NHS Leicestershire Partnership NHS Trust

Extraordinary General Meeting & Public Meeting of the Trust Board
9.00 am Wednesday 27th May 2020
Microsoft Teams Meeting
AGENDA

1) Covid-19   2) Quality and Safety   3) Health and Wellbeing of Staff   4) Risk 5) Finance and Impacts on Performance   6) Statutory requirements

Extraordinary General Meeting			
Time		**Item**	**Lead**
9.00	1	Receive Auditor's Annual Governance Statement (KPMG Progress Report) *(Paper AAA)*	LB/AB
	2	2019/2020 review of Trust's Going Concern status *(Paper BBB)*	DC
	3	Accounting Policies *(Paper CCC)*	DC
	4	Receive Head of Internal Audit Opinion *(Paper DDD)*	TT/ JR
	5	Approve Letter of Representation – Finance *(Paper EEE)*	DC
	6	Approve Letter of Representation – Quality *(Paper FFF)*	AS
	7	Receive Trust's Annual Governance Statement 2019/2020 *(Paper GGG)*	AH
	8	Approve 2019/2020 Audited Financial Accounts *(Paper HHH)*	DC
	9	Approve 2019/2020 Annual Report *(Paper III)*	AH
	10	Approve 2019/2020 Annual Quality Account *(Paper JJJ)*	AS
	11	NHS Provider Licence Self Certification *(Paper KKK)*	CO
	12	Break	

Public Meeting			
		Item	**Lead**
10.00	1	Apologies for absence: Welcome to meeting:	Chair
10.05	2	Declarations of interest in respect of items on the agenda	Chair
	3	Minutes of the previous public meeting: 5th May 2020 *(Paper A)*	Chair
	4	Matters arising *(Paper B)*	Chair
	5	Chairman's Report *(Paper C)*	Chair
	6	Chief Executive's Report *(Paper D)*	AH
Governance and Risk			
10.30	7	Organisational Risk Register and Covid-19 Risk *(Paper E)*	CO
Strategy and System Working – Covid-19			
10.45	8	Step Up To Great Priorities Progress Report *(Paper F)*	DW

11.00	9	Director of Nursing's Report including AHP report – Covid-19 *(Paper G)*	AS

		Quality Improvement and Compliance	
11.10	10	Quality Assurance Committee Highlight report 19.05.20 *(Paper Hi)* & Joint QAC and FPC Highlight Report 17.03.20 *(Paper Hii)*	LR
11.20	11	Care Quality Commission (CQC) progress Report (Oral)	AS
11.30	12	Safer Staffing - Update Report *(Paper I)*	AS
11.40	13	Guardian of Safe Working Hours (Junior Doctors Contract) Quarter 4 Report *(Paper J)*	SE
11.45	14	Patient Safety Incident and SI Learning Report – (Covid-19 focus) *(Paper K)*	AS
11.50	15	Infection Prevention Control Report (including Response to NHSI/E IPC Guidance) *(Paper L)*	AS
12.00	16	Break	

		Performance and Assurance	
12.10	17	Finance and Performance Committee Highlight Report 19.05.20 *(Paper M)*	GR
12.15	18	Finance monthly report – month 1 including Update on 20/21 *(Paper N)*	DC
12.25	19	Performance Report – Month 1 *(Paper O)*	DC
12.35	20	Audit and Assurance Committee Highlight Report 01.05.20 *(Paper P)*	DH
12.40	21	Charitable Funds Committee Highlight Report 10.03.20; 22.04.20 & 11.05.20 *(Paper Qi & Qii)*	Chair
12.45	22	Review of risk – any further risks as a result of board discussion?	Chair
	23	Any other urgent business	Chair
	24	Papers/updates not received in line with the work plan:	Chair
	25	Annual General Meeting – Agree date/mode	Chair
	26	Public questions on agenda items	Chair
12.45	27	**Date of next public meeting:** **7th July 2020 venue: Sparkenhoe Committee Room, County Hall/ MS Teams – TBC.**	Chair

It is recommended that, pursuant to Section 1 (2), Public Bodies (Admission to Meetings) Act l960, representatives of the press and other members of the public be excluded from the following meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

NHS
Leicestershire Partnership
NHS Trust

Confidential Trust Board Meeting
1.15 pm on Wednesday 27th May 2020
Microsoft Teams Meeting
AGENDA

Confidential Meeting			
Timing		**Item**	**Lead**
1.15	1	Apologies for absence:	Chair
1.15	2	Declarations of interest in respect of items on the agenda	Chair
1.15	3	Minutes of the previous confidential meeting 3rd March 2020 *(Paper AAi)* Minutes of the Confidential Board Development 7th April 2020 *(Paper AAii)*	Chair
	4	Matters arising (Paper BB)	Chair
1.20	5	Chief Executive's report (Verbal)	AH
Governance			
1.40	6	Progress on Revised Governance Arrangements for Covid-19 *(Paper CC)*	CO
Strategy and System Working			
1.50	7	Strategic Transformation Programme *(Paper DD)*	DW
2.05	8	East Midlands Mental Health & Learning Disabilities Alliance Update *(Paper EE)*	DW
Quality Improvement and Compliance			
2.10	9	Safeguarding – Update Covid-19 Impact *(Paper FF)*	AS
2.15	10	Helios Contract Approval *(Paper GG)*	HT
Performance and Assurance			
2.20	11	Highlight Report Remuneration Committee - 3.3.20 & 7.4.20 *(Paper HHi & HHii)*	RM
2.25	12	Review of risk – any further risks as a result of board discussion?	Chair
	13	Confirmed minutes from all committee meetings available to Board members on request.	Chair
	14	Any Other Business	Chair
	15	Papers/updates not received in line with the work plan:	Chair
2.30	16	Close	

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Trust Board

**Minutes of the PublicTrust Board
Meeting**

**5th May 2020 10am
Microsoft teams**

A	

Present: Ms Cathy Ellis, Chair
             Mr Geoff Rowbotham, Non-Executive Director/Deputy Chair
             Mr Darren Hickman, Non-Executive Director
             Ms Ruth Marchington, Non-Executive Director
             Mrs Elizabeth Rowbotham, Non-Executive Director
             Mr Faisal Hussain, Non-Executive Director
             Professor Kevin Harris, Non-Executive Director
             Ms Angela Hillery, Chief Executive
             Ms Dani Cecchini, Director of Finance
             Dr Sue Elcock, Medical Director
             Ms Deanne Rennie, Deputy Director of Nursing AHPs and Quality (On behalf
             of Dr Anne Scott)

In Attendance:

             Ms Rachel Bilsborough, Director of Community Health Services
             Mr Gordon King, Interim Director of Mental Health
             Ms Helen Thompson, Director, Families, Young People & Children Services &
             Learning Disability Services
             Mrs Sarah Willis, Director of Human Resources & Organisational Development
             Mr Chris Oakes, Director of Corporate Governance and Risk
             Mr David Williams, Director of Strategy and Business Development
             Mr Frank Lusk, Trust Secretary
             Mr Mark Farmer, HealthWatch
             Ms Sally Camm, NHSI Next Director Scheme
             Mrs Kay Rippin, Corporate Affairs Manager (Minutes)

TB/20/065	**Apologies and Welcome:** The Chair welcomed everybody to today's first virtual Public Trust Board Meeting; including Mark Farmer, Healthwatch and Sally Camm, NHSI Next Director Scheme. Apologies for absence were received from Dr Anne Scott – Deanne Rennie here to deputise. The Chair confirmed that the papers were on the website in advance of the

	meeting and the public had been invited to ask questions via the website which would be addressed at this meeting and fed back through the minutes. There were no questions received.
TB/20/066	**Declarations of Interest in Respect of Items on the Agenda:** The Chair reminded all Board members to record any declarations or a nil return on the Self Service LPT Declare. The Board members confirmed that they had no additional conflicts of interest in relation to the agenda items.
TB/20/067	**Minutes of the previous public meeting: 3rd March 2020 (Paper A)** Deanne Rennie - 3 amendments were highlighted from the minutes of the previous meeting: Anne Scott should be listed as in attendance; page 3 refers to respiratory nurses they are respiratory physios and the change in the flu vaccine figure following the data cleanse which had already been amended as a post meeting minute on 10th March 2020 (TB/20/064). Liz Rowbotham – TB/20/051 the deep dive planned for QAC had been deferred due to Covid-19. Geoff Rowbotham – page 6 refers to risks 20, 28 and 30 – what is 30? Will be addressed in the risk section.
TB/20/068	**Matters arising (Paper B)** Attendees confirmed all matters arising had been completed.
TB/20/069	**Chair's Report (Paper C)** The Chair thanked the leadership team and the CEO and all of LPT staff for their hard work during the Covid19 crisis. The Chair stated that it is also important to remember that lives have been lost, including those of NHS colleagues. Thanks also to the kind donations received from the public and many local organisations for staff and patients. The Boardwalks have been suspended but leadership visibility across the Trust remains important through MS Teams connections, videos, the daily staff briefing and Twitter.
TB/20/070	**Chief Executive's Report (Verbal)** Angela Hillery echoed the Chair's thanks and felt pride that all staff are working differently and supporting people in different ways in a cohesive manner. Cross team functions are supporting each other and the Book of Brilliance continues to be shared. Angela Hillery continued that this remains a Level 4 incident and the Incident Control Centre (ICC) remains in situ. As we move into phase two – managing through the crisis we will continue to manage incidents whilst looking at restoration and recovery. The Trust has used new digital solutions to develop different ways of working in response to Covid-19 and created new mental helath services. These new solutions have been very positive and can be taken forward. Angela Hillery confirmed that it is important now to reflect on the disproportionate effect of Covid-19 on groups, for example BAME communities, and those with protected characteristics. Collaborative work has begun with Sussex Partnership Foundation Trust and Northamptonshire Healthcare Foundation Trust and work is also ongoing with all system partners. Angela Hillery chairs the East Midlands' Regional Chief Executive Group and it is clear that whilst there has been a focus on acute health thus far, community services will play an increasing role moving forward into the recovery phase. At staff listening events held recently key concerns have been PPE and risk

	assessment for BAME staff. We have regular information on PPE stocks, it is available but people still remain fearful. With regard to risk assessments around staff with underlying conditions and BAME staff, data is being analysed across the collaborative. Sarah Willis confirmed that risk assessments have been in place since the start of Covid-19 for vulnerable staff and work now is targeting BAME staff in Covid positive areas. More information will be available on this at the end of this week.
	Angela Hillery confirmed that it is important to keep this dialogue open as staff remain anxious and we remain committed to supporting them. It is important to hear their stories.
	Faisal Hussain confirmed that he and Ruth Marchington had been involved in the Good Governance Institute call on BAME issues and we needed to take their concerns and anxieties seriously and with sensitivitywhilst being pragmatic and grounded in our responsibilities to our staff and patients. Angela Hillery confirmed that the risk assessment process would be tailored to individuals and would not be a blanket approach.
	Ruth Marchington asked if this would be reflected in the Organisational Risk Register (ORR). Sarah Willis confirmed that a separate protected characteristic risk had been added and the equalities risk had been amended – this will be shown in the next presentation of the ORR and discussed at today's ORR agenda item.
	Angela Hillery confirmed that this will be part of the Recovery Cell's work going forward. The chair highlighted that there have been many changes in a short space of time and it will be important to ensure that these are also positive changes for patients and carers.
	Deanne Rennie highlighted that the Patient Experience Team had new iPad technology to support initiatives such "message to a loved one". Mark Farmer added that in early Healthwatch discussions across LLR it was a strong message that recovery plans must involve patients. Alison Kirk is keen to ensure this happens, and this will include a focus on how different groups may have experienced it differently.

Governance and Risk

TB/20/071	**Covid-19 Risk – In depth review (Paper D)** Chris Oakes confirmed that we have a comprehensive Covid-19 risk that describes the challenge we are facing, that it moves at pace and is constantly being updated with weekly Flash Reports keeping Board members up to date in between meetings. PPE and BAME are issues that need increasing focus. The ICC are looking at how we can improve the risk log and risks emerging due to Covid-19 will be drawn out and discussed at the next Board meeting. DC confirmed that the Quality Impact Assessments for business critical services will be completed and signed off by Anne Scott and Sue Elcock by the end of this week.
TB/20/072	**Organisational Risk Register (Paper E)** It was confirmed that risk 30 raised at the beginning of the meeting by Geoff Rowbotham was the Harm/Access risk that had now been removed from the ORR. It had been merged with risk 28 Chris Oakes confirmed that the ORR went to QAC and FPC on 21st April and was rated green by both. The new red text boxes on the ORR highlight how Covid-19 may affect that risk providing a golden thread through the risk register. The Covid-

	19 risks emerging are BAME; potential litigation post-Covid and PPE supply chains. At the next Trust Board meeting it will be clear how these Covid-19 risks will be added to the ORR. Liz Rowbotham confirmed the increased assurance the ORR gave at QAC and expects to see some changes as Covid-19 impacts on more risks moving forward. Faisal Hussain raised the matter of the surge mental health risk and the post-Covid-19 demand for services – this would need to be captured as a major risk we may face. Geoff Rowbotham questioned if a financial risk refresh was needed due to differences in the budget and Covid related issues. Angela Hillery confirmed that the financial landscape until July 2020is supported with block payments and centralised funds. We will need to look at how the Mental Health Investment Standard is applied at this time. This will all form part of the recovery work. Dani Cecchini added that we have clarity on reimbursement of costs up until the end of July 2020 but we will need to understand what run rate we will have from August 2020 onwards. This refresh is needed and will be completed with the LLR system. Thanks were offered to Dani Cecchini, Chris Oakes and Kate Dyer for their work on this which has provided strong assurance to risk management across LPT. Faisal Hussain added that from a personal perspective the risk management approach gave high confidence and assurance of where we were compared to the position a year ago. It was confirmed that the next version of the updated ORR would be presented to QAC and FPC on 19th May 2020.
TB/20/073	**ICC Governance Arrangements (Paper F)** Chris Oakes explained that work was ongoing in response to Covid-19 and this paper had been to QAC and FPC in April. The ICC is the engine room and within it are 3 main processes – the action log, the decision log and the risk log. These logs are overseen daily by the director of the day with Dani Cecchini picking up any issues as Deputy CEO. The logs are seen by the Combined Executive Board at their meetings and no decision is made without the director responsible being consulted. Equally, some issues will be referred to the Board if required. Faisal Hussain added that the streamlined and agile governance arrangements including the Board Flash Reports are working really well and Board members agreed that they felt very in touch.
Strategy and System Working – Covid-19	
TB/20/074	**Covid-19 Update (Verbal)** Dani Cecchini confirmed that we have now moved out of phase 1 of the Covid-19 crisis as the pace has started to slow. This phase was the set up phase and she wished to thank the clinical, HR and IT leads for the huge amount of work they completed during this time. The processes are now more embedded and changes to the ICC are now being considered – trialing a virtual ICC at weekends and shortening operating hours which are currently 8am – 8pm. This stepping down will mean that some of this resource can shift to the recovery cell. Angela Hillery added that we remain at Level 4 and if a surge or further peak occurs we will be able to mobilize quickly. Faisal Hussain asked for further details on the Clinical Senate – what sort of matters were being referred to them? Sue Elcock confirmed that when differing national guidelines are issued on the same subject, such as the PPE requirements when resuscitating patients, the Senate will take an ethical view on

	which we follow and why. The Chair again thanked everyone for the strong teamwork during the surge period.
TB/20/075	**Covid-19 Exit/Recovery Strategy (Verbal)** • **LLR System Wide & LPT** Dani Cecchini explained how this next phase of Restoration will be where routine work is stepped up whilst emergency Covid-19 work is stepped down over a 6 or so week period. The recovery phase will be over a longer period until March 2021. The Recovery Cell/Coordinating Group will map to national guidance provided through the Simon Stevens and Amanda Pritchard letter received last week and we will need to align this back to LLR services. We will use LLR/STP functions to help navigate any changes or improvements that need to be made. The Recovery Group is made up of all Executive Directors who will meet weekly. One of their roles will be to look at the ICC action log and move some actions from the ICC to the Recovery Cell. Helen Thompson stated that the theme for recovery is captured in hashtag #NHSreset. The last few weeks have seen a mobilization of staff and estates creating greater Covid-19 capacity and easier access for service users. She added that we must hold on to the rapid improvements made and particularly decision-making agility, quick transformation and lean governance. Rachel Bilsborough added that the staff responded splendidly to the surge, mobilizing 3 surge wards quickly and efficiently. On Friday 1st May these staff were stood down, with the ability to stand back up for a 2nd wave or surge in non-Covid related activity. We are an Ageing-well accelerator site and are well placed to implement plans for the future as services are switched back on and are being described as transformation rather than going back. It is important that we are using the learning we've gained during this period so that we can scale up pilots such as telehealth which is now being delivered to 1000 patients for pulmonary/cardiac rehab. Healthwatch are already involved in assessing the impact for patients. Gordon King added that we need to look at what we keep and what was just a contingency. This must all be aligned to Step Up To Great Mental Health strategy to consider what have we improved and what do we want to keep? For example the Urgent Care Hub was not planned but has had a tremendous, positive impact with patients, the Emergency Dept and Police. We have pulled forward the implementation of the Central Access Point. Again Healthwatch are involved in testing the changes made. Sue Elcock added that it is important to socialise the changes and understand patients' expectations. She thanked the medical colleagues who had pulled together to support the rapid implementation. The Chair expressed pride in what had been achieved in such a short space of time and under such difficult circumstances. Geoff Rowbotham asked about the impact on culture and communications. Angela Hillery confirmed that LPT had had strong communications throughout this period which had been well received by staff. The next stage will require a different kind of strategic communication and this is currently being developed. Faisal Hussain asked if extra funding will be available to support the recovery and restoration strategy and Dani Cecchini confirmed that this is not yet known. The Chair highlighted the need to revisit the LPT Step Up To Great strategy and the status and future actions of each of the Step Up To Great Bricks. Angela

	Hillery agreed that the Trust board will need some development time to look at recovery and the impact of not going back to what was before. This will be planned at the right time.
	Ruth Marchington asked about whether relevant data was being collected to inform the recovery stage and the role of research. Dani Cecchini advised that the establishment of a data cell had been considered and Sue Elcock confirmed that as a result of national guidance research studies were prioritised on Covid-19 and would be willing to help.
	Mark Farmer thanked LPT on behalf of the patients and carers across the city for a very comprehensive, thorough discussion around recovery.
Quality Improvement and Compliance	
TB/20/076	**Quality Assurance Committee (QAC) Highlight Reports – 17th March & 21st April 2020 (Paper Gi & Gii)**
	Liz Rowbotham commented on the Highlight report from 17th March – and noted that further risks around Safeguarding have emerged since this date and this remains a high priority of the committee. The Quality Forum highlight report confirms that the Positive and Safe Group did not meet in March but their weekly reporting to Angela Hillery continues. QAC have not yet received the NICE 360 Compliance review. The Hand Hygiene item is low assurance due to the number of audits rather than actual hand hygiene. The Policies item had low assurance but since this time as a result of Covid-19 Frank Lusk confirmed that the policy review deadlines have all been extended to December 2020 and key words are being added into all policies to improve accessibility. The performance report had been enhanced with additional quality indicator measures. During the 21st April meeting the new governance arrangements and ICC were considered and the Privacy and Dignity Annual Declaration was signed and approved on behalf of the Board. The QAC also had an informative conversation on patient aggression and violence which is detailed in the minutes, with a suggestion of collaboration from teams around this issue. Some of the work was moving from the Quality Improvement Board to the Transformation Committee as programmes become more developed.
	The Chair stated that LPT had maintained its governance during the Covid-19 phase 1 by continuing to operate its QAC/FPC committees addressing the 6 main themes which were detailed at the top of every agenda. We have seen a very strong governance approach during this period.
Performance and Assurance	
TB/20/077	**Finance and Performance Committee (FPC) Highlight Reports – 17th March & 21st April 2020 (Paper Hi & Hii)**
	Geoff Rowbotham advised the Board that an extra NED from QAC had joined the committee to provide strong triangulation of themes between the two committees. He commented on the two reports with the first being during a business as usual period and the second during the Covid-19 period. In the March highlight report there are notable themes including strengthened triangulation around quality of care and strong assurance around finance and performance.
	Geoff Rowbotham referred to the 2019/20 year-end financial surplus outturn which Dani Cecchini would cover in more detail in her report. He wanted to highlight the "significant assurance" given to our financial systems.
	There was no comment on the ORR during March's FPC due to it being discussed in detail at the joint FPC and QAC meeting held the same day. This

	highlight report will be presented at the next Trust Board. In the April FPC there was a high level of assurance around the ORR. FPC has agreed to continue to meet monthly during the Covid-19 period and will be looking at performance reporting and the Covid impact on waiting times at the next meeting.
TB/20/078	**Finance Report - Month 12 (Paper I)** Dani Cecchini presented a summary of the draft annual accounts had been to both the Financial Performance Committee and the Audit and Assurance Committee. The final position, subject to audit stands at £2.9m surplus. This consists of a break even operating position plus £2.1m Provider Sustainability Fund (PSF) incentive plus £0.8m extra mental health support. Faisal Hussain asked about the system control total arrangements and thecrisk share – would these be paused during covid-19 and Dani Cecchini confirmed that currently we have the Provider Sustainability Fund and an additional £114k for broadly achieving our plan. Many Trusts have had their balance sheet debts written off. LPT's risk sharing and contracting arrangement within the LLR system financial control total is currently on pause and will be picked up from 1st August 2020. This will be confirmed through dialogue with the LLR system Transformation and Assurance Group which is now running again. Also the system Director of Finance meetings are running again and more information will be gathered here. The Chair thanked the Executive Team for achieving a break even operational position this year and acknowledged that all teams had supported this Mark Farmer asked how patients and carers can influence the shape of the finance into the future. Mark Farmer also raised the issue of Personality Disorder Services wait times from 1st appointment to treatment being too long and this needs to be considered. Mark Farmer confirmed that Healthwatch Leicester are currently lobbying the CCGs to ensure that funding is being put into mental health services to support the potential crisis that is coming – the results of this will be fed back to LPT. Dani Cecchini confirmed that engaging generally in the recovery strategy will enable Healthwatch to be a part of shaping the finances into the future. Gordon King confirmed that he had held discussions with Healthwatch about future service planning and the personality disorder service. Consideration needs to be given to what services are underinvested and what services just need their operating models reshaping. This work will be completed in conjunction with Mark Farmer.
TB/20/079	**Performance Report - Month 12 (Paper J)** Dani Cecchini confirmed that some data was not presented in this report due to Covid-19 priorities but was now available and would be populated. The report illustrates that we are now seeing some of the early deterioration in waiting times due to Covid-19. Geoff Rowbotham commented that the updated report will come to FPC and QAC on May 19th and should contain Covid metrics; key implications on existing outcomes and recovery priorities assurances. The Chair commented that there was no 52 week wait data for February and March in this report and that this needed to be added before the report was reviewed at FPC and QAC. Angela Hillery confirmed that we will need to align our re-start with the system and this adds a level of complexity. Sue Elcock confirmed that Clinic.co System appointments will be collected as part of the data as only the mode of

	appointment has changed, the outcome will be captured as usual.
TB/20/080	**Audit and Assurance Committee Highlight Report 6th March 2020(Paper K)** The committee have met again (1st May 2020) since this meeting on 6th March and Tim Thomas, Director of 360 Assurance confirmed that there has been significant progress and the wording on the report now reads 'very strong moderate opinion' to reflect the significant improvements made in governance and risk management in the last quarter. This was a strong base upon which to build for 2020/21.
TB/20/081	**Review of risk – any further risks as a result of board discussion?** No further risks were identified.
TB/20/082	**Public questions on agenda items** No public questions had been received.
TB/20/083	**Any Other Business:** Deanne Rennie raised that it was International Nurses Day on 12th May and plans have been adapted due to Covid-19 but events are still taking place. This coincides with the bi-centennial celebration of Florence Nightingale. The Chair highlighted the issue of the NHS Together Charities money and bidding process which was discussed by the executive team following the paper submitted to the Combined Executive Board meeting on Friday 1st May. She was keen to ensure that the donations received are getting to the frontline as quickly as possible. Mark Farmer confirmed that Healthwatch Leicester and Leicestershire has joined with Heathwatch Rutland and the 3 CCGs in commissioning a survey on how health services have been provided during Covid-19. Results will be circulated to the Board. The Chair thanked everyone for their strong leadership and the governance that had been put in place during the Covid-19 period.
TB/20/084	**Date of next Meeting:** The next Public and Confidential Trust Board meeting will be held on 27th May 2020 via Microsoft Teams.

NHS
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TRUST BOARD 27th May 2020

MATTERS ARISING FROM THE PUBLIC TRUST BOARD MEETINGS

All actions raised at the Trust Board will be included on this 'Matters Arising action list' master. This will be kept by the Corporate Affairs Manager. Items will remain on the list until the action is complete and there is evidence to demonstrate it.

Each month a list of 'matters arising' will be provided with the Board papers, for report under this item. The list will not include where evidence has been provided (and therefore can be closed). Red = incomplete, amber = in progress, green = complete

Action No	Meeting month and minute ref	Action/issue	Lead	Due date	Outcome/evidence actions are not considered complete without evidence)
907	December TB/19/218	QAC to feed back to the Board once the Deep Dive into Transforming Care which is due to be done in April 2020, is completed.	Helen Thompson	27th May 2020	Will be covered in QAC Highlight report for meeting that item is received.
914	March TB/20/040	ORR risks 20, 28 and 30 to be addressed at FPC 17.03.20.	Dani Cecchini	17th March 2020	Complete
915	March TB/20/041	Amend wording in the corporate governance document to include possible exception list for papers being presented to	Chris Oakes	17th March 2020	Complete

Action No	Meeting month and minute ref	Action/issue	Lead	Due date	Outcome/evidence actions are not considered complete without evidence)
		committee and Board and make clearer that strategies will support the Trust's overall framework.			

Trust Board 27th May 2020

**LPT Chair's report summarising activities and key events
From 5th May 2020 to 27th May 2020**

**Thank you to all LPT staff who have stepped up to great during
the Covid crisis – you have been incredible   #ClapForCarers**

Hearing the patient and staff voice	• In order to comply with government Covid19 guidelines and visitor restrictions, Chair and Non-Execs Boardwalks were postponed from mid-March.
Connecting for Quality improvement	• The CQC inspection that was due in Spring 2020 has been postponed, but regular focus on service improvement is being maintained through the weekly Foundations for Great Patient Care meetings.
Promoting Equality Leadership & Culture	• Visible leadership from Board members through "all staff" briefings, videos and Twitter during Covid period. • Joined the BAME staff listening event with Yvonne Coghill the National Director for the Workforce Race Equality Standard (WRES) programme. Staff able to raise concerns and be assured that risk assessments will be undertaken for all BAME staff which will be tailored and personalised to their needs. • Joined the first ever staff networks MS Teams meeting. Positive feedback from staff who found this a more accessible and inclusive way to meet. Thank you to Dan Collard the leader of our BAME network for his passion and contribution in LPT. He is leaving us to join the National WRES team.
Building strong Stakeholder relationships	• Represented LLR NHS in a video shown as part of the Bishop of Leicester's online "Prayer for Leicestershire service" on 24 May • Joining weekly NHS Confederation Mental Health Chairs network calls and NHSI Regional Director calls – focused on governance during Covid19 surge and planning for recovery phase. • University of Leicester meetings : University Council; University Finance committee
Good Governance	• The Board and level 1 committee meetings have continued to ensure good governance during the Covid19 period. The agendas focus on 6 areas: Covid19, quality &safety, health & wellbeing of staff, risk, finance & performance, statutory requirements. • Non-Executive Director team meetings with Chair every week on MS Teams to brief on Covid19 related matters and ensure alignment of committee governance.
LPT's Charity : *Raising Health* **"thank you for the support"**	• Thank you to the public for their support of the NHS during the Covid period. LPT staff continue to receive gifts of food, handcreams and treats directly into their teams. • Raising Health has received financial donations from NHSCharitiesTogether, the public and local organisations which have enabled us to set up and sustain 42 "wobble" rooms for staff across the trust and purchase single use activities for ward based patients. • Meeting with Carlton Hayes Charity chairman to agree 2020/21 funding and projects which support mental health patients of all ages. • Interviewed and appointed new Fundraising Manager for Raising Health

Abbreviations: LLR = Leicester, Leicestershire & Rutland;   **NHSI** = NHS Improvement   **CQC** = Care Quality Commission

Meeting Name and date	Trust Board 27th May 2020
Paper number	D

Name of Report
CEO Report

For approval		For assurance		For information	Y

Presented by	Angela Hillery, CEO	Author (s)	Angela Hillery, CEO Sinead Ellis-Austin, Business Manager

Alignment to CQC domains:		Alignment to LPT priorities for 2019/20 (STEP up to GREAT):	
Safe		S – High Standards	
Effective		T - Transformation	Y
Caring		E – Environments	
Responsive		P – Patient Involvement	
Well-Led	Y	G – Well-Governed	Y
		R – Single Patient Record	
		E – Equality, Leadership, Culture	Y
		A – Access to Services	Y
		T – Trust-wide Quality improvement	Y
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group	Date
N/A	N/A

Assurance : What assurance does this report provide in respect of the Organisational Risk Register?	Links to ORR risk numbers
n/a	None believed to apply

Recommendations of the report
The Board is asked to consider this report and seek clarification or further information pertaining to it as required.

1. Introduction/Background

This paper provides an update on current local issues and national policy developments since the last meeting. The details below are drawn from a variety of sources, including local meetings and information published by NHS Providers and the Trust's regulators.

2. Aim

The aim of this paper is to ensure the Board is updated on national and local developments with the Health and Social care sector.

3. Recommendations

The Board is asked to consider this report and seek any clarification or further information pertaining to it as required.

4. Discussion

Coronavirus

The Trust continues to follow national guidance released regarding coronavirus and we are communicating regularly with staff to ensure they are well informed of the latest developments.

I would like to thank all our staff at LPT for their hard work throughout the Covid-19 situation, the way that our staff have adapted to working flexibly during these times to support our patients and our healthcare partners has been outstanding. I'm so proud to see staff within teams supporting each other and in turn teams supporting teams within the organisation and wider healthcare sector. There are so many stories that I hear and see on a daily basis and whilst I can't reference them all individually in this report I know our Communication team do a fantastic job of making sure all of our staff's stories are shared through many routes.

The incident remains at Level 4 and as the Incident Control Centre (ICC) continues to run we are mobilising our work for phase two, managing through the crisis, which will focus on the restoration and recovery of the incident. As part of this phase we will be utilising the digital solutions that we have developed in response to Covid-19. A Recovery Coordinating Cell (cell) led by the Trusts Deputy Chief Executive is now in place and meeting on a weekly basis, this group will align itself to number of key areas as we work through the next phase, including to the LLR System Recovery Cell and national recovery expectations.

I now hold twice weekly Strategic Gold Coordination Group across LPT and NHFT to maintain strategic oversight of the Trust's response to this major incident and to build upon our learning together. The Trust continues to ensure there is strong engagement with the LLR system at both strategic and operational level and LLR Health CEOs are now working in a collaborative way with Northants CEOs.

I have also taken the lead CEO role in the Midlands region for MH on the National Recovery group and will be the CEO lead from this group that feeds into the national DHSC group that is considering the COVID19 psychosocial response. This is an initiative with DHSC and PHE that that will gather the evidence on the longer term COVID19 response.

The Board continues to receive updates regarding the Trusts response to Covid-19 via the weekly

Flash Reports which include a dedicated risk register for the Covid-19 situation.

Collaborative work continues between the Trust, Sussex Partnership Foundation Trust and Northamptonshire Healthcare Foundation Trust in response to the impact of Covid-19 on colleagues with protected characteristics, specifically in this case from a BAME background. The CEOs, Directors of Nursing, Human Resource Directors and Equality & Inclusion Leads are working together to support over 3000 colleagues across the 3 trusts. This includes sharing data sets including analysis of workforce profiles, Covid Absence data & BAME Network feedback, shared operational Risk Assessment and sharing outcomes and actions. This work has now been shared nationally and we will continue to use the collaborative to remain proactive in this area.

We have held two listening events with BAME staff on 1st and 11th May 2020,we were joined by Yvonne Coghill, National lead WRES. Through this event we had the opportunity to raise awareness of the support available for colleagues with specified underlying health conditions and signpost to how concerns can be raised. It also provided an opportunity for colleagues from BAME backgrounds to raise questions of the Trust. Individual staff risk assessments are to be reviewed for BAME staff and for staff with protected characteristics.

National Updates
NHS Providers to launch new Digital boards development programme
NHS Providers has signed a three-year contract with Health Education England to deliver a new development programme for boards to support them in leading the digital transformation agenda.

The Digital boards programme will focus on sharing good practice and peer learning on digital transformation through a range of events, publications and board development sessions. NHS Providers is partnering with the digital transformation consultancy Public Digital to deliver much of the programme.

CQC
Emergency Framework
On 16th March 2020 the CQC contacted all registered health and social care providers providing an update as to how they would be adapting their regulatory approach in response to the coronavirus outbreak.

This correspondence expanded on the update provided on 4th March 2020 included information on:
- stopping routine inspections from 16.03.2020
- a shift towards other, remote methods to give assurance of safety and quality of care
- some inspection activity in a small number of cases, for example where there are allegations of abuse
- giving extra support to registered managers in adult social care

Further to this, on 1st May 2020 the CQC provided details of its emergency framework support. This approach provides a structured framework for the regular conversation's inspectors would hold with providers, covering the following four areas:

- Safe care and treatment
- Staffing arrangements

- Protection from abuse
- Assurance processes, monitoring, and risk management

The information gathered through this route will be used to further monitor risk, identify where providers may need extra support to respond to emerging issues, and ensure they are delivering safe care. The information will also aid the understanding of the impact of coronavirus on staff and people using services, and where CQC may need to follow up directly with an inspection or escalate concerns. This format also provides a forum for providers to talk through any tough decisions they need to take and for inspectors to offer targeted local advice where appropriate.

NHSE/I
Guidance on NHS system capital envelopes for 2020/21
A [new approach](#) to capital funding is being introduced in 2020/21, the main purpose of which is the allocation of a capital envelope for each STP/ICS. While the COVID-19 response is underway, we do not expect organisations to resubmit capital plans. Capital requirements agreed as part of COVID-19 costs will be funded on top of the allocations described below.

The NHS provider capital allocation for 2020/21 has been set at £5.8 billion. This increased total financial envelope includes around £200m extra funding for emergency capital requirements and backlog maintenance (compared to 2019/20). Future phases of the Health Infrastructure Plan (HIP) will give the NHS opportunities to put forward further new hospital projects for the next phases of the programme.

The NHS provider capital allocation will be split into three categories
1. **A system-level allocation** (£3.7bn) – to cover day-to-day operational investments (which have typically been self-financed by organisations in the ICS/STP or financed by DHSC through emergency loans). (The system level spending envelope for each ICS/STP will be notified shortly, with supporting information on the methodology used to allocate capital this year.)

2. **Nationally allocated funds** (£1.5bn) – to cover nationally strategic projects already announced and in development and/or construction such as hospital upgrades, diagnostics machines, and new hospitals.

3. **Other national capital investment** (£0.8bn) – including national technology capital provided by NHSX. Elements of this may be subsequently added into system-level or national level allocations during the financial year

For 2020/21, capital proceeds will be available to the system to invest in line with the system estates strategy in the year of disposal and the two subsequent years in addition to the system-level allocations.

Schemes named in the Health Infrastructure Plan have a designated regional capital estates delivery lead. A new NHSE/I and DHSC single Investment Committee will enable a single joint approval route for business cases. We will also roll out the DHSC/NHS England and NHS Improvement Better Business Case training package across the NHS.

Reforms to the NHS Cash Regime effective from 1 April 2020
The financial support available to providers under section 42A of the National Health Service Act 2006 currently includes providing loans, public dividend capital or guarantees of payment to Foundation Trusts and NHS Trusts.

Interim revenue loans will be replaced with Public Dividend Capital (PDC) issued to providers to effect the repayment of outstanding balances at 31 March 2020. Effectively this will extinguish liabilities due to DHSC from providers.

Future revenue support will be available as PDC for exceptional short-term cash flow requirements and longer-term revenue support for providers in financial distress. This does not require principal repayment but carries a dividend payable at the current PDC rate (currently 3.5%).

During the COVID-19 outbreak providers will be funded through a block contract and national top-up payment with reimbursement for any genuinely additional COVID-19 costs (all backed by income from NHSE/I).

Once the system returns to business as usual, providers will be expected to deliver a breakeven or surplus position. Providers currently in deficit will be expected to reach balance or agree an achievable financial improvement trajectory with NHSEI to make reasonable progress towards this goal before the start of each financial year.

The need for longer-term financial support will be rare and should only arise in exceptional circumstances. Where the need arises revenue support will be provided as PDC. Successful applicants for revenue support will be required to sign a Memorandum of Understanding (MoU) as part of the application process. This will include standard (and may include bespoke) terms and conditions for receiving revenue support which will be notified to providers during the application process. Revenue support is only available for the cost of urgent and essential revenue expenditure that cannot be self-financed.

[Further information can be found here.](#)

Service specifications for primary (medical and nursing) and dental care provision in prisons and immigration removal centres in England
These revised service specifications set out a modular approach to primary and dental care provision in prisons and immigration removal centres in England. [Further information can be found here.](#)

NHS Standard Contract 2020/21
Prior to the COVID-19 outbreak, changes to the NHS Standard Contract were published. The key changes to the previous year's contract are the addition of requirements to cooperate with primary care networks to deliver the 'enhanced care in care homes' Directed Enhanced Service and the inclusion of 'detailed suggestions for inclusion' relating to personalised care (which includes arrangements for personalised health budgets). In addition, the proforma contract now requires commissioners to specify the amount they are investing in mental health, primary medical and community services to facilitate oversight on compliance with the mental health investment

standard and requirement for increased investment in primary/community services. There are some changes to the quality requirements, which include a new 72 hour follow-up requirement for patients discharged from mental health inpatient care and a requirement 'to minimise rates of gramnegative bloodstream infection'.

Recent appointments

Changes at Health Education England (HEE)

HEE announced the appointment Dr Navina Evans as its new Chief Executive. Dr Evans currently works for East London Foundation Trust (ELFT) and began a phased introduction to HEE commencing on the 1st April 2020, moving to the full time post in October 2020. Professor Wendy Reid has taken over as interim Chief Executive of Health Education England from 1st April 2020 until October 2020. Prof Reid was formerly HEE's Executive Medical Director and Director of Education and Quality.

Professor Sheona MacLeod becomes HEE's acting Director of Education and Quality.

Professor Mark Radford will become HEE's permanent Chief Nurse, he has been the interim Chief Nurse at HEE since October 2019 and will continue in his role as Deputy Chief Nursing Officer for England

Local Developments

Leicester, Leicestershire and Rutland (LLR Better Care Together Update)

The latest edition of the Covid-19 LLR Stakeholder bulletin can be found in here.

Collaborative Modelling: LLR & Northants

The COVID-19 situation has provided a further opportunity to expand the collaboration opportunities for Leicester, Leicestershire and Rutland & Northamptonshire. The chief executives from the Clinical Commissioning Groups (CCG's) and provider organisations within LLR & Northants are working together to as part of this and COVID-19 Data modelling, has been identified as one of the areas for further collaboration.

Further details can be found in Appendix 1 and I will keep you sighted on this work.

Supportive Correspondence

We have received a number of supportive letters/communications from many partner organisations within Leicestershire thanking our staff for their hard work. I have shared one example in Appendix 2, correspondence from Leicester City Council, highlighting the hard work that is taking place across all Health & Social care providers across the LLR system and the benefits that working as a system has for our patients.

Recent events

Executive Team Update

I would formally like to thank Dr Sue Elcock, Medical Director, who will be leaving the Trust on 29th May 2020. We wish Sue all the best in her new post at Nottingham Partnership Trust. I'm pleased to announce that following a robust internal assessment process Dr Avinash Hiremath will be joining the Executive Team in the role of Interim Medical Director. The substantive post of Medical Director is currently out for national advert and we will be holding interviews at the end of June.

I would also like to thank Frank Lusk, who retired from his role as Trust Secretary for LPT on the 21st May. Thank you to Frank all his hard work and many years of valuable service to this Trust. Frank will continue to support the Trust with certain areas of work. Kate Dyer will be taking on the role of interim Company Secretary on an interim basis whilst a permanent structure for Corporate Governance is agreed.

NHS Employers – Diversity and Inclusion Partners Programme 2020/21

I'm proud to inform you that the Trust has been chosen to remain on the NHS Employers Diversity and Inclusion Partners programme for one more year commencing in June 2020 and then subsequently transfer to Partners Alumni status in June 2021.

Part of our role will be to work with NHS Employers, other Partner organisations and Alumni in the region to support system-wide efforts to improve the robust measurement of equality, diversity and inclusion across the health and social care system. The context of such activities will be the NHS Long Term Plan and the pending NHS People Plan. This will include a specific focus on areas such as the Workforce Disability Equality Standard (WDES), the Learning Disability Employment Programme (LDEP), the Workforce Race Equality Standard and the whole area of gender pay gap reporting and its associated issues (amongst other things). In addition to completing 3 set modules throughout the programme each Partner organisation will be expected to work with other Partner organisations in the programme and from the same region. In addition, the programme will also link Partner organisations with neighbouring organisations who have previously been part of the partners programme (known as Alumni).

A copy of the correspondence can be found here.

International Nurses Day (12th May 2020)

During this difficult time for the NHS it was important to recognise the amazing job our nurses do on International Nurses Day (12th May 2020). Whilst our planned International Nurses Day event has had to be rescheduled it was brilliant to read about and see how our nurses celebrated the day.

National Staff Networks Day (13th May 2020)

It was great to see us embracing technology to celebrate National Staff Networks Day and give everyone the opportunity to get to know a bit more about the number of staff networks that LPT have and their Executive Sponsors.

100 Days of Brilliance/Book of Brilliance

On 7th May 2020 we launched our "100 Days of LPT Brilliance" to showcase and share some of the brilliant ways our staff have been 'Stepping up to Great'. Every day a new story is shared across the Trust via the LPT comms bulletin and the communications team has been compiling a 'Book of Brilliance' from all the submissions which we will be able to proudly share.

Mental health urgent care hub launch (7 April)

The Trust launched a new 24-hour urgent mental health care hub on 7th April as part of the NHS response to the Coronavirus pandemic. This service is based in the Bradgate Mental Health Unit and will provide mental health assessments and care for people with urgent mental health needs who are referred by LPT partners. This is part of a system-wide response to ensure patients receive the

most appropriate care at the right time and support the capacity required by our primary care and acute colleagues to focus on the care of COVID-19 patients.

24 hour local NHS phone line for urgent mental health needs
The Trust has also launched a dedicated phone line where people of all ages in Leicester, Leicestershire and Rutland can access NHS mental health support when they need it urgently. The new mental health central access point offers people with urgent mental health needs a local alternative to NHS 111, the emergency department and other urgent and non-urgent services.

The service aims to provide assessment and early interventions where needed and to reduce the pressure on other services allowing them to focus resource on the COVID-19 response.

Keeping in touch
It's been great to read about all the ways the Trust has enabled patients to keep in touch during these times. Some examples of this include the launch of the "message to a loved one service" by the patient experience team. This service helps patients keep in touch with the people they care about while they are in hospital during the Covid-19 pandemic. Patients are asked to nominate the people they want to keep in touch with and will then be able to stay via a range of different methods facilitated by the patient experience team.   The FYPC directorate have been working on creating 'Keeping You in Mind' postcards where clinicians can send a personalised message for children and young people on their caseload.

Through funding by the Ageing Well programme around 800 patients with heart failure or the lung condition COPD (chronic obstructive pulmonary disease) will be offered a package including a tablet computer, blood pressure monitor, weighing scales (for heart failure patients) and oxygen saturation monitor to use at home. The results will be fed to our specialist nurses who can monitor the patients progress and discuss advice, or extra treatment. Clinicians can also conduct video consultations with individual patients.

Awards news
The LPT Youth Advisory Board (YAB) have been nominated for a #TogetherWeCare award from Leicestershire Cares for the outstanding support given to the local community during the coronavirus crisis. The nomination was for developing and sharing the #TenSecondTips campaign which has got young people across Leicestershire sharing their ideas about how to maintain wellbeing during lockdown.

The "Knead to Chat" project, run by volunteers at LPT, has been shortlisted for a national patient experience award. This project uses the art of bread-making to help patients tackle mental health challenges by helping people to develop a social network and provides time for reflection.   From April 2018 to February 2020, 1000 loaves, rolls, pitta and pizza have been baked, encouraging 250 hours of conversation between almost 300 participants. The date of the awards has yet to be announced but we will keep you updated.

Relevant External Meetings attended since last Trust Board meeting
Whilst Boardwalks and formal service visits have been suspended throughout this time for IPC reasons, we are ensuring that leadership is visible across the Trust through a range of digital solutions including MS Teams, Skype, recorded videos, the daily staff briefing and Twitter.

Executive Directors: external meetings since last Trust Board

April/May 2020	
Strategic Partnership Board	BAME Support Network (LPT/NHFT/Sussex Partnership Trust)
Mark Williams ED @ LRI	Cross System Collaboration Meetings (Leicester/Northants)
MH Collaborative Board	System Recovery Cell
National Webinar: 24/7 open access urgent NHS MH Services	System Children & Young People's Sub-Cell
HealthWatch	LLR National Escalation
LD and ASD Steering Group meeting	Chief Officers Forum
LD & Autism Executive Board	Chief Finance Officers
LD & Autism Management Team Meeting	KPMG
TCP Meeting with NHSE/I	System Recovery Cell
Health Economy Strategic Coordinating Group (Weekly Meetings)	Webinars with Stephen Powis and Ruth May
NHS Partnership Board - LLR	Regional Medical Directors Forum
NHS Providers Board	National Mental Health Directors Forum
East Midlands Alliance (Weekly Meetings)	HEE webinars
MH/LDA National Webinar (Weekly)	LLR Senior Clinical Leads (CCG GP leads and MDs) started re covid
National CEO Covid-19 Update (Weekly)	Clinical Leadership Group
SCG Meetings	Impact - Adult Secure Care East Midlands System response to covid
NHSE/I Covid Webinar WITH Professor Keith Willett (Weekly)	East Midlands HRD'S Meeting
CQC Engagement Meeting	Covid-19 for HR Directors and People Leaders
Strategic Gold Co-Ordination Group (LPT/NHFT)	LLR Strategic executives
MP Briefing (LLR)	EM CAMHS Clinical Reference Task & Finish Group
CEO Restoration & Recovery Working Group	East Midlands Alliance - Strategy Directors group
DHSC led working group on Covid-19 psychosocial response	CAMHS NCM - Programme Board
CCG clinical vision on recovery	*STP Capital Envelope Meeting 2020/21
	* Green Walking Guide Launch

Scheduled but have not yet taken place at the time this report has been prepared

5. Conclusions
The Board is asked to consider this report and seek clarification or further information as required.

Appendices
Appendix 1: Collaborative Modelling Correspondence (LLR & Northants)
Appendix 2: Correspondence from Leicester City Council.

NORTHAMPTON (KGH & NGH) & LLR
COLLABOARTIVE MODELLING UPDATE

1 INTRODUCTION

1.1 The geographical alignment between the regions of Leicester, Leicestershire and Rutland & Northampton has fostered collaboration between the two health economies for a number of years. This collaboration has been further enhanced by the historic transfer of tertiary and district general hospital activity between the two health economies.

1.2 As the Sustainability Transformation Partnerships (STP's) transform into new Integrated Care Systems (ICS) an opportunity for further collaboration has emerged. To ensure this further collaboration takes place, a weekly management meeting between the chief executives from the Clinical Commissioning Groups (CCG's) and provider organisations within LLR & Northampton is taking place.

1.3 The COVID-19 crisis has provided a further unique opportunity to rapidly expand the collaboration process. COVID-19 Data modelling, has been identified as one of the areas for further collaboration.

1.4 This paper has been produced to provide an update on the work completed to date, next steps, as well as opportunities for the recovery process.

2. COLLABORATIVE DATA MODELLING

2.1 The LLR COVID-19 Strategic Cell requested that Sarah Prema (executive for Strategic Planning), develop a business intelligence (BI) function specifically focussed on the development of insight to guide the system through the public health crisis. In response to this request, a formal LLR COVID-19 Data Cell was established. The central task of this cell was to design and maintain a LLR COVID-19 Management Report. This report would draw upon the myriad of system reports & predictive modelling to provide a combined view of COVID-19 in LLR and our response. It is at this point that COVID-19 analytical collaboration between Northampton and LLR began. It became apparent that the Northampton health economy (both the public health & NHS organisations) had designed and maintained an effective COVID-19 Management Report. This included a range of COVID-19 predictive modelling such as a rolling seven day need for ventilated beds and rates of community transmission. Rather than design a totally new system, LLR adapted the Northampton COVID-19 Management Report (seen in Appendix 1). This adaptation not only provided the benefit of being able to move at pace with an LLR report, but also enabled consistency across the two systems.

2.3 As the management of COVID-19 progressed, the LLR Data Cell focus adapted to include analysis of the impact of the pandemic on the major specialties within planned and unplanned care. The outcome from this was the development of an LLR dashboard and supporting report (which provide a pre and post COVID-19 activity trend), that has enabled a series of clinical reviews with the purpose of identifying key areas of concern and priority specialties for restoration/recovery (seen in Appendix 2 & 3). This work was an area of need for Northampton, and again rather than develop a new product the LLR tools are being replicated for the two

provider organisations in Northampton (Kettering General and Northampton General Hospitals).

2.4 To support the existing analysis and future collaboration a key group of analytical and strategic experts from across LLR and Northampton has been established. This group meets regularly and is the driving force of the system collaboration.

3. FUTURE COLLABORATION

3.1 Building on the work to date and as a key element of the Restoration/Recovery process, Northampton and LLR analysts have developed a COVID-19 Forecasting Model prototype. This model allows both the LLR and Northampton systems to understand the potential future demand across all Points of Delivery (PODs). This model is based on a prediction of what percentage of lost activity (due to COVID-19) may return and a potential phasing of this return (This can be seen in Appendix 4). This Forecasting Model will allow the system to model the gap between future demand and current capacity as well as understand further opportunities for collaboration between the two health economies (such as increase activity flows across the borders).

3.2 The CCG and Public Health functions in Northampton have collaborated to undertake a series of deep dive reviews (Appendix 5) into areas of concern (as identified by clinical leaders & as seen in Appendix 5). The LLR COVID-19 Data Cell is facilitating a range of clinically led system workshops to review the available pre & post COVID-19 activity trend data. This will support the identification of areas of concern and enable LLR to replicate the Northampton deep dive review process. It is anticipated that this will be amalgamated to create a joint Northampton & LLR view of the potential disease burden/impact on outcomes of a reduction in presentation/treatment for key disease areas such as Stroke.

3.3 The Chief executive across the LLR and Northampton system have requested that the existing COVID-19 tools (such as COVID-19 Recovery/Restoration Dashboard, Forecasting Model etc) be adapted to include data from both health economies and therefore create a supra-regional view of recovery/restoration.

3.4 As we progress towards an Integrated Care System and development a new Commissioning/Operating Strategy, the LLR and Northampton transformation/analytical teams will be looking to share learning as well as develop joint approaches to Population Health Management.

4. ACTIONS:

The following are the key immediate actions that are currently being completed (at a rapid pace), to support the COVID-19 Recovery Process:

1) Rolling out of the Forecasting Model to all PODs across Elective & Non-Elective Care within Northampton and LLR.

2) Creating a joint LLR & Northampton Forecasting Model.

3) Updating the LLR & Northampton Recovery/Restoration Demand Dashboards, with Capacity information (to support identification of the Demand Vs Capacity potential gap).

4) Developing a joint LLR & Northampton Recovery/Restoration Model.

5) Scoping the deployment of additional predictive modelling (based on changes to UK Government policy, LLR & Northampton public movement data).

The following are more medium to long term actions being undertaken to create the architecture for future collaboration and support recovery moving forward:-

1) Undertaking specialty specific deep dive reviews across Northampton and LLR to support recovery.

2) Developing a longer term information sharing agreement between the two health economies.

3) Creating a permanent virtual analytical team across all partners (possibly including Public Health).

4) Scoping potential analytical tools & sharing platforms to support further collaboration

Andy Williams
Chair of the Health Economy Strategic Coordination Group

Dear Andy,

The circumstances we've all faced as a result of the Coronavirus pandemic have presented some significant challenges, but none more so than the pressures experienced within the NHS and the health and social care sector. May we take this opportunity to thank each and every one of our colleagues at Leicester City CCG, UHL and LPT for the tremendous work and commitment in responding to the emergency, and for the incredible support shown to the people of Leicester during these times. We are very grateful and echo the strength of public support and appreciation.

We have come to expect that NHS staff will go above and beyond for their patients. The efforts displayed across the whole of the health and social care system in response to the pandemic will be forever remembered, and we and our colleagues at Leicester City Council will continue to work alongside you in responding to the continued set of challenges throughout these unfamiliar times. Those particularly within Public Health and Adult Social Care have been and will continue to be central in complementing your work. The many multi-agency vehicles in place in Leicester during this period have been fundamental in responding appropriately to the needs of our communities, and these will no doubt be critical when we all begin to enter a phase of recovery.

There is of course also a role for the various scrutiny bodies across Leicester and Leicestershire, and we hope that their work over the coming period can positively support the work of our local health sector.

We again express our huge appreciation, and we will very much continue to be alongside you as we look forward together to a period of recovery in the coming weeks and months.

Yours sincerely,

Peter Soulsby
City Mayor

Councillor Vi Dempster
Assistant City Mayor, Health

CC.   John Adler – University Hospitals of Leicester
        Angela Hillery – Leicestershire Partnership Trust

Meeting Name and date	Trust Board 27th May 2020
Paper number	F

Name of Report
Step up to Great quarterly programme update

For approval		For assurance	x	For information	

Presented by	David Williams	Author (s)	Kat Macann

Alignment to CQC domains:		Alignment to LPT priorities for 2019/20 (STEP up to GREAT):	
Safe	X	S – High Standards	X
Effective	X	T - Transformation	X
Caring	X	E – Environments	X
Responsive	X	P – Patient Involvement	X
Well-Led	X	G – Well-Governed	X
		R – Single Patient Record	X
		E – Equality, Leadership, Culture	X
		A – Access to Services	X
		T – Trust-wide Quality improvement	X
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group	Date
Deputy CEO	21/02/20
Transformation Committee	21/02/20

Assurance : What assurance does this report provide in respect of the Organisational Risk Register?	Links to ORR risk numbers
The report summarises progress against all Step up to Great priority programmes, which impact on various organisational risks	Various – see report

Recommendations of the report
To receive assurance that processes are in place to monitor the delivery of priority programmes sitting under the Step up to Great Quality Improvement Plan.

1. Introduction/Background

The nine STEP up to GREAT priorities are supported by a range of trust-wide work and directorate specific projects and workstreams. The delivery of priority change programmes are monitored via the Quality Improvement Programme Board (QIPB), which has met monthly since August 2019. Since the QIPB was established work has been underway to develop a programme management framework to underpin delivery, including elements such as monthly reporting against delivery milestones, risks and performance indicators relevant to delivery.

In January 2020 the QIPB agreed, in addition to the Quality Assurance Committee receiving a highlight report, the Trust Board should receive a quarterly update summarising progress with delivery against programme milestones, to enable strategic oversight.

2. Aim

The aim of this report to provide an update regarding progress with the delivery of change programmes sitting under the Trust's STEP up to GREAT Quality Improvement Plan.

3. Recommendations

The Board is asked to note the report and to receive assurance that processes are in place to monitor the delivery of priority programmes sitting under the Step up to Great Quality Improvement Plan.

4. Discussion

The report is attached below and presented as a series of slides, with a narrative slide for each of the nine priorities summarising key achievements to date, followed by a snapshot of delivery milestones and KPIs for each programme covering the following information:

Summary

An overall delivery status RAG rating is given for each programme with brief supporting comments. The RAG rating is based on the following factors:

On track / high assurance	Delivery is on track against major milestones. A programme structure is in place, with clearly assigned roles.
Some issues / delays – medium assurance	Delivery is not on track however is under control. Some elements of a programme structure is in place but the programme needs strengthening.
Significant issues – low assurance	Delivery is not on track and is blocked. There are significant issues with the programme structure, such as key roles unassigned or missing key documentation.

Where there are risks on the Organisational Risk Register relevant to a programme, a note has been made of the relevant risk numbers to enable cross referencing to more detailed risk reports.

Delivery milestones
- The status of delivery milestones from the last quarter (October-December 2019)
- Upcoming delivery milestones and whether these are on track

Measures
- Shows the latest position of selected KPIs for each programme – this includes delivery progress measures where relevant alongside performance and quality measures which will be the focus for benefits realisation as change programmes are delivered

Programme and workstream reports with more detail on delivery progress and risks are reviewed monthly by the Quality Improvement Programme Board.

5. Conclusions

The Board is asked to note the report.

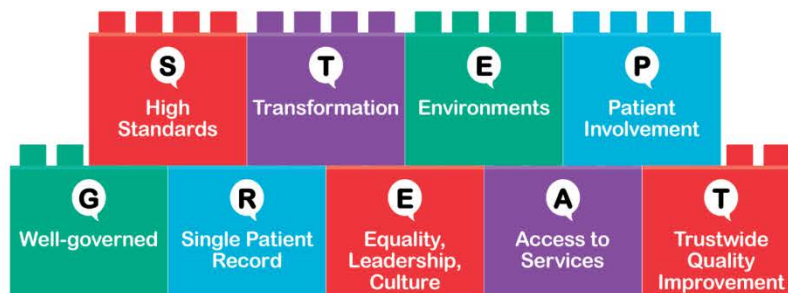# Step up to Great Update

Trust Board
May 2020

www.leicspart.nhs.uk

Introduction

This report provides a quarterly update on progress with the Trust's Step up to Great strategy. The report includes an update against delivery milestones for transformation and improvement projects sitting under each of our 9 priorities in the last quarter, noting where these have been affected by COVID-19.

Due to the significant impact of COVID-19 on the Trust's work, we have simplified this report to focus on capturing how we have responded so far and priorities for the next phase of restoration and recovery.

Phasing of returning to a new 'norm'

LPT Approach to phasing

PHASE 1	PHASE 2	PHASE 3
"Immediate response to the crisis"	"Managing through the crisis"	"Transition to future & Recovery"

National/Regional approach

Headline timelines

- **Restoration:** May-June 2020 – letter issued to explain requirements
- **Recovery:** July 2020 – March 2021
- **Reset of how the NHS is run:** April 2021 onwards (planning guidance late 2020)

WeAreLPT
compassion respect integrity trust

High Standards
Improve standards of safety and quality

We will know we're Great when we are receiving positive feedback, other accreditations, good CQC ratings and other regulatory feedback for everything we do.

How have we responded to Covid-19 during March and April?

1. Established clinical cell in Incident Control Centre (ICC) ensuring standards of care are delivered in light of COVID-19 including:
   - Senior clinical leadership in ICC for oversight of standards in light of emerging context
   - Senior clinical engagement to ensure up to date knowledge of standards and priorities for safe care.
   - Rapid development of action cards in light of changing context.
   - 8-8pm support for clinical queries to enable safe standards of care and rapid escalation.

2. Accelerated development in respect to workstreams on infection prevention control, the deteriorating patient as response to COVID-19 including:
   - Increased awareness within staff and population on hand hygiene, BBE, PPE and standards transmission based precautions for IPC.
   - Increased awareness of NEWS and deteriorating patient through clinical leadership and action cards.

3. Reviewed planned workstreams and adapted in light of COVID -19 to prioritise, refocus and ensure effective reporting and monitoring.

4. Priority has been on preserving life through emergency response to COVID-19 and ensuring clinical leadership is focused on this work. Moving forward adapting the workstreams will be built in to new governance arrangements and the recovery cell work.

5. Piloted accreditation tool in CAMHS inpatient ward and ongoing development of community tools.

6. AMAT quality improvement tool developed for seclusion, Ulysses reporting for seclusion in place to allow better oversight. Ongoing weekly reporting to executive team and CEO for seclusion oversight.

7. Implemented incident review group to ensure themes and trends on patient safety are identified and responded to rapidly.

8. Weekly cross directorate virtual meetings established for Foundation for Great Patient Care to enable focused discussion and development on ensuring the organisations meets the CQC domains of safe, effective, caring, responsive and well led.

High Standards
Improve standards of safety and quality

We will know we're Great when we are receiving positive feedback, other accreditations, good CQC ratings and other regulatory feedback for everything we do.

Delivery Milestones – transformation and improvement projects			
Project	Last quarter – Jan – March 2020	Status	Comments
CQC action plan	100% of actions on CQC have a plan by March 2020.	Complete	
Accreditation	Develop and pilot accreditation tool for FYPC, MHSOP, LD and AMH inpatient wards	Revised approach	Accreditation process being adapted in light of COVID-19
Core Standards	Privacy and dignity review against core standards	In progress	

High Standards priorities: Restoration and Recovery phase	
Accreditation	Plan adapted accreditation process for implementation in selected service areas in May 2020.
Collaborative Care Planning	Revise methodology for improvement work and embed as part of recovery planning.
Infection Prevention Control	Continued delivery to COVID-19 pandemic. Embed IPC within recovery cell for planning delivery of services with ongoing Covid-19. Planning for flu vaccination programme.
Deteriorating Patient	Continue delivery to COVID-19 pandemic. Review plans for development work in Recovery cell.
Safe and therapeutic care including seclusion	Revise milestones and ensure delivery of standards in seclusion during COVID 19 and recovery.
Falls	Re-establish review group virtually to enable effective reporting and analysis .
Pressure Ulcers	Deliver effective reporting duringCOVID-19 and analysis of impact.
Band 6/7 clinical leadership	Formal development programme to be reviewed in September 2020.

Transformation – Community Health Services
Transform our community services

We will know we're Great when patients and staff share positive experiences, demonstrating patient-centred care, and staff experience of working here are good.

How have we responded to Covid-19 during March and April?

1. Established a daily operational silver command cell in the directorate, ensuring strong oversight of business continuity and service delivery, staff health and well-being and a conduit for transacting instructions from the Incident Control Centre.

2. Reviewed and prioritised service delivery in line with the national 'COVID-19 prioritisation within community health services' guidance and supported our decision making with an associated Quality Impact Assessment.

3. Changed our clinical practice and operating processes to align with requirements set out in the national 'Novel Coronavirus COVID-19 Standard Operating Procedure: community health services'.

4. Created two COVID-19 positive wards in our community hospitals to enable COVID positive patients to safely step down for on-going medical care in a non-acute setting.

5. Rapidly mobilised three additional wards to enable the Trust to respond to an anticipated surge in medical step down activity during the peak of the COVID-19 pandemic.

6. Worked in partnership with Independent Sector providers (Nuffield Leicester hospital) to support a change in use of their beds and mobilised medical step down surge capacity with an associated clinical governance framework and a combined staffing model.

7. In collaboration with the CCGs, local authorities and UHL, led the implementation of a system wide Discharge hub in accordance with the national 'COVID-19 Hospital Discharge Requirements'.

8. Rapidly deployed a telehealth solution in our heart failure and respiratory service with potential to support over 1,000 patients with a remote monitoring solution, enabled through Ageing Well accelerator site funding.

9. Accelerated support to care homes through the early implementation of the Enhanced Health in Care Homes specification in collaboration with system partners.

10. Utilised video-conferencing across multiple therapy services to support remote delivery of assessment and treatment plans.

Transformation – Community Health Services

Transform our community services

We will know we're Great when patients and staff share positive experiences, demonstrating patient-centred care, and staff experience of working here are good.

Delivery Milestones – transformation and improvement projects			
Project	Last quarter – Jan – March 2020	Status	Comments
Community Services Redesign	Develop patient outcome measures (CHS)	Complete	Westcotes Outcome measure in place and added to SystmOne
	SystemOne configuration of one integrated unit	On hold	Awaiting publication of national technical specification of CSDS v1.5 – currently on hold

CHS priorities: Restoration and Recovery phase

- Respond to national requirements set out in 'COVID-19 prioritisation within community health services' v3 and plan to restart some services using our COVID-19 learning to inform and implement new and transformed service models to support access/waiting time improvements.
- Implement Infection Prevention and Control guidance to support zoning in our community hospitals wards.
- Re-focus on the transformative aspects of Ageing Well and accelerate:
  ➢ recruitment to increase community capacity for full deployment of Home First (rehabilitation and rapid response);
  ➢ an integrated workforce model which brings together local authority rapid response teams and our nurses and therapists working from our County hubs;
  ➢ embedding the implementation of the Enhanced Health in Care Homes national specification in collaboration with system partners;
  ➢ scaling up and rolling out of qualitative outcome measures (Patient Activation Measures);
  ➢ undertaking SystmOne unit reconfiguration to align to our new community service model and improve data quality;
  ➢ a review of the Locality Decision Unit and implementation of our future model;
  ➢ an evaluation of our telehealth pilot and business case to secure future funding;
- A sustainability review of our Discharge Hub to consolidate the learning and design and implement our future model;
- Wide scale implementation of our preferred remote clinical videoconferencing platform.

Transformation – Adult Mental Health

Transform our mental health services

We will know we're Great when patients and staff share positive experiences, demonstrating patient-centred care, and staff experience of working here are good.

How have we responded to Covid-19 during March and April?

1. Established a daily operational silver command cell in the directorate, ensuring strong oversight of business continuity and service delivery, staff health and well-being and a conduit for transacting instructions from the Incident Control Centre.

2. Reviewed and prioritised service delivery in line with the national guidance.

3. Changed our clinical practice and operating processes to align with national best practice around covid and framed within the Trust Action cards. Specific initiatives have included:

- Establishment of two Covid-19 isolation wards for adult and older people with mental health illness (Beaumont and Gwendolen wards)

- Improved inpatient flow with careful patient care planning to create capacity for relocation of the CAMHS ward onto the Bradgate site to provide cross-cover and reduce safety issues. The improved inpatient flow has released bed capacity whilst not inappropriately using out of area beds.

- Created a new Mental Health Urgent Care Hub for all ages at the Bradgate site to stream individuals away from the Emergency Department and create a space for assessment and support in a physical environment

- Created a new Central Access Point (CAP) for mental health and learning disabilities to provide 24/7 direct access for members of the public, service users and professionals. This allows people to refer for urgent triage, signposting and, if required, leads to further assessment and treatment. The CAP also includes a new centralised triage of non-urgent adult mental health referrals (predominantly coming from GPs) to better support people into the right support first time.

- Established a new community rehabilitation offer and reduced rehabilitation beds to better support people's rehabilitation needs in a community setting.

- Risk stratified patients across community services and prepared robust contingency plans for service disruption such as significant staff absence

- Introduced wide-spread virtual contacts (telephone and digital) support remote delivery of assessment and treatment plans.

Transformation – Adult Mental Health

Transform our mental health services

We will know we're Great when patients and staff share positive experiences, demonstrating patient-centred care, and staff experience of working here are good.

Delivery Milestones – transformation and improvement projects			
Project	Last quarter – Jan – March 2020	Status	Comments
Step up to Great Mental Health	Launch of Step up to Great Mental Health	Complete	
	Plan for engagement / consultation process for changes	In progress	Gap analysis and high level plan for consultation has been scoped for Executive approval
	Commence new workstream delivery structure	Temporarily paused	Paused and to be refashioned as part of restoration and recovery planning

AMH priorities: Restoration and Recovery phase

A focused 'mental health recovery cell' has been established to draw together:

- Thorough analysis coordinated through System Mental Health Data cell (including the impact of Covid-19 related initiatives, current state of performance and capacity, projections on 're-bound' demand and Covid-19 related demand)
- Set trajectory / ambition for performance during the next phase
- Strengthening the existing Covid-19 initiatives in line with the "Second Phase of NHS response to COVID-19" direction
- Strengthening and increasing usage of virtual technologies (dedicated task and finish group established)
- Establish joint initiatives with partners in the system to develop capacity to meet Covid-19 related increased demand
- Review the Step up to Great Mental Health plan, milestones and structure in the context of ongoing Covid-19 measures, requirements associated with public consultation and learning from new initiatives
- Commence the development of pre-consultation material and related activities.

Transformation – FYPC & LD

Transform our learning disability and autism services

We will know we're Great when patients and staff share positive experiences, demonstrating patient-centred care, and staff experience of working here are good.

How have we responded to Covid-19 during March and April?

1. Established a daily operational silver command cell in the directorate, ensuring strong oversight of business continuity and service delivery, staff health and well-being and a conduit for transacting instructions from the Incident Control Centre.

2. Reviewed and prioritised service delivery in line with the national guidance and supported our decision making with associated Quality Impact Assessments. (Please also refer to the Adult Mental Health update regarding establishing a Central Access Point and urgent care hub which includes responding in a timely way to people with LD and/or Autism.)

3. Changed our clinical practice and operating processes to align with requirements set out in the national 'Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages'; Clinical guide for front line staff to support the management of patients with a learning disability, autism or both during the coronavirus pandemic'; My C(E)TR Planner; Legal guidance and other specific publications.

4. Risk stratified people with LD and/or autism receiving services from our community services; for individuals risk assessed as low, 6 weekly contact is being provided. For individuals risk assessed as medium or high risk, services have continued and are being delivered by alternative means such as voice/video calls, or where it is deemed essential contacts remain face to face. Individual care plans and risk assessments have been updated.

5. Learning Disability short breaks has been temporarily closed to shield vulnerable individuals and minimise non essential travel. All service users have been added to the Risk of Admission Register (ROAR) and are receiving regular welfare checks.

6. Staff capacity released from short breaks has been re-deployed to enhance the community outreach service, provide bank holiday cover and support 4 surge beds created at the Agnes Unit if needed to cohort C19 positive patients.

7. An LLR LD & Autism sub cell has been established to provide a coordinated multiagency approach to monitor and respond to any individuals across LLR who are at a greater risk because of C19 related service disruptions.

8. A 'LLR C19 LD and Autism Risk Register' has been developed to identify those at greatest risk of harm following the closure of health and social care short break services and day care services.

9. A 'LLR Learning Disability and Autism response service' has been mobilised. This service provides a multiagency process for agreeing any necessary interim care and support for individuals identified as high risk, in order to stabilise and reduce the risk.

Transformation – FYPC & LD

Transform our learning disability and autism services

We will know we're Great when patients and staff share positive experiences, demonstrating patient-centred care, and staff experience of working here are good.

Delivery Milestones – transformation and improvement projects			
Project	**Last quarter – Jan – March 2020**	**Status**	**Comments**
Transforming Care Recovery Plan	Develop a forensic network and LD forensic training materials for health and care staff working in LLR	Complete	
	Train Health and Social Care staff in the effective management of forensic patients	Revised approach	120 staff completed the training. 5 training sessions cancelled due to C19. On-line training package developed during April and in pilot phase. 12 sessions planned in May and June.
	Costed proposal to develop LD rehabilitation capacity and capability at the Agnes Unit to CCG Executive Leadership Team	In progress	LPT work complete – the System will finalise the 2020/21 financial plan before the end of Q1

FYPC & LD priorities: Restoration and Recovery phase

- The decision on closure of short breaks will be reviewed by the ICC on 14 May.
- All other services are maintaining medium and high risk caseloads.
- Low risk patients will be contacted on a 6 weekly cycle and alternative mechanisms for greater engagement, as an alternative to groups, will be reviewed in FYPC & LD on 15 May.

Environments

Environments will be welcoming, clean and safe

We will know we're Great when we have welcoming, clean and safe buildings that reduce risk of harm to patients and improve their privacy and dignity.

How have we responded to Covid-19 during March and April?

Preparation and completion of works to Hinckley and Bosworth Community Hospital and additional new ward capacity at:
- Charnwood ward (Loughborough Hospital)
- Gracedieu ward (Loughborough Hospital)
- Ward 4 (Coalville Community Hospital)
- Wakerley ward (Evington Centre)

New medical equipment – over 700 new items of equipment (including 100 new beds) ordered and placed into settings for use

Daily estates conference calls and ongoing monitoring of:
- Hard/soft facilities management staffing – sickness/absence levels, ability to flex/backfill with contractors and overall service levels at point of delivery
- Supply chains – monitoring of any issues with suppliers
- Oxygen –monitoring of stock levels and locations
- Waste management – monitoring for issues with waste collections
- Linen – monitoring of stock levels

Organising and ongoing management/monitoring of new (temporary) staff food offer

Provision of new fixed and/or removable protection screens to receptions across the estate

New CAMHS facility: Site now working across full 7 days/week to mitigate COVID related delays

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Environments

Environments will be welcoming, clean and safe

We will know we're Great when we have welcoming, clean and safe buildings that reduce risk of harm to patients and improve their privacy and dignity.

Delivery Milestones – transformation and improvement projects			
Project	Last quarter – Jan – March 2020	Status	Comments
Facilities Management Transformation	Approval of outline business case for implementation of the preferred option	Revised approach	COVID Impact Analysis carried out and presented at Quality Improvement Programme Board. Agreed next steps were to revise the existing Business Case and extract the implementation plan (as internal engagement work was paused). Agreed to continue with FM costings analysis since expenditure was agreed in March with UHL for 2019/20.
Estates Strategy	Bradgate Strategic Outline Case - finalise site selection	Complete	
	Finalise approval of overall Trust capital programme	Complete	Estates capital schemes currently being re-assessed/prioritised in light of COVID issues (contractor capacity, access to clinical areas etc..)

Environments priorities: Restoration and Recovery phase
• Completion of new CAMHS construction project – current forecast completion at end of August 2020 • Other priorities to be agreed with LPT recovery cell/programme

Patient Involvement

Involve our patients, carers and families

We will know we're Great when patient involvement is at the core of everything we do and our patient satisfaction, and feedback reflects this.

How have we responded to Covid-19 during March and April?

We have reviewed planned workstreams and adapted in light of COVID-19 to prioritise, refocus and ensure effective reporting and monitoring. Work has included:

- Extension of the Patient Advice and Liaison Services (PALS) to a 7 day service
- Pausing the delivery of the Friends and Family Test (FFT) in line with national guidance
- Pausing the investigation of clinical and medical complaints from 1 April 2020 for a period of three months in line with national guidance.
- All new complaints are now triaged to identify any safeguarding and patient safety issues. Complainants are offered an informal resolution to their concern where possible and if not they are advised that their complaint will be paused.
- Establishment of the Message to a Loved One Scheme: The scheme facilitates the sharing of messages between patients who are currently not able to receive visitors due to Covid-19 and their loved ones. The scheme is available to all inpatients across the Trust.
- Set up 7 wards with iPads to enable patients to make FaceTime and Skype calls to their families. The remaining wards will receive their iPads w/c 4th May following evaluation from the seven pilot sites
- Involvement from service users and carers using digital media and email. Patient feedback on proposals for using photographs on aprons when staff are using PPE. Feedback/input into the naming of the new mental health hub. Weekly virtual involvement cafes using Skype and establishing of regular communications to service users and carers. Links with the volunteers also to invite them to join the group whilst volunteering work reduced.
- Working with Leicestershire Healthwatch on establishing a People's Council. Co-design of the expression of interest forms for voluntary sector partners and terms of reference for the group being finalised. Recruitment to commence in May in view of getting the Council up and running in the summer.
- FFT system now commissioned. Work has commenced to set up automation and voice messaging in readiness for the relaunch of FFT in the summer. Recall on all iPads to be reconfigured almost complete.
- Two new starters in the complaints team from April.
- Revised complaints policy now complete and signed off in line with 360 Assurance Audit recommendations.

Patient Involvement
Involve our patients, carers and families

We will know we're Great when patient involvement is at the core of everything we do and our patient satisfaction, and feedback reflects this.

Delivery Milestones – transformation and improvement projects			
Project	Last quarter – Jan – March 2020	Status	Comments
Make it easy for people to share their experiences	Relaunch of FFT in line with national guidance and Implement real time patient experience questions	National pause	The questions were tested and due to launch in May 20, however there is a national pause on the Friends and Family Test due to Covid-19. The system is currently being implemented in readiness for launch in summer 2020.
Increase participation	Launch People's Council and Experts by Experience programme	Work reprioritised	Patient Leadership programme commissioned and currently being designed. People's Council development with Healthwatch supporting with design of Terms of Reference for the Council and expressions of interest for Voluntary Sector partners
Improve experience	Finalise complaints and incident investigator model	Phase 1 complete Phase 2 on hold	Phase 1 alignment of process and system for management of complaints with NHFT complete Phase 2 implementation of a complaint and incident investigator model paused

Patient Involvement priorities: Restoration and Recovery phase
1. Supporting Clinical and Recovery Cell in response to recovery and restoration and new models of care delivery through effective patient, service user and care involvement 2. Support the implementation of patient experience collection in response to Covid-19 and new models of care – alignment through central system and approach 3. Recruitment to People's Council voluntary sector members in partnership with Healthwatch

Well-governed
Be well-governed and sustainable

We will know we're Great when we feel clear and confident about how we are governed and we use these practices consistently across the Trust

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How have we responded to Covid-19 during March and April?

Governance and Risk:
- Corporate governance arrangements during COVID-19 were approved by the Executive team and assurances provided to the Board and its level 1 committees in April and May. Revised arrangements covered future operating of our critical, high and low priority   corporate assurance committees, a COVID-19 focus agenda set of priorities for all critical and high priority meetings, and the governance framework of the Incident Control Centre (ICC) Gold Command.

- The Audit and Assurance Committee undertook a deep dive at its 1 May 2020 meeting on COVID-19 governance and risk assurances and how the ICC was functioning post the Executive team approval of the ICC operating procedures in April.

- The COVID-19 Recovery Cell started meeting in May and is developing its scope and priorities. The governance recovery cell has reviewed and confirmed the work plan for the Trust Board and its level 1 committees to commence from June 2020.

- A COVID-19 Risk capturing process and governance within the ICC was approved by the Executive team and assurance provided to the Board committees. The ICC risk log links to the Organisational Risk Regsiter COVID risk and all other risks on the ORR have had the impact of COVID-19 described. A Board session in May 2020 will determine which emerging COVID-19 risks currently captured on the overarching risk 40 will need to be separated into specific ORR risks.

Finance:
- The Trust is responding to national guidance around the revised contracting and payment mechanisms for months one to four of 2020/21. The Trust is identifying and reclaiming COVID specific spend, and as such, no financial impact is expected.

- The Trust's financial governance continues to operate according to our Standing Financial Instructions. There is awareness and vigilance across teams around the increased threat of fraudulent activity at this time.

Well-governed
Be well-governed and sustainable

We will know we're Great when we feel clear and confident about how we are governed and we use these practices consistently across the Trust

Delivery Milestones – transformation and improvement projects			
Project	Last quarter – Jan – March 2020	Status	Comments
Well Led	Directorate governance structures aligned to new corporate structure	Priorities revised	Directorate Senior Management teams are Silver Command in the COVID-19 response structure. Further developments of directorate governance structures have seen more alignment to the corporate structure but are not fully completed due to COVID-19 taking priority.
Performance Framework	Revised performance report and supporting directorate review packs implemented	Complete	Agreed Trust KPIs across activity, workforce, finance and quality. Ongoing work to continue to develop for further areas of SPC analysis and changing priorities. New performance framework structure implemented to enable performance scrutiny at directorate performance reviews and Exec Team ahead of formal assurance review at Committees and Trust Board. Directorate performance reviews currently on hold to support the COVID-19 response and will be reinstated as part of recovery plans.
	Final external review report	Complete	A closure report summarising the work completed and lessons learned was shared with the Quality Improvement Programme Board 14 April

Well Governed priorities: Restoration and Recovery phase
Governance and Risk: Development of COVID-19 ORR risks; Embedding new governance structure; Development of "Governance on a Page"; Development of Corporate Governance team.

Finance: Regular discussions continue with commissioners to assess what the remainder of 2020/21's financial plan and contract looks like, and this will follow normal approval and sign off processes. |

Single Patient Record
Implement single patient record

We will know we're Great when all staff are trained and proactively using our single patient record to improve our communications and ultimately ensure safer patient care.

How have we responded to Covid-19 during March and April?

- The planned June 2020 Go Live has been postponed and all pre 'Go Live' activities requiring Service engagement suspended to minimise the risk of disruption to services during the COVID-19 response period including End User Training, Change Management engagement session.
- Work on data migration suspended by System Supplier (TPP) due to postponement of 'Go Live' and suppliers response to COVID-19.
- SEPR project team repurposed to support COVID response.

Delivery Milestones – transformation and improvement projects

Last quarter – Jan-Mar 2020	Status	Comments
Complete and sign-off system designs	Postponed	System design will need to be revisited due to changes implemented in services as a response to COVID-19, which may remain in place after recovery phase
Complete pre Go Live system configuration and sign-off	Postponed	To be rearranged in-line with newly proposed Go Live.

Single Patient Record priorities: Restoration and Recovery phase

- Renegotiation of Go Live date with Service and Third Party system supplier (TPP)
- Negotiate possible extension of current EPR (RiO) system contract with Third Party system supplier (Serverlec)
- Reschedule pre 'Go Live' activates in–line with new proposed 'Go Live' date.

Equality, leadership and culture
Improve culture, equality and inclusion

We will know we're Great when we value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust.

How have we responded to Covid-19 during March and April?

Equalities:
- The Equality, Diversity and Inclusion conference planned for the end of March was postponed and staff training paused.
- Staff networks have been meeting virtually
- We have been reviewing training via virtual meetings and workbooks

BAME Listening Sessions
- Our chief executive wrote out to all our Black, Asian and minority ethnic colleagues (BAME), following the worryingly disproportionate number of BAME staff deaths in the NHS from Covid-19. In it she said: "I am reaching out to you to assure you of my commitment, that we, at LPT will do all that we can to support you during this difficult time. Understandably you must be concerned and worried for yourself and your families. Please know keeping everyone safe is an utmost priority at LPT, regardless of whether you are substantive, bank or agency staff."
- We have since held two virtual listening events with our BAME colleagues to hear their concerns one of these sessions was with Yvonne Coghill, national director of the workforce race equality standard. We are currently working on risk assessments for our BAME staff.
- Our latest system-wide equality, diversity and inclusion update highlighted the impact Covid-19 is having on BAME colleagues and communities. This update covered the national response to the issue and the issues it has highlighted, including the incidence of Covid-19 among BAME staff, access to vital PPE, speaking up around safety issues and the risks of increased racial harassment.

Culture and Leadership:
- Soft launch of Leadership Behaviour Framework through e-learning
- We have collected and shared Staff Stories given examples of how behaviours displayed during the COVID-19 response align to our new behaviours

Equality, leadership and culture
Improve culture, equality and inclusion

We will know we're Great when we value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust.

Delivery Milestones – transformation and improvement projects			
Project	Last quarter – Jan – March 2020	Status	Comments
Equality	Evaluation of reverse mentoring programme	Complete - Revised approach	An external evaluation with system partners had been planned but has not been conducted. LPT conducted an internal review and shared a report in the Book of Brilliance, February 2020. Overall the programme was found to be a great success and planning was underway to start recruiting a second cohort prior to Covid-19.
Culture and Leadership	Launch Leadership behaviour framework	Revising approach	We have paused the roll out of the leadership behaviours framework as originally planned and are currently working on how this could be rolled out virtually at the appropriate time.
	Launch the NHS People Strategy	On hold	Nationally Delayed due to COVID 19

Equality, leadership and culture: Restoration and Recovery phase
• Leadership Behaviours Animation Developed; soft launch being worked on with staff stories • E-Learning in development

Access to services

Make it easy for people to access our services
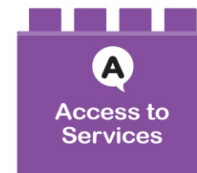
Access to
Services

We will know we're Great when we are delivering improved access to services that meets patient needs as well as local and national targets.

How have we responded to Covid-19 during March and April?
• Waiting Times meetings were stood down during the COVID-19 response period but are being restarted from May 2020.   • Capacity to see patients has been much reduced mid-March to May 2020 which will negatively impact on waiting times. To some extent this will be mitigated by a significant fall in referrals during the same period but is likely to be replaced by a significant increase for all services post-COVID.

Delivery Milestones – transformation and improvement projects			
Project	Last quarter – Jan – March 2020	Status	Comments
Waiting Times Group	Review, amend and implement LPT Access Policy	Due date extended	Revised policy requires further review in light of changes to policy format. Existing policy extended to 31 October 2020 to enable changes to be made.
	Refresh scope and objectives for merged Waiting Times and Harm Assurance Group	In progress	Inaugural merged group met in March and new terms of reference agreed. Next meeting 15 May with focus on harm and options to provide assurance any increased risk has been identified and mitigated.

Access to Services: Restoration and Recovery phase
• Refocused Waiting Time and Harm Assurance Meeting to commence from May 2020.   • Impact on waiting times to be assessed as data becomes available and this will be used to reassess priority services and review and refocus plans at Directorate level.

Trust-wide quality improvement

Implement a trust-wide approach to quality improvement

We will know we're Great when quality improvement, learning and action is embedded in everything we do, and our services are high quality, safe and constantly improving.

How have we responded to Covid-19 during March and April?
- The Improvement Knowledge Hub (IKH) Quality Improvement programme has been paused due to COVID-19.   - Between March – April 2020 staff have been redeployed and capacity focused into the COVID-19 response around the Trust.   - The IKH Core Team are all working from home remotely and have continued to support existing QI work and LifeQI with a scaled back advisory offer and focus into supporting COVID-19 QI work   - The Programme Sustainability assessment report is approaching completion with recommendations to strengthen the QI programme by 360 Assurance.

Delivery Milestones – improvement programme		
Last quarter – Jan – March 2020	Status	Comments
QI Community of Practice and Masterclasses established at NSPCC	Revised approach	QI community of practice and delivering Masterclasses paused and now under review to complete and deliver virtually in June 2020.
Completion of QI Life interim evaluation at the end of Year 1	On hold	Interim evaluation paused during to Covid-19
4 tier development and training programme written and dates established for roll out	Revised approach	Training and development programme deferred and now under review to complete and deliver virtually in June 2020. discussions with UHL and LLR Academy to test out doing a joint programme

Trust-wide Quality Improvement: Restoration and Recovery phase
- Plans are in place with to restart and reinvigorate the IKH QI Programme (as above) with a focus into strengthening improvement work underway, recording with LifeQI and supporting evaluations of changes in service delivery to sustain and record what is working well.   - We are working towards delivering a Quality Improvement conference in November with DMU working with a virtual platform in collaboration with UHL and LLR Academy

Meeting Name and date	Trust Board 27th May 2020
Paper number	G

Name of Report: - Director of Nursing AHPs and Quality Update report in light of COVID 19

For approval		For assurance		For information	x

Presented by	Dr. Anne Scott Acting Director of Nursing AHP's and Quality	Author (s)	Dr. Anne Scott Acting Director of Nursing AHPs and Quality

Alignment to CQC domains:		Alignment to LPT priorities for 2019/20 (STEP up to GREAT):	
Safe		S – High Standards	
Effective		T - Transformation	
Caring		E – Environments	
Responsive		P – Patient Involvement	
Well-Led	x	G – Well-Governed	x
		R – Single Patient Record	
		E – Equality, Leadership, Culture	
		A – Access to Services	
		T – Trust-wide Quality improvement	
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group – None	Date
QAC	19th May 2020

Assurance: What assurance does this report provide in respect of the Organisational Risk Register?	Links to ORR risk numbers
The report provides an update in respect of quality and safety	**18**

Recommendations of the report

The Board are asked to note the content.

Further clarification can be sought on any items

Quality Update COVID 19

Introduction

Leicestershire Partnership NHS Trust continues to conduct major incident procedures to coordinate and respond to the COVID-19 pandemic. Services are being maintained, minimising face-to-face contact and group based activities. The Incident Control Core team and various operating cells continue to function and the temporary closure of some services, prioritising the delivery of critical services, has been achieved with a complete Quality Impact and Equality Impact Assessment process. Some new services and wards have been set up to best meet expected surges in demand.

Our main consideration is to ensure that we deliver safe care to all our patients, continue to deliver quality, whilst also maximising the safety of all of our staff in exceptionally challenging and unprecedented times. Our approach aligns with national guidance and focuses on maintaining the delivery of critical services, enabling the Trust to safely staff and rapidly implement additional surge plans in order to respond to expected increased demand. Our approach also embraces transformation and sustainability of standards of care to align with the CQC Key Lines of Enquiry.

Quality Summary

Quality Account

The draft Quality Account final version is included on the agenda to be finalised by QAC. The remaining data has been requested by leads and stakeholder commentary has been included. It is noted that new guidance has been published to state the Quality Account requirements are to be finalised by 15th December 2020 due to COVID-19; however we are currently adhering to the original timings as previously agreed.

CQUINS

Since national guidance was published in light of COVID-19, CQUINS for 20/21 remain on hold until August 2020. As agreed with East Leicestershire and Rutland Clinical Commissioning Group (CCG), a pragmatic approach has been taken on Q4 CQUIN reports for 2019/20. These have been progressed through the national CQUIN group at the end of April and have been submitted to the CCG at the beginning of May as original planned. It has been agreed with NHSE that all monies for specialised CQUINs in Q4 will be given. Q4 reports have been approved by the Quality Forum and submitted to the CCG as previously agreed. 3/5 CCG CQUINs were fully achieved, the flu CQUIN was 0.07% off the minimum threshold noting a 5% improvement from the previous year and the three high impact actions to prevent hospital falls CQUIN was not achieved. Further work around falls has been aligned to the high standards brick in STEP up to GREAT work and a task and finish group devised to establish how these are continued to be monitored as business as usual.

Quality Schedule/ CQRG

All 2020/21 planning contracts including the quality schedule have been postponed during COVID-19. The CQRG meeting has been postponed until end of May; however the Deputy Director of Nursing, AHP and quality and the Quality Lead for the CCG, continue to have a monthly virtual meeting to catch up. This aligns to the approach being taken by our buddy trust NHFT.

Despite CQRG being cancelled, work has continued as business as usual where possible. It was agreed the Trust would work to the new schedule requirements for those indicators

which have essentially been signed off in the 2020/21 schedule. The majority of reports have been submitted as business as usual and in those areas where a full report has not been submitted mitigation or a summary has been provided.

Safe Staffing
Right staff
NHS digital have paused submission of monthly UNIFY returns; fill rates against planned RN & HCSW staffing and CHPPD which formulates our safe staffing scorecard and analysis for 'right staff and right place'. As wards change or close and we adapt and flex our planned staffing numbers to reflect bed occupancy and acuity and dependency, we are unable to standardise the planned staffing for each in-patient area and as a result actual staffing against planned will not be accurate or real time in future weeks and months.

Right Skills
In relation to right skills; On 24 March 2020 the Trust made the decision to cancel all face to face courses until 30 June 2020. The only exception is staff that have been redeployed or new starters, staff have to attend a one stop educational programme delivered by the Learning & Development team to ensure staff have the right skills and knowledge. In response to COVID-19, a programme of training commenced including; Donning and Doffing (Face to Face and training video on u-learn) and Mask Fit Test training for FFP3 masks, supported with posters and action cards on staff net.

Right Place
The Trust identified three COVID-19 wards; Beaumont, Gwendolen and East Ward to maintain separation between possible and confirmed COVID-19 patients and support patient and staff cohorting. On 31 March 2020 CAMHS Ward 3 Coalville closed and patients were moved to Bosworth Ward in order to support the surge and capacity plans. The Trust developed a surge capacity plan for medical step down requirements to increase capacity 63% by 140 beds, recommissioning and commissioning ward space including;
• 	Charnwood Ward 18 beds
• 	Grace Dieu Ward 18 beds
• 	Ward 4 Coalville 17 beds
• 	Existing community hospital bed base additional space
• 	Partnership with the Independent Sector

Infection Prevention Control
The consideration of ensuring that the Infection Prevention & Control (IPC) team are resilient during COVID-19 has been a key focus for the Incident Control Core team. The IPC team has been supported with teams who have been redeployed to support IPC training, however remain extremely stretched. A considerable amount of work by the team has been in supporting staff and teams on the frontline who have had a number of anxieties during the Covid-19 pandemic. No further date has yet been suggested by NHSI for the return IPC visit to the Trust and whilst some actions continue to be delayed including; IPC masterclasses and the audits of cleaners rooms, a number of the actions have already been completed. The trust board will receive the 6 monthly report in May 20 as agreed, this will include an update based on the board assurance framework for covid-19 issued by the NHS on the 4 May 2020

Safeguarding
A separate paper on Safeguarding has been added to the agenda.

Patient Experience and Involvement
Reviewed planned work-streams and adapted in light of COVID -19 to prioritise, refocus and ensure effective reporting and monitoring. Including:
• Extension of the Patient Advice and Liaison Services (PALS) to a 7 day service
• Pausing the delivery of the Friends and Family Test in line with national guidance

- Pausing the investigation of clinical and medical complaints from 1 April 2020 for a period of three months in line with national guidance. All new complaints are now triaged to identify any safeguarding and patient safety issues. Complainants are offered an informal resolution to their concern where possible and if not they are advised that their complaint will be paused.
- Establishment of *Message to a Loved One Scheme*. The scheme facilitates the sharing of messages between patients who are currently not able to receive visitors due to Covid-19 and their loved ones. The scheme is available to all inpatients across the Trust.
- Pilot across 7 wards with iPads to enable patients to make FaceTime and Skype calls to their families; the remaining wards will receive their iPads w/c 11th May following evaluation from the 7 pilot sites.
- Involvement from service users and carers using digital media and email.
- Patient feedback on proposals for using photographs on aprons when staff are using PPE.
- Feedback/input into the naming of the new mental health hub.
- Weekly virtual involvement cafes using Skype and establishing of regular communications to service users and carers.
- Links with the volunteers also to invite them to join the group whilst volunteering work reduced.
- Working with Healthwatch on establishing a People's Council and recruitment to commence in May in view of getting the Council up and running in the summer.
- Co-design of the expression of interest forms for voluntary sector partners and terms of reference for the group being finalised.

Complaints
Current position is 25 open complaints, 12 within Mental Health Services, 9 within Community Health Services and 4 within FYPC. We currently have 9 complaints at various stages in the approval and sign off process; this will reduce outstanding complaints to 16.

CQC
CQC engagement meetings and monthly calls are ongoing and we have received some very positive feedback from the CQC. Also the CQC passed on a compliment from a patient which the staff were really pleased to receive. The CQC has reported that it is likely that a virtual inspection will be considered over the forthcoming weeks and it is possible that we will be one of the initial NHS Trusts for developing new virtual methodology.
The Foundation for Great Patient Care meeting continues virtually and we are maintaining a quality surveillance tracker which captures action to support on-going improvement. The QAC agenda continues to receive a report on CQC compliance which is also received at the Board. We continue to notify the CQC of all changes to our registration, for example changes to location for any services.

Patient Safety
The Patient Safety Improvement Group continues to meet virtually, and the team continue to ensure Incident oversight. The incident review group is going well with good engagement providing good governance to decision making. The Learning lessons exchange group has been paused; however the Learning from Deaths Group and the Suicide Prevention group continues virtually. There are 15 slightly delayed SI's, 4 are with Director or Exec for sign off. 10 are in final stages and only 1 report does not have an estimated completion date and this is being addressed. National guidance has advised CCG's some relaxing of the 60 day timescale. Directorates are continuing to work hard to be as close to timescales as possible

Conclusion
The Trust's continues to respond well to the Covid-19 pandemic, whilst maintaining a business as usual mentality towards quality and safety in very unusual circumstances. This

has ensured that we have capacity to be as effective and responsive to the fast changing landscape and clarity that quality of care and patient and staff safety is of paramount importance to the Trust.

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QUALITY ASSURANCE COMMITTEE – DATE 19th May 2020

HIGHLIGHT REPORT

The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Strength of Assurance	Colour to use in 'Strength of Assurance' column below
Low	Red - there are significant gaps in assurance and/or not properly assured as to the adequacy of action plans/controls
Medium	Amber - there is reasonable level of assurance but some issues identified to be addressed.
High	Green – there are no gaps in assurance and there are adequate action plans/controls

Report	Assurance level*	Committee escalation	ORR Risk Reference
Organisational Risk Register	High	14 QAC risks - 2 are high (rated 20); 1 has reduced (out of area placements); 2 increased – Regulator Standards (5) and Hygiene Standards(9). The increase in 5 is due to a number of decisions having to be made during Covid-19 resulting in not being as advanced as originally planned in some KLOES. Number 9 – the hygiene standards – the IPC 6 month update is going to Trust Board on 27th May 2020 which will reference the assurance framework. AS confirmed that this hygiene standards risk is linked to Estates and contracting around cleaning along with IPC – this figure may need further review. LR raised the need for clarity around risk number 28 – Harm Process Risk – more information will be gathered on this at FPC 19.05.20.	All
Progress on Revised Governance Arrangements for Covid-19	High	The new governance structure has now been implemented and next we will need to demonstrate the embedding of the process. The NHSI feedback has been discussed in detail and a response and update sent to the CQC. Further detail re level 2 committees was received and QAC requested that further information by exception was received if committees were not functioning during the Covid-19 period – CO/KD confirmed that the ORR can be more specific about those committees/groups who are not	20

Report	Assurance level*	Committee escalation	ORR Risk Reference
		meeting during Covid-19.	
Committee Reviews Process 2019-20	High	Only level 1 committees are completing Annual Reports this year these reports will go to the Audit and Assurance Committee in July 2020 with drafts being circulated to committee members for comment prior to submission.	20
Director of Nursing Quality Summary in light of COVID 19	High	CQUINS for 20/21 remain on hold until August 2020. Q4 reports have been approved by the Quality Forum and submitted to the CCG as previously agreed. 3/5 CCG CQUINs were fully achieved, the flu CQUIN was 0.07% off the minimum threshold noting a 5% improvement from the previous year. The Quality Schedule/ CQRG has continued as business as usual where possible. The report details Safe Staffing - Right staff - Right Skills - Right Place. The reintroduction of training is now being considered including mandatory BLS training. The Infection Prevention and Control team remain very busy with Covid-19 work. No further date has yet been suggested by NHSI for the return IPC visit to the Trust. The Patient Experience and Involvement Team have adjusted their priorities and refocused their planned work-streams in light of COVID -19. Complaints are currently on pause and further detail will be provided around this at the next meeting. The CQC engagement meetings and monthly calls are ongoing. The CQC has reported that it is likely that a virtual inspection will be considered over the forthcoming weeks and it is possible that we will be one of the initial NHS Trusts for developing new virtual methodology.	1 4 5 40
Quality Account Draft	High	The final data and comments from stakeholders are now included in the report. The QA is not amended as a result of the feedback but discussions will be held around this with the stakeholders and actions will be considered for next year. This report will not be audited by KPMG this year due to Covid-19. The QA will be presented to the board at the end of May	All
CQC update	Medium	All actions were now complete from the last inspection although work continues on some of these areas to embed.	All

Report	Assurance level*	Committee escalation	ORR Risk Reference
		The quality surveillance tracker is now more structured and robust. There is currently a piece of work ongoing around data collection and performance. The Covid-19 impacts are having an effect on some of the CQC areas and revised trajectory and plans are now being considered.	
Health and Safety Executive Communication	High	The Health and Safety Executive have confirmed that LPT have complied with the Notification of Contravention Letter issued on the 11th October 2019 and that whilst an additional follow up visit would have been ideal, with the current COVID-19 situation, it is not reasonable or proportionate.	9 10 11
Safeguarding Update Briefing	High	Oversight on all aspects of safeguarding continues. It is anticipated that post lock down there will be a significant increase in domestic abuse referrals which is being monitored by LLR Adult/Children Safeguarding partnership Boards. Prevent and MAPPA both continue as business as usual. Governance continues to be strong with bi-monthly Legislative Committee meetings continuing to be held in a virtual format. In addition to this in the months when there is no Legislative Committee, there will be a safeguarding group meeting which DR is managing. The governance of this meeting will be through the Legislative Committee.	1 2
Suicide Prevention Update	High	The report pulls together all the information and reports it in one place for the first time. The report provides QAC with assurance that LPT are aware of the risks and specifically the increased risks due to Covid-19 and are reacting as evidence arises.	2 6 26 40
Performance Report – Month 12	Not Given	This was discussed at FPC19.05.20 12.30pm with any QAC questions being raised by LR on behalf of QAC members.	20 40
Quality Forum Highlight Report and routine reports including Positive and Safe Quarterly Report and Patient Safety Incident and Serious Incident Learning	Medium	The hand hygiene audits are being developed to be more robust with the new audit app. To date there has been low engagement with this new app and QI work both internally and externally is being carried out. It is anticipated that the May audit results will be much improved. Complaints investigations are on pause but this is being reviewed as the Patient Experience Team are keen to work through the backlog. QAC agreed that they had received high	1 2 3 4 5 6 8 40

Report	Assurance level*	Committee escalation	ORR Risk Reference
Assurance Report for March and April 2020		assurance on a number of areas but medium assurance as more information was required around hand hygiene, data from the Mental Health Act, seclusions and Duty of Candour . There was a lack of assurance due to absence of details of actions to be taken if necessary. The Quality forum was asked to feedback at the next QAC on these specific areas.	
Strategic Workforce Committee Highlight Report	High	Staff health and wellbeing initiatives continue to be received positively by staff. Absence due to Covid-19 stands and 6.4 – 6.7 and general sickness absence at 4.5 – 4.8. A Covid buddy scheme has been developed to support staff with anxiety and feelings of isolation. Protected characteristic staff networks continue to meet virtually and are well attended and received. The reduction in clinical supervision compliance may be due to lack of recording rather than less supervision taking place and ways of tackling this are being discussed. Virtual training sessions for risk assessments for BAME staff have taken place.	24 25 26 27
Transforming Community Care	Medium	Mark Roberts and Rohit Gumbar presented the update on Transforming Community Care following on from the board presentation earlier in the year. DW is taking a lead strategic role in the transforming community care plan and is also the LD buddy Director. The team have responded well to the ongoing challenges in this area and a change in pace is evident. MR confirmed that the trajectory going forward is in the process of being established and will be in place from 1st September 2020. QAC received medium assurance from this paper. Whilst there is a plan in place demonstrating grip and control operationally, it is in its very early stages, measures of success are not clear yet and a lot of work is needed. In addition success will only be achieved if there is a system wide buy in to the changes required. Further follow up on the plan will be through the transformation committee reporting to FPC.	1 5 8 10 12 26
QAC Work plan Review	NA	Paper authors and Directors advised to check plan and be aware when papers due as now all papers due and not submitted will be noted in the minutes.	20
Chair		Liz Rowbotham	

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JOINT FINANCE AND PERFORMANCE COMMITTEE / QUALITY

ASSURANCE COMMITTEE – 17 MARCH 2020

HIGHLIGHT REPORT

The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Strength of Assurance	Colour to use in 'Strength of Assurance' column below
Low	Red - there are significant gaps in assurance and/or not properly assured as to the adequacy of action plans/controls
Medium	Amber - there is reasonable level of assurance but some issues identified to be addressed.
High	Green – there are no gaps in assurance and there are adequate action plans/controls

Report	Assurance level*	Committee escalation	ORR/Risk Reference
Waiting Times Improvement – Update on Patient Harm Process **G** Well-governed **A** Access to Services	**Medium**	A detailed update on the work taking place and the process that had been followed was presented. The Waiting Times Group, which was a performance and business led group that focused on waiting times had merged with the Harm Assurance Task and Finish Group which had been set up to develop processes. A review would be undertaken in six months time to establish how well the two different functions were working together. Consideration would now be given to the assurance of both compliance by services to the principles of waiting list management and on how the Trust was learning from harm processes. The Committee was reasonably assured as there were processes in place but it acknowledged that assurance of harm processes was now required.	28
Cost Improvement Plan Quality Impact Assessment Process **G** Well-governed	**Medium**	An update on the review of the 2019/20 quarter 3 CIP quality impacts assessment reviews was received, no concerns had been raised and all schemes would continue. Work was taking place with the PMO to ensure the review process was embedded in business as usual processes. QIAs for the 2020/21 schemes were currently being collated from the finance leads and the process of review and approval would then begin. Discussion focused on how the Joint FPC/QAC could receive assurance on the embedding of the QIA process. The Committee agreed the Transformation Committee was the most likely committee the process would report into and it would be asked to provide some clarity.	17

Report	Assurance level*	Committee escalation	ORR/Risk Reference
		The Committee was reasonably assured with the processes in place.	
Organisational Risk Register **G** Well-governed	**High**	A large scale refresh had been undertaken during March 2020, each risk had been reviewed, revised and fully populated. In February 2020 there were 36 risks, in March there were 27 risks which provided clarity and significantly reduced duplication. Eleven risks had been closed including EU exit, reputation of the Trust and failure to secure the resources and develop a PMO. The financial risks had been changed substantially, a number of new risks had been added including one for COVID-19. The Committee went through the ORR risk by risk, made comments and suggested a number of further amendments to be made. The Committee was fully assured on the work taking place to review the Organisational Risk Register.	All
New Care Models (Forensic, CAMHS and Adult Eating Disorders) **G** Well-governed		Two partnership agreements for the operation of new care models were presented. LPT was to be involved in three new care models, Forensic would start from 1 April, CAMHS and Adult Eating Disorders from October however, NHSE may delay the start dates because of the COVID-19 situation. The lead provider for CAMHS would be NHFT, and LPT would be lead provider for Adult ED. The partnership agreement presented was not now the final version. Discussion took place around the general principles for all new care models and the contracting difficulties. Concern was raised about the transparency of the commissioning arrangements, the Committee agreed that caution needed to be used between the commissioning function and the operational function. FPC/QAC approved in principle the partnership agreements for the operation of new care models on behalf of Trust Board and agreed that final agreement would be done through a virtual committee.	

Chair	Liz Rowbotham, Non-Executive Director

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Meeting Name and date	Trust Board – 27 May 2020
Paper number	I

Name of Report - **SAFE STAFFING - APRIL 2020 REVIEW**

For approval		For assurance	☑	For information	

Presented by	Anne Scott	Author (s)	Emma Wallis

Alignment to CQC domains:		Alignment to LPT priorities for 2019/20 (STEP up to GREAT):	
Safe	☑	S – High Standards	☑
Effective		T - Transformation	
Caring		E – Environments	
Responsive		P – Patient Involvement	
Well-Led		G – Well-Governed	☑
		R – Single Patient Record	
		E – Equality, Leadership, Culture	
		A – Access to Services	
		T – Trust wide Quality improvement	
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group	Date

Assurance: What level of assurance does this report provide in respect of the Organisational Risk Registers?	Links to ORR risk numbers
Partial; Established processes are in place to monitor and ensure staffing levels are safe and that patient safety and care quality is maintained. Due to Covid-19 national and Trust data collection for safe staffing paused, no fill rates against planned staffing or CHPPD.	1,4,26
Recommendations of the report	

Recommendations of the report
The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained.

TRUST BOARD – 27 MAY 2020

SAFE STAFFING – APRIL 2020 REVIEW

Introduction/Background

1   This report provides an overview of nursing safe staffing during the month of April 2020, including an overview of staffing areas to note, updates in response to the COVID-19 pandemic, potential risks and actions to mitigate the risks to ensure that safety and care quality are maintained.

2   The report triangulates workforce metrics, quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. A summary is available in Annex 1.

Recommendations

3   For the Trust Board to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained.

Discussion

Trust level highlights for April 2020

Right staff

- Nationally, four actions were put into place to expand the nursing workforce in response to the COVID-19 pandemic;
  - Pass legislation to establish a COVID-19 temporary emergency NMC register to invite nurses who have left within the last 3 years
  - Encourage registrants not working in frontline roles to re-join clinical practice
  - Change the nature of the programme for undergraduate students to opt to undertake their final six months in clinical placement (aspirant nurses)
  - Establish an emergency register for students whom opt to do this

- Subsequently the NMC issued an update on 7 May 2020 to state that in collaboration with the UK chief nursing officers, royal colleges, trade unions and council of deans made the decision to support undergraduate students to opt in to clinical placement but not to establish a specific student part of the temporary register

- LPT have 27 aspirant nurses, from DeMontfort, Coventry and Open Universities whom are working across our inpatient services in all 3 directorates.

- Temporary worker utilisation rate decreased this month 3.69%; reported at 20.0% and Trust wide agency usage decreased this month by 1.02% to 3.0%. The decreased bank

and agency utilisation in April 2020 reflects the reduced bed occupancy and flexed staffing levels to meet the patient needs.

- The following wards utilised above 6% agency staff; Belvoir, Griffin, Clarendon, Beechwood, St Lukes Wards 3 and CAMHS Ward 3. These wards have a combination of factors that have resulted in higher use of agency staff; high vacancy factors, higher sickness levels, increased patient acuity and dependency and/ or hard to fill bank shift areas

- There are ten inpatient 'areas to note' identified either by; high percentage of temporary worker/agency utilisation or by the Head/Deputy Head of Nursing due to concerns relating to increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.

- There are eight community team 'areas to note'. Staffing and case-loads are reviewed and risk assessed across service teams using patient prioritisation models to ensure appropriate action is taken to maintain patient safety.

Right Skills

- On 24 March 2020, the Trust made the decision to cancel all face to face courses until 30 June 2020 and all subject compliance dates have been extended by six months. As of 30 April 2020 Trust wide;
    - Appraisal at 91.3% GREEN
    - Clinical supervision at 67.4% RED

- In response to the COVID-19 pandemic FFP3 Mask Fit Test training commenced. First priority has been given to those staff working in areas/services that conduct Aerosol Generating Procedures (AGPs)such as the Diana team, Community Hospital wards, ECT, Langley and SALT, however all staff are able to book through uLearn. As of 30 April 2020;

    - An additional 27 mask fit trainers have been trained to support the Trust mask fit training programme and deliver test training locally
    - 135 fit test sessions are available per week at the Glenfield training centre
    - A total of 465 staff has attended mask fit test sessions.
    - 351 have had a successful pass result.
    - 114 have had a fail result; those that have failed are rebooked to try again with a sweet BITREX solution if due to taste, those that fail due to face shape cannot undertake AGPs whilst alternative FFP3 masks are procured and they are fit tested for these.
    - 89 staff did not attend the session they were booked onto

Right Place

- The Trust three 'COVID-19' wards; Beaumont, Gwendolen and East Ward continue to operate to maintain separation between possible and confirmed COVID-19 patients and support patient and staff cohorting.

- The Trust surge capacity beds have not been utilised as of 30 April 2020.

- In total 80 staff members across FYPC were redeployed to CHS with the first cohort commencing 6th April 2020. Redeployment to other areas continued throughout April 2020 with a number of staff still awaiting redeployment to CHS hubs until it was evident that this would not be necessary at this time.

Staff leave data

- The table below shows absence captured by the HR isolation sheet as at 30 April 2020;

Self-isolate – Household Carer	24
Self-isolate – Household WFH	26
Self-isolate – Symptomatic	179
Self-isolate – Vulnerable Group	148
Undefined	14

Confirmed Covid-19 cases	25

Covid related absence	391
General absence	267

Total Workforce	5329

Covid related absence	7.34%
General absence	5.01%
Total absence	**12.35%**

Table 1 – Trust COVID-19 and general absence – 30 April 2020

	AMH	Bank	CHS	Enabling	FYPC	Hosted	LD	MHSOP	Grand total
Self-isolation – Household carer	4	0	11	1	2	0	2	4	24
Self-isolation – Household WFH	8	0	8	1	5	0	1	3	26
Self-isolation – Symptomatic	48	15	56	9	21	4	10	16	179
Self-isolation – Vulnerable Group	28	1	53	13	34	1	9	9	148
Undefined	4	0	5	1	4	0	0	0	14
Totals	**92**	**16**	**133**	**25**	**66**	**5**	**22**	**32**	**391**

Table 2 – COVID-19 absence by Directorate – 30 April 2020

In-patient Staffing

4   Summary of inpatient staffing areas to note;

Wards	Feb 2020	March 2020	April 2020
Hinckley and Bosworth - East Ward	X	X	X
Hinckley and Bosworth – North Ward	X	X	
Beechwood	X	X	X
Clarendon		X	X
Feilding Palmer	X	X	X
St Lukes Ward 1	X	X	
St Lukes Ward 3	X	X	X
Coalville Ward 2	X		

	Feb	Mar	Apr
Coleman	X		
Gwendolen		X	X
Welford	X		
Beaumont		X	X
Belvoir	X	X	X
Griffin	X	X	X
Watermead	X		
Agnes Unit	X		
Langley		X	
Bosworth (CAMHS)	X	X	X

Table 3 – In-patient staffing areas to note

5   Areas to note are identified either by the Head/Deputy Head of Nursing due to; high percentage of temporary worker/agency utilisation, or concerns relating to; increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.Covid-19 wards are also identified as areas to note; East Ward Hinckley, Beaumont and Gwendolen Wards.

6   The following wards utilised above 6% agency staff; Belvoir, Griffin, Clarendon, Beechwood, St Lukes Wards 3 and CAMHS Bosworth. These wards have a combination of factors that have resulted in higher use of agency staff; high vacancy factors, higher sickness levels, increased patient acuity and dependency and/ or hard to fill bank shift areas.

7   Number of occupied beds, temporary workforce percentage together with the NSIs that capture outcomes most affected by nurse staffing levels is presented in the tables per in-patient area by service and directorate in Annex 2.

Community Teams

8   Summary of community 'areas to note';

Community team	Feb 2020	Mar 2020	April 2020
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East Central Hub – Community Nursing	X	X	X
Hinckley and Bosworth – Community Nursing		X	X
Healthy Together – City (School Nursing only)	X	X	X
Healthy Together – East	X	X	X
Health Together - West	X	X	X
CAMHS County - FYPC	X		
Diana service	X	X	X
Charnwood CMHT	X		
City West CMHT - MHSOP	X		

Table 4 – Community areas to note

9   Community areas to note are identified either by the Head/Deputy Head of Nursing due to; high percentage of temporary worker/agency utilisation, or concerns relating to; increased case load, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.

10   The Diana service is currently staffed at 80% and at an amber prioritisation implemented prior to the Covid-19 pandemic and continues at amber.

11   Whilst there are no 'areas to note' in AMH/LD in April 2020, Covid-19 pandemic and emergency planning for surge has impacted on community teams. Non-essential community services have temporarily closed, and staff from the Mett Centre and Recovery College have been redeployed to inpatient areas. Within other community services, face-to-face contacts have been suspended wherever possible, and telephone appointments are now offered. Referrals and demand for services have decreased over recent weeks, although the services are planning for an increase in clinical need as we move through the pandemic.

Throughout April 2020, community work streams have met to plan the service response to Covid-19 and an escalation plan has been developed for use if the community teams become depleted due to sickness, self-isolation or redeployment to inpatient services. So far, this plan has not needed to be implemented and the teams have coped well with the clinical demand.

From mid-April 2020, the teams have introduced a Central Access Point (CAP): this new telephone service operates 24 hours a day, seven days a week, as collaboration between the community mental health teams and the crisis resolution and home treatment team. The CAP has appointed a Team Manager and senior clinicians, and is well supported by an experienced administration team.

Conclusion

11   In light of the triangulated review of workforce metrics, nurse sensitive indicators and patient feedback, the Acting Director of Nursing, AHPs and Quality is assured that there is sufficient resilience across the Trust not withstanding some areas to note, to ensure that every ward and community team is safely staffed.

Presenting Director: Anne Scott – Acting Director of Nursing, AHPs and Quality

Author: Emma Wallis – Associate Director of Nursing and Professional Practice

Annexe 1: Inpatient Ward triangulation staffing and NSIs.

Trust thresholds are indicated below;
- Temporary worker utilisation (bank and agency);
  - green indicates threshold achieved less than 20%
  - amber is above 20% utilisation
  - red above 50% utilisation

- Quality Schedule methods of measurement are RAG rating;
  - B – Less than 6% of clinical posts to be filled by agency staff
  - Red above 6% agency usage

Adult Mental Health and Learning Disabilities Services (AMH/LD)

Acute Inpatient Wards

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Ashby	91.9%	23%	5%	18%	2↑	1↓	0
Aston	84.6%	17%	1%	16%	0↓	1↑	0
Beaumont	16.1%	10%	0%	10%	1	2↓	0
Belvoir Unit	89.7%	34%	8%	26%	1↓	1↑	0↓
Heather	78.3%	13%	1%	12%	1↓	0↓	0↓
Thornton	93.8%	19%	0%	19%	0↓	0↓	4↑
Watermead	75.5%	16%	1%	15%	1↑	2↓	0
Griffin F PICU	66.7%	35%	10%	25%	1↑	0	0
TOTALS					8↓	7↓	4↑

Table 5 - Acute inpatient ward safe staffing

A review of the NSIs and patient has not identified any staffing impact on the quality and safety of patient care/outcomes. The four complaints received on Heather Ward were from all from one relative in relation to restricted visiting due to COVID-19.

Learning Disabilities (LD) Services

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Agnes Unit	50.0% (Pod 1) 80.0% (Pod 2) 75.0& (Pod 3)	30%	2%	28%	0↓	3↓	0
The Gillivers							
The Grange							
TOTALS					0	3↓	0

Table 6 - Learning disabilities safe staffing

No data presented for short breaks due to being closed. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes for the Agnes Unit.

Low Secure Services – Herschel Prins

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
HP Phoenix	91.7%	6%	0%	6%	0	0	0

Table 7- Low secure safe staffing

There were no medication errors, falls or complaints in April 2020.

Rehabilitation Services

Ward	Occupied beds	Temp Workers %	Agency %	Bank %	Medication errors	Falls	Complaints
Skye Wing	80.8%	24%	1%	23%	0	11↑	0
Willows Unit	96.0% (Acacia) 54.7% (Cedar) 96.7% (Maple) 79.7% (Sycamore)	20%	0%	20%	1↓	0↓	0
Mill Lodge	77.9%	31%	2%	29%	0↓	14↑	0
TOTALS					1↓	25↑	0

Table 8 - Rehabilitation service safe staffing

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

There was an increase in falls at Mill Lodge higher than the previous three months. Detailed analysis has shown that the falls were experienced by seven different patients. Two themes were identified; falls that were actual 'rolls' on to mattresses or modular mats and falls due to patients experiencing symptoms of gait bradykinesia, stride variability, reduced movement, coordination and poor balance.

There was also an increase in falls at Stewart House in comparison to other months. Analysis has shown that nine of the eleven falls were related to one patient. The patient uses a wheel chair and lowers them self to the floor if they feel that they are going to fall. The patient is reluctant to use the nurse call system before transferring from or to their wheelchair. The team have requested an Occupational Therapy & Physiotherapy review.

Community Health Services (CHS)

Community Hospitals

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
FP General	62.3%	19%	2%	17%	1	0↓	0
MM Dalgliesh	55.2%	9%	1%	8%	0↓	1↓	0

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Rutland	47.5%	15%	1%	14%	0↓	2↑	0
SL Ward 1	58.7%	8%	0%	8%	1↓	6	0
SL Ward 3	63.8%	21%	11%	10%	0↓	6↑	0
CV Ellistown 2	38.0%	3%	1%	2%	1↑	2↓	0
CV Snibston 1	60.9%	8%	2%	6%	0	3↓	0
HB East Ward	43.0%	33%	5%	28%	2↑	8↑	0
HB North Ward	48.8%	14%	3%	11%	0	1↓	0
Swithland	57.4%	14%	5%	9%	0	2↓	0
CB Beechwood	75.0%	19%	8%	11%	0	5↑	1↑
CB Clarendon	55.4%	14%	9%	5%	1↓	4↓	0
TOTALS					6↓	40↓	1↑

Table 9 - Community hospital safe staffing

A review of the NSIs for the community hospital wards has identified that there was an reduction in falls incidents from March 2020 to April 2020 overall across the community hospitals wards, however there was an increase on East Ward, Hinckley and Bosworth Community Hospital and Ward 3 St Luke's Hospital. Review of the increased incidences has identified that on each ward one patient had repeat falls. The review has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
BC Kirby	75.4%	31%	4%	27%	0↓	12↓	0
BC Welford	73.6%	14%	3%	11%	1↑	11↑	0
Coleman	60.6%	17%	1%	16%	0	4↓	0
Gwendolen	38.3%	13%	3%	10%	0↓	4↓	1
TOTALS					1↓	31↓	1

Table 10 - Mental Health Services for Older People (MHSOP) safe staffing

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

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

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Langley	64.0%	33%	2%	31%	2↑	0	0↓
CAMHS	67.3%	33%	6%	27%	0	0	0↓
TOTALS					1	0	1↑

Table 11 - Families, children and young people's services safe staffing

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

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![NHS Leicestershire Partnership NHS Trust logo]

TRUST BOARD – 27ᵗʰ May 2020

**Guardian of Safe Working Hours Quarterly Report
February 2020 to April 2020**

1. Introduction

The Report:

i)   Provides assurance to the Trust Board that doctors in training in LPT are safely rostered and have safe working hours that comply with the Terms and Conditions of Service

ii)   Shows that seven exception reports have been raised in this period

iii) Gives information on staffing levels and rota gaps.

iv)   Provides summary information in relation to COVID-19 and the impact on medical trainees.

2. Recommendations

The Report is to provide assurance to the Board.

3. Work Schedules

As required under the Terms and Conditions of Service (TCS), generic and personalised work schedules continue to be provided to trainees in accordance with the code of practice and outline the working pattern; pay; training opportunities; key contacts and time for education, handovers, breaks and rest periods.

4. Exception Reports

Exception reporting is the mechanism for all doctors employed on the 2016 Junior Doctors Contract to inform the Trust when their day to day work varies significantly and/or regularly from the agreed work schedule. The reports are raised electronically using the "Allocate" rostering system.

Seven exception reports have been received in this quarter. Five of the exception reports are from trainees on the CDR rota covering the Emergency Department (ED) at the Leicester Royal Infirmary (LRI) in getting 5 hours continuous rest between 10pm-7am. Two of the exception reports relate to the Specialty Registrars (StR) rota - one was due to a communication error and one was due to total rest received during an on call shift.

5. Central Duty Rota (CDR)

There have been three meetings with the medical trainees, led by the Medical Director, to

consult upon changing the CDR working pattern in the ED. It has been agreed that the CDR working pattern needs to change to a full shift system as soon as possible. A proposal was also put forward to merge the Evington rota into CDR so that one doctor covers A&E, Evington, The Willows and Arnold Lodge. This will enhance the learning opportunities for trainees currently on the Evington rota which are considered to be limited currently. Working pattern variations have been considered such as having a second doctor on shift until 10pm to support evening work although agreement has not yet been reached with the trainees on this. A follow up meeting was arranged for 3rd April 2020 to finalise the CDR/Evington working pattern(s) but was postponed due to the COVID-19 Pandemic.

On 6th April 2020 LPT launched a 24 hour urgent mental health care hub at the Bradgate Mental Health Unit in response to COVID-19. People are referred to the hub from the police, NHS111, the crisis team, other LPT services, GPs and the ED at the LRI. The new service was established to reduce the number of people attending the ED at LRI. Medical trainees on the CDR have been covering the new hub and report attendances are well managed, their working pattern is safe and rest is achieved.

6.   **COVID-19 Pandemic**

As a result of the COVID-19 Pandemic the rotation for GP and Foundation Trainees in April 2020 was been postponed.

Two foundation trainees have been redeployed into alternative roles. One to the University Hospitals of Leicester NHS Trust (UHL) – at the trainees request, and one from Old Age Psychiatry to Coalville Hospital. Two GP trainees have also been redeployed to support the surge Community wards.

There are currently 4 StRs shielding, working from home. There is no other significant absence in the medical trainee workforce.

7.   **Rota Gaps and re-design**

Gaps in the current rotation;

- FY2 x2   no cover
- CT x4   3 posts no cover, 1 post covered by LAS
- StR Adult x6   no cover
- StR OA x3   no cover
- StR CAMHS x2   no cover
- StR LD x 1   no cover

Each service area is managing the gaps in Junior Doctor placements to meet clinical need.

8. **Engagement**

The last Junior Doctor Forum took place on 6th March 2020 and was well attended.
The next will be arranged as a remote meeting to take place in mid May and will
focus on the review of the working pattern for doctors working in A&E.

Presenting Director: Dr Sue Elcock, Medical Director
Authors: Dr Amala Maria Jesu, Guardian of Safe Working Hours
                         Angela Salmen, Medical Staffing Manager

<u>Appendices</u>

Appendix A   Locum Hours – Internal Bank and Agency
                    (1st February 2020 – 30th April 2020)

Appendix B   12 month summary data
                    Exception reports

Locum Hours (Internal Bank and Agency)
1st February 2020 – 30th April 2020

Locum bookings by Rota				
Rota	Number of shifts vacant	Number of shifts filled by Internal Bank	Number of shifts given to agency	Number of shifts filled by agency
Bradgate / Bennion	36	36		
Evington	31	31		
Central Duty Rota	20	20	Nil	
StR East	11	11		
StR West	14	14		
Total	112	112		

Locum bookings by reason				
Reason	Number of shifts vacant	Number of shifts filled by Internal Bank	Number of shifts given to agency	Number of shifts filled by agency
Vacancy *	51	51		
Sickness	24	24		
Maternity / Paternity	4	4		
Special Leave	2	2		
COVID19	31	31	Nil	
Temporary removal of trainee from rota**				
Total	112	112		

* includes Less Than Full Time (LTFT)

** may be due to reasonable adjustments recommended by Occupational Health or Heath Education East Midlands/Associate Director for Medical Education

Summary Data

Exception Reports

Reason for exception report	May'19 – July'19	Aug'19 – Oct'19	Nov'19 – Jan'20	Feb'20 – Apr'20
Working Hours	2	6	3	6
Training issue	0	0	0	0
Other reason	1	1	0	1
Total	3	7	3	7

Meeting Name and date	Trust Board 27th May 2020
Paper number	K

Name of Report
Patient Safety Incident and Serious Incident Learning Assurance Report for March and April 2020

For approval		For assurance	x	For information	x

Presented by	Anne Scott	Author (s)	Tracy Ward Head of Patient Safety

Alignment to CQC domains:		Alignment to LPT priorities for 2019/20 (STEP up to GREAT):	
Safe	x	S – High Standards	x
Effective	x	T - Transformation	
Caring	x	E – Environments	
Responsive	x	P – Patient Involvement	
Well-Led	x	G – Well-Governed	x
		R – Single Patient Record	
		E – Equality, Leadership, Culture	
		A – Access to Services	
		T – Trust-wide Quality improvement	x
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group	Date
Quality forum	07/05/20
Quality Assurance Committee	19/05/20

Assurance: What assurance does this report provide in respect of the Organisational Risk Register?	Links to ORR risk numbers
That incidents are reported and escalated for appropriate investigation. Investigations are robustly undertaken and learning identified and shared.	1 and 3

Recommendations of the report

Review and confirm that the content and presentation of the report of the incident provides assurance around all levels and categories of incidents.

Acknowledge that development of reporting is on-going and the presentation of the report may change as this develops.

- Be assured on the performance of SI report completion and the work to improve
- Be assured on the compliance with 'Being Open' and Duty of Candour'.
- Be assured systems and processes are in place to ensure effective investigations are undertaken that identify appropriate learning.
- Be assured that the quality assurance of these processes is continually reviewed.

Incident and Serious Incident Learning Assurance Report for March & April 2020

Introduction

During COVID 19, the CPST continue to work to monitor the safety of all patients. The Patient Safety Improvement Group are continuing to meet virtually to ensure focus and the subgroups continue to consider specific quality and safety areas, in particular within falls, pressure ulcers and the deteriorating patient.

The CPST will read all reported incidents to monitor for emerging themes during this unprecedented time of change and analysis will be shared with the Incident Control Centre (ICC) team each Friday to provide a temperature check and monitor for unintended consequences. All urgent incidents will be escalated immediately.

In relation to serious incidents finishing ongoing investigations and commencing new investigations is a challenge and alternative ways to identify learning are being sought using more concise investigations and bank and shielding staff.

Purpose of the Report

This document is presented to the Trust Board bi-monthly to provide assurance of the efficacy of the incident management and Duty of Candour compliance processes. Incident reporting supporting this paper has been reviewed to assure that systems of control continue to be robust, effective and reliable underlining our commitment to the continuous improvement of keeping patients and staff safe by incident and harm reduction.

The report will also provide assurance around 'Being Open', numbers of serious incident (SI) investigations and the themes emerging from recently completed investigation action plans, a review of recent Ulysses incidents and associated lessons learned.

Analysis of Patient Safety Incidents reported

The top 5 patient safety incidents reported via Ulysses (by harm, not volume) were reviewed using the Statistical Process Control Tool utilising the NHSI Toolkit.
Appendix 1 illustrates the total number of incidents reported which is showing an increase; which is positive as reporting of incidents and near misses is encouraged. However there is also an increase in the level of harm; which can be directly correlated to a focus on ensuring accuracy with the description of harm as a result of an incident and a change in the way pressure ulcers are reported; this will continue to be monitored using the SPC Tool.

Appendix 2 reports the following:
- All incidents reported via LPT Incident reporting system Ulysses

Appendix 3a – 3b reports the following:
- Pressure Ulcers Grades 2 and 4

Appendix 4a reports the following:
- All patient falls by numbers and harm

Appendix 5a reports the following:
- Self-harm 'Patient Suicides'

Appendix 5b reports the following:
- Self- harm by numbers and harm

Appendix 6a reports the following:
- All violence, assault and aggression by numbers and harm

Appendix 7 reports the following:
- Medication Errors/incidents across the Trust

Appendix 8a reports the following:

- Directorate top 5 reported incidents

Appendix 8b reports the following:
- Trust Wide overall Serious Incidents and Action Plan status

Appendix 9 reports the following:
- Lessons Learned/Learning

All incidents reported across LPT in March and April 2020

There was a peak of just under 1800 incidents reported in January which fell to just below 1700 in February; this is continuing to decrease through March and April. Staff have been reminded that incident reporting is important at this time to monitor for unintended consequences of actions.

Review of Top 4 Patient Safety Related Incidents

Pressure Ulcers

Patients affected by pressure ulcers developed whilst in LPT care

Since April 2019 NHSE have required organisations to think differently in relation to Pressure Ulcers and consider learning and not focusing on avoidability. Grade 4 Pressure Ulcers meet the criteria for 'Severe' harm and have been reported since April 2019 as 'Serious Incidents' undertaking a review of the patient's care to identify learning.

In March and April 2020 there have been no 'hospital acquired' grade 4 Pressure Ulcers; those reported have all been acquired or deteriorated from a lesser grade in the community.

The previous reports had identified a reduction in patients affected by Grade 4 Pressure Ulcers however there has been a slight increase in the reporting and an upward trajectory which will require monitoring.

Learning identified:
- Evaluation has identified that prevention strategy including Patient Education /Information is now the top 2 themes and is included in the "Your skin matters" action plan.
- A separate and ongoing review of Pressure Ulcer Serious Incident investigation reports is routinely undertaken by the Lead Nurse for Community Services and any key identified new issues are also added to the action plan.
- There has been a clear improvement with the focus on SSKIN Assessment compliance

(Appendix 3a,3b)

Pressure Ulcers on Admission not attributable to LPT care

The data continues to show a consistence in reporting and professional opinion suggests that this is due to the focus and training becoming embedded since the process changed in April 2019.

Guidance released in April 2019 by NRLS, "Implementing the Revised 2018 Pressure Ulcer Framework in Your Local Reporting System" requires that Pressure ulcers identified on admission are attributable to the reporting organisation and is now reported to NRLS.

Grade 4 Pressure Ulcers

There have been no 'hospital acquired' grade 4 pressure ulcers in March or April; all were acquired or deteriorated in the community. The previously described reduction has not been sustained. This has significantly affected patient care and impacts on equipment and staff resource required to provide care; it also impacts on the supervision of delegated care in the community. This is a continued, small but significant increase.

Falls

Across the Trust there has been an increase in the number of falls reported. This is likely to be related to the acuity of patients currently.
The falls group are continuing to meet and monitor these falls.

Within the MHSOP wards, the number of inpatient falls has remained high during January, February and March and there has been 3 moderate harm falls on Gwendolen. The ward is working with the CPST and the Falls group to consider additional interventions that may support this.
(see Appendix 4a Falls)

All Self- Harm including Patient Suicide

There was a sharp rise in self-harm 'moderate and above incidents' in January 2020 along with a decline in February. This has continued to reduce during March and April and this is likely to be as a result of reduced informal admissions. **(Appendix 5a and 5b related to Self-Harm)**

Suicide Reduction

LPT are part of the LLR multi agency approach to suicide prevention which focusses on patients in the wider community as well as being under the care of LPT. During this unprecedented time the Suicide Prevention lead is ensuring that we are working with partner agencies to support patients/staff and the wider community.

Zero Suicide for In-Patient Ambition Plan 2019/20

NHSE have worked with NHS Trusts to support and develop a zero approach to in-patient suicides resulting with a Trust-wide plan. This includes patients on authorised and unauthorised leave. Whilst developing this and on review of our local data, the focus of this work has been extended to include patient's within 10 days of discharge and patients under the care of the Crisis Team.
As this plan develops and learning is identified this approach will be widened. The suicide prevention group are keen to review the training and support offered in relation to suicide prevention. There is recognition that staff need to be supported to think differently which is supported through national evidence and local SI investigations have identified a need to engage more with patient's families to work collaboratively. We are working to produce information around 'common sense confidentiality' for patients and carers.
The plan will be governed by the Suicide Prevention Group and monitored against progress by the Learning from Deaths Group.

This data is shared by the Corporate Patient Safety Team to support the 'Suicide and Self-Harm Prevention Group'.

Violence, Assault and Aggression (VAA) – Including Staff feedback

Some emerging feedback from staff suggests that there is some more work to be done in relation to the management of violence and aggression in terms of reporting appropriately.

Some work that is emerging is the strengthening of a model to care for patients with a diagnosis of personality disorder which involves limited admissions with time limits and contracting with patients in relation to their self harming behaviour. The Suicide and self harm group are reviewing the relevant national learning and NICE guidance. Further training has also been identified and is part of ongoing work within the Directorates

We have seen an increase in overall VAA across the trust; this category of incident features in all 3 Directorate top 5 incidents. (Appendix 8a & b).

Medication incidents

Medication incidents remain in the top 5 category of incidents reported overall; there has been active encouragement for the consistent use of the BESS medication error tool to facilitate learning and a fair approach to supporting and managing staff following medication errors. (**Appendix 7a.)**

Appendix 8a
2 additional slides for information are included within this report which detail the top 5 reported Incidents for each Directorate illustratrating the level of diversity. Violence and Aggression has been reported in the top 5 reported incidents across the 3 clinical directorates, which demonstrates some of the challenges that the clinical teams face across the Trust.

Queries Raised by Commissioners / Coroner / CQC on SI Reports Submitted
There continues to be some identified time delays between submission and then response related to 'non closure' which we are working closely with the CCG to facilitate and actively chase feedback following their sign off process

Learning Lessons and Action Plan Themes

Pressure Ulcers
The Pressure Ulcer Scrutiny Template enables the Nutrition and Pressure Ulcer Group to capture themes from lessons learnt for all pressure ulcers developed / deteriorated in 'our care'. The results for quarter 3 have changed and 'valuation of prevention strategies' and 'Patient education' / 'information' are the top 2 themes and is included in the "Your skin matters" action plan. The previous theme of completion and review of SSKIN has seen an improvement and has been a focus on the action plan. An ongoing review of any pressure ulcer serious incident investigation reports is routinely undertaken by lead nurses within the CHS Directorate and any key identified new issues are also added to the action plan.

The group has continued to support staff with the following improvement plans:
- Finalised the "Your Skin Matters" action plan from Serious Incidents up to 31 December 2019 and will monitor progress on a monthly basis.
- Developed bitesize training sessions which have been completed by the majority of community nursing hubs, focussing on continence management and SSKIN.
- One hub has commenced the design of a patient and carer's education pack to replace the existing leaflet, which will involve patient & carer interaction and support. This piece of work will transfer to the trust wide pressure ulcer quality improvement plan to ensure this is available for all services and will follow the trusts approach to QI using PDSA to test improvements.

Falls
There were 5 key messages from the Falls group in February 2020:

1. **Bed Rails / Low Bed Assessment** - Ensure assessments are completed for use of bed rails/low beds and consider the safest option for the patient Clinical reasoning must be completed and included in the patient's record.
2. **Use of Crash Mats or Mattress** - For frail patients who are unlikely to try to get out of bed normally but at risk of rolling and falling from bed consider the use of a mattress rather than normal crash mats.
3. **Reassessment of Patients who Fall** - Consider reassessing a patient who has fallen, even if they did not incur harm, 24 hours after their initial fall to check for delayed pain or change of condition.
4. **Huddles - Post Fall Huddles** should be carried out as soon as practicality possible following a patient fall. The 'Remember—Huddles' campaign allows all staff, regardless of grade, to provide feedback and analyse why a patient fell.
5. **Falls CQUIN Goals (CHS)** - requires all patients to have a lying to standing Blood pressure recorded and a medication review during their stay and to ensure that each patient receives a mobility assessment within 24 hours of admission.

Duty of Candour

There were no declared Duty of Candour breaches for January and February 2020 from Directorates. The CPST continue to monitor the application of duty of candour and support staff to ensure this is compassionately applied.

Other CPST Update

Incident Review Process

The CPST has developed a new process that has been shared with all three directorate governance teams, Safeguarding Team, Health and Safety Team and the Patient Involvement and Experience Team that began in March 2020.

Weekly meetings have been commenced to discuss incidents or complaints that may meet the criteria for a higher level of investigation. This is a process used in other organisations and encourages multi-professional discussion and a more structured approach to identifying appropriate investigation methodology. The multi professional input is positive.

The incident oversight group has been monitoring the completion of serious incident action plans, there has been a deterioration in the position in relation to compliance.

Appendix 1

- The following slides show Statistical Process Charts of incidents that have been reported by our staff during March and April 2020

- (NB were there are not enough data points there are not upper and lower control limits)

- Any detail that requires further clarity please contact the Corporate Patient Safety Team

Appendix 2 - All Incidents Reported

All Incidents- starting 01/04/18
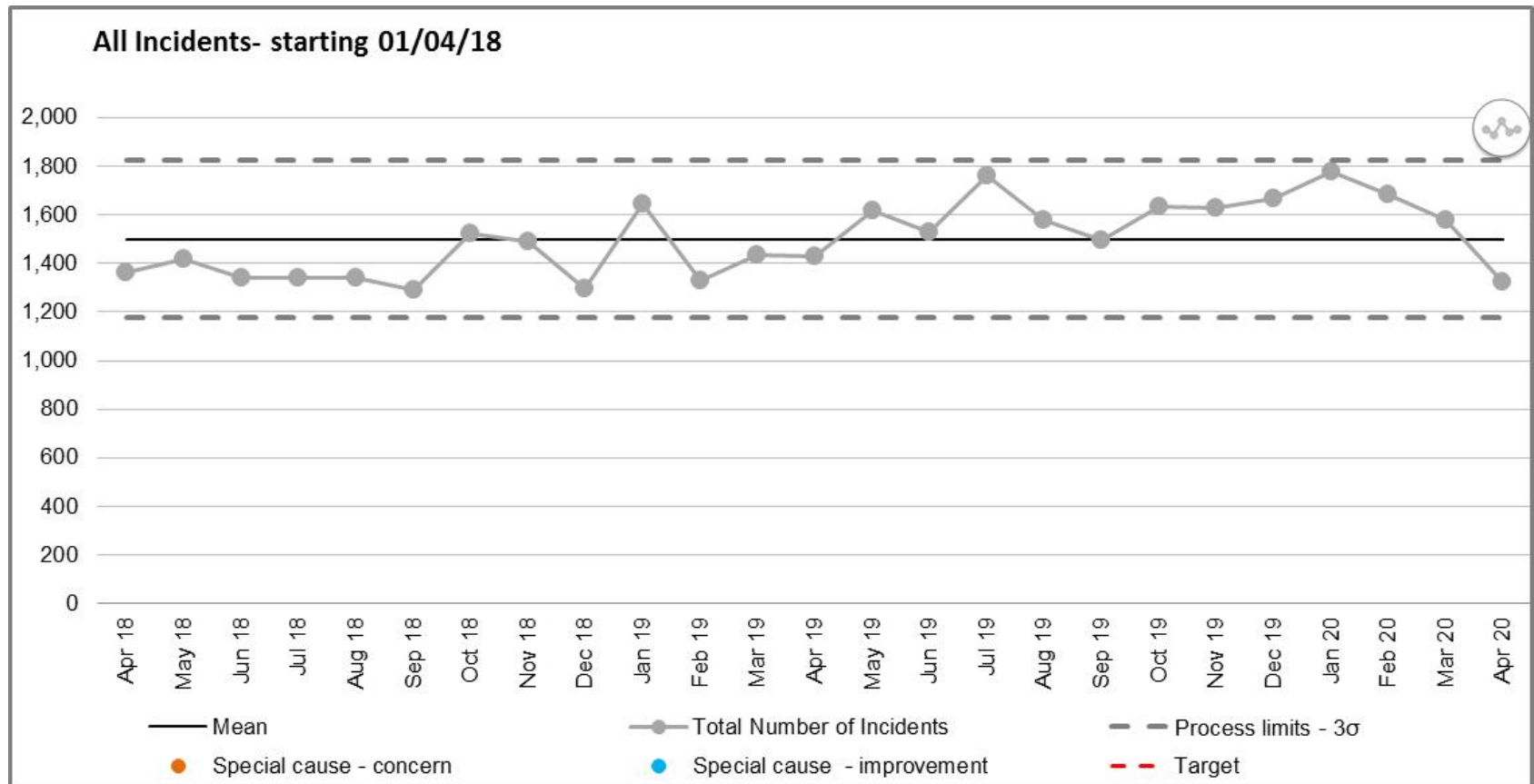
Appendix 3a. Pressure Ulcers Grade 2

Category 2 Pressure Ulcers Developed or Deteriorated in LPT Care- starting 01/04/19
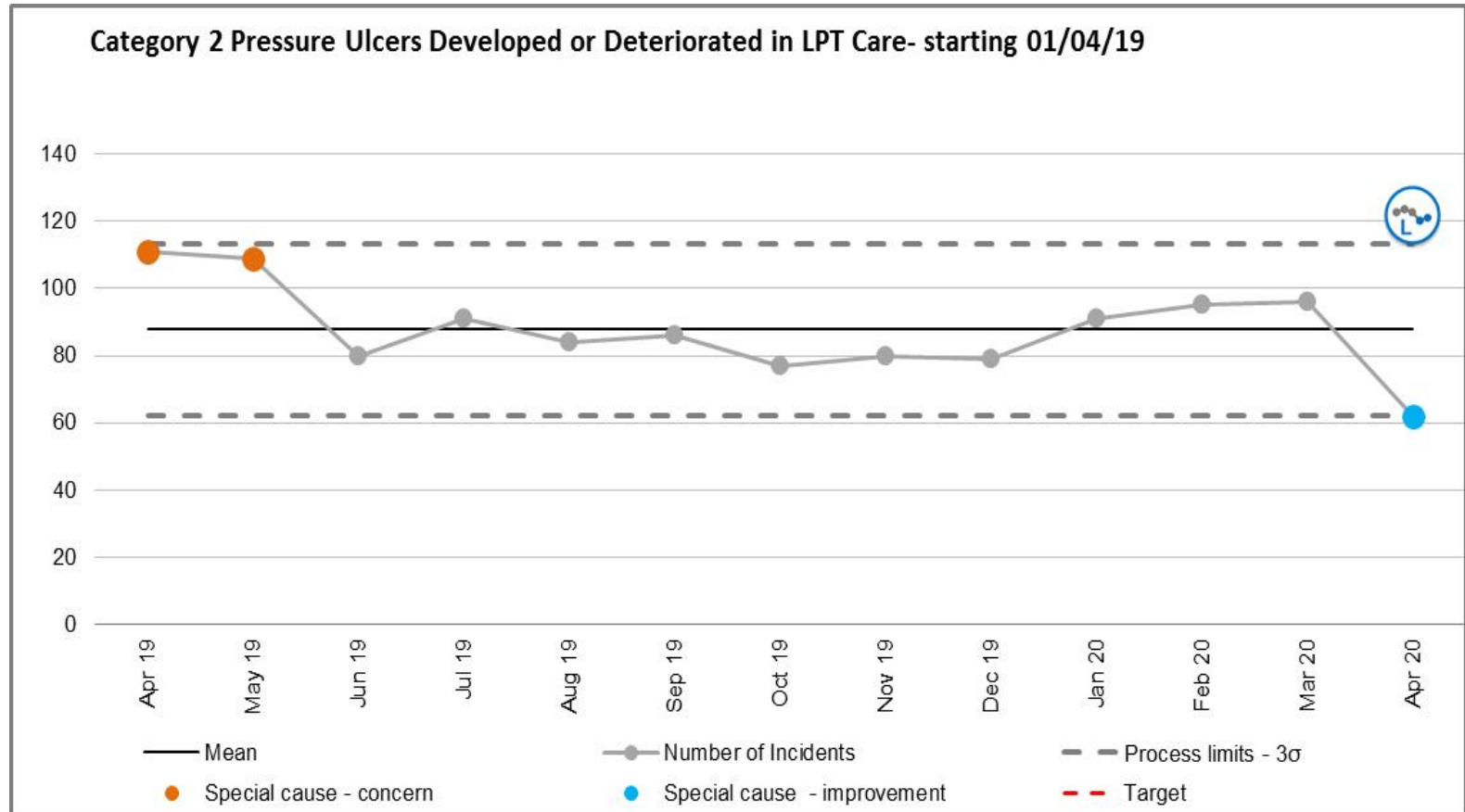
Appendix 3b.
Pressure Ulcers Grade 4

Category 4 Pressure Ulcers Developed or Deteriorated in LPT Care- starting 01/04/19
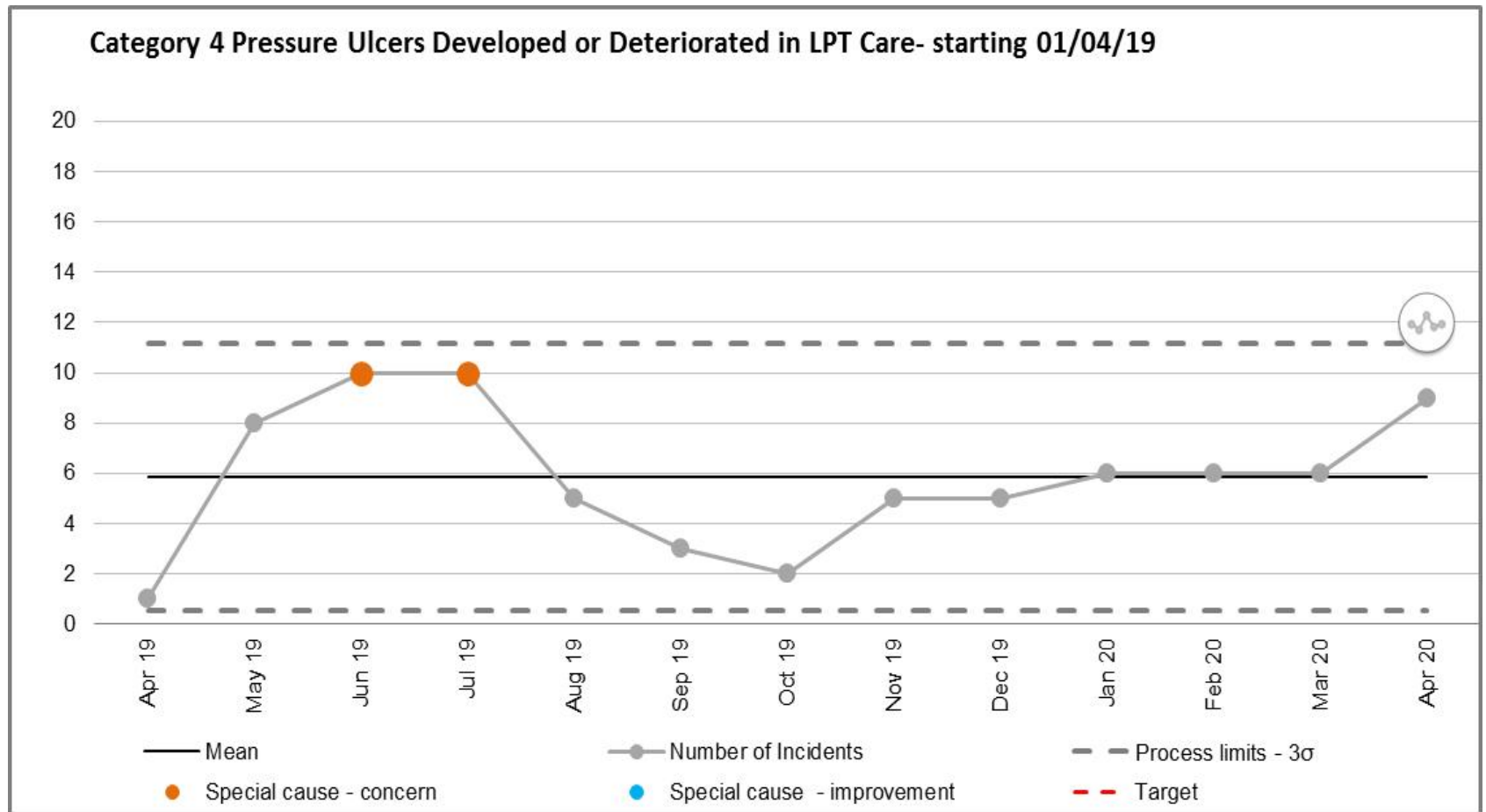
Appendix 4a. Falls

All Falls Incidents- starting 01/04/18
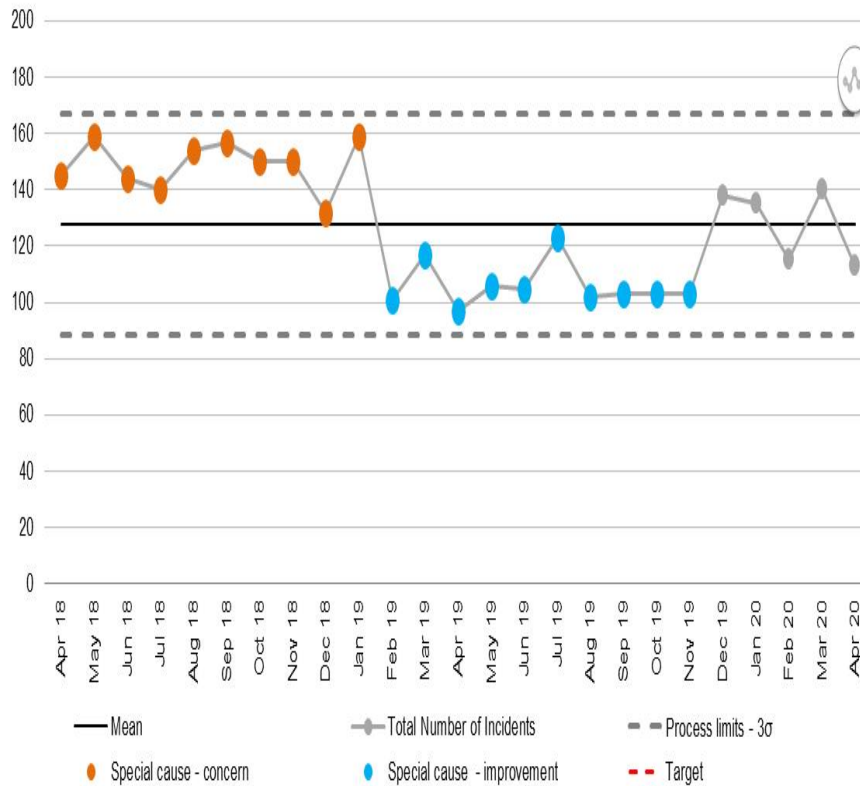
Falls Incidents - MHSOP and Community Hospital Inpatients- starting 01/04/18
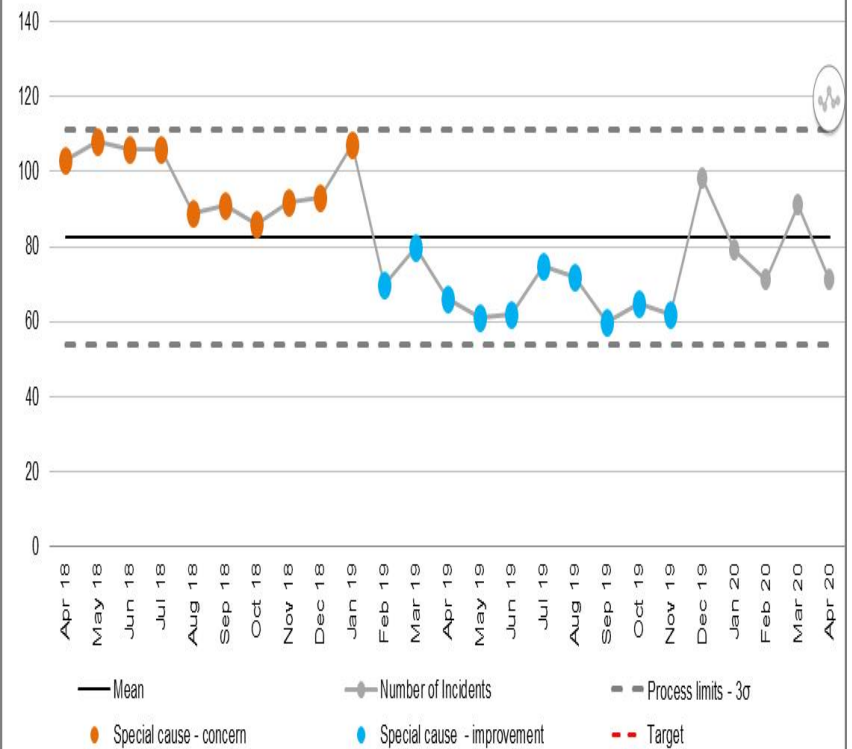
Appendix 5a. Top Reporting Incidents by harm 'not numbers' Patient Suicides
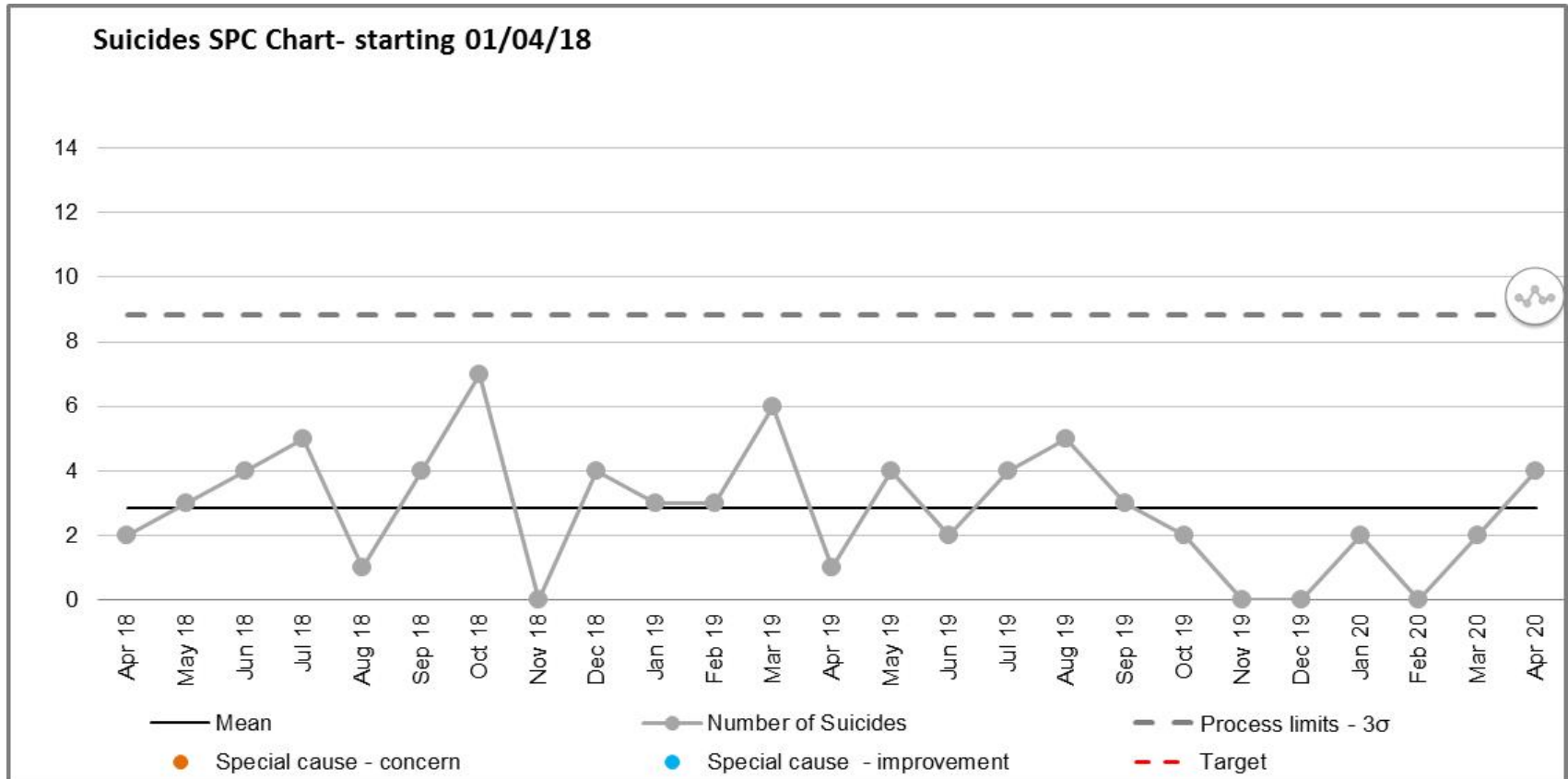
Appendix 5b. Top Reported Incidents by harm 'not numbers' Self - Harm
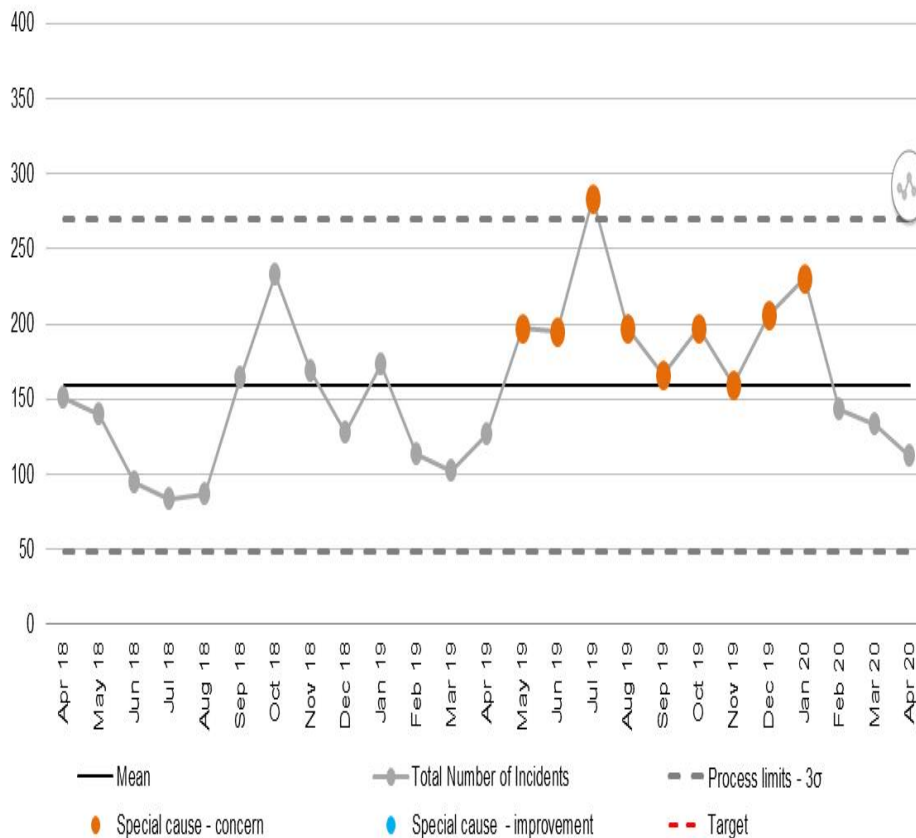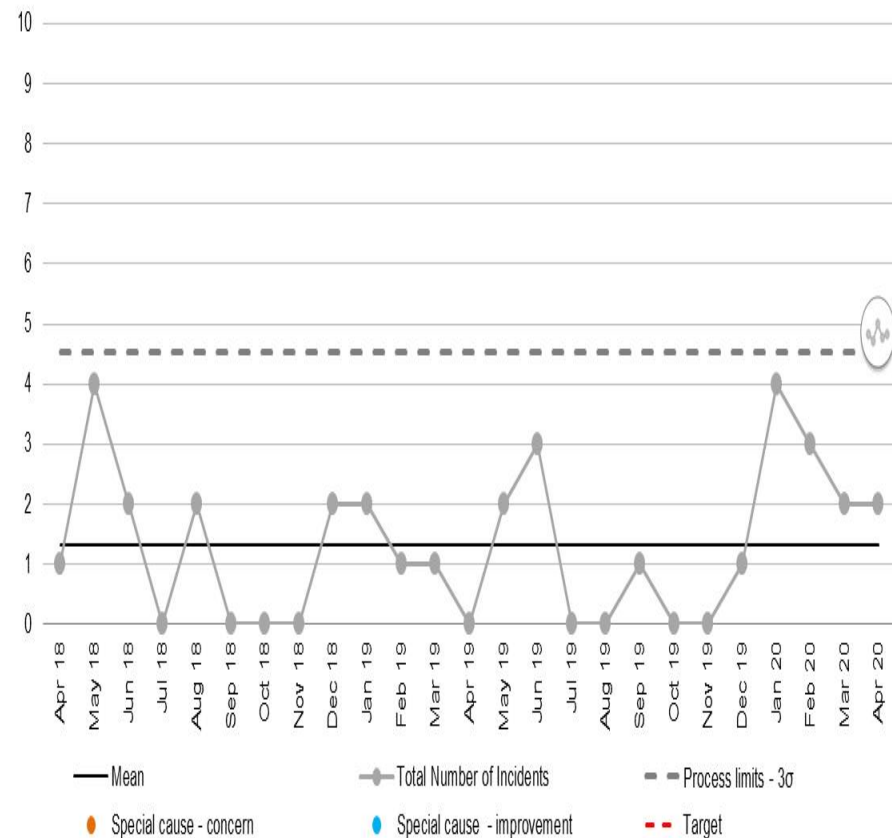
Appendix 6a. Top Reported Incidents by harm 'not numbers' – Violence, Assault and Aggression
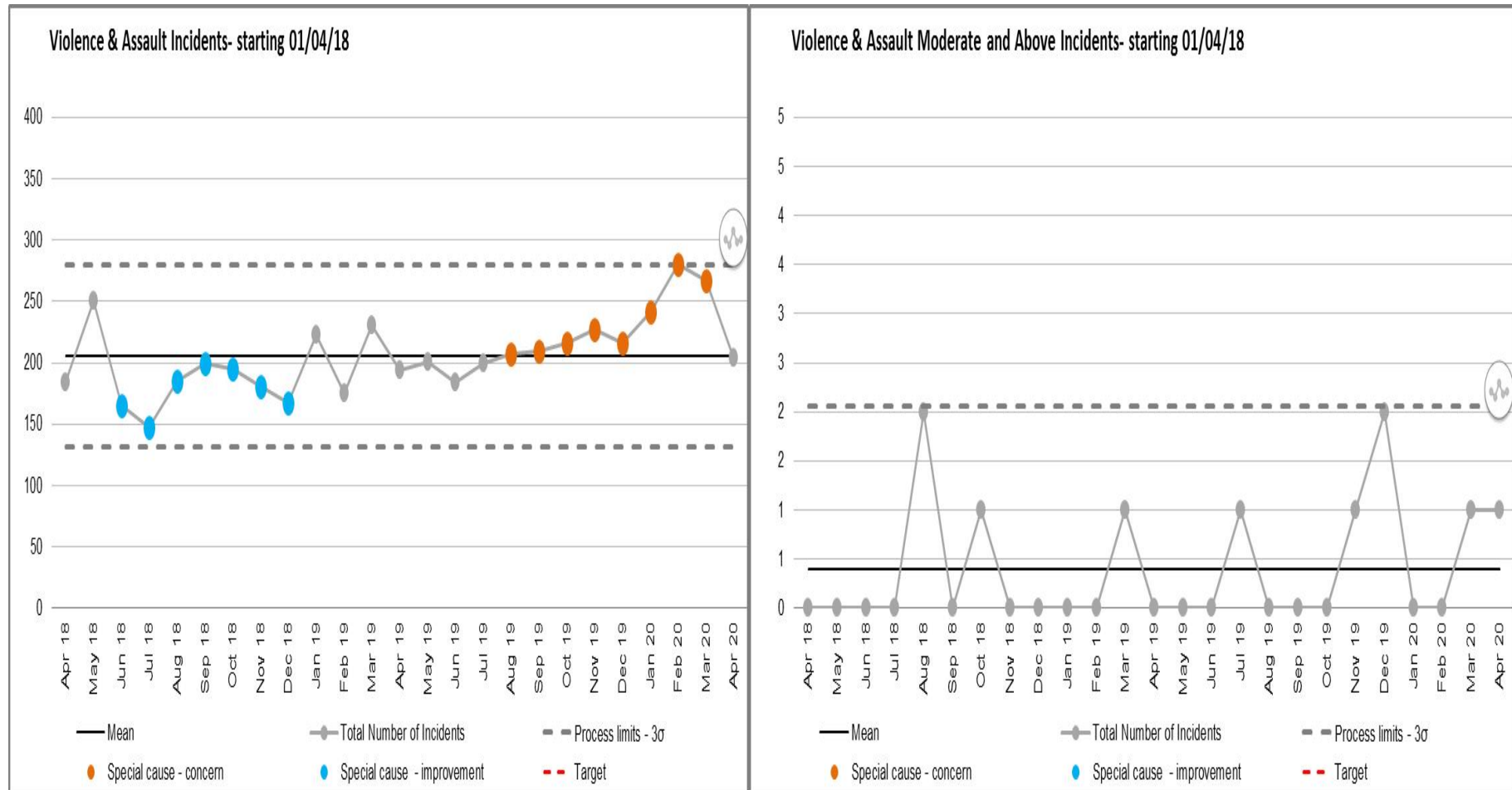
Appendix 7a. Medication Errors across the Trust

Medication Incidents- starting 01/04/18
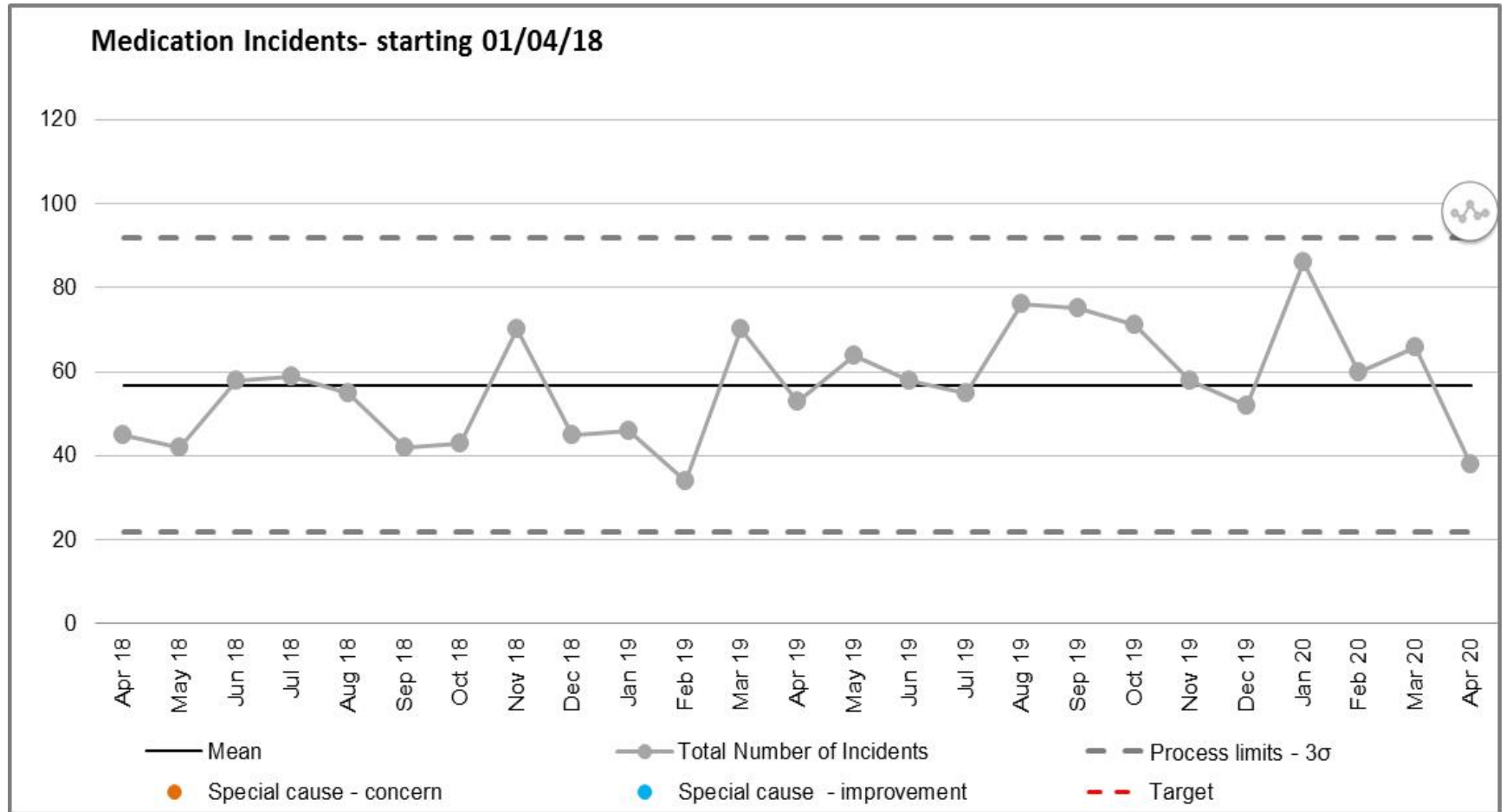
Appendix 8a cont Directorates Top 5 Reported Incidents

AMH/LD (became just AMH at start of April 2020, then Mental Health start of May 2020

1. Violence/Assault	350
2. Self Harm	136
3. Patient Falls, Slips, And Trips	77
4. Missing Patient	52
5. Security	46

FYPC (became FYPC/LD at start of April 2020

1. Self Harm	94
2. Violence/Assault	55
3. Communication	16
4. Infection Control	15
5. Case Notes & Records	13

Appendix 8a. Directorates Top 5 Reported Incidents

CHS (MHSOP moved to Mental Health Directorate at start of May 2020)

Tissue Viability	**837**
Patient Falls, Slips, And Trips	175
Violence/Assault	62
Infection Control	61
Medication	54

Appendix 8b StEIS Reported Serious Incidents (SI's) & Internal Investigations

		StEIS Notificati	SI INVESTIGATIONS							Internal Root Cause Analysis Investigations				
		Downgrade & removal requests	SIs declared AMH/LD	SIs declared FYPC	SIs declared CHS	Signed off within month	Within original deadline	SI Downgrade requests	Confirmed DoC breaches	AMH/LD	FYPC	CHS	Signed off within month	Within original deadline
2019/20 Q1	April	0	3	0	0	3	*	0	0	9	4	1	*	*
	May	0	7	2	4	3		0	0	2	4	0		
	June	0	3	1	10	3		0	0	4	2	0		
2019/20 Q2	July	0	6	0	11	2		0	0					
	August	0	2	0	4	7		0	0					
	September	0	3	1	22			2	0					
2019/20 Q3	October	0	2	2	4	5	*	0	0	0	0	0		
	November	1	10	1	4	9		1	0	0	0	0		
	December	1	4	4	1	9		1	0	1	0	1		
2019/20 Q4	January	0	3	2	10	8		0	0	2	2	1		
	February	0	5	2	10	2		0	0	0	1	1		
	March	0	3	1	3	29		3	9	1	1	2		
YTD		2	51	16	83	80		7	9	19	14	1	0	
2020/21 Q1	April	4	6	3	14	3		4	0	7	0	3		
	May													
	June													
2020/21 Q2	July													
	August													
	September													
2020/21 Q3	October													
	November													
	December													
2020/21 Q4	January													
	February													
	March													
YTD		4	6		14	3	0	0	0	7	0		0	#DIV/0!

