

LPFT Draft Quality Priorities 2019 to 2021

Please read the following LPFT draft Quality Priorities for 2019 to 2021, we welcome your feedback and comments which will help to inform the final version.

	Quality Priority	Why it is important	Executive Sponsor(s)
Patient Safety	<p>Q1.</p> <p>Improve the physical health of people with Severe Mental Illness</p>	<p>This priority builds on previous work to improve physical health care for people with severe mental illness (SMI) in order to reduce premature mortality in this patient group. Collaborative working with partner agencies supported by Neighbourhood Teams will ensure parity of esteem for this patient group.</p>	<p>Director of Nursing, AHPs and Quality</p>
	<p>Q2.</p> <p>Reduce the frequency in use of restraint across our inpatient wards.</p>	<p>Physical restraint can cause both physical and psychological harm to patients and employees. Nationally there has been a particular focus primarily, although not exclusively, on prone (face down) restraint. There have been a number of high profile deaths, due to prone restraint, and the Trust takes very seriously its responsibility to reduce the number of physical restraints overall and particularly the use of prone restraint. Introduction of a new model of Prevention and Management of Violence and Aggression (PMVA) has been supported by the Trust's Board to influence initiatives for restraint reduction throughout all of LPFT's wards and units.</p>	<p>Director of Operations and Director of Nursing, AHPs and Quality</p>
Patient Experience	<p>Q3.</p> <p>Service developments and plans of care will be co-designed and co-produced with patients and service users.</p>	<p>This priority seeks to build upon the evidence base that demonstrates best outcomes are achieved via services which are truly co-produced as this takes into account the real needs and outcomes desired by the populations who access services.</p>	<p>Director of Strategy</p>
	<p>Q4.</p> <p>Improve Trust wide support and access for patients/service users to join groups or take part in activities.</p>	<p>Enabling the transition from inpatient services to community is enhanced by supporting patients to become involved in their local community and activities. When living in the community patients over all well-being is improved via social inclusion which reduces isolation and stigma.</p>	<p>Director of Strategy and Director of Operations</p>

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Clinical Effectiveness	<p>Q5.</p> <p>Build and expand continuous quality improvement capacity and capability across the organisation.</p>	<p>Establishing a Quality Improvement methodology promotes a culture which is led collaboratively by front line employees and patients ensuring that sound improvements are identified and made where they are needed, when they are needed and by those who can own and influence the change.</p>	<p>All Executive Directors</p>
	<p>Q6.</p> <p>Improving the environment for our people (patients, service users and employees).</p>	<p>Through having an estate which is fit for purpose we can ensure that the privacy and dignity of our patients/service users are met within a forward facing high quality Trust. Additionally providing our employees with the facilities they require to deliver high quality care and supports their own well-being and productivity.</p>	<p>Director of Operations</p>