborough Eating Disorders Activity Therapy

Most of these studies are ongoing or have yet to be fully analysed, but it is expected that during 2010 early results will be fed back to participating Trusts. For example, CASIS will report findings in July 2010 on the 100 patients/family units entered into the study. This work is supported by Clinical Studies Officers working with clinical teams and investigators.

In order to improve the speed and means by which research results are translated into meaningful clinical and service delivery, the Trust is part of the Leicestershire, Northamptonshire and Rutland Collaboration for Leadership in Applied Health Research and Care (LNR-CLAHRC). Whilst undertaking key clinical research in mental health and other areas, the CLAHRC's primary aim is to help NHS organisations to identify their key priorities and needs, and to assist in undertaking applied studies to either implement evidence, or evaluate delivery.

The Trust also works closely with the LNR-CLRN (Comprehensive Local Research Network), in ensuring that funding and resources are transparently available to support high quality, portfolio-level research. The Trust is also performance-managed by the CLRN in terms of ensuring that its Research Management & Governance (RM&G) processes are fit for purpose (reported below), and that we meet accrual targets for such approved studies.

The number of patients receiving NHS services provided or sub-contracted by Leicestershire Partnership NHS Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 329.

In addition, approved research studies recruited 230 staff and healthy volunteers during this period.

Leicestershire Partnership NHS Trust was involved in conducting 68 clinical research studies, and LPT partner organisations completed 66% of these studies as designed within the agreed time and to the agreed recruitment target. National systems are used to manage studies in proportion to risk with the oversight of the CLRN. Of the 37 studies given permission to start, 90% were given permission by an authorised person less than 30 days from receipt of a valid complete application. 10.3% of the studies were established and managed under national model agreements and 25% of the 22 eligible research studies involved used a Research Passport. In 2009-10 the National Institute for Health Research (NIHR) supported 22 of these studies through its research networks.

In the last three years, 37 publications have resulted from our involvement in NIHR research, helping to improve patient outcomes and experience across the NHS.

Research in Care Services Directorates

Within CAMHS there is an Academic Unit of Child & Adolescent Psychiatry, which is part of the University of Leicester. The academic unit is committed to integrating the development of academic research and teaching activity, with the clinical needs of CAMHS. It has national recognition and substantive research funding to evaluate services for vulnerable children and young people over a number of projects. It is also frequently used in the evaluation of locally-commissioned, multi-agency child mental health initiatives.

Several applications were submitted to the NHS East Midlands Regional Innovation Fund (2009). Our Eating Disorders Service has been awarded £23,000 from the fund to pilot a study aimed at

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reducing therapy waiting times for patients with Bulimia Nervosa. The service is highly regarded nationally, provides a range of psychotherapeutic treatments, and our Beaumanor Unit is an outpatient, day and 15-bedded inpatient service. The grant is to modify an existing treatment called Interpersonal Psychotherapy (IPT); patients could receive the same level of therapeutic benefit but within a shorter period of time, meaning that patients won't have to wait so long for treatment and will recover sooner.

Within Learning Disabilities Service there has been much research activity, with a number of staff having research published in leading journals. The service has also published prescribing guidelines for people with a Learning Disability, which received a wide circulation, and has published a second edition. The service also organises an annual Therapeutics symposium that attracts delegates and speakers from all over the country.

Within Specialist Services many of the clinicians and services, which include Eating Disorder Services, are research-active, attracting research grants and publishing in peer-reviewing journals.

Within MHSOP there is a Professor of Psychiatry and 3 Honorary Clinical Lecturers who have ongoing involvements in academic and service research as well as research into medical education. Some recent research themes include:

- Service evaluations
- Diagnosis and detection of mental disorder in old age
- Neuropsychological and neuro-psychiatric programmes in dementia
- Programmes of residential / respite care and trans-cultural research
- Evaluation of specific preventive strategies for suicide/self harm
- National multi-centre collaborations in large treatment trials.
- Research into some several psychiatric conditions including various dementias and psychotic conditions such as bipolar disorders
- International teaching/training collaborations including teaching and medical education programmes in Africa

There have been several publications by MHSOP staff in highly acclaimed national and international journals.

4.11 Data quality

It is well-known that good quality information underpins the effective delivery of improvements to the quality of patient care. Improving data quality will therefore improve patient care and improve value for money.

As part of the three-year planning period for health organisations (2008-2011), a list of indicators called 'Vital Signs' have been developed across a range of services, and are to encourage and enable partnership working between organisations, e.g. PCTs and local authorities, to deliver joint outcomes. These have helped the Trust Board to review and consider aspects of quality performance against our targets set by Monitor, PCTs, CQC, and other statutory bodies.

Good quality information underpins the effective delivery of improvements to the quality of patient care

LPT submitted records during 2009-10 to the Secondary Users 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 was:

- 99.14% for admitted patient care
- 99.47% for outpatient care

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

- 99.28% for admitted patient care,
- 99.51% for outpatient care

Data quality on ethnic coding

As a Trust our completion of ethnic recording scored 96.4% (a final cumulative figure from October 2009 to March 2010), against a national target of 85%. We as a Trust are interested in matching the data more closely against population benchmarking by business unit. This is part of a bigger piece of work that the Trust is undertaking in 2010/11.

Information Governance - Information Governance Toolkit attainment levels

The Information Quality and Records Management attainment levels assessed within the Information Governance Toolkit provide an overall measure of the quality of data systems, standards and processes within an organisation.

LPT's overall score for 2009-10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 79%, which places the trust in the green compliance zone.

Clinical Coding Error Rate

LPT was not subject to the Payment by Results clinical coding audit carried out by the Audit Commission during 2009-10.

4.12 Enabling Services

As well as our clinical services, we have services that cover Human Resources, Finance, Estates, and Quality & Innovation. These areas underpin and support the activities of our clinical areas, and we acknowledge their contribution here. We hope to expand further upon these services in next year's Quality Account, and also offer a system of evaluating their quality and effectiveness.

5. The Story So Far

Review of Quality Performance

5.1 Being Safe – Clinical Safety

The delivery of safe services is extremely important to the Trust. In order to provide assurance on this matter, there are several methods of scrutiny. These take the form of external national and local reviews as well as internal reviews, all of which are monitored within the quality contracting process.

Key areas of work include:

- Safeguarding of vulnerable people
- The delivery of same sex accommodation
- Infection control
- The development of a falls pathway

and also ensuring that our staff are all trained to work within these areas

During 2009/10, we have invested a significant amount of time in training staff in safeguarding vulnerable people. We have focused on the need to think ‘family’ rather than to concentrate on the separate children and adults routes. We approached this training and developments in this area on a multi-agency basis with clear parameters of work. We work with our partner organisations to make sure all people in our care are safe. Within the area of safeguarding there is a formal review process when things could have been better, and as an organisation we have participated in a number of serious case reviews, which allow us to examine our practice alongside our partners and work with them to make things better.

The delivery of same sex accommodation is a national priority. Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. In March 2010, the Trust declared compliance with the same-sex accommodation requirement. We are proud to confirm that mixed sex accommodation has been virtually eliminated in all our hospitals. In 2009/10, we have worked hard to make sure we are changing the way our services are delivered, we have listened to our service users and have provided female space on our wards; in December 2009 we opened our first female only ward, which is one of the steps along our journey to provide Centres of Excellence for adult in-patient care.

Our plans for the future are to:

- continue to implement the plan for refurbishing our wards
- carry on measuring ourselves against the national and local standards for the delivery of same sex accommodation
- report any breaches to these standards and undertake a full investigation into why this has happened

Inpatient Centres of Excellence

We want to create a centre of excellence within Adult Mental Health Services on the Bradgate site, by improving and increasing inpatient facilities and leading to the eventual closure of the Brandon Unit. A single site service will enable a more efficient service and increased availability of therapeutic interventions on the wards.

The Opening of Heather Ward

Heather Ward opened in December 2009 as the first ward operating a new care model. The ward caters for a female only patient group to ensure the specific needs of vulnerable women are met. Heather Ward has been specially designed and redeveloped to enhance the patient experience by providing a better therapeutic environment and improved privacy and dignity.

Enhancing the Healing Environment (EHE)

The Trust is a leading exponent of the 'Enhancing the Healing Environment' (EHE) approach for the design of patient facilities. EHE is an initiative developed by the King's Fund in London and in recent years LPT successfully secured financial support. The most recent success was in securing £30,000 for the redesign of patient areas at the Evington Centre for people with dementia and end of life care. EHE design projects are nurse-led with full involvement of patients and carers.

In the summer of 2009, the Trust was awarded money from the Department of Health which was used to improve and update signage, observation panels in doors, and to create an additional bathroom, all of which has contributed to compliance with the elimination of mixed sex accommodation.

Infection Control

Another national priority for us is the reduction in Hospital Acquired Infections, and as a Trust we have worked hard to ensure that staff are aware of their duties in this area and of the current campaigns, e.g. the 'Hand in Hand Challenge' road-show

as part of the infection control campaign to inform the public, service users and staff about how we all play our part in controlling the risk of infections. This area of work is monitored very closely with our commissioners and we have achieved compliance with our Care Quality Commission registration in this area. Over the year we have monitored the number of infections and have had to report very few outbreaks.

In 2009-10 we had:	9 cases of MRSA
	3 cases of Clostridium Difficile
	3 Norovirus outbreaks

With regard to the MRSA and Clostridium Difficile cases, these individuals were admitted with their infections. Since August 2009 new patient admissions are screened wherever possible.

The Trust has signed up to and has promoted the entire national and regional campaigns around infection control, including the ‘hand in hand’ campaign. We have made sure there is a supply of information available for patients and staff in each area.

By introducing electronic prescribing, and electronic incident reporting, on all wards at the Bradgate Unit and some wards at the Brandon Unit, our adult mental health service has reduced the potential for drugs errors and has made incident reporting more effective.

During 2009/10 we have further developed our falls pathway which was first introduced in older people’s mental health services several years ago. Audits have shown that by early detection of a risk of a fall, the number of serious injuries caused can be reduced. Over the last 12 months, the risk assessment was developed further so it can be used in all areas of the Trust.

5.2 Clinical Effectiveness

Clinical Effectiveness includes, for example, implementing appropriate NICE guidance. Using clinical audits as feedback, we aim to ensure that care is evidence-based and appropriate.

In order to know whether a treatment has been effective, it is necessary to be able to measure outcomes. The Health of the Nation Outcome Scale (HoNOS) is the national recommended tool for measuring patient mental health outcomes over time. The assessment scores are taken on admission, at transfers, during Care Programme Approach (CPA) review meetings, and before discharge from hospital. Implementation of HoNOS is a national requirement, and also part of the Care Quality Commission performance indicator data set. It will also feature in the new

CQUIN schedule for 2010/2011 (see Section 10). All services are working towards the greater use of HONOS as a baseline measure of outcome.

5.3 Patient Experience

Involving service users, carers and people from our communities is essential if we are to deliver the services required to meet local needs at a level of excellence people deserve.

Our core purpose is to advance people's health and wellbeing through the development of communities, rights and inclusion.

It's not just that we recognise the rights people have and the discrimination they face, or that we are just focused on addressing the difficulties too many people experience in attempting to secure the services they're looking for.

It's that in addition to those things, a central part of our role is to champion individuals' rights, to make sure that as a Trust we ourselves do not discriminate but to do everything we can to support the great potential in everyone. Our commitment is to go the extra mile so that people experience the best possible quality of life and feel a valued part of their community.

To further develop involvement and patient/carer experience, we commissioned local groups and reached over 400 service users and carers to develop our Service User and Carer Involvement Strategy 2009-2012.

Their commitment, experience and expertise informs us on our model of involvement and improvement of services.

This strategy identifies 4 core priorities we must deliver upon if we are to provide the services required by local people;

- To develop an infrastructure that enables all service users and carers to be involved.
- To involve people in their individual care and support, as service users and carers.
- To enable service users and carers to be collectively involved in the overall improvement of services and the running of the trust.
- To put in place supporting communications and information sharing.

Our commitment is to go the extra mile so that people experience the best possible quality of life and feel a valued part of their community

Already we have commenced work on the detailed action plan attributed to the strategy, the following are some of the developments so far.

- Developing an Involvement Centre based at one of our In-Patient settings.
- Working with service users and carers to develop and undertake patient and carer surveys.
- Embedding service users and carer experience within our governance structures.
- Developing an Involvement Toolkit.
- Producing guidance on staff attitudes developed by service users and carers.
- Ensuring reimbursement is based upon national guidance and best practice.
- Providing employment opportunities for people through the Future Jobs Fund.
- Producing training for staff about carers by carers.
- Running “Listening and Working Together” Events throughout Leicester City County and Rutland to enable people to work with us on service developments and initiatives.

The main aim of this strategy is to enable everyone who uses Leicestershire Partnership NHS Trust’s services to be involved in their own care and the work of the Trust in ways that are meaningful to them.

The challenge we have accepted is to ensure involvement and improving the patient and carer experience is threaded throughout all that we do. We will achieve this through our many functions e.g. LPT Academy, working with local faith communities through our Spiritual and Pastoral Care Department, developing stronger links and initiatives with the voluntary sector, Releasing Time To Care initiatives and training for service users and carers to work with us in the delivery of services

CORIIN - Communities, Rights and Inclusion

CORIIN was established by the Trust as a central element of our 2012 vision to make sure that engagement with local communities, the protection of human rights and the promotion of inclusion is at the heart of our strategic development.

During 2009/10 we have been able to use the knowledge and learning from the CORIIN programme to review our strategic objectives. As a result, we have agreed our core purpose to advance health and wellbeing through communities, rights and inclusion. The CORIIN programme has also enabled a number of key developments such as:

- a service user and carer involvement strategy based on consultation and feedback with over 400 service users, carers and community members published in 2009
- a new equality monitoring schedule that captures information on the full range of groups with protected characteristics as defined by the Equality Bill 2010
- developing social enterprises with local service user and carer groups now working in partnership with us delivery of mental health awareness training and supporting people in the community who experience neighbourhood nuisance and harassment
- promoting inclusion through the Arts involving work with minority and disadvantaged groups
- the Leadership Inclusion Development programme (IncLeaD) across the NHS Trusts in Leicester, Leicestershire and Rutland
- increasing partnership work with local black and minority ethnic community groups and organisations

We have also established our Communities, Rights and Inclusion Committee (CRIC) that reports directly to the Trust Board on progress and assurance including meeting regulation and legislative duties for equality and human rights, public and patient involvement and the 'PSA 16' targets for vulnerable groups on employment (19 individuals are involved within LPT), and housing.

Releasing Time To Care

The Productive Mental Health Ward initiative Releasing Time to Care (RTTC) enables ward teams to increase positive interaction and engagement of service users in a safe and dignified environment. RTTC recognises that ward staff are experts in ward processes, and harnesses their expertise to improve their service. The ward team works to remove wasteful activities and reinvest that saved time into making care more therapeutic, interactive, reliable and safe.

We started RTTC in May 2009 on Barnsdale, Beaumont, Cedar, Clarendon, Phoenix, Stretton and Wakeley wards and also the new women's acute ward, Heather, in December. We are now ten

months into the RTTC process with our first seven wards and are beginning to see evidence of improvement and the range of impacts this process can have.

Here are some examples of achievements:

- Over a six month period, Clarendon ward has implemented a range of simple changes that has significantly reduced absconsion attempts.
- Cedar ward has identified that staff spend 336 hours a year making drinks for service users – and plans are now in place for a service users' drinks room which will save staff time as well as increasing user choice and supporting recovery.
- Our wards have developed service user status boards that are saving time in looking for information in case notes or interrupting colleagues to ask for updates.
- Staff have worked to reduce the time spent on handovers, whilst making information more consistent, reliable and appropriate. Some of the improvements include Phoenix's system to track risk management and develop the flow of the service user journey and, on Clarendon, the introduction of protected documentation time for qualified nurses.
- Barnsdale ward has worked closely with service users to ensure their experience of meals is improved and staff have delivered improvements in the environment and service user information.
- Occupational therapy staff on two of our dementia care wards have worked with service users and carers to produce 'patient-centred wheels' to facilitate understanding and appreciation of the life history, achievements and interests of service users on the ward.
- Over a six month period, Beaumont ward has demonstrated how time being released as a result of the project is directly benefiting service users as the number of organised activities has increased.

There are also indications of the significant positive impact RTTC is having on fostering innovation, energy and commitment to improvement, team working, staff morale and relationships on participant wards. RTTC has not only assisted ward leaders to develop their personal leadership style, but it has also encouraged a range of team members from the most junior to the most senior, to develop confidence as leaders and innovators.

The RTTC project includes an ongoing programme of visits whereby members of the executive team sometimes accompanied by a service user or carer representative, visit each ward in turn at

agreed intervals. This provides an opportunity to hear about progress with the project, demonstrate senior leadership and organisational commitment and provide support where necessary. Within adult inpatient services, RTTC relates to a number of other improvement programmes under the umbrella of the Integrated Improvement Programme (IIP). In support of the development of an inpatient Centre of Excellence the IIP aims to enhance the benefits and outcomes of RTTC and other improvement initiatives including Star Wards, Enhancing the Healing Environment, Improving the Inpatient Therapeutic Experience and Essence of Care. We commenced this IIP approach in February 2010 and it will assist managers and ward staff to identify clear quality improvement priorities for their area.

Our Inpatient Survey

The 2009 survey of acute adult inpatient mental health services involved mental health service users who were aged 16-65, had stayed on an acute ward or a psychiatric intensive care unit (PICU) for at least 48 hours between 1 July 2008 and 31 December 2008 and were not current inpatients at the time of the survey. Overall the results showed the performance of our Trust to be similar to that of other NHS Trusts.

Our service users placed our Trust within the best performing 20% of Trusts nationally in the following:

- Conducting medical tests about patient's physical health
- Giving enough time to discuss their condition and treatment with the psychiatrist(s)
- Patients' showing confidence and trust in the psychiatrist
- If detained, explaining patient rights in a way they can understand
- Timely discharge of patients

Our service users also noted the following areas where improvements could be made:

- Giving information on how to make a complaint
- Explaining the side effects of medication in a way that can be easily understood.

The Trust has made significant improvements in these areas working in partnership with service users and carers.

Our Patient Environment Assessment Team (PEAT) scores

Each year all inpatient facilities are assessed via the Patient Environment Assessment Team (PEAT) process that awards scores for the quality of the environment (including cleanliness), food, and patient privacy and dignity. We have made significant improvements year on year and are working towards having an “Excellent” rating for all sites in the clinical business units for all three categories.

PEAT inspection scores for 2009

Site Name	Environment Score	Food Score	Privacy & Dignity
Brandon Unit	Good	Excellent	Excellent
Glenfrith Unit	Good	Excellent	Good
Montrose Court	Good	Good	Good
Mill Lodge	Good	Excellent	Excellent
The Willows	Good	Good	Good
Stewart House	Good	Good	Excellent
Bradgate/Belvoir Units	Good	Good	Good
Evington Centre	Good	Excellent	Excellent
Herschel Prins Centre	Good	Excellent	Good
Tarry View	Good	Good	Excellent
Agnes Centre	Excellent	Excellent	Excellent

Voluntary services

We have a strong volunteer department with committed motivated volunteers. Our department has excellent working relationships with local Trusts and voluntary organisations. We offer a broad range of opportunities for people to return to work some of whom are service users and carers, graduates, students representing all ages and communities. Involving local people is critical if our services are to be open, transparent and part of the fabric of our local community. We are working to ensure there will be numerous opportunities for people to work with us according to their skills, experience and motivation, e.g. delivering service user and carer experience questionnaires, service improvement initiatives, supporting social events, coffee shops and activities.

LINKs

The Local Government and Public Involvement in Health Act 2007 introduced new arrangements for public involvement in health and social care through the establishment of local involvement networks (LINKs). We work with three LINK organisations which

represent Leicester City, Leicestershire County and Rutland County. The purpose of the LINK is to:

- promote and support the involvement of people in the commissioning, provision and scrutiny of local care services (healthcare and social care)
- enable people to monitor and review the commissioning and provision of local care services in terms of the standard of provision and improvement of local services
- obtain the views of people about their needs and experiences of local care services, making these views known and reporting recommendations.

We have already worked with the local LINK on specific service issues e.g. the provision of services for older people with specific reference to how we provide services for people with dementia and have responded to their various requests for information on service provision and quality. We want to build on and improve these current arrangements.

As part of our consultation on this quality account, the local LINKs and partner organisations were invited as part of our Listening and Working Together events to advise on what they would like to be included and be part of developing our “Quality Story”. Those aspirations are threaded through this document.

Patient experience initiatives within our services:-

Service User involvement within our Learning Disability Services
We have developed a framework for improving the involvement of service users in service planning and improvement. The framework includes:

- Changing the Trust’s Involvement Tool-kit to make sure it is relevant to people with learning disabilities
- Training staff in relation to involvement, and involving people with learning disabilities in this training
- Working across the health community to develop a health reference group for adults with learning disabilities who will support us to develop and evaluate the most effective ways of involving people with learning disabilities across health services
- Supporting improved methods of involvement with the continued development of the Communication Plan for Adults with Learning Disabilities



Service standards development within CAMHS

From the information received from service users, we are developing a set of service standards around service user satisfaction, to help to publicise the service, and to set out the minimum standards that parents, carers and young people can expect from our service. In order to gain feedback on the patient experience of other aspects of the treatment that young people and their families' experience, we use service user feedback forms which we make available in our reception areas.

We have developed two formats for this, one designed for adolescents or parents, and one for younger children, (which includes a request to draw a picture for those who feel uncomfortable writing their responses). Feedback is collated into a regular report for our Clinical Governance Group, and is used to influence service planning and development.

Work on Delayed Transfer of Care (DToC) within Mental Health Services for Older People (MHSOP). MHSOP has a dedicated Discharge Team and social workers that are either hospital based (County Social Services) or are named link workers (City Social Services). This has resulted in a relatively low number of delayed transfers of care within the service, at 4.94% (data from April to August 2009) against a target of 7.5%.

Adult Mental Health

We have a rolling programme for the development of the remaining wards on the Bradgate Unit site that will bring them up to the same standard as the recently refurbished Heather Ward opened in 2009, and so will lead to improvements in patient privacy, dignity and on-ward activity.

We want to create a centre of excellence on the Bradgate Unit site by improving and increasing inpatient facilities and leading to the eventual closure of the Brandon Unit. A single site service will enable a more efficient service and increased availability of therapeutic interventions on wards.