Appendix 8b. Trust Wide Overall SI's Action Plan Status 2019/20 – awaiting April 2020 Data

	Total SI (Other) Action Plans due to be Implemented	Total SI (Other) Action Plans Implemented	Total SI (Pressure Ulcer) Action plans due to be Implemented	Total SI (Pressure Ulcer) Action plans Implemented	% Total SI Action Plans Implemented by Month	% Total SI Action Plans Implemented YTD	% Quarterly
	LPT Trust SI ACTION PLAN TOTALS						
Apr-19	3	3	0	0	100.00%	100.00%	
May-19	3	3	0	0	100.00%	100.00%	100.00%
Jun-19	4	4	0	0	100.00%	100.00%	
Jul-19	9	9	0	0	100.00%	100.00%	
Aug-19	33	30	0	0	90.91%	94.23%	93.75%
Sep-19	6	6	0	0	100.00%	94.83%	
Oct-19	0	0	0	0	-	94.83%	
Nov-19	3	0	0	0	0.00%	90.16%	0.00%
Dec-19	0	0	0	0	-	90.16%	
Jan-20	15	0	0	0	0.00%	72.37%	
Feb-20	5	2	0	0	40.00%	70.37%	10.00%
Mar-20	0	0	0	0	-	70.37%	
Total YTD:	81	57	0	0	70.37%	70.37%	

Appendix 9 – Lessons Learned/Learning

Pressure Ulcer Themes/Trends and Learning

- We continue to see a theme of evaluation and prevention strategies as areas for improvement

Falls Themes/Trends and Learning

- **Use of 'crash mats'** – there remains the need for education that as part of the assessments that these mats may not suitable for elderly, frail patients and to use a mattress. A risk assessment for the use of low beds is being developed.
- **Post Fall huddles –** this continues to be a theme that requires promotion in the clinical area with mixed compliance

Violence & Aggression Themes/Trends and Learning

- Staff feedback is that they consider a greater need for psychological input for patients and a strong model for patients with a diagnosis of personality disorder

NHS
Leicestershire Partnership
NHS Trust

Meeting Name and date	Trust Board – 27 May 2020
Paper number	L

Infection Prevention and Control Biannual Report to Trust Board
Appendix 1: NHSE & I Updated action plan
Appendix 2: COVID-19 Infection Prevention and Control board assurance framework

For approval		For assurance	x	For information	

Presented by	Dr Anne Scott	Author (s)	Emma Wallis Amanda Hemsley

Alignment to CQC domains:		Alignment to LPT priorities for 2019/20 (STEP up to GREAT):	
Safe	x	S – High Standards	x
Effective		T - Transformation	
Caring		E – Environments	x
Responsive		P – Patient Involvement	
Well-Led		G – Well-Governed	x
		R – Single Patient Record	
		E – Equality, Leadership, Culture	
		A – Access to Services	
		T – Trust-wide Quality improvement	
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group	Date
Direct to Trust Board Report	

Assurance: What assurance does this report provide in respect of the Board Assurance Framework Risks?	Links to ORR risk numbers
- This six monthly report provides assurance that the trust has a robust, IPC strategy and work programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code. - An update on actions identified following the NHS England & Improvement (NHSE&I) Infection Prevention Control (IPC) re-visit to meet recommendations. - The report outlines completion of the COVID-19 IPC board assurance framework published 4 May 2020.	1,3,5,9,10,11,25,40

Recommendations of the report
The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure compliance against the Health and Social Care Act 2008 (updated July 2015) and Covid-19 board assurance framework with actions in place to address gaps in compliance.

INFECTION PREVENTION & CONTROL BIANNUAL REPORT TO TRUST BOARD

1.   Introduction

1.1   This six monthly report provides assurance from the Director of Infection Prevention and Control (DIPaC) that the trust has a robust, effective and proactive infection prevention and control strategy and work programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code.

1.2   The report provides an update on actions identified following the NHS England & Improvement (NHSE&I) Infection Prevention Control (IPC) re-visit and actions to meet recommendations.

1.3   The report outlines self-assessment and compliance to the NHSE&I Infection Prevention and Control board assurance framework published 4 May 2020; applied to all healthcare settings to assess and assure the DIPaC and trust board that all IPC measures taken, are in line with current Public Health England (PHE) COVID-19 guidance.

1.4   The Infection Prevention and Control (IPC) team is currently made of 3.12 WTE Infection Prevention and Control Nurses, with an additional retiree due to return 0.4 WTE from 1 June 2020, supported and managed by the Associate Director of Nursing and Professional Practice.

2.   Aim

The aim of this report is to provide the Trust Board with assurance there is a robust, effective and proactive infection prevention and control programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) and to assure the board that all IPC measures taken are in line with government COVID-19 IPC guidance.

3.   Recommendations

The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure compliance against the Health and Social Care Act 2008 (updated July 2015) and IPC board assurance framework in response to COVID-19 and actions are in place to address gaps in compliance.

Discussion

4.   NHS England & Improvement (NHSE& I) IPC visit and action plan

4.1   On 7 January 2020, Dr Debra Adams, Senior Infection Prevention and Control Advisor for NHSE&I re-visited the Trust following an initial visit on 7 August

2019. Dr Adams was accompanied by Kimberley Kingsley; Assistant Director of Nursing and Quality NHSE&I. and Zoe Green; IPC lead, CCG.

4.2   The visit consisted of a review of;

- Key Trust IPC documents including; action plan in response to the original visit and GAP analysis against the hygiene code, Trust Board IPC papers, policies and a further external review by your buddy Trust.
- Visit to clinical areas, two identified pre-visit by the Trust; Ward 2 and CAMHS Ward 3 Coalville and one area chosen by Dr Adams on the day; Agnes Unit (previously visited 7 August 2020).

4.3   Dr Adams identified both positive observations and observations which required attention. As this visit Dr Adams reviewed general IPC which included but was not limited to; cleanliness, cleaning schedules, documentation, linen, waste, sharps safety, hand hygiene, PPE, fans, laminated signs, mattresses, isolation practices, and ownership at ward level. A key theme for attention (identified previously but had not been fully actioned);

- Body fluid ingress e.g. chair cushions and mattresses.

In response, a mattress checking audit tool for AMAT has been trialled for four months on three wards; Rutland, Coalville Ward 2 and Swithland. All Wards have been compliant at inputting data. Feedback is that the report tool is easy to use, the data report to be reviewed by the IPC team and Deputy Head of Nursing, Community Hospitals and discussed at the Trust Infection Prevention and Control Group meeting on 2 June 2020.

4.4   Dr Adams concluded; the original visit was undertaken on 7 August 2019, the Trust was tentatively de-escalated to AMBER as while issues were identified there was a clear appetite for action. This visit identified continued improvements and therefore assessed as a strong AMBER; there was still work to be undertaken on improving staff awareness of IPC and their roles and responsibilities in delivering these.

4.5   An action plan was developed for all 'observations requiring attention', copy of the updated action plan is included (Appendix 1). All actions were on track, however it must be noted that the following actions have been impacted and subsequently delayed with the response to the COVID-19 pandemic, namely;

- Matron/Ward Sister Charge Nurses IPC masterclasses – initial session in January 2020, programme planned up until June 2020 linked to the DoN, AHPs & Quality leadership and development sessions
- IPC programme of clinical visits and audits
- Audits of cleaners cupboards/rooms and equipment/trolleys
- Work plan for the national gram negative ambition and water safety

4.6   Dr Adams was due to return on 13 May 2020 to complete a review visit; this was postponed in light of the COVID-19 pandemic.

4.7 The GAP analysis/self-assessment against the IPC Hygiene Code of Practice was completed on 20 August 2019, with the IPC team, Associate Director of Nursing & Professional Practice, Directorate IPC leads and Estates & Facilities Property Manager. Post assessment the Antimicrobial criterion was checked by the Trust pharmacy/AMR lead.

This has been reviewed and updated in May 2020 and includes Trust percentage compliance against the ten criterions with an overall summary position outlined in the table below for 2019 and 2020;

Criterion Number	Sections	Trust Score 2019	Maximum Score	Percentage Compliance	Trust Score 2020	Trend
Criteria 1	Systems to manage and monitor the prevention and control of infection	33	42	79%	95%	↑
Criteria 2	Clean and appropriate environment that facilitates the prevention and control infection	13	14	93%	93%	↔
Criteria 3	Antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance	5	8	63%	100%	↑
Criteria 4	Provide suitable accurate information on infection in a timely fashion	2	2	100%	100%	↔
Criteria 5	Identification of people who have or are at risk of developing an infection	3	3	100%	100%	↔
Criteria 6	Staff responsibilities in in the process of prevention and controlling infection	5	6	83%	83%	↔
Criteria 7	Provide or secure adequate isolation facilities	3	3	100%	100%	↔
Criteria 8	Adequate access to laboratory support	3	3	100%	100%	↔
Criteria 9	Policies which will help to prevent and control infections	24	25	96%	96%	↔
Criteria 10	Occupation health needs and obligations of staff in relation to infection	19	19	100%	100%	↔

Table 1; GAP analysis against the Health and Social Care Act Code of Practice/Hygiene Code

4.8 A number of actions have been implemented to improve compliance;
- Review and understanding of potential gaps identified due to the Trust not having a stand-alone Antimicrobial (AMR) stewardship committee. The Trust works in partnership and has representation at the LLR AMR working party.
- AMR consumption is not reported directly to Public Health England (PHE) and not planned for community trusts

- Identified a reporting structure for AMR consumption and audit compliance to include prescribing decisions and inappropriate practices to the IPC group, reports now received biannually, first one in February 2020.
- 6 monthly IPC board reporting

Actions that require continuing work;
- Sufficient resources to secure the effective prevention of infection – scoring in reference to (not limited) environmental constraints of the estate.
- Premises from which the organisation provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition – scoring associated with the recent concerns escalated in relation to cleaning, cleaner's rooms and estate repairs and condition.
- To complete a review of procedures that require aseptic technique and identify staff training options and current available training, so that all staff who undertake procedures are adequately trained.
- To develop a policy for immunisation of service users.

5 COVID-19 pandemic

5.1 COVID-19 is an infectious disease caused by a newly discovered coronavirus. Coronaviruses are a family of viruses that cause diseases in animals. Seven, including COVID-19 have made the jump to humans.

5.2 COVID-19 is closely related to Severe Acute Respiratory Syndrome (SARS) which swept around the world in 2002 to 2003. Another coronavirus is Middle East Respiratory Syndrome (MERS), cases of which have been occurring sporadically since it first emerged in 2012 - there have been around 2,500 cases and nearly 900 deaths.

5.3 COVID-19 is different to SARS and MERS in that the spectrum of disease is broad, with around 80 per cent of cases leading to a mild infection. There may also be many people carrying the disease and displaying no symptoms (asymptomatic), making it even harder to control.

5.4 Initial symptoms include fever, dry cough, tiredness and a general feeling of being unwell. Other symptoms are emerging such as a loss of taste and smell and stomach problems.

5.5 The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. The predominant modes of transmission are assumed to be droplet and contact.

5.6 In response to the COVID-19 pandemic, NHS England declared a Level 4 Major Incident on 11 March 2020.

5.7 As understanding of COVID-19 has developed, Public Health England (PHE) guidance on required IPC measures has been published and updated to reflect learning. As of 27 April 2020 the government have issued a total of

forty-seven COVID-19 publications and communications with IPC recommendations for healthcare settings.

5.8   As guidelines and communications have been issued, this has been logged through the Trust Incident Control Centre and as a result action cards for staff have been developed to guide and update staff to ensure that as a Trust we have responded in an evidence-based way to maintain the safety of patients, staff, volunteers and contractors.

5.9   NHS England and NHS Improvement developed an Infection Prevention and Control board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE COVID-19 related IPC guidance and to identify risks as a source of internal assurance and to support and maintain quality standards. Please see Appendix 2 for the Trust IPC board assurance self-assessment.

5.10   To summarise post self-assessment of the framework, key assurance gaps identified include;

- Donning and doffing training records for all staff including contractors/ facilities
- Audit and assurance of PPE use
- Hand hygiene and trust 5 markers of IPC

6   Reporting and Monitoring of HCAI Infections

6.1   There are four infections that are mandatory for reporting purposes:
- Meticillin Resistant Staphylococcus Aureus (MRSA) bloodstream infections.
- Clostridioides difficile infection (previously known as Clostridium difficile)
- Meticillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections.
- Gram Negative bloodstream infections (GNBSI)

6.2   **MRSA Blood stream infection rates**
The National trajectory is set at zero. LPT's performance for MRSA bacteraemia from October 2019 to March 2020 is zero and zero for the 2019/20 full reporting year.

6.3   **Clostridium difficile infection rates**
The agreed trajectory for 2019/20 was 12 and is set internally by the CCG (identified as EIA toxin positive CDI). LPT has not breached the threshold set by the CCG. The table below outlines current data for this 6 month report To note for 2019/20 the total number of cases was seven.

LPT CDT Data	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	**Total to date**
	0	2	**0**	1	**0**	1	**7**

6.4   All episodes of MRSA bacteraemia and CDI are identified and are subject to a Root Cause Analysis investigation. All action plans developed as part of this process are presented through the divisional IPC meetings which support the

sign off of the completed actions. Further guidance from the government on the reporting of CDI infections was expected at the beginning of April 2020 however with the emergence of COVID-19 this has been delayed. Current practice and review remains in place until further advice is published.

6.5   **MSSA Blood stream infection rates**
There is no identified trajectory for LPT for MSSA, with national requirements focused on acute trust services only. However the monthly data for this infection rate is submitted to the Clinical Quality Reporting Group as part of the quality schedule, this supports the overview of the infection rates and the potential of an increase which may need further review and investigation

6.6   **Gram Negative Blood Stream Infection (GNBSI) rates**
In 2017 the Secretary of State for Health launched an important ambition to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021.

From April 2018 the Gram Negative Bloodstream Infection rates include:
- E-Coli
- Klebsiella pneumonia
- Pseudomonas aeruginosa

6.7   There is no LPT trajectory for GNBSI, however monthly data for this infection rate is submitted to the Clinical Quality Report Group (CQRG) as part of the quality schedule reporting (Please note this captures E-Coli infection rates only).

6.8   All partner organisations to review their approach to reducing *E.coli* BSI by carrying out a self-assessment of progress against core standards. LPT is currently mapping position against the core standards (and include actions already addressed above). This information will be shared and best practice discussed at the LLR MADG group, to be resumed as part of IPC recovery across the system. . The Lead IPC nurse for LPT attends this meeting. These meetings have been recommenced via virtual Microsoft teams with the next meeting taking place on the 2 June 2020.

7.0   Reducing the Incidences of Catheter Associated Urinary Tract Infections (CAUTI)

7.1   The catheter passport, updated management of urinary catheter patient leaflet and policy launched in May and June 2019 continue to be used. The planned audit to monitor the impact of this work is proposed to be included in the future IPC Quality Improvement programme.

7.3   The urinary catheter e-learning package continues to be accessed by staff. All new starters and preceptees (with urinary catheterisation role essential) will complete the training package, competency assessment and have previously attended a face to face study event prior to undertaking urinary catheterisation. This is under review with all other Trust face to face training.

8.0 Sepsis

8.1 Leicester Partnership Trust (LPT) has continued to work closely with wider local health economy to standardise where possible the management of sepsis across Leicester, Leicestershire and Rutland (LLR).

8.2 Following review of the PIR for Sepsis, a Head of Nursing has been identified to lead the Trust work programme for Sepsis linked to the Step Up to Great High Standards Brick.

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8.3 Within LPT there are 4 sepsis pathways in use, which have been developed in line with the recommendations from the UK Sepsis Trust (www.sepsistrust.org) and underpinned by NICE guidance NG 51(2016).

8.4 The tools include the Sepsis 6 bundle and red flag for Sepsis, the pathways use the same branding as the University Hospitals Leicester (UHL) which impact positively on patient safety and transfer of care. A Standard Operational Procedure for the management of Sepsis is also in development to support the use of the tools, as well as red flag escalation, antimicrobial stewardship, E-learning and audit procedures.

8.5 Sepsis tools in use are:
- Sepsis recognition and flow-chart Community and Outpatient settings
- Sepsis Screening and Action Tool
- Delirium guidelines
- Community and Outpatients pathway
- Inpatient pathways
- National Early Warning Score chart for community Learning Disability teams.
- Sepsis 6 boxes are placed in identified clinical areas for the immediate treatment where recognised in line with the protocols for Sepsis integral to
- Early Warning Systems Trust-wide.

8.6 We have also changed the function of the Resuscitation Group into the Deteriorating Patient and Resuscitation Group to focus on Infection Prevention and Control and Patient Safety.

9.0 Hand hygiene

9.1 Currently, all in-patient areas and community teams are required to undertake and report monthly hand hygiene audits.

9.2 To strengthen assurance and improve data collection, a hand hygiene audit electronic application (app) was launched on 4 October 2019. To enable real time capture of hand hygiene audits and generates Trust wide compliance reports to enable focus on areas which require improvement, submitted to the Trust quality forum monthly.

9.3 The new process and system has been in place for six months; overall figures showed a month by month increase in hand hygiene audits being completed

up until the end of January 2020, by which time 613 hand hygiene audits had been completed within the month.

9.4   This has dropped down to 505 during March 2020 which represents a fall of 18% in submissions and to 310 in April 2020, almost a 50% drop in the number of audits completed.

9.5   The decline in the number of audits is linked to onset of the COVID-19 pandemic. It is noted that some Community teams are not meeting up as often at present due to changes in service delivery and practice which has made it difficult for some teams to meet up to conduct the audits.

9.6   This is challenging at a time when it is vital for all staff to be Bare Below the Elbow (BBE) and demonstrate effective hand hygiene. There are still large numbers of teams that are not submitting audit results and as such Trust wide assurance is limited. The DIPaC has asked Heads of Nursing for a quality improvement plan to be presented at the next quality forum and Infection Prevention and Control Group in May/June and to consider all options acknowledging the impact of COVID-19.

9.7   The IPC team and link staff celebrated World Hand Hygiene Day on 5 May 2020; a special e-blast was created with help from our communication teams for all staff, reminding everyone of the importance of good hand hygiene. This year, the campaign theme "Save Lives: Clean your hands", was aligned with the Year of the Nurse and Midwife, which recognises nurses and midwives as front-line heroes who deserve acknowledgement and appreciation, and highlight their critical roles in infection prevention. Within LPT we also have many Allied Health Professionals and support workers who are not nurses or midwives also considered as our front-line heroes who play a critical role in infection prevention.

10   Trust five markers

The Trust IPC key markers of good infection prevention and control in the environment should be audited monthly in all in-patient wards and clinics. The aim was to add the trust five markers to the electronic application, however due to clinics being utilised by different teams this has not been successful due to the lack of audit trail and accountability.

11   Cleaning and Decontamination

11.1   **Cleaning**
Cleaning scores are audited bi-monthly and reported through the IPCG. Exceptions are highlighted with mitigation and actions to remedy included in the report. Work is on-going to ensure that clinical leaders are present at the time of audit to confirm and challenge as appropriate.

11.2   The NHSE& I action plan reflects actions taken in relation to cleanliness including a specific audit for cleaner's rooms and equipment, postponed due to the COVID-19 pandemic. This will need to be planned back in as part of the IPC recovery work.

11.3   The Trust has a twelve month rolling deep clean programme in place and progress is monitored at the IPCG and LPT monthly cleaning meeting.

11.4   PLACE assessments were delayed nationally due to a change in system reporting and were completed from October 2019, final report yet to be received.

11.5   **Decontamination**
The Trust medical devices group usually meets monthly with representation from IPC to ensure that equipment and items purchased for the trust meet the needs of the service and are able to be cleaned and decontaminated as per trust policy.

11.6   The implementation of traceability for podiatry instrumentation is in place within the Trust Podiatry Service. Development of the hub and spoke system of cleaning and decontamination for podiatry instruments was reviewed at the IPCC on 5 November 19 in line with best practice requirements for transportation of instruments. It was identified that this practice is managed in line with local and national recommendations.

12   Water Management

12.3   The Trust Water Safety Group is a formal sub-group of the IPCG. Meetings have been held since October 2019 facilitated by the appointed Authorised Engineer.

12.4   Key actions included review of the current Trust Water Management policy and new terms of reference. Legionella awareness has now been added to the IPC Level 2 e-learning training.

12.5   Management of water outlets and PPM has continued throughout the Covid-19 pandemic in order to protect the water management system. With the introduction of surge wards and moving of clinics and services, estates and facilities have continued to provide the high level of service in line with the prevention of water-borne infections and diseases

13   Season Flu vaccination programme

13.3   LPT is required to deliver an annual seasonal flu campaign, offering all staff the opportunity to have the seasonal flu vaccine. The aim of the campaign which runs from October to February is to protect patients and other staff from seasonal flu.

13.4   NHS England recommends that Trust Flu groups meet monthly from September through to March. The LPT Flu group met monthly since February 2019 and throughout the 2019/2020 season.

13.5   The LPT 2019/20 seasonal flu vaccination programme 2019/20 for staff was launched on 1 October 2019. There is a Trust CQUIN to vaccinate 80% of Frontline Healthcare Workers (FHCWs). The baseline denominator was reported at 4,609 staff. By February 2020 the baseline was updated to reflect new starters and leavers and changed to 4685 staff.

13.6 At the end of the programme the Trust figures were;

- Total number of staff vaccinated: 3,809
- Total number of FHCWs vaccinated: 2,808
- Trust performance – CQUIN: 59.93%
  (2018/19 – 54%)

13.7 Due to COVID-19 the Trust flu group has not met and completed the analysis and detailed review of the actions taken to improve vaccination uptake in order to shape and plan for this year's programme.

13.8 Key headlines and summary of interventions;
- 73 Trust peer vaccinators trained
- Dedicated Trust peer vaccinator in post from 29/10/19 – 29/02/20 with a total of 145 clinics offered in 60 locations
- Staff incentives; breakfast bars, lollipops and monthly prize draw for both peer vaccinators and staff vaccinated
- Flexibility and requests for clinics to be held locally and at large events and team meetings
- New communication branding; posters and stories from Trust staff and families
- Benchmarked all actions against high performing Trusts

13.9 Key challenges & themes from declinations;

Challenges;

- Peer vaccinators being released to deliver clinics
- Number of locations
- Engagement and uptake with our bank staff
- Leadership behaviours
- Culture – staff feeling that they are being told to have the vaccine

Feedback from staff as to why they do not want the vaccine;
- Vegan
- Allergic to eggs
- Needle phobic
- They are under 18 or over 65
- Symptomatic last year or know people who were symptomatic – made them ill so has put them off this year
- Do not think it is effective
- Do not believe it is about safety, feel it is about figures
- Personal choice
- Wrong information been given – 'myths'
- Advised by family it is not worth it
- Stated they had an allergic reaction to it previously

13.10 Planning and proposals for this year's programme are currently being scoped for review and discussion/ sign off with the executive team.

14   Antimicrobial stewardship

Following the NHSE & I visit in August 2019, as part of the governance and reporting review Antimicrobial stewardship is now reported to the Trust IPC group every 6 months, with any associated annual reports and audits including prescribing and consumption.

15   Conclusion

15.3   This six monthly report outlines assurance from the Director of Infection Preventon and Control (DIPaC demonstrating compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code. The report also highlights the impact of the COVID-19 pandemic to the business as usual IPC work programme and quality improvement in response to the NHSE & I visit.

14.3   As such the report outlines self-assessment and compliance to the NHSE&I Infection Prevention and Control board assurance framework published 4 May 2020; applied to all healthcare settings to assess and assure the DIPaC and trust board that all IPC measures taken, are in line with current Public Health England (PHE) COVID-19 guidance.

Infection Prevention and Control board assurance framework – LPT self-assessment

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • infection risk is assessed at the front door and this is documented in patient notes	Infection status is assessed on admission/'at front door' to all in patient wards. In response to COVID 19 an in-patient action card was developed with prompts for staff to assess the risk and actions to take to manage/mitigate the risk 📄 PDF IPC-Action-Card-Inpatient v6 17 march 20	Audit of patient notes to check status is documented	Daily sit-reps from directorates of infection status and IPC daily clinical reviews
• patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	Evidence as above, action card provides information for staff to source isolate and cohort patients with possible or confirmed COVID-19. The only exception is for AMH patients, there is a patient pathway for patients who are suspected or confirmed COVID -19 to transfer to Beaumont Ward to reduce the risk of transmission associated with non-concordance with source/self-isolation to due impaired understanding and reasoning.	None identified	

• compliance with the national guidance around discharge or transfer of COVID-19 positive patients	Action card developed in response to the guidance 📄 PDF Action-card-discharge-and-transfer-v4-13	None identified	
• patients and staff are protected with PPE, as per the PHE national guidance	Initially action cards were developed for the use of PPE when caring for patients with suspected or confirmed COVID-19; these were updated in line with PHE guidance and updates. Subsequently posters were developed as an easy read/access format all in line with PHE guidance. In addition action cards were developed for patients, visitors, admin staff & contractors. 📄 PDF 📄 PDF Inpatient-PPE-Poster PPE-poster-Communi -11.04.20.pdf ty-and-outpatients-se 📄 WORD 📄 PDF Action card - Action-card-admin-st Contractors v2.docx aff-v2-31.03.20.pdf 📄 PDF 📄 WORD Patient-PPE-action-c Visitor PPE was titled ard-v4-2-3.pdf Visiting Guidelines.do	None identified	
• national IPC guidance is regularly checked for updates and any changes are	Alerts in regard to updates to IPC guidance are sent through to the ICC inbox, the Trust Lead for IPC also	Not all staff read the daily brief	Staff are accessing updated action cards on staff net in line with guidance

effectively communicated to staff in a timely way	receives alerts. Any changes are then made to the relevant action card and communicated through the daily COVID-19 briefing		
• changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	Changes have been highlighted through the ICC and ICC risk log for example shortage of PPE guidance and CAS alert [W] LPT response to PPE CAS ALERT 1.5.20.dc	None identified	
• risks are reflected in risk registers and the Board Assurance Framework where appropriate	COVID-19 Incident Control Centre (ICC) has a risk log, in addition all Organisational Risk Register (ORR) risks have all been reviewed in regard to the impact of COVID-19 with a specific ORR number 40 for COVID-19	Identified within the individual risks	Identified within the individual risks
• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	IPC reporting systems for non-COVID-19 infections as per Trust policy and reported to the CQRG monthly and in the Trust IPC compliance reports	Introduction of the ICC has potentially created a gap in referrals noted to the IPC team for all infections	Receive weekly CDIFF data from the acute Trust, daily clinical patient reviews that picks up cases. Incident reporting system supports notification to the IPC team of any areas of infection.

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	At the outset of the pandemic the Trust identified a number of COVID-19 suspected/confirmed wards; • Beaumont • Gwendolen • East Ward Priority training given for staff working in those wards including; don and doff and mask fit testing, available to all Trust staff both substantive and bank Mask fit training is registered through uLearn	Training records for don and doff training delivered locally	Staff access to a uLearn video and don and doff posters
• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	All cleaning teams have been trained in the use of PPE, donning and doffing of PPE and all dates of training are documented. Any new starter is trained as part of induction. Where possible we are rostering set teams to COVID-19 areas.		
• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE	Please see embedded documents which clarify cleaning procedures around isolation rooms and cohort areas in line with PHE guidance.	None identified	

and other [national guidance](#)	 SACLEBRA055 - Terminal Cleaning of I Isolation Cleaning of I SACLEBRA056 - SACLEOG010a - Cleaning Task Guidan Developed an action card for cleaning and decontamination based on the PHE guidance Action-Card-Cleaning Decontamination.pdf		
• increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other [national guidance](#)	The Trust follow increased frequency for cleaning for any infection including COVID-19. Agency and temporary staff have been taken on to extend the hours of cleaning at the hospital sites in particular and to look at ensuring touch points and other high risk points are cleaned more frequently	None identified	
• linen from possible and confirmed COVID-19 patients is managed in line with PHE and other [national guidance](#) and the appropriate precautions are taken	Linen is managed in line with PHE guidance and included in the clinical waste poster below		

	Clinical Waste Poster.pdf		
• single use items are used where possible and according to Single Use Policy	Single use items are used where possible including gloves, aprons. Sessional use is also identified on the PPE poster and also reemphasised in the daily COVID-19 message on the 29 April 2020		
• reusable equipment is appropriately decontaminated in line with local and PHE and other national policy	Included within the action card for cleaning and decontamination and Trust policy		

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • arrangements around antimicrobial stewardship are maintained • mandatory reporting requirements are adhered to and boards continue to maintain oversight	Current arrangements are maintained. AMR prescribing audit report presented to the last IPC group in February 2020 1778 T28D Antimicrobial Prescribi	None identified	

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting • areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access • information and guidance on COVID-19 is available on all Trust websites with easy read versions • infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	National guidance implemented and updated as per guidance changed Visitor Guidance notice 13420.docx Signage up in all areas, COVID-19 wards have specific signage Yes, screenshot embedded Screenshot of Trust web site.docx Included in the in-patient, community and discharge and transfer action cards all previously embedded	None identified None identified We are not auditing this currently	National alert and major incident status, staff on high alert/ receiving services asking for status

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection	Currently have designated COVID-19 wards with clear SOPs and arrangements in place to source isolate patients in single rooms where available and patients are cohorted in bays/dormitories if rooms not available and staff are cohorted where possible to minimise cross infection SOP Isolation Ward (2).doc COVID Entry Poster.pptx		
• patients with suspected COVID-19 are tested promptly	All testing has been in line with PHE guidance and has been updated and changed as the testing model has changed. Action card for swabbing developed to support staff.		
• patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested	Yes, this is Trust procedure and has occurred on occasion as dictated clinically		
• patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	Systems and process in place and rooms identified should this occur		

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: • all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	A programme of face to face don and doff training and mask fit test training for all staff commenced. Staff have access to don and doff video training on uLearn Mask fit testing must be face to face Volunteering services ceased with the exception of community drivers Action card developed for contractors – see embedded evidence section 1	Record of don and doff training	Posters and access to training video – to develop a don and doff audit
• all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	As above Donning & Doffing training carried out for staff by the IPC team, this was then cascaded to individuals in all areas so that the training can be rolled out.		Video for donning and doffing of PPE uploaded to uLearn

• a record of staff training is maintained	Mask fit training register maintained on uLearn, a report is produced at the end of every week to identify pass and fails and the DNA (did not attend) rates.		
• appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	Agreed the option of reuse of any equipment should be instigated only in extreme circumstances, instigated through the ICC with DoN, MD and IPC risk assessment and approval. LPT response to PPE CAS ALERT 1.5.20.dc		
• any incidents relating to the re-use of PPE are monitored and appropriate action taken	Reuse not instigated at this point, see above Risk assessment uploaded to ulysses		
• adherence to PHE national guidance on the use of PPE is regularly audited	Currently do not have an audit programme in relation to the use of PPE.	PPE audit form and assurance	Staff training PPE use is monitored through the daily PPE sitrep, that has trigger an IPC review if significant increased use noted or certain items unexplained increases
• staff regularly undertake hand hygiene and observe standard infection control precautions	Hand hygiene and Trust 5 markers of infection should be audited monthly	Decline in the number of hand hygiene audits and trust 5 marker audits since COVID-19	

	Uniform and work wear action card developed	None identified	
• staff understand the requirements for uniform laundering where this is not provided for on site	Action Card Uniform and Work wear v 8.p Information on staff net, action cards and daily COVID-19 briefings.		
• all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms.	Evidence of this in the number of staff self-isolating due to themselves or a member of their household displaying symptoms, captured in the HR spread sheet and sitrep.	None identified	

7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
• patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	Designated COVID-19 wards - source isolated with standard infection prevention and control precautions and transmission based precautions, also for patients displaying symptoms on any Trust inpatient area		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	The Trust is following PHE advice for cohorting compliant with environmental requirements. PPE posters and social distancing posters evidence the 2 metre distancing. Review of bed base position and patient placement across the Trust – Feilding Palmer as an example		
• patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	Patient reviews completed and risk based approach to patient placement.		

8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure:			
• testing is undertaken by competent and trained individuals	Action card to support staff 📄 PDF Action-Card-How to swab v1.pdf		
• patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	Following national guidance that can be evidenced on ilab for patients and HR sitrep for staff		

• screening for other potential infections takes place	MRSA screening continues and staff following stool screening as per guidance		

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • staff are supported in adhering to all IPC policies, including those for other alert organisms • any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff • all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance • PPE stock is appropriately stored and accessible to staff who require it	Staff are supported to adhere to Trust IPC policies and the action cards developed in response to the COVID-19 pandemic Actioned through the ICC, Clinical cell in conjunction with the IPC team. Communicated through the daily briefings or on the ICC calls Yes Clinical Waste Poster.pdf Yes and daily sitrep is maintained and reported by procurement 7 days a week All stock held centrally and figures managed to ensure the number of days stock is available		

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection				
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	Staff at risk groups have been identified including shielding staff, high risk or staff living with someone in that category. Information is held centrally with HR. A BAME risk assessment was issued to all BAME staff and line managers to be completed for all BAME staff.		
• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	We currently do not have any staff using a reusable respirator		
• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	Monitored by HR and implementation of COVID-19 buddy system		
• staff that test positive have adequate information and support to aid their recovery and return to work.	Information available for staff whom test positive or a member of their household		

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NHS
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FINANCE AND PERFORMANCE COMMITTEE – 19 MAY 2020

HIGHLIGHT REPORT

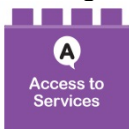The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Strength of Assurance	Colour to use in 'Strength of Assurance' column below
Low	Red - there are significant gaps in assurance and/or not properly assured as to the adequacy of action plans/controls
Medium	Amber - there is reasonable level of assurance but some issues identified to be addressed.
High	Green – there are no gaps in assurance and there are adequate action plans/controls

Report	Assurance level*	Committee escalation	ORR/Risk Reference
Director of Finance Report **G** Well-governed		An update on further changes and emerging themes to the financial regime as a result of COVID 19 was received, key points were; • Indications were that LPT would continue with the payment mechanism based on a block payment until the end of October and possibly beyond. • There was an expectation that Trusts would be reviewing capital plans based on a new calculation and on an STP basis. LPT was reviewing its capital programme to ensure it was still valid. • From 1st May all COVID-19 capital needed central approval. • There would be no 'full blown' planning/contracting round for 2020/21. Clarity on this point was awaited and LPT continued to engage with LLR DoFs and the TAG on this. • Original planning assumptions around surpluses were not now valid and the Trust would be working to an I&E break-even assumption/target. • MHIS must still be achieved nationally. Further clarity on how this would work was to follow. • Audit Reports: the Data Quality Framework received significant assurance opinion and Waiting List received limited assurance opinion. The Waiting List report would be reviewed at the next joint FPC/QAC for assurance. • An update was received on the arrangements for the ICC and Recovery Co-ordinating Group.	
Corporate Governance Update **G** Well-governed	**High**	An update on the progress on corporate governance development including COVID-19 initiatives was received. The paper updated the committee on the transition from a model based on independent Strategic Business Units to a model encompassing a single organisational role structure. The timetabling,actions and processes to support committees, flow of information and recommendations	18

Report	Assurance level*	Committee escalation	ORR/Risk Reference
		including those from the NHSI/E review were covered. The committee recognized the significant progress being made. It agreed to receive a further update covering embeddness, l lessons learnt and key development opportunities at the joint FPC/QAC in September The approach to the annual reviews of committees which had been revised for 2019/20 and would only apply to level 1 committees was agreed. A consistent approach would be taken for both FPC and QAC led by Chris Oakes. FPC was fully assured as good process was being made.	
Transforrmation Committee Well-governed		A highlight report from the meeting held on 14 May was received. The Transformation Committee had now consolidated the roles of the stood-down Quality Improvement Board and Financial Turnaround Committee. An update was received on the proposed next steps for the committee to further develop a Quality Impact Assessment Policy and Quality Review Group. An update was also received on the reporting process for the programmes that previously reported to the QIB and now to the Quality Forum and Strategic Workforce Committee.	
Organisational Risk Register Well-governed	**High**	FPC received an update on 3 key areas; • COVID-19 stand-alone risks. • 15 FPC related risks, 3 had increased in score in the previous month due to COVID-19; 9 - Hygiene Standard; 22 - cyber attack; and 39 - CIP. • 2 risks had decreased in score due to progress made to mitigate them; 16 - ICS and 29 - out of area placements. The committee noted the proposal to close risk 29. It also agreed to review risk 40 – COVID-19 in view of the possibility of a second wave. FPC was fully assured, it acknowledged there were still some gaps but there were actions in place to mitigate them.	All
Major IT Outage Well-governed	**High**	A summary of events of the recent power outage at Gwendolen House was provided. FPC received assurance that greater system resilience and improved service improvements had been put in place, these included; • Temporary generator tests had ceased during COVID-19. • Implementation of a second electrical feed cable, previously the major LHIS server site relied on a single electrical feed. • LLR back up equipment was now tested more regularly. • An additional VPN line had been purchased. • Development of a new internet facing Virtual Desktop Offer removing the reliance for VPN. Recommendations for next steps included; • A full review and business case development for a shift to	

Report	Assurance level*	Committee escalation	ORR/Risk Reference
		secure access to cloud based technologies. • Implementation of an LLR IT COVID-19 command and control infrastructure. • Review of LLR IT infrastructure funding and capital vs revenue budget arrangements. • Development of an EPRR training package for LHIS colleagues It was agreed FPC would receive progress updates through the IM&T Delivery group FPC was fully assured on the lessons learned and the mitigations put in place.	
Contracting 2020/21 Update **G** Well-governed	**Medium**	FPC received a verbal update on the current situation. Work was taking place with commissioners to understand the implications of not having a 'full blown' contract for the rest of the financial year. The focus of discussions with commissioners would largely be on recovery and restoration. The committee noted good support from commissioners to progress matters. FPC was reasonably assured, it acknowledged as a result of COVID 19 there were a number of gaps around contracting. It agreed to receive monthly updates on progress.	
Performance Report **G** Well-governed	**Medium**	The Performance Report month 12 of 2019/20 was presented for information. The context of the report within the COVID 19 was recognised, key performance figures affected by the metrics and the reasons for the stepping down of any reporting, the issues to note were; • Areas showing improvement and decline were highlighted • Directorate performance reviews had been suspended • The new format and SPC process was now established FPC noted the information provided was dated and did not reflect the current position as COVID-19 impact was only just emerging at the time of the report. Discussion focused on how to make the report more relevant. For future reports the Directorate Performance Reviews would be reinstated in May, COVID impact would be highlighted and the process for recovery planning outlined. FPC was reasonably assured on the position for month 12 but acknowledged since then, performance had moved considerably which it anticipated would result in a repositioning of its assurance assessment..	35
Waiting Times **A** Access to Services	**Medium**	FPC received an update detailing Trust performance against local and national waiting time targets for February and March 2020. Key points to note were; • The significant impact of COVID 19 was now emerging • Referrals to a number of services had fallen due to COVID-19. • Over 52 week waits had increased mainly being driven from a mental health perspective and specifically in the	28, 30

Report	Assurance level*	Committee escalation	ORR/Risk Reference
		Personality Disorder Service, this was a significant deterioration. • The ADHD service had moved to a non-consultant led service and would no longer be reported on nationally. FPC acknowledged the significant amount of work that had been carried out on improving waiting times performance reporting across all services. Assurance was received that the harm assurance aspect would start to be reported in July 2020. The committee also agreed the principles and approach to the recovery stage process would be presented to FPC in June 2020. FPC was reasonably assured on the position for February and March but acknowledged since then, waiting times performance had moved considerably which it anticipated would result in a repositioning of its assurance assessment.	
Waiting Times and Harm Assurance Committee A Access to Services		A verbal update was received from the meeting held on 15 May 2020. The meeting had been well attended from a range of services, the group agreed a shift of focus from monitoring and performance management to harm assurance and to be more clinically focused. Terms of reference were being reviewed currently.	
Finance Report Month 1 2020/21 and Directorate Summaries G Well-governed	**Medium**	Key points to note were; • As a result of COVID-19, the usual NHSI/E financial control total and wider planning/monitoring processes had been temporarily suspended for 2020/21. At present, Trusts were required to break even on a monthly basis. • Within the Trust's overall M1 break-even position, operational budgets were currently overspending by £490k. Central reserve underspends were sufficient to offset the operational overspend in order to achieve the overall break-even position. • The actual reimbursement for COVID-19 spend being requested todate was highlighted and the process for recording and claiming it reviewed. • Closing cash for April stood at £36m, FPC recognised this was because of the way the Trust was being reimbursed for COVID-19. Discussion focused on the assumptions made around the shortfalls, FPC acknowledged that further central guidance was evolving and being updated on an ongoing basis. The evolving risk was recognized. It was agreed to review and agree appropriate principles within the COVID context as the basis for assurance going forward at the next meeting FPC was reasonably assured as the Trust was reporting a break-even position and responding to the emerging guidelines appropriately.	All finance risks
Capital Management Committee	**High**	A highlight report from the meeting held on 12 May was received. A review of all schemes in the approved capital plan 2020/21 was undertaken to assess the impact of the COVID-19 response on the deliverability of individual schemes and the overall plan.	

Report	Assurance level*	Committee escalation	ORR/Risk Reference
Well-governed		The Trust had been asked to limit its capital spending on a STP basis and work would take place to ensure that LLR could hit the capital resource control total of £52m. The committee noted there was no funding within this plan for the SOC, deferral of some works in ward redecorations and agile working FPC noted the revised plan which had been agreed by the Executive Team and a further review would be undertaken in May following receipt and review of the STP position. FPC was fully assured.	
Estates and Facilities Management During COVID-10 Environments	**High**	Key points to note were; • Preparation, equipping and commissioning of 'surge' wards was now complete. • Focus was shifting from responding to COVID-19 to business recovery. • Work on the CAMHS construction site was now five weeks behind schedule and may slip to six at completion. The contractors were still working seven days a week. FPC was fully assured as a plan was in place.	9, 10, 11 and 40
Cyber Security and COVID-19 Well-governed	**High**	LPT had been able to respond to the concern raised by NHSE/I and confirmation was received that the Trust had a robust cyber security process in place through LHIS and it had not seen a material increase in the threat profile during COVID-19 to date. LHIS had also put in place a number of additional measures. Assurance was received that staff were being mindful of the possibility of cyber attack given the number of staff now working at home. It supported the higher level of national risk presently being flagged and resulting adjustment made to risk 22 in the ORR FPC was fully assured.	22 and 40

Chair	**Geoff Rowbotham, Non-Executive Director**

Meeting Name and date	Trust Board meeting 27th May 2020
Paper Reference	N

Name of Report:	Month 1 Trust Finance Report

For approval		For assurance	X	For information	X

Presented by	Danielle Cecchini, Director of Finance	Author (s)	Chris Poyser, Head of Corporate Finance; Jackie Moore, Financial Controller

Alignment to CQC domains:		Alignment to LPT priorities for 2020/21 (STEP up to GREAT):	
Safe		S – High Standards	
Effective		T - Transformation	
Caring		E – Environments	
Responsive		P – Patient Involvement	
Well-Led	X	G – Well-Governed	X
		R – Single Patient Record	
		E – Equality, Leadership, Culture	
		A – Access to Services	
		T – Trustwide Quality improvement	
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group	Date
Finance & Performance Committee	19 May 2020

Assurance : What assurance does this report provide in respect of the Board Assurance Framework Risks?	Links to ORR risk numbers
Provides assurance that the Trust financial position is closely monitored and managed, with any perceived adverse impact immediately and clearly highlighted to senior management	All FPC finance risks

Recommendations of the report

The Trust Board is recommended to accept the reported monthly financial position, and to support any further actions designed to improve the position for the year as agreed / discussed during the Trust Board meeting.

Leicestershire Partnership **NHS**

NHS Trust

Finance Report for the period ended
30 April 2020

For presentation at the
Trust Board meeting
2 June 2020

Contents

Note – the following sections of the standard report are traditionally excluded in month 1, or are temporarily excluded due to revised Covid-19 financial arrangements:

- **Efficiency savings programme**
- **Risks, Pressures and Mitigations**
- **Directorate run-rate analysis**

Leicestershire Partnership NHS
NHS Trust

Executive Summary and overall performance against targets

Introduction

1. This report presents the financial position for the period ended 30 April 2020 (month 1). The report shows a year to date income and expenditure break-even for Trust budgets as a whole.

2. As is usual for month 1, as a result of the ongoing work with regard to the 2019/20 final accounts and also due to the lack of new financial year information / comparators, a large amount of estimation has been required and a number of budgets have initially been broken-even. Material variances have still been reflected in directorate positions.

3. As a result of the Covid-19 pandemic, the usual NHSI/E financial control total and wider planning/monitoring processes have been temporarily suspended for 2020/21. At present, Trusts are required to break even on a monthly basis.

4. Within the Trust's overall M1 break-even position, operational budgets are currently overspending by £490k. Central reserves underspends are sufficient to offset the operational overspend in order to achieve the overall break-even position.

5. Estates services showed by far the largest overspend, standing at £255k after the first month. Other overspends include Community Health Services (£70k), Enabling Services (£65k), Learning Disabilities (£62k), FYPC (£28k), Adult Mental Health Services (£12k) and Hosted (£1k).

6. Closing cash for April stood at £36.1m. This equates to 44 days' operating costs

NHS Trust Statutory Duties	Year to date	Year end f'cast	Comments
1. Income and Expenditure break-even.	G	G	The Trust is reporting a break even position at the end of April 2020. Achievement of the statutory break-even duty by the end of the year is expected **[see 'Service I&E position' and *Appendix A*]**.
2. Remain within Capital Resource Limit (CRL).	G	G	The capital spend for April is £184k, which is within limits.
3. Achieve the Capital Cost Absorption Duty (Return on Capital).	G	G	The dividend payable is based on the actual average relevant net assets; therefore the capital cost absorption rate will automatically be 3.5%.
4. Remain within External Financing Limit (EFL).	n/a	G	The Cash level of £36.1m is above target due to temporary COVID-19 cash funding arrangements

Secondary targets	Year to date	Year end f'cast	Comments
5. Comply with Better Payment Practice Code (BPPC).	**R**	**G**	The target is to pay 95% of invoices within 30 days. Cumulatively the Trust achieved 3 of the 4 BPPC targets in April.
6. Achieve Cost Improvement Programme (CIP) targets.	**n/a**	**n/a**	As a result of the Covid outbreak, formal CIP reporting is currently suspended.
7. Deliver financial plan surplus	**n/a**	**n/a**	As a result of the Covid outbreak there is currently no control total surplus requirement. At the current time, Trusts are expected to report income and expenditure break even on a monthly basis.

Internal targets	Year to date	Year end f'cast	Comments
8. Achieve a Financial & Use of Resources metric score of 2 (or better)	**G**	**G**	The Trust is currently scoring 2 for year-to-date performance. Whilst Trusts are responding to Covid it is not clear whether this target will formally monitored by NHSI/E.
9. Achieve retained cash balances in line with plan	**G**	**G**	A cash balance of £36.1m was achieved at the end of April 2020. **[See 'cash and working capital']**
10. Deliver capital investment in line with plan (within +/- 15% YTD planned spend levels)	**G**	**G**	Capital expenditure totals £184k at the end of month 1 **[See 'Capital Programme 2019/20']**

Temporary financial arrangements during Covid-19 pandemic

Nationally, the NHS response to the Covid pandemic has included a simplification of the finance/funding regime. This is primarily to ensure that providers have immediate access to adequate funding in order to properly respond to the many challenges that the pandemic brings.

The key changes are summarised below:

- Temporary suspension of formal 2020/21 planning / contracting round.

- Temporary suspension of tariff efficiency requirement.

- Simplification of main provider income streams via single fixed monthly payments made by commissioners (at least until 31 October 2020). These are based on 19/20 income levels, adjusted for gross inflation (i.e excluding the efficiency element). These amounts will not include any new investment, so where 'must-do' new investment remains a priority for the Trust, separate discussions with commissioners and possibly NHSI/E will be required.

- Temporary suspension of all Non-Contract Activity billing.

- Reclaim process to enable Covid direct expenditure to be reimbursed

- Financial 'top-up' process in place to ensure that Trusts disadvantaged by loss of income can still 'balance the books'.

Whilst the above processes satisfy the immediate requirement to ensure sufficient funding/cash is available, it remains imperative that the normal internal controls are maintained. Although it is likely that many of these changes will remain in force for the majority of this financial year, the Trust will still be required to accurately monitor and report financial performance, and to complete statutory returns including the final accounts at the end of the year. In addition, when normal processes begin to be re-introduced, we will need to have a very clear understanding of what has transpired in the first part of the year so that this can be factored into future funding / contracting discussions.

Income and Expenditure position

The month 1 position includes an operational overspend that is currently offset by the release of central reserves budgets.

The chart below shows the year-to-date I&E variance against budget and the individual service surplus/deficits contributing towards this overall position.

Month 01 year to date operational income and expenditure budget variances by service
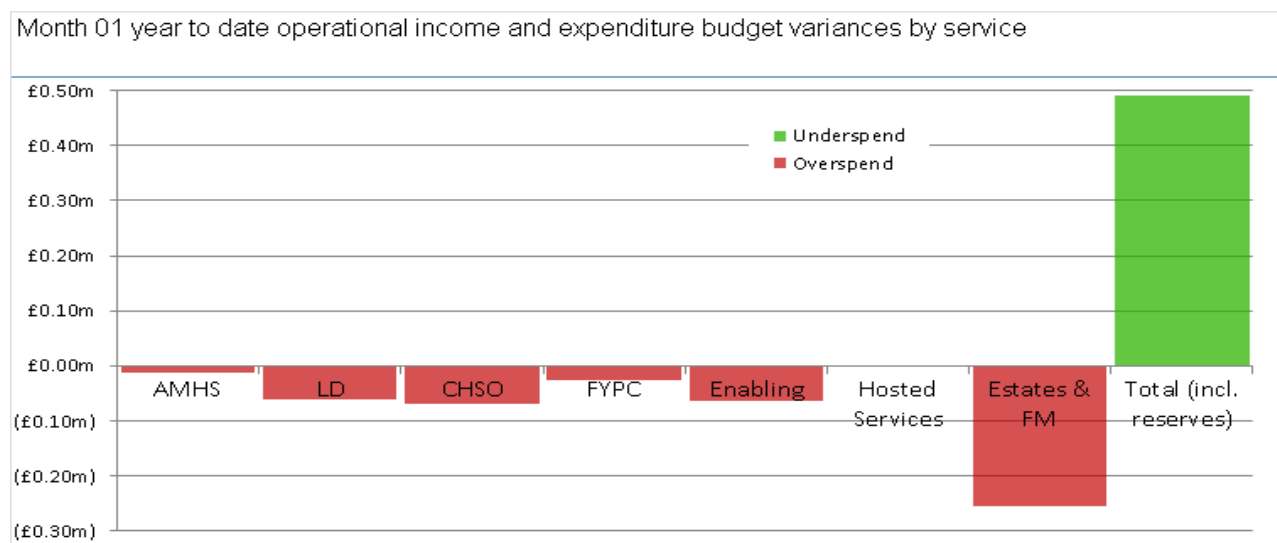
Estates services are reporting a large adverse variance of £255k after just one month. This overspend includes the recurrent underlying shortfall carried forward from last year (approx. £200k per month) along with additional pressures encountered from 1st April. The underlying shortfall had been expected to be addressed through the 2020/21 budget setting process, but as this process is largely driven by the wider contracting and planning round, this could not proceed as originally anticipated. As such, all budgets have simply been rolled forward from 2019/20, with the only significant change being the inclusion of 2020/21 pay award budgets.

Other directorates are reporting lesser overspends. It should be noted that month 1 reports traditionally include a large amount of estimation, as analysis of emerging new year pressures or trends will not yet have taken place. In addition, whilst directorates have offset identified Covid spend with an adjustment to reflect the expected reclaim, other as-yet unidentified Covid spend is likely to have occurred, and this could be further distorting positions. Throughout month 2 (and during conversations with budget holders), further work to identify all Covid related spend will be undertaken.

On the basis that the Trusts can recover any unmitigated shortfalls via the national 'top-up' process, the Trust central reserves position includes an income expectation equal to the directorate shortfalls, which allows the Trust to report an overall I&E break-even. Work is ongoing to understand the underlying non COVID run rate, to ensure that the true position is understood and factored into planning for the November to March financial plan and contract.

Leicestershire Partnership NHS
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Covid-19 expenditure

In order to be able to reclaim direct costs relating to dealing with the Covid-19 pandemic, all Covid spend must be properly identified. To this end, new financial codes have been created to assist with this requirement. A central cost centre has been set up against which any large one-off costs or cost relating to Trust-wide initiatives are to be coded. In addition, a new analysis code has been set up, which should be used to flag all Covid costs incurred by directorates. **It is absolutely vital that these codes are used for all Covid-related costs.**

Without this identification, most transactions will be indistinguishable from business-as-usual transactions, and the costs will not be captured in the reclaim process. If any specific system/process constraints prevent these codes being applied to Covid related costs, this should be discussed immediately with the relevant directorate finance lead.

The total value of identified Covid costs reclaimed for 2019/20 (the vast majority of which was incurred in March) was £740k. This was approved, and paid on 18th May.

Identified Covid costs for April total £563k. This has been reported to NHSE/I as part of the wider 'retrospective top-up' process, and confirmation of the appropriate re-imbursement is currently awaited.

Statement of Financial Position (SoFP)

PERIOD: April 2020	2019/20 31/03/20 Unaudited £'000's	2020/21 01/04/20 April £'000's
NON CURRENT ASSETS		
Property, Plant and Equipment	179,832	179,400
Intangible assets	2,473	2,445
Trade and other receivables	1,037	1,037
Total Non Current Assets	**183,342**	**182,882**
CURRENT ASSETS		
Inventories	433	433
Trade and other receivables	12,162	15,602
Cash and Cash Equivalents	15,433	36,091
Total Current Assets	**28,028**	**52,126**
Non current assets held for sale	**0**	**0**
TOTAL ASSETS	**211,370**	**235,008**
CURRENT LIABILITIES		
Trade and other payables	(19,785)	(43,469)
Borrowings	(263)	(263)
Capital Investment Loan - Current	(189)	(189)
Provisions	(1,183)	(1,162)
Total Current Liabilities	**(21,420)**	**(45,083)**
NET CURRENT ASSETS (LIABILITIES)	**6,608**	**7,043**
NON CURRENT LIABILITIES		
Borrowings	(7,761)	(7,761)
Capital Investment Loan - Non Current	(3,347)	(3,347)
Provisions	(647)	(621)
Total Non Current Liabilities	**(11,755)**	**(11,729)**
TOTAL ASSETS EMPLOYED	**178,195**	**178,195**
TAXPAYERS' EQUITY		
Public Dividend Capital	89,452	89,452
Retained Earnings	39,230	39,230
Revaluation reserve	49,513	49,513
TOTAL TAXPAYERS EQUITY	**178,195**	**178,195**

Non-current assets

- Property, plant and equipment (PPE) amounts to £179.4m.

Current assets

- Current assets of £52.1m include cash of £36.1m and receivables of £15.6m.

Current Liabilities

- Current liabilities amount to £45.1m and mainly relate to payables of £43.5m.

- Net current assets / (liabilities) show net assets of £7m.
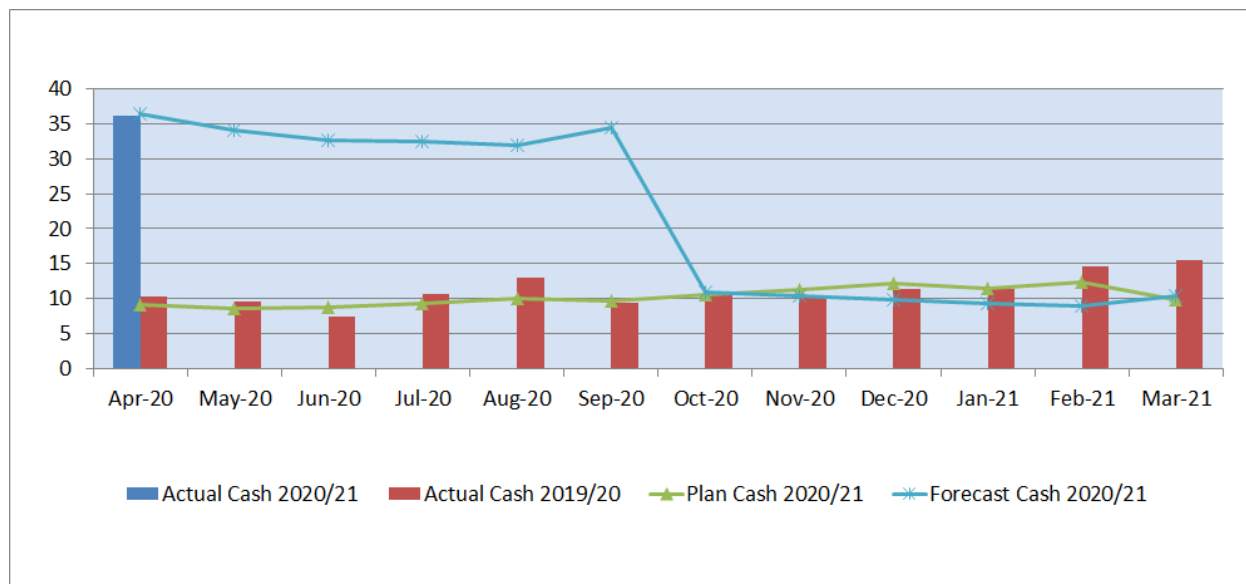
Working capital

- Cash and changes in working capital are reviewed on the following pages.

Taxpayers' Equity

- April's break-even position is reflected within retained earnings.

Leicestershire Partnership NHS
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Cash and Working Capital

12 Months Cash Analysis Apr 20 to Mar 21

Cash – Key Points

The closing cash balance at the end of April was £36.1m, an increase of £21m during the month.

To assist provider organisations' cash-flow positions during the COVID-19 crisis, the Department of Health is issuing block contract income payments one month in advance. This has resulted in the receipt of both April's and May's block contract payments in April, benefiting the cash position by £23m. This advance payment has resulted in a corresponding liability (deferred income) on the balance sheet for the same amount. In 'real terms', excluding this advanced payment the cash balance actually reduced in April due to the payment of year end creditors.

A summarised cash-flow forecast is included at **Appendix D.** A year end closing cash balance of £10.3m is currently forecast. This assumes:

- 2019/20 year end creditors will be paid in the first quarter of the year
- The Trust will breakeven at the end of the year (no I&E surplus is currently assumed, in line with national guidance)
- The monthly advanced block contract arrangement will continue until 31 October 2020
- The approved capital programme of £10.5m will be delivered by the end of the financial year

Receivables

Current receivables (debtors) total £15.6m.

Receivables	Current Month (April 2020)					
	NHS	Non NHS	Emp's	Total	% Total	% Sales Ledger
	£'000	£'000	£'000	£'000		
Sales Ledger						
30 days or less	438	872	8	1,318	8.3%	19.1%
31 - 60 days	1,056	1,001	17	2,074	13.0%	30.1%
61 - 90 days	621	69	10	700	4.4%	10.2%
Over 90 days	2,098	528	169	2,795	17.5%	40.6%
	4,213	2,470	204	6,887	43.1%	100.0%
Non sales ledger	4,125	4,590	0	8,715	54.6%	
Total receivables current	8,338	7,060	204	15,602	97.7%	
Total receivables non current		360		360	2.3%	
Total	8,338	7,420	204	15,962	100.0%	0.0%

Debt greater than 90 days increased by £137k since March and now stands at £2.8m. Despite an increase in the month, this is a significant improvement since the start of the calendar year (£4m in January). Receivables over 90 days should not account for more than 5% of the overall total receivables balance. The proportion at Month 1 is 17.5% (last month: 21%).

There has been a small increase of £17k in the general bad debt provision due to its recalculation at year end; it now totals £391k. Formal debt chasing with Non-NHS organisations has been paused until July 2020 in light of the COVID-19 situation.

Payables

The current payables position in Month 1 is £43.5m. The monthly increase of £24m relates to the block contract advanced payment of £23m and is reported as deferred income within the non-purchase ledger balance of £38.1m.

Payables	Current Month April 2020				
	NHS	Non NHS	Total	% Total	% Purchase Ledger
	£'000	£'000	£'000		
Purchase Ledger					
30 days or less	482	2,672	3,154	7.3%	58.5%
31 - 60 days	112	49	161	0.4%	3.0%
61 - 90 days	3	0	3	0.0%	0.1%
Over 90 days	2,045	31	2,076	4.8%	38.5%
	2,642	2,752	5,394	12.4%	100.0%
Non purchase ledger	31,683	6,392	38,075	87.6%	
Total Payables Current	34,325	9,144	43,469	100.0%	

Better Payment Practice Code (BPPC)

The specific target is to pay 95% of invoices within 30 days. Cumulatively the Trust achieved 3 of the 4 BPPC targets in April. The target not achieved during the month related to the number of NHS invoices paid within 30 days (93.3%). Of the 90 invoices paid in April, 6 were outside of the target period.

Further details are shown in *Appendix B*.

Capital Programme 2020/21

Capital expenditure totals £184k at the end of month 1 and mainly relates to CAMHS construction costs and IM&T staffing recharges.

The Capital Management Committee is meeting in May to review the capital programme and consider the implications that COVID-19 will have on the delivery of this year's schemes. At this stage it is assumed the planned spend of £10.5m will be achieved. Any changes to plan will be reported in next month's finance report.