In conjunction with Leicestershire County Council, the South Leicestershire Community Health teams took part in a successful pilot of personalised budgets for service users and is considering how links may be formed with the Care Programme Approach to streamline the processes and improve access.

As part of our initiative to reduce stigma, we have launched the Playing in Partnership scheme involving service users in playing and watching sport. This has seen two high profile events taking place with service users being the guests of Leicester City Football

We want to create a centre of excellence on the Bradgate Unit site by improving and increasing inpatient facilities

Club following a morning of professional coaching. Similar activities have taken place with Leicester Riders Basketball Team and both involved professional players warming up in “1 in 4” tee-shirts promoting the fact that 1 in 4 people will suffer from some form of mental illness. Positive messages were also presented in match programmes and the local press.

5.4 Quality Indicators

Certain indicators have been chosen by our region, in the three areas of quality, in order to help us to measure ourselves against other mental health and learning disability trusts.

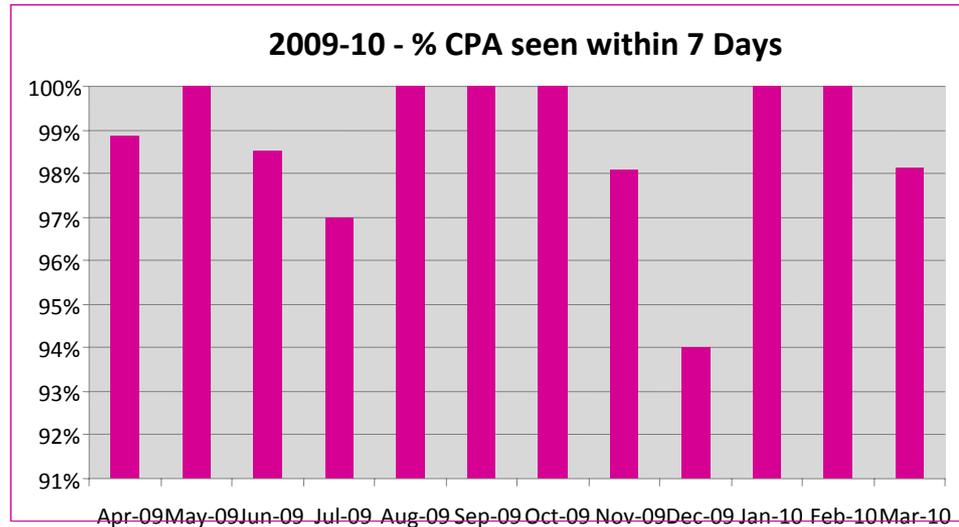
For our Trust, these are:-

Quality Area	Mental Health Indicator	Learning Disabilities Indicator
Clinical Safety	Patients seen within 7 days of discharge (See page 35)	Percentage of people on PCT LD register compared with Social Services Learning Disabilities register
Clinical Effectiveness	Health of the National Outcome Score (HONOS)	Percentage of people on PCT LD register who have received annual Health Check in last 12 months (See page 35)
Patient Experience	CQC Annual Mental Health In-Patient Survey results (See page 36)	

We intend to use HONOS scores in the future to improve our clinical effectiveness firstly by ensuring that we measure ourselves and compare with other trusts, to see what treatments prove to be most effective. We have scored below average (at 22.9%) compared to other Mental Health Trusts in the East Midlands (average 36.6%); we are taking steps to improve upon this.

Patients seen within 7 days of discharge

Our cumulative figure for April 2009 – March 2010 is 98.8% (against a target of 95%)



(Source: IPR)

Percentage of people on PCT LD register who have received an annual health check within the last 12 months

Annual Health Checks are required every year for individuals with learning disabilities. In Leicester, the higher rate of annual health check has been achieved through close co-operation between agencies.

PCT	Proportion of patients on PCT LD register who have had an annual health-check in the past 12 months
Leicestershire and Rutland Counties	28.2%
Leicester City	74.1%

(Source: Quality Observatory)

CQC annual mental health inpatient survey results

5 key questions from the survey were looked at for Trusts across our Region, in order to form a comparison. These questions included for example 'did the Psychiatrist treat you with respect and dignity?' Results of these 5 questions were added to form a compound score. This enabled comparison across the region but also with similar 'peer grouped' trusts:

Mental Health Trust	Compound survey score 2009	Peer group range
Leicestershire Partnership NHS Trust	69.1%	59.1% - 73.6%
East Midlands	68%	55.6% - 73%
National	66.6%	55.6% - 78.5%

6. Our Staff

6.1 The LPT Academy

We have identified a need to simplify the current way we plan and train our staff. As a result of this we have set up the LPT Academy to ensure that all our training, development and research activities are directed to meeting the Trust's objectives and our new service model more effectively. The LPT Academy will lead in identifying and promoting evidence-based practice, pull together current best knowledge, develop the necessary competences and build capacity and capability in research, training and service delivery. We are doing this to ensure that we:

- provide the infrastructure to support staff during change
- help facilitate the development of a skilled and flexible workforce equipped to provide modern mental health and social care services

The LPT Academy's approach is a partnership between the Trust, users and carers, partners including the higher education institutions, private and third sector partners, to make a commitment to delivering our vision, mission and values. We are delivering training together that is supported by evidence, needs of stakeholders and outcomes of our interventions, in a way that is rare in the mental health services. Our focus will be on assuring that all of our training and research findings are applied in practice with outcomes or impact measured.

For example we will concentrate on the following in 2010-11:

- Establish and clarify roles and responsibilities for staff involved in the work of the Academy
- Develop a communications and engagement plan to increase awareness of the Academy, its aims and objectives, and to ensure that staff support the transition towards the Academy through open meetings
- Develop a quality assurance framework to ensure that we deliver high quality products and services
- Develop a marketing strategy that identifies action we need to take to raise awareness of the Academy and to showcase programmes, products and outcomes we develop
- Further improve the co-ordination of mandatory training that is supported by a robust register for monitoring its effectiveness

The LPT Academy's approach is one of partnership to deliver our vision, mission and values.

- Deliver commissioned work as agreed with commissioners and develop a trust wide training, education and research programme to support the Trust in meeting its obligations
- Ensure the Academy is fully resourced to deliver on its priorities, that of the Trust (Business Units) and its future growth

‘Learning & Improving In Partnership’ course

The ‘Learning & Improving In Partnership’ course has been developed by Leicestershire Partnership NHS Trust, De Montfort University and East Midlands Development Centre and is delivered for the East Midlands area. The course was aimed at service users, carers and staff to work and learn together to develop ideas and innovations & apply improvement methodologies to bring about sustainable change and improvement to mental health services. Students undertake an improvement project throughout the course and are sponsored to take part by an NHS, local authority or voluntary organisation. All have the option of gaining 20 undergraduate credits. Throughout the course students participate in action learning sets to help them to apply their learning and deliver change within their improvement projects.

6.2 Staff Development

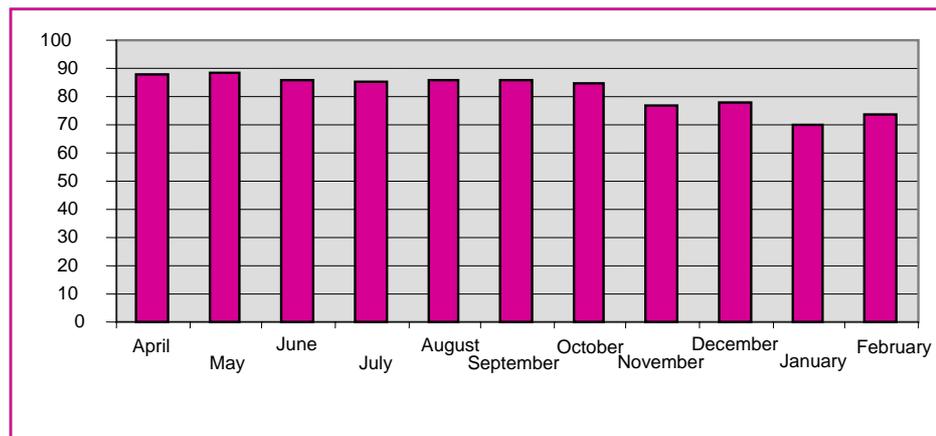
A comprehensive Leadership Development Programme took place for over 150 senior leaders (senior clinicians/managers) in LPT. This forms part of our overall organisational development strategy. The Trust is committed to providing all staff with personal development plans (6.2.1), access to appropriate training and line management support to enable them to meet the needs of service users and carers and for their own personal development. For example in the last year:

- 941 of our new staff completed programmes that are designed to increase their knowledge of how we work
- 514 were trained in various aspects of our work (mandatory training)
- We regularly bring together all our most senior staff to share with them ways of tackling our priorities and agreeing new ways of working
- Staff attended courses in our local universities
- Staff attended external conferences selected to update their knowledge and to network with colleagues from across the wider health and well-being sector

Overall, the Trust spent £97,151.98 on external training for members of staff.

Personal Development Plans

We expect that all staff will have the opportunity to take part in an appraisal and personal development plan (PDP) discussion with their line manager at least annually. The Trust has set a target for 80% of staff to have a PDP in place that was agreed within the previous 12 months. The target of 80% makes allowance for staff who might not be expected to have a recent PDP in place, for example because they are on maternity leave, sick leave or have only recently taken up post. The target was achieved during most of 2009-10 and the Trust now has plans in place to maintain this achievement.



(Source: Vital Signs)

Improving Sickness Absence rates

The Trust launched in 2009 a revised management of attendance plan with a view to reducing absence rates. Figures show the average rate for the year to have been 5.5% which is under the Trust target of 6% and substantially lower than that reported in the same period last year which was 8.03%. The Trust plans to continue to drive down absence rates and in particular the rollout of the electronic staff record which will enable employee self service and recording of sickness absence to provide more timely and accurate information. The Trust is also developing its wellbeing strategy to support the health and wellbeing of its employees.

Staff Survey

Our staff are fundamental and vital to the delivery of high quality services. Consequently, we pay a lot of attention to the experiences and opinions that staff express in the annual staff survey carried out by the independent Care Quality Commission. We want staff to have a good experience of working for the Trust and to feel supported in developing and delivering top quality care.

Following publication of the staff survey findings in March 2009, we took action during 2009-10 to address the issues where staff experiences showed that improvements could be made. Changes in staff development, training and leadership development opportunities are reported in sections 6.1, 6.2 and 6.2.1. In addition, the actions listed below were taken to help staff deliver the best care they can and to demonstrate how much they are valued:

- Improving communications and staff engagement
- We introduced a new staff engagement programme that included executive directors meeting with local teams. The programme was supported by the publication of information briefings plus a series of more accessible leaflets for staff that highlight the Trust's key priorities, new developments and most important management systems. We also began a review of internal communications to test which communications methods are most effective for staff and what information they want to receive.
- Reducing work related injury and stress
- We updated our stress management action plan and the Trust as a whole signed up to the national 'Mindful Employer' initiative aimed at increasing awareness of good mental health at work. Our new risk reporting system enables quicker action to be taken in managing any incidences of violence, bullying or harassment experienced by staff.
- Enhancing experiences of equality and diversity
- We improved monitoring arrangements to check that equal opportunities are available for staff to progress their careers and access training. We also set up a mentoring programme for staff aimed particularly, but not exclusively, at staff from black and minority ethnic communities.

The Trust piloted its own staff survey in the final quarter of 2009-10 with the intention of carrying out more regular staff surveys that would provide more timely information and measures of the progress being made.

7. Our Partners

One of the Care Quality Commission requirements is for multi-agency working and here are some examples of how we work with a broad range of partners.

Child and Adolescent Mental Health Services (CAMHS)

CAMHS held an Open Day in September 2009, which was hugely successful. It gave staff from CAMHS the opportunity to interact with professionals from other agencies, with attendance from a range of professionals working with children and families. The event was over subscribed and the intention is to host a similar event again in the future possibly with different types of groups or audiences.

Adult Mental Health

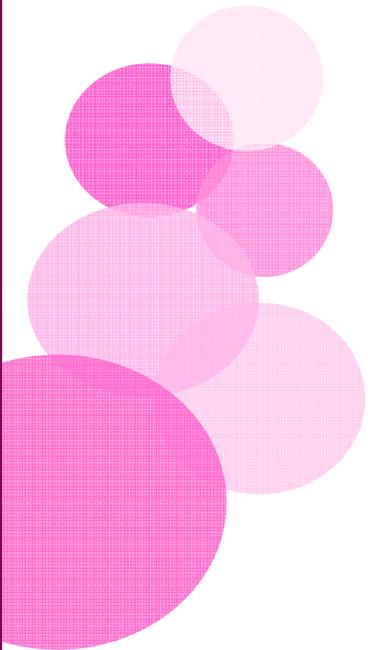
In partnership with the 3 local authorities for Leicester, Leicestershire and Rutland, adult mental health services are developing a more integrated management structure to reduce difficulties associated with multi-agency working. They are also piloting a Joint Assessment Clinic in the City for first appointments.

We have an active Acute Care Forum focussed on improving service quality, with a membership that includes advocates, service user representatives, carer representatives, clinicians and service managers.

Learning Disability Services

The Learning Disabilities Service works closely with the Leicester, Leicestershire and Rutland Learning Disabilities Partnership Boards, which includes self advocates family/carers, private providers, adult social and communities staff, education, housing, county councillors, Connexions, employment, voluntary sector, and Valuing People representatives. The main objective for the board is to implement the principles in the 'Valuing People' document and improve the lives of people with learning disability, working with a range of multi-agency sub-groups.

The Learning Disability Service also works in partnership with the local acute hospital services to improve the quality of services to people with a learning disability and have supported UHL with the development of the "Make my stay" pacesetters project. This project has used learning disability register information to enable those hospital users with a learning disability to be highlighted when they are referred or admitted to hospital, so that appropriate information and support can be offered. Several other projects have focused on improving access to mainstream health services



Think, again.

Change.

such as the work with the hearing clinic, and cancer services. The health facilitation role involves working with primary care teams, community health professions and staff involved in delivering secondary health care.

Mental Health Services for Older People

The National Dementia Strategy (2009) describes the development of a joint commissioning strategy across health and social care as a vital component in developing efficient and effective dementia care services. Our work to develop an integrated care and support pathway for people living with dementia in Leicester City, Leicestershire County and Rutland will inform the development of a joint commissioning strategy for dementia.

Events have taken place working with others to develop a thorough understanding of our current service pathway for people with dementia, and to put forward recommendations to make improvements.

8. Quality Performance across our Services -

During 2009-10, LPT provided NHS services through its 5 clinical Business Units across the range of mental health and learning disability services. LPT has reviewed all the data available to us on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2009-10 represents 100% of the total income generated from the provision of NHS services by LPT for 2009-10.

Our Quality Account is an opportunity to show what we are doing well, but also to be open about areas we need to improve upon.

The full Quality Account for each clinical Business Unit will be available on our website, or by contacting us to request these.

9. What Others Say About Us

Validation and assurance processes for quality accounts

NHS Leicester City Quality Statement: Leicestershire Partnership NHS Trust 2009/10

NHS Leicester City welcomes the opportunity to comment on the first annual Quality Account for Leicestershire Partnership NHS Trust (LPT). The Quality Account represents a comprehensive and balanced description of the quality of services provided by LPT during 2009-10.

The Quality Account confirms LPT's commitment to work with stakeholders to improve the experience of service users and carers; and the quality of the services provided.

The Quality Account identifies that LPT has focused this year on key issues including: safeguarding patients through the establishment of new systems for capturing learning from patient safety incidents; improving the care environment and reducing avoidable infections; and working with partners to protect vulnerable people.

The establishment of the 'LPT Academy' as a vehicle for developing a skilled and competent workforce to ensure the right care is delivered in the right place at the right time is commendable.

The Quality Account may benefit from further elaboration on the achievements and challenges faced in the following areas:

- using service users' and carers' experiences to drive improvements in the quality of care, in particular the engagement with seldom heard groups and communities.
- embedding the learning from incidents, investigations and national or local reviews to improve safety of services for patients and ensure a culture of continuous learning across the organisation.
- demonstrating how research and development will improve clinical practice, clinical outcomes and service delivery across the organisation.

NHS Leicester City will continue to work in partnership with LPT and seek assurance of quality improvements through the existing governance arrangements.

For 2010–11 NHS Leicester City supports the areas LPT has identified as priorities for further quality improvement to ensure that quality remains a focus for the Trust.

Leicestershire Local Involvement Network (LINK) response to the Leicestershire Partnership NHS Trust Quality Account for 2009/2010

The following statement was compiled by Leicestershire LINK Board at a meeting on the 12th May 2010:

Leicestershire LINK welcomes the opportunity to comment on the Leicestershire Partnership NHS Trust first Quality Account which we would commend as fully addressing all the requirements of the Department of Health. We would congratulate the Trust on an exceptionally good report, which is very understandable and clear, and would commend as a useful tool for service users and relatives. We also like the 'feedback' email address, which is very welcoming and encouraging.

The LINK has developed excellent working relationships with the Trust (Pt 5.3.6) as a 'critical friend' and we would fully endorse the impact and benefits this has had for service users.

We appreciate the information on local audits (Pt 4.3), and in particular actions taken to make improvements. We would also want to congratulate the Trust on implementing the Commissioning for Quality and Innovation Schemes (Pt 4.4) and achievements made.

We consider the Trust has been very open in detailing information on complaints (Pt 4.6), though it would be helpful to specify the 'agreed timescale and regulations.' The response of the Trust to lessons learned as a result of complaints should be commended, especially communication with GP's regarding medication, which we are aware has been poor.

Clarification on what proportion of relevant staff have undertaken the revised investigation training programme (Pt 4.7), would help us understand if this equates to good progress.

More information on numbers and specifics of areas identified by service users for improvement through the national Community Mental Health Survey (Pt 4.9) would have been helpful, particularly in relation to monitoring improvements for service users.

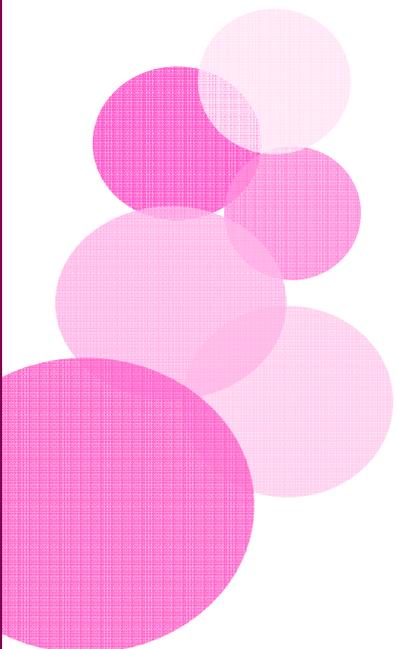
We recognise the work the Trust has undertaken in delivering same sex accommodation and look forward to improved patient experience. We welcome the opening of Heather Ward but would hope that these developments have not led to a reduction in beds.

With regard to Hospital Acquired Infections (Section 5.1), we note the Trust has good controls in place, resulting in very few outbreaks. However, figures on how many people were affected by the Norovirus outbreaks, the impact and what isolation procedures the Trust has in place would have been appreciated.

As above, we note the falls pathway has been further developed but figures on the number of people affected and whether this initiative has resulted in a reduced number of serious injuries, would have helpful, as it provides a benchmark for future reports.

We would congratulate the ongoing work and commitment the Trust has demonstrated in involving services users and carers in service development, and look forward to seeing the outcome of their detailed action plan (Section 5.3) in next year's report.

We appreciate the thoroughness of Section 6 and acknowledge the Trust's positive attitude to supporting and caring for staff, which will directly impact on service users. We particularly appreciate the Releasing Time to Care initiative (Section 5.3), and also recognise the advantage of involving service user or carer representatives on Ward visits as part of the RTTC project but feel the report should include the frequency of visits.



Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee
Comments on the Leicestershire Partnership NHS Trust Quality Account for 2009-10

The Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee welcomed the opportunity to comment on the Quality Account for the Leicestershire Partnership NHS Trust (LPT) at its meeting on 19 April 2010. The Committee has also maintained an ongoing dialogue with LPT throughout the year and would like to thank officers for their consistently helpful and open attitude when attending Overview and Scrutiny Committee meetings.

The Committee is of the view that the Quality Account provides a comprehensive coverage of the services provided by LPT. In particular, the Committee welcomes the focus on partnership working and engagement that has been demonstrated throughout the organisation, such as the involvement of service users and carers in the development of the Service User and Carer Involvement Strategy 2009–12. The Committee is pleased to note that the priorities for 2010–11 include working with partners to create more integrated locality working and service user and family involvement.

The Committee also welcomes the number of compliments received by LPT and is pleased that the number of complaints has decreased from the previous year. The Committee recommends that this section is renamed ‘complaints and compliments’ to highlight this fact.

The Committee recognises the importance of the Releasing Time to Care initiative and hopes that the second stage of the project is as effective as the pilots have been.

The Committee does not believe that there any significant omissions of areas of concern in the Quality Account. However, the Committee suggests that the Account should contain evidence of how LPT engages with the Primary Care Trusts to provide locality services, such as LPTs involvement in any decisions made as part of the Market Harborough Capital Development Scheme.

In conclusion, the Committee believes, based on its knowledge of LPT, that the report is a fair reflection of the healthcare services provided and looks forward to the continuation of the strong relationship that has developed between LPT and the Overview and Scrutiny Committee.

10. Our Priorities for Quality Improvement for 2010-11

In this section, we look forward to 2010-11 and share our priorities for improving quality further. We have developed a QIPP strategy (Quality, Innovation, Productivity and Prevention) for our staff and service users, carers, commissioners and other stakeholders. The strategy supports our four strategic goals and looks to ensure we deliver services of a consistently high quality that are based on respect and dignity and further our relationships with service users and carers. It will also ensure that improvements in quality, safety, effectiveness and user experience are achieved and that expected benefits are realised by:

We seek to deliver services of a consistently high quality that are based on respect and dignity and further our relationships with service users and carers.

- Building the right culture that supports and empowers staff, service users and carers to generate ideas and improve practices.
- Ensuring that we have effective and efficient systems, processes and structures.
- Building capability through skills development, maximising opportunities for innovation and sustaining improvement.

Our priorities for quality improvement for 2010-11 will focus on

- Developing centres of excellence for inpatient care
- Redesigning services and working with partners to create more integrated locality working, including the Market Harborough Capital Development Scheme (inclusion suggested by our OSC)
- Service user and family experience/involvement
- Improving staff experience
- More effective corporate enabling services

The following workstreams support our key improvement programmes:

- Releasing Time To Care - The productive mental health ward. - This is a vital component of the work of the Inpatient Services Improvement Board; RTTC plays a crucial role in developing centres of excellence.
- Adult Integrated Localities Implementation - This whole system improvement programme will involve a review and redesign of Community Mental Health Teams (CMHT) incorporating Productive Community Services methodologies, new ways of working and creating capable teams.

- Corporate review and service development - Applying the LEAN Systems principles of elimination of waste and adding value, this two year work stream will focus on Human Resources (HR), Estates, Business Development and Management Accounting.

We will report back on progress against these priorities in our Quality Accounts for 2010-11.

Our 2010-11 Quality Schedule with our commissioners covers 37 indicators relating to service quality performance. The quality indicators reflect national priorities and include the following key requirements:

- Improving cleanliness and reducing healthcare associated infections.
- Improving patient experience and staff satisfaction and engagement.
- Improving patient and service user safety

Further details of this can be found at www.leicspt.nhs.uk, or by writing to us at the address provided on page 51.

We have also agreed CQUIN targets for 2010-11 with our commissioners and these are detailed on the next page. The CQUINs are categorised by the four quality domains of patient safety, clinical effectiveness, patient experience and innovation

LPT CQUINS 2010-11

Indicator name	Description of goal	Quality Domain(s) ¹
Delayed Transfers of Care	To measure, monitor and inform commissioners and providers regarding the efficacy of interventions designed to reduce unnecessary Delayed Transfers of Care and maintain them at a minimal level (Number of patients with a delayed transfer of care as a percentage of MH admissions.)	Effectiveness
HONOS	To measure, monitor and inform commissioners and providers to ensure that HONOS scores are effectively reduced indicating a positive treatment effect.	Effectiveness
Mean length of stay (LoS) for Mental Health inpatients	To measure, monitor and inform commissioners and providers to ensure that the LoS for patients in the care of Mental Health Trusts are kept to a minimum	Effectiveness
Adults receiving secondary care in employment to increase	To measure, monitor and inform commissioners and providers to ensure as many adults as possible that are receiving secondary mental health services are in paid employment	Innovation / Experience
Adults receiving secondary care in settled accommodation to increase	To measure, monitor and inform commissioners and providers to ensure as many adults as possible that are receiving secondary mental health services are in settled accommodation	Innovation / Experience
Acute Admissions prevented by intervention of a crisis / home management team	To measure, monitor and inform commissioners and providers regarding the effectiveness of crisis/ home management teams in preventing acute admissions of mental health patients.	Patient Safety
7 helpful habits of effective CAMHS	Implement all components of the 7 helpful habits of effective CAMHS	Effectiveness/ Experience

¹ Safety / Effectiveness / Experience / Innovation

Indicator name	Description of goal	Quality Domain(s) ²
Service model for an Integrated Dementia care pathway	Collaborative development of a service model for an Integrated Dementia care pathway informed by National Strategy and Local Stakeholders.	Effectiveness/ Experience
Think Family	Peer auditing to support 'Think Family'	Safety/ Experience
Improved response to recorded incidents of inpatient physical assault	Improved response to recorded incidents of inpatient physical assault and evidence that proactive actions have been taken to reduce likelihood of harm to patients or staff	Safety
Abscension of patients detained under the MH Act.	Reduce the risk of absconion of patients detained under the MH Act in line with LPT policy.	Safety
Data Quality Improvement Plan	Development of a Data Quality Improvement Plan (DQIP) included in Schedule 5 Part 3	Safety/ Effectiveness
Schizophrenia improved health outcomes.	Schizophrenia Target Percentage improvement in the number of service users reporting improved health outcomes	Effectiveness/ Experience
Falls Pathway	Increase level of assessments undertaken of risk of falls and improve preventative measures instigated and be cared for in line with the falls pathway from 2009/10 baseline	Effectiveness/ Experience/ Safety

11. Conclusion

Our Trust is developing its approach to quality measures and accounts in accordance with the national timescales and is engaged with regional and national developments.

It is hoped that this first Quality Account demonstrates the embedded nature and on-going importance of quality to our organisation. We know that there are areas for development and we are addressing them. We are committed to ensuring that future developments will be to the benefit of service users.

How to provide feedback on this Quality Account

We hope you like this report, its content, style and format. We would welcome your feedback as to how we might improve it for next year.

If you would like to give us feedback on our Quality Accounts, or make suggestions for the content for future reports, then please contact us using any of the methods listed below.

e-mail:	feedback@leicspart.nhs.uk
letter:	Chief Executive Leicestershire Partnership NHS Trust George Hine House Gypsy Lane, Leicester, LE5 0TD
phone:	0116 225 6485

Issues raised by regulators/public representatives during 2009/10 and our response to these concerns

Issue	Raised by...	What we did
Completeness of Clinical Audit figures	Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee	We have been able, following the collation of figures for the financial year, to complete figures for the Clinical Audit section.
The Account should contain evidence of how LPT engages with the Primary Care Trusts to provide locality services, such as LPT's involvement in any decisions made as part of the Market Harborough Capital Development Scheme.	Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee	We have included in our priorities for quality improvement for 2010-11 a focus on redesigning services and working with partners in order to create more integrated locality working, including the Market Harborough Capital Development Scheme
Having received all other feedback, we will ensure that these elements and items shape our Quality Account for 2010-11.		

Glossary

Care Programme Approach (CPA)

A system of delivering community services to those with mental illness.

Care Quality Commission (CQC)

Established in 2009 to regulate and inspect health and social care services in England. This includes services provided by the NHS, local authorities, private companies and voluntary organisations - whether in hospitals, care homes or people's own homes. Part of the Commission's remit is protecting the interests of people whose rights have been restricted under the Mental Health Act.

Collaboration for Leadership in Applied Health Research and Care (CLAHRC)

A collaborative research programme.

Commissioning for Quality and Innovation Schemes (CQUIN)

A payment framework which encourages further improvements in quality and innovation.

Electroconvulsive Therapy (ECT)

A therapeutic treatment involving the passing of electricity across the brain. This treatment is covered by NICE Technology Appraisal guidance.

Electroconvulsive Accreditation Service (ECTAS)

Launched in May 2003, ECTAS's purpose is to assure and improve the quality of the administration of ECT. ECTAS has the support of the Royal College of Nursing and the Royal College of Anaesthetists. ECTAS accreditation is one of the information sources used to assure the quality of ECT service provision.

Enhancing the Healing Environment (EHE)

An innovative grants and development programme to encourage and enable local Trust teams to work in partnership with service users to improve the environment in which they deliver care and consists of two main elements.

Heart of England Research Hub

The Hub covers the geographical area of Leicester, Leicestershire, Rutland, Northamptonshire, Coventry and Warwick, Birmingham, South Staffs and the Black Country and Worcester.

Health of the Nation Outcomes Scale (HoNOS)

HONOS is the national recommended tool for measuring patient mental health outcomes over time.

Information Governance Tool-kit (IGT)

The Information Governance Toolkit is a set of Department of Health standards by which Trusts are assessed to ensure that information is held, obtained, recorded, used and shared lawfully and ethically. The standards cover information governance management, confidentiality, and data protection, information security, information quality and the keeping of all records.

MUST

Malnutrition Universal Screening Tool. This is a validated screening tool which uses a 5 step process to assess for malnutrition or individuals 'at risk' of malnutrition.

PSA 16

Public Service Agreement (PSA) Delivery Agreement No. 16 – the intention of this is to increase the proportion of socially excluded adults in settled accommodation and employment, education or training. The aim of this work is to support adults who are at risk of social exclusion.

Prescribing Observatory for Mental Health (POMH)

Launched in 2005 its aim is to help specialist mental health services to improve prescribing practice. POMH-UK was partly funded by a grant from an independent charity, the Health Foundation under its 'Engaging with Quality' initiative, and partly from subscriptions from member Trusts. Neither POMH-UK nor the Health Foundation has any links with the pharmaceutical industry.

So far, more than 55 mental health Trusts have participated in POMH quality improvement programmes. Most such programmes comprise a cycle of clinical audit against evidence-based standards and bespoke change interventions, including prompt feedback of benchmarked data that allow Trusts to compare their prescribing practice with other participating Trusts. Participation in POMH-UK Topics can help Trusts achieve several of the Care Quality Commission (CQC) core standards for mental health and learning disability Trusts. The findings will also provide evidence relevant to local implementation of NICE guidelines and may inform Trust Quality Accounts.

Patient Environment Assessment Team (PEAT) Scores

An annual assessment of inpatient healthcare sites in England that have more than 10 beds. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care, such as cleanliness, food and infection control. The assessment results help to highlight areas for improvement and share best practice across healthcare organisations in England.

Releasing Time To Care (RTTC)

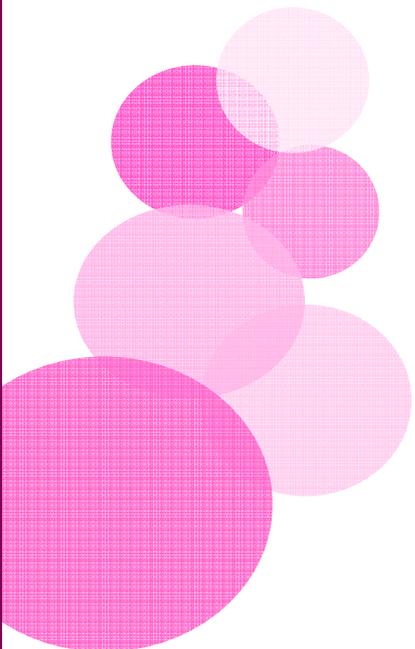
An initiative that focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.

'TRAIL'

TRAIL is our regular Trust-wide publication. The title stands for 'Talk, Reflect, Act, Improve. Learn'. Its aim is to spread good practice and lessons learned as a result of incidents, and is a method to share and learn from incidents across the Trust, and thereby boost staff confidence in the incident reporting process.

'Vital Signs'

These are a list of indicators which have been developed across a range of services, and are to encourage and enable partnership working between organisations, e.g. PCTs and local authorities, to deliver joint outcomes. These have helped our Trust Board to review and consider aspects of quality performance against our targets set by Monitor, PCTs, CQC, and other statutory bodies.



Appendix A – Our Governance Structures

We want to provide care and carry out business to the highest possible standards. To do this well we must have corporate governance, performance and risk management processes in place to check that we are meeting those standards and to take action if we are failing to do so.

Although there are external checks on how well we are performing, e.g. by commissioners, scrutinising organisations, auditors, service users, carers, members, the communities we serve, and other stakeholders, we also assure ourselves that we are functioning effectively and to the highest of standards so that we provide patients and carers with the best possible care, safety, outcomes and experiences.

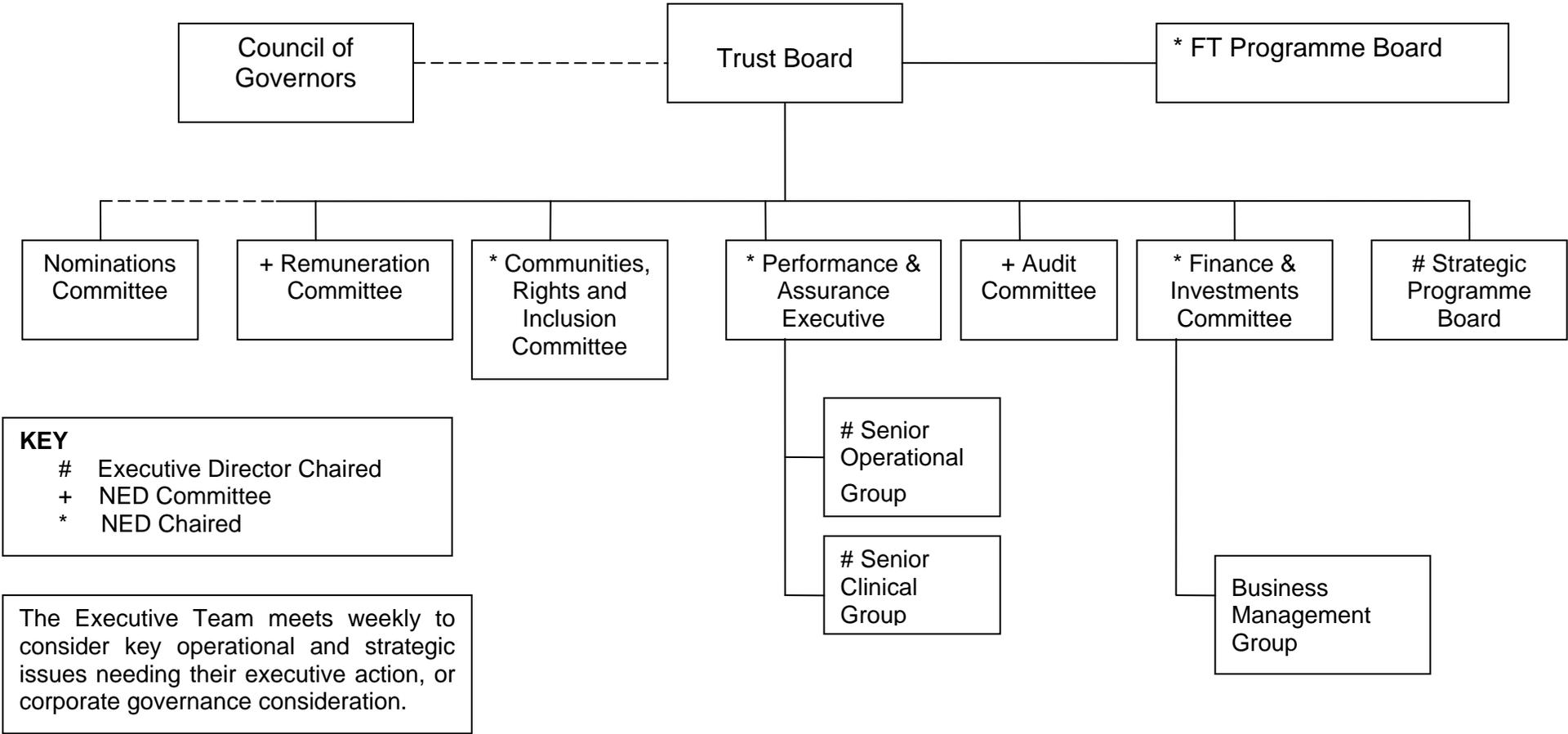
The Performance and Assurance Executive, Senior Operational Group and Senior Clinical Group are the main groups that join together our corporate governance and performance management structures because they are part of both structures.

The fact that these and other senior committees include Clinical Directors and other senior clinicians helps to integrate governance and performance processes. It allows swift ‘Ward to Board’ communication of significant issues such as safeguarding vulnerable adults and children, infection control and incidents, as well as supporting financial management, strategic planning and performance management in the operational Business Units.

There are many benefits that result from this clinical representation, such as improved assurance on clinical and operational issues to the Trust Board, enhanced clinical and operational leadership and better links between corporate governance and performance delivery.

Our structures are given in the diagrams on pages 57 and 58.

Integrated Governance Structure – Trust Board and its Sub-Committees



Integrated Governance Structure – Performance and Assurance Executive and its Sub-Committees