	Annual Plan £000	April Exp £000
Estates		
Service Improvements	(3,618)	(100)
Estates backlog	(1,685)	0
Estates other rolling programmes	(899)	0
Other bids/projects	(450)	0
Medical Devices & estates contingency	(313)	0
	(6,965)	**(100)**
IM&T		
Rolling Programmes	(2,030)	(84)
Other projects	(1,553)	0
	(3,583)	**(84)**
Total expenditure	**(10,548)**	**(184)**
Funded by:		
Depreciation & technical adjustments	7,200	184
STP Capital (PDC) for CAMHS	2,898	0
Agnes unit PFI lifecycle costs - funded via unitary payment	100	0
Assets Sales - Rubicon	250	0
Capital utilisation of STF bonus and/or internal cash	100	0
Total funding source	**10,548**	**184**

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APPENDIX A - Statement of Comprehensive Income (SoCI)

Statement of Comprehensive Income for the period ended 30 April 2020	YTD Actual M01 £000	YTD Budget M01 £000	YTD Var. M1 £000
Revenue			
Total income	25,082	24,154	928
Operating expenses	(24,418)	(23,483)	(935)
Operating surplus (deficit)	**664**	**671**	**(7)**
Investment revenue	7	0	7
Other gains and (losses)	0	0	0
Finance costs	0	0	0
Surplus/(deficit) for the period	**671**	**671**	**(0)**
Public dividend capital dividends payable	(671)	(671)	0
I&E surplus/(deficit) for the period (before tech. adjs)	**0**	**0**	**0**
IFRIC 12 adjustments	0	0	0
Donated/government grant asset reserve adj	0	0	0
Technical adjustment for impairments	0	0	0
NHSI I&E control total surplus	**0**	**0**	**0**
Other comprehensive income (Exc. Technical Adjs)			
Impairments and reversals	0	0	0
Gains on revaluations	0	0	0
Total comprehensive income for the period:	**0**	**0**	**0**
Trust EBITDA £000	1,127	1,134	(7)
Trust EBITDA margin %	4.5%	4.7%	-0.2%

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NHS Trust

APPENDIX B – BPPC performance

Trust performance – current month (cumulative) v previous

Better Payment Practice Code	April (Cumulative)		March (Cumulative)	
	Number	£000's	Number	£000's
Total Non-NHS trade invoices paid in the year	1,536	5,049	29,384	108,112
Total Non-NHS trade invoices paid within target	1,527	4,988	28,275	105,255
% of Non-NHS trade invoices paid within target	**99.4%**	**98.8%**	**96.2%**	**97.4%**
Total NHS trade invoices paid in the year	90	2,432	916	53,583
Total NHS trade invoices paid within target	84	2,405	871	53,231
% of NHS trade invoices paid within target	**93.3%**	**98.9%**	**95.1%**	**99.3%**
Grand total trade invoices paid in the year	1,626	7,481	30,300	161,695
Grand total trade invoices paid within target	1,611	7,393	29,146	158,486
% of total trade invoices paid within target	**99.1%**	**98.8%**	**96.2%**	**98.0%**

Trust performance – run-rate by all months and cumulative year-to-date
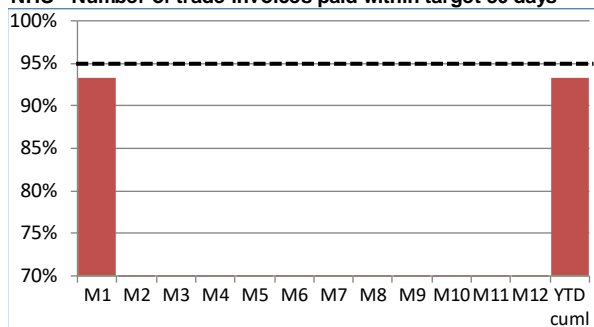
NON-NHS - No. of trade invoices paid within target 30 days
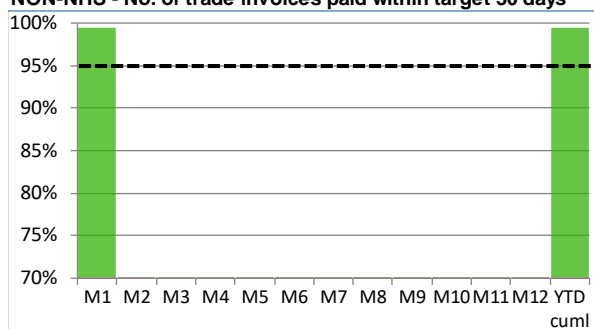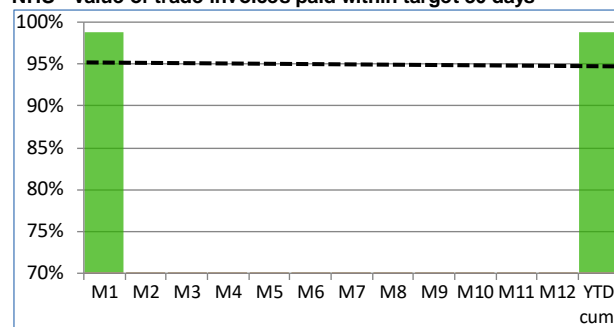

NON-NHS - Value of trade invoices paid within target 30 days
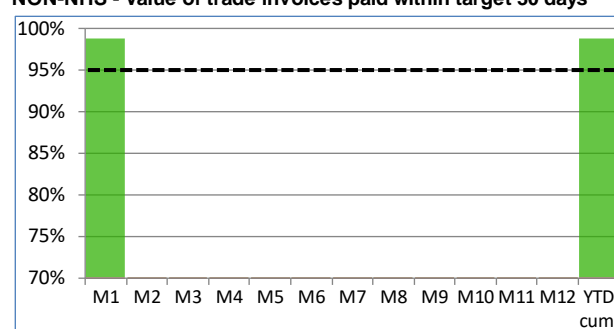
NHS - Number of trade invoices paid within target 30 days

NHS - Value of trade invoices paid within target 30 days

APPENDIX C – Agency staff expenditure

2020/21 Agency Expenditure (includes prior yr comparators)	2019/20 Outturn £000s Actual	2019/20 Avg. mnth £000s Actual		2020/21 M1 £000s Actual
AMH (19/20 includes LD)				
Agency Consultant Costs	-1,008	-84		-109
Agency Nursing	-1,797	-150		-101
Agency Scient, Therap. & Tech	-213	-18		-6
Agency Non clinical staff costs	-241	-20		-5
Sub-total	**-3,259**	**-272**		**-221**
LEARNING DISABILITIES (from 20/21)				
Agency Consultant Costs	-	-		0
Agency Nursing	-	-		-7
Agency Scient, Therap. & Tech	-	-		0
Agency Non clinical staff costs	-	-		0
Sub-total	**0**	**0**		**-7**
CHS				
Agency Consultant Costs	-107	-9		0
Agency Nursing	-3,710	-309		-278
Agency Scient, Therap. & Tech	-517	-43		-31
Agency Non clinical staff costs	0	0		0
Sub-total	**-4,334**	**-361**		**-309**
FYPC	0			
Agency Consultant Costs	-440	-37		-52
Agency Nursing	-1,467	-122		-120
Agency Scient, Therap. & Tech	-70	-6		0
Agency Non clinical staff costs	-82	-7		0
Sub-total	**-2,059**	**-172**		**-173**
Enabling, Hosted & reserves				
Agency Consultant Costs	0	0		0
Agency Nursing	26	2		0
Agency Scient, Therap. & Tech	-142	-12		-8
Agency Non clinical staff costs	-425	-35		-38
Sub-total	**-541**	**-45**		**-47**
TOTAL TRUST				
Agency Consultant Costs	-1,555	-130		-162
Agency Nursing	-6,948	-579		-506
Agency Scient, Therap. & Tech	-943	-79		-46
Agency Non clinical staff costs	-747	-62		-44
Total	**-10,193**	**-850**		**-757**

Note: £27k of agency costs in month 1 relate to the Covid-19 response.

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APPENDIX D – Cash flow forecast (summarised)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year
	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash	15,433	36,091	33,776	32,442	32,108	31,674	34,138	10,645	10,070	9,577	9,084	8,591	15,433
CCG block income prepayments (deferred income re COVID)	23,000	0	0	0	0	0	(23,000)	0	0	0	0	0	0
Operating surplus before depreciation & financing activities	701	739	701	701	701	3,314	701	739	701	701	701	3,308	13,708
Movement in working capital	(2,649)	(2,000)	(1,000)	0	0	0	0	0	0	0	0	2,282	(3,367)
Cashflows from investing activities - capital programme	(200)	(741)	(841)	(841)	(941)	(941)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,045)	(10,550)
Cashflows from financing activities	(194)	(313)	(194)	(194)	(194)	91	(194)	(314)	(194)	(194)	(194)	(2,803)	(4,891)
Closing cash	36,091	33,776	32,442	32,108	31,674	34,138	10,645	10,070	9,577	9,084	8,591	10,333	10,333

Meeting Name and date	Trust board - 27th May 2020
Paper Reference	

Name of Report	Month 01 Trust Performance Report

For approval		For assurance		For information	X

Presented by	Danielle Cecchini - Director of Finance	Author(s)	Laura Hughes - Head of Information

Alignment to CQC domain		Alignment to LPT priorities for 2019/20 (STEP up to GREAT)	
Safe		S – High Standards	
Effective		T - Transformation	
Caring		E – Environments	
Responsive		P – Patient Involvement	
Well-Led	X	G – Well-Governed	X
		R – Single Patient Record	
		E – Equality, Leadership, Culture	
		A – Access to Services	
		T – Trustwide Quality improvement	
Any equality impact?	N		

Report previously reviewed by	
Committee / Group	Date
Operational Executive Team	18/05/2020

Assurance: What assurance does this report provide in respect of the Board Assurance Framework Risks?	Links to ORR risk numbers
Provides assurance of the improving quality and availability of data reporting to inform quality decision making	35

Recommendations of the report
The Board are recommended to receive the report and note performance at Month 1

Leicestershire Partnership **NHS**
NHS Trust

Leicestershire Partnership NHS Trust

Performance Report (Month 01)

Trust Board
27th May 2020

Performance headlines – April 2020

Key:				
   	The SPC measure has improved from previous month	**NEW**	The first assessment of a metric using SPC	
	The SPC has not changed from previous month	**R**	Metric will be removed from future reports	
   	The SPC measure has deteriorated from previous month	**C**	Change in performance can be attributed to COVID-19	

Key standards being consistently delivered and improving or maintaining performance

    Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral
    Inappropriate Out of Area bed days for Adult Mental Health services (inc progress beds)
    Length of stay - Community Services
    Gatekeeping
    Core Mandatory Training Compliance for Substantive Staff
    Staff with a Completed Annual Appraisal

Key standards being delivered but deteriorating

  C 6-week wait for diagnostic procedures

Key standards being delivered inconsistently

    CAMHS Eating Disorder – four weeks - (complete pathway)
    Children and Young People's Access – 13 weeks (incomplete pathway)
    Children and Young People's Access – four weeks (incomplete pathway)
    Occupancy rate – mental health beds (excluding leave)
 C Occupancy rate – community beds (excluding leave)
NEW Length of stay (excluding leave) from Bradgate acute wards (SPC due March 2020)
    Delayed transfer of care (DToC)
    CPA 7 day
    CPA 12 month
    C Diff

Key standards not being delivered but improving

    Mental Health data submission - % clients in employment
    Data quality maturity index
  R Staff flu vaccination rate (frontline healthcare workers) (current data not yet available)

Key standards not being delivered but deteriorating/ not improving

    Mental Health data submission - % clients in settled accommodation
  R 18 week RTT
    CAMHS ED on week (complete)
    Adult CMHT Access five day urgent (incomplete)
 C Adult CMHT Access six week routine (incomplete)
    STEIS action plans completed within timescales
    Vacancy rate
    Agency Cost
    % of staff who have undertaken clinical supervision within the last 3 months

Key standard we are unable to assess using SPC

    52 week waits (SPC due May 2020)
    Serious incidents (no target)
    Quality indicators (no targets)

Performance headlines – April 2020

COVID-19 Update(s)
The Trust continues to prioritise its COVID-19 response in light of the worldwide pandemic.   This report will identify where performance is known to be affected by COVID-19.

Performance reviews: Whilst existing performance standards remain in place, a consequence of COVID-19 is the short-term postponement of the March 2020 directorate performance review to May 2020. These meetings will be held after the Board meeting in May so this means that there is no commentary detailing agreed recovery actions.

Improvement plans: COVID-19 has compromised the delivery of improvement plans. Performance will be reviewed and prioritised for improvement as part of trustwide recovery plans

Data quality kite marks: The data quality kite marks pertain to the previous six month period. Performance figures and SPC icons have been updated to reflect the latest available data.

Known effects of COVID-19 on performance:
 - decline in **6-week wait for diagnostic procedures** performance due to national suspension of service;
 - decline in **Adult CMHT Access Six weeks routine (incomplete pathway)**. The service is continuing to accept referrals during COVID-19 and utilising eContacts where possible. Expecting further deterioration of performance due to COVID-19;
 - fluctuating average **length of stay** and o**ccupancy rates** due to changes in discharge protocol as a result of the COVID-19 response;
 - increase in staff **sickness absence** since mid-March 2020 as expected due to COVID-19. In addition to actual staff sickness, the sickness absence rate reported for April 2020 will include staff who are self-isolating with suspected symptoms as well as those self-isolating with symptomatic members of their household. Early indications in April 2020, shows an increase of sickness absence to 11% of which 6% is attributed to COVID-19. These figures will be refined ahead of the next reporting period.

Trust response: As part of the COVID-19 emergency response, the Trust is reviewing how it will adapt as part of COVID-19 recovery. To support this, a COVID-19 Recovery Coordinating Group and supporting COVID-19 Data Cell has been set up to support the development of plans in relation to service restoration and recovery. The Trust is also working closely with LLR and regional partners to support the system wide recovery of services; with membership at system wide strategic and tactical operational cells as well as strategic and operational data cells.

This report will be provided to relevant Trust Board sub committees in June 2020

Improvement Plans
• The Recovery Coordinating Group will be overseeing a programme of work to fully understand the impact of COVID19 on performance. This will also extend to planning for recovery and agreeing how these will be prioritised and implemented going forward.
Performance Framework
• *see COVID-19 update (above)*

2020/21 Key Performance Indicators
• New quality KPIs were approved by Board sub committees in March 2020 and the full Board in early April 2020.

• New indicators have been included to gather performance information for quality measures including repeat falls, restraint, seclusion and pressure ulcers.

• The 2020/21 KPI setting process includes KPIs linked to the Quality Account commitments which are reported to the Board through the Performance report.

RAG rating against improvement plans

A simple RAG rating is used to assess compliance to the recovery plan:

• Red – a target that is not being delivered
• Amber – a target that is not being delivered but has an approved recovery plan with trajectory that is being met or there is a query about delivery
• Green – a target that is being delivered

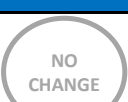**Statistical process control (SPC) ratings against performance**

The Trust has introduced SPC icons to indicate assurance of whether the process is expected to consistently meet or fail the target; and if a process is in special cause or common cause variation.

Icon	Performance Description
NO	The system is expected to consistently fail the target
YES	The system is expected to consistently pass the target
?	The system may achieve or fail the target subject to random variation

Icon	Trend Description
UP	Special cause variation – cause for concern (indicator where high is a concern)
DOWN	Special cause variation – cause for concern (indicator where low is a concern)
NO CHANGE	Common cause variation
UP	Special cause variation – improvement (indicator where high is good)
DOWN	Special cause variation – improvement (indicator where low is good)

Useful icon combinations to understand performance:

Performance	Trend		Description
YES	UP/ DOWN	or NO CHANGE	Key standards are being consistently delivered and are improving/ maintaining performance
YES		UP/ DOWN	Key standards are being delivered but are deteriorating
?	Any trend icon		Key standards are being delivered inconsistently
NO	UP/ DOWN		Key standards are not being delivered but are improving
NO	UP/ DOWN	or NO CHANGE	Key standards are not being delivered and are deteriorating/ not improving

Data Quality Kite Mark

The Trust has introduced a data quality kite mark to help to assess priority wait time and key performance indicators (KPIs) against the six domains of data quality.

Each domain is rated using a standard assessment as being green (assured processes are in place), amber (room for improvement), red (issues identified for action).

Code	R	V	T	C	A	Rv
Domain	Reliability	Validity	Timeliness	Completeness	Accuracy	Relevance

The domain descriptions are as below:

Reliability - there are clear standard operating processes (SOPs) aligned to patient pathways
Validity - clinical systems, local reports and KPIs are in place to meet the needs of the service
Timeliness - data is entered in a timely manner – in line with the record keeping policy
Completeness - data quality is regularly checked in the service (patient tracking lists etc.)
**Accuracy** - KPIs/ reports are quality checked and authorised for external release
Relevance - KPIs/ reports are regularly reviewed through the performance process

The data quality kite marks have been applied to priority wait times and priority indicators – as agreed by the Trust Executive Team. The data quality kite marks are re-assessed every six months or when significant change warrants a review.

1. NHS Oversight

The following targets form part of the new NHS Oversight Framework.

Target	Trust Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral

Target is 56% | | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | Reducing service support to High risk psychosis.

Prioritised: Depot and assessment, urgent clinical reviews. Routine work by telephone | YES | NO CHANGE |
| | | 72.0% | 66.7% | 72.2% | 81.8% | 63.2% | 80.0% | | Key standards are being consistently delivered and are maintaining performance | |
| Inappropriate Out of Area bed days for Adult Mental Health services

Target is 0 by end March 2021 | | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | The Trust continues to meet the reduction trajectory.

From April 2020, the number of progress beds reported will be zero. | YES | DOWN |
	Total Inappropriate OAPs bed days	508	464	483	380	213	19			
	Total Inappropriate OAPs bed days (excl progress beds)	154	92	114	141	18	19		Key standards are being consistently delivered and are maintaining performance	
		R	V	T	C	A	Rv			
Mental Health data submission to NHS Digital: % clients in employment

Target is 85% | | 2018/19 Q2 | 2018/19 Q3 | 2018/19 Q4 | 2019/20 Q1 | 2019/20 Q2 | 2019/20 Q3 | Improvements are expected to follow the SystmOne go live - date TBC as a result of COVID-19 pandemic | NO | UP |
| | | 0% | 1% | 0% | 2% | 3% | 4% | | Key standards are not being delivered but are improving | |
| Mental Health data submission to NHS Digital: % clients in settled accommodation

Target is 85% | | 2018/19 Q2 | 2018/19 Q3 | 2018/19 Q4 | 2019/20 Q1 | 2019/20 Q2 | 2019/20 Q3 | Improvements are expected to follow the SystmOne go live - date TBC as a result of COVID-19 pandemic | NO | NO CHANGE |
| | | 13% | 38% | 37% | 36% | 37% | 39% | | Key standards are not being delivered and are deteriorating/ not improving | |
| 18-week Referral to Treatment (incomplete)

Target is 92% | | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | ADHD moved to a new MDT model from 1st April 2020.

From April 2020, the Trust will have no 18-week RTT services | NO | DOWN |
| | | 79.9% | 78.9% | 73.3% | 69.3% | 64.3% | n/a | | | |
| | | R | V | T | C | A | RV | | Key standards are not being delivered and are deteriorating | |
| | This data refers to the following services:
• ADHD and ASD (Aug 2019 - Dec 2019)
• ADHD   (Jan 2020 -March 2020)
The RTT service ceased at the end of March 2020 | | | | | | | | | |
| 6-week wait for diagnostic procedures (incomplete)

Target is 99% | | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | In line with national COVID-19 guidance, this service has been suspended. Deteriorating waits throughout the COVID-19 lockdown period will be due to this suspension | YES | DOWN |
| | | 100.0% | 100.0% | 99.5% | 97.8% | 93.0% | 36.5% | | | |
| | This data refers to the Audiology Service only | | | | | | | | Key standards are being delivered but are deteriorating | |

2. Access - wait time standards

The following performance measures are key waiting time standards for the Trust:

Target	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
CAMHS Eating Disorder – one week (complete pathway) Target is 95%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Due to COVID-19 response, high risk cases seen face to face. Routine appts completed by telephone	NO	NO CHANGE
	100.0%	100.0%	50.0%	100.0%	75.0%	100.0%			
	R	V	T	C	A	Rv		Key standards are not being delivered and are not improving	
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	As above. A funded interim improvement plan is on track to deliver the agreed trajectory.	?	UP
	62.5%	100.0%	57.1%	100.0%	91.7%	100.0%			
	R	V	T	C	A	Rv		Key standards are being delivered inconsistently but are improving	
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Due to COVID-19 response, high Risk patients' Neurodevelopmental (ND) assessments temporarily reduced with priority for urgent ND assessments	?	NO CHANGE
	96.7%	96.7%	98.3%	88.1%	80.0%	65.2%			
	R	V	T	C	A	Rv		Key standards are being delivered inconsistently	
Children and Young People's Access – 13 weeks (incomplete pathway) Target is 92%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Due to COVID-19 response, high Risk patients' Neurodevelopmental (ND) assessments temporarily reduced with priority for urgent ND assessments	?	DOWN
	99.5%	100.0%	99.5%	96.8%	85.4%	66.8%			
	R	V	T	C	A	Rv		Key standards are being delivered inconsistently	
Adult CMHT Access Five day urgent (incomplete pathway) Target is 95%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Service offered via telephone/video support. Priority will be given to high risk patients during COVID-19	NO	NO CHANGE
	66.7%	n/a	66.7%	75.0%	50.0%	23.8%			
	R	V	T	C	A	Rv		Key standards are not being delivered and are not improving	
	'n/a' denotes no patients waiting as at last day of the month. There were two referrals made to the service in December 2019								
Adult CMHT Access Six weeks routine (incomplete pathway) Target is 95%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Service offered via telephone/video support. Priority will be given to high risk patients during COVID-19. Expected deterioration due to COVID-19	NO	DOWN
	50.0%	43.7%	46.8%	50.9%	43.1%	24.3%			
	R	V	T	C	A	Rv		Key standards are not being delivered and are deteriorating	

3. 52 week waits

No patient should wait for more than 52 weeks from referral to the start of their treatment. From March 2020, the Trust will merge the existing Wait Times Group and the Harm Assurance Group to improve the governance and confidence of harm reviews for long waiting patients.

The following services have 52 week waits within their service:

Target							Longest wait (latest month)	RAG/ Comments on recovery plan position	SPC Flag Assurance of Meeting Target	Trend
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment (6 weeks)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	92 weeks	Service offered via telephone/video support. Priority will be given to high risk patients during COVID-19. No reduction in the number of 52 week waits. Audit of each patient taking place.		
	89	89	76	105	111	118				
									SPC icons due May 2020 when 12 months of data is available	
Liaison Psychiatry (13 weeks)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	66 weeks	Service will be subsumed into new Core 24 service. This service has been decommissioned from 1st April 2020		
	15	11	9	14	11	5				
	R	V	T	C	A	Rv			*SPC icons due May 2020 when 12 months of data is available*	
Cognitive Behavioural Therapy (13 weeks)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	116 weeks	Due to COVID-19 response, ongoing telephone/video support available to existing patients. New referrals will be triaged via the CAP. Long term plan to review Psychological Services. Shorter term plan is a case by case review.		
	30	28	33	35	34	41				
									SPC icons due May 2020 when 12 months of data is available	
Dynamic Psychotherapy (13 weeks)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	112 weeks	Due to COVID-19 response, ongoing telephone/video support available to existing patients. New referrals will be triaged via the CAP. Long term plan to review Psychological Services. Shorter term plan is a case by case review.		
	51	47	46	40	46	47				
									SPC icons due May 2020 when 12 months of data is available	
Personality Disorder (13 weeks)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	179 weeks	Due to COVID-19 response, ongoing telephone/video support available to existing patients. New referrals will be triaged via the CAP. Long term plan to review Psychological Services. Shorter term plan is a case by case review.		
	63	59	61	93	79	65				
									SPC icons due May 2020 when 12 months of data is available	
Medical/ Neuropsychology (18 weeks)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	75 weeks	Recruitment to vacant posts have taken place. Recovery is expected but has yet to be delivered. No reduction or increase in March. Close performance management with UHL.		
	53	48	48	40	39	39				
									SPC icons due May 2020 when 12 months of data is available	
CAMHS (13 weeks)	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	96 weeks	Due to COVID-19 response the service has prioritised high risk patients for assessment. Significant improvement being delivered in line with improvement plan.		
	19	16	6	6	5	7				
									SPC icons due May 2020 when 12 months of data is available	

4. Patient Flow

The following measures are key indicators of patient flow:

Target	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
Occupancy Rate - Mental Health Beds (excluding leave) Target is <=85%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Occupancy has decreased due to impact of COVID-19 with one ward used for isolation and focus on admissions using the mental health act	?	DOWN
	85.6%	85.9%	89.6%	87.8%	84.2%	72.2%			
									Key standards are being delivered inconsistently
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Fluctuating vacancy rates will be attributed to ward changes as a result of implementing social distancing as part of the COVID-19 response	?	NO CHANGE
	88.5%	89.2%	91.9%	87.5%	83.4%	54.9%			
									Key standards are being delivered inconsistently
Average Length of stay (excluding leave) from acute Bradgate wards Target is <=33 days (national benchmark)	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Fluctuating LoS will be attributed to changes in discharge protocol as a result of the COVID-19 response	?	NO CHANGE
	33.5	41.9	36.9	35.5	44.6	49.6			
									Key standards are being delivered inconsistently
Average Length of stay Community services National benchmark is 25 days.	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Fluctuating LoS will be attributed to changes in discharge protocol as a result of the COVID-19 response	YES	NO CHANGE
	19.9	17.9	20.4	18.1	18.5	16			
									Key standards are being consistently delivered and are maintaining performance
Delayed Transfers of Care Target is <=3.5% across LLR	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	The target is being met as a wider LLR system. NHS Digital has advised this national metric is being paused to release resources to support the COVID-19 response. We will continue to monitor locally	?	NO CHANGE
	4.6%	3.8%	3.8%	4.0%	3.9%	3.1%			
	R	V	T	C	A	Rv			
									Key standards are being delivered inconsistently
Gatekeeping Target is >=95%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		YES	NO CHANGE
	98.7%	98.6%	95.6%	95.9%	96.4%	97.4%			
	R	V	T	C	A	Rv			
									Key standards are being consistently delivered and are maintaining performance
Care Programme Approach – 7-day follow up (reported 1 month in arrears) Target is 95%	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Data quality improvements have been made by way of regular reporting and reminder to staff responsible for follow-ups	?	NO CHANGE
	97.8%	96.1%	98.1%	97.0%	96.3%	98.3%			
	R	V	T	C	A	Rv			
									Key standards are being delivered inconsistently
Care Programme Approach 12-month standard Target is 95%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Data quality improvements have been made by way of regular reporting and reminder to staff responsible for reviews	?	NO CHANGE
	94.8%	94.5%	93.5%	93.6%	91.1%	89.3%			
									Key standards are being delivered inconsistently

5. Quality and safety

Target	Trust Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
C difficile Full year ceiling is 12.	**YTD**	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Trust is below ceiling year to date with 1 case(s) year to date	?	NO CHANGE
	1	2	0	1	0	0	1		Key standards are being delivered inconsistently	
Serious incidents		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		N/A	UP
		18	9	16	13	5	17		Key standards are not improving	
STEIS - SI action plans implemented within timescales (in arrears) Target = 100%		Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Awaiting validated data to assess achievement of measure	?	DOWN
		No Plans	0.0%	No Plans	0.0%	40.0%	40.0%		Key standards are being delivered inconsistently	
Safe staffing No. of wards not meeting >80% fill rate for RNs Target 0		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	This measure has been temporarily suspended during COVID-19 as staffing capacity is changing rapidly and continually to respond to the pandemic	NO	NO CHANGE
	Day	2	3	2	2	n/a	n/a		AS AT FEB 2020 Key standards are not being delivered and are not improving *SPC based on day shift*	
	Night	1	1	1	1	n/a	n/a			
No. of episodes of seclusions >2hrs Target decreasing trend		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		N/A	NO CHANGE
		14	22	32	34	35	37		Key standard has no target; however performance is consistent	
No. of episodes of supine restraint Target decreasing trend		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		N/A	NO CHANGE
		4	7	3	16	14	14		Key standard has no target; however performance is consistent	
No. of episodes of side-line restraint Target decreasing trend		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		N/A	NO CHANGE
		9	19	26	29	21	17		Key standard has no target; however performance is consistent	
No. of episodes of prone (unsupported) restraint Target decreasing trend		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		N/A	UP
		0	0	0	0	0	1		Key standard has no target; however performance is an increasing trend	
No. of episodes of prone (supported) restraint Target decreasing trend		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		N/A	NO CHANGE
		6	8	4	2	6	4		Key standard has no target; however performance is consistent	
No. of Category 2 and 4 pressure ulcers developed or deteriorated in LPT care Target decreasing trend		Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20			
	Category 2	77	80	79	91	95	95		N/A	N/A
	Category 4	2	3	4	6	6	4		N/A	N/A
									SPC icons due April 2020 when 13 months of data is available	
No. of repeat falls Target decreasing trend		Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20		N/A	N/A
		39	37	51	49	45	60		*SPC icons due April 2020 when 13 months of data is available*	

Additional quality measures
• The new Quality KPI improvements will be reviewed at the end of 2020/21 quarter two.

6. Data Quality

The following measures are key indicators of the quality of data completeness. These should be read alongside the Mental Health Services Data Standards (MHSDS) set out in section one of this report.

Target							RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
MH Data quality Maturity Index Target >=95%	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	The Trust is failing to deliver the 95% target. Improvement plan required.	NO	UP
	91.1%	92.5%	92.7%	92.4%	91.5%	92.0%		Key standards are not being delivered but are improving	

7. Workforce/HR

The following measures are key indicators of patient flow:

Target							RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
Normalised Workforce Turnover rate (Rolling previous 12 months) Target is <=10%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	The Trust is below the ceiling set for turnover.	YES	DOWN
	8.8%	9.3%	8.8%	8.6%	9.1%	9.3%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		NO	NO CHANGE
	8.6%	8.5%	8.8%	8.7%	9.1%	10.5%		Key standards are not being delivered and are not improving	
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	The impact of COVID-19 has seen a significant increase in reported sickness absence during April and May	NO	NO CHANGE
	5.2%	5.2%	5.3%	5.5%	5.3%	5.4%		Key standards are not being delivered and are not improving	
Agency Costs Target is <=£641,666 (NHSI national target)	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		?	NO CHANGE
	£864,714	£875,918	£724,425	£867,533	£852,247	£757,082		Key standards are being delivered inconsistently	
Core Mandatory Training Compliance for substantive staff Target is >=85%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		YES	UP
	95.3%	95.3%	95.4%	95.2%	98.0%	97.9%		Key standards are being consistently delivered and are improving performance	
Staff with a Completed Annual Appraisal Target is >=80%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		YES	NO CHANGE
	93.5%	93.0%	93.8%	93.5%	93.0%	91.3%		Key standards are being consistently delivered and are maintaining performance	
% of staff from a BME background Target is >= 22.5%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		NO	UP
	22.5%	22.7%	21.9%	22.9%	22.9%	23.0%		Key standards are not being delivered but are improving	
Staff flu vaccination rate (frontline healthcare workers) Target is >= 80%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	The Trust did not achieve the 80% rate. The vaccination scheme for 2019-20 closed in February 2020.	NO	UP
	44.0%	55.0%	58.7%	60.6%	n/a	n/a		Key standards are not being delivered but are improving	
% of staff who have undertaken clinical supervision within the last 3 months Target is 85%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20		NO	DOWN
	86.2%	81.7%	83.0%	83.9%	79.4%	67.4%		Key standards are not being delivered and are deteriorating	

NHS
Leicestershire Partnership
NHS Trust

TRUST BOARD – 27 May 2020

AUDIT AND ASSURANCE COMMITTEE held 1 May 2020

HIGHLIGHT REPORT

The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Strength of Assurance	Colour to use in 'Strength of Assurance' column below
Low	Red - there are significant gaps in assurance and/or not properly assured as to the adequacy of action plans/controls
Medium	Amber - there is reasonable level of assurance but some issues identified to be addressed.
High	Green – there are no gaps in assurance and there are adequate action plans/controls

Report	Assurance level*	Committee escalation	ORR Risk Reference
Draft Head of Internal Audit Opinion	MEDIUM	The position of the Trust had much improved over the year and was agreed as needed strengthening in the final opinion report. Follow-up actions for closing down outstanding reports and providing more evidence were agreed. There was no reporting year 3rd party assurances and the positive views of the CQC and NHS I about the Trust's performance and control environment were not evidenced by the Head of Internal Audit. It was agreed to send supporting evidence to support the change in reporting.	1, 18
Draft Annual Governance Statement	HIGH	Feedback for action around the golden thread of the story, and recent updates (nothing material) to be reflected. Overall a transparent and clear view on the Accountable Officer's statement of the control environment.	All
Risk Assurance including review of the Organisational Risk Register	HIGH	Overview given and the link of the Incident Control Centre Gold Command management is linking well with Silver Command in Directorates were noted.	All
Feedback from Chairs of FPC and QAC on risk	HIGH	Flexibility and adaptability to the COVID-19 circumstances to ensure rigour and understanding of key risks. Bi-monthly meetings suspended and continue to meet monthly.	All

Report	Assurance level*	Committee escalation	ORR Risk Reference
		FPC has now brought in another NED from the QAC for strengthening of risk and governance perspectives. FPC and QAC are benchmarking Risk reporting was reported as GREEN for the first time this year.	
Internal Audit Progress Report	HIGH	Update on two reports issued since last meeting and both of Significant Assurance. Debate centred around "Preparing for Internal Audit" for staff to address re-current themes of meeting KPIs, closing actions and improving staff's understanding of the process and importance of internal audits. Action agreed to bring back to future meeting. Agreed 5 days follow-up for 2020/21 and COIVID-19 related work is most likely eg checking of assurances around decisions made on services, PPEs. Issue raised about impact on 2020/21 Internal Audit of COVID-19 and revised CQC inspection so programme to be re-visited and update brought to next meeting. Chair would meet with Internal Audit in June.	1 18
External Auditors Progress report	HIGH	Reported received and noted that scope of work had changed due to COVID-19. Standard around leasing changes had been put back to 2021 and has impacted on year end valuations of component elements of our assets. Potential for material impact on valuations and this is a national issue. Going Concern impact of COVID-19 is work in progress at national level. Value for Money conclusion will be consistent with last year. Accounts progress is underway remotely which is new for all and deadline now end of June 2020.	17
Review of Final Financial Accounts	HIGH	Draft position presented by Deputy Director of Finance. Topics covered included achieving planned surplus, CIPs, disputed invoices (had increased and mostly with NHS Property Services), and	17

Report	Assurance level*	Committee escalation	ORR Risk Reference
		unexpected spend of COVID-19 eg staff overtime that is being covered by NHS I. Major movements in balance sheet since 2018/19 highlighted by the Financial Controller eg impairments captured as ongoing rather than at end of capital builds. All 4 of BPPC targets were met. Asset evaluations will now be next year whilst some Trusts have had this exercise completed this year. It was noted that the full set of accounts were not scrutinised during the meeting and it is the intention to circulate these to members between now and 27th May. Committee felt finance team was on top of issues and acknowledged ongoing work in progress.	
Review of Going Concern Assessment 2020/21	HIGH	Guidance from NHS I such that COVID-19 not expected to impact on Going Concern. Committee was very supportive of the Assessment and work taken to produce it.	1 17
Deep Dive - COVID-19 Governance and Risk	HIGH	Director of Finance set out where we are now ie set up of national Level 4 major incident LPT Gold Command Incident Co-ordination Centre (ICC), interim governance arrangements, the operational running of the ICC, and reporting. Trust works closely with buddy Trust Northamptonshire Foundation NHS Trust, and part of local and wider resilience systems. National guidance from government, Royal Colleges etc is reviewed for actions. Next phases of restoration and then recovery of services up to March 21 is now set-out by national guidance and re-visiting governance and risk arrangements will take place. The thoughts on the next phase LPT Strategic Recovery Cell were set-out. Discussion then focused upon evidencing of decisions taken is underway. Using the Risk Log to determine assurance reports on key issues for potential claims and litigation would be considered eg use of PPE to QAC. Documentation such as Quality Impact Assessments for services stopped/stood down partially will be key. Oversight of the progress of this work is needed back along with updates on COVID-19 governance operating and risk management to the next committee.	ALL

Report	Assurance level*	Committee escalation	ORR Risk Reference

Chair	Geoff Rowbotham

Qi

CHARITABLE FUNDS COMMITTEE– DATE 10TH MARCH 2020

HIGHLIGHT REPORT

The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Strength of Assurance	Colour to use in 'Strength of Assurance' column below
Low	Red - there are significant gaps in assurance and/or not properly assured as to the adequacy of action plans/controls
Medium	Amber - there is reasonable level of assurance but some issues identified to be addressed.
High	Green – there are no gaps in assurance and there are adequate action plans/controls

Report	Assurance level*	Committee escalation	Risk Reference
Introduction	High	The fund raising manager had advised that she would be leaving the Trust to take up a new appointment. The committee thanked her for her work. A replacement fundraising manager will be proposed through the normal vacancy control process.	
Review of Risk Register	High	The Risk Register has been updated as discussed in the last meeting, and a new risk around cash risk has been added. All risks are rated below 9.	1911, 4367
Review of Raising Health Fundraising Plan 2020 – 2022	High	The fundraising plan had been updated following comments at the previous committee. Some further amendments were requested around wording and updates to the economic analysis. The plan was approved subject to the revisions being made. The Chair confirmed that the Trust Board Development meeting due to be held on 7th April 2020 will consider Raising Health and will cover delivery to date, key projects, successes and investments. It will also evaluate the level of ambition for the future, particularly around the legacy proposal.	1911

Report	Assurance level*	Committee escalation	Risk Reference
Draft Raising Health Legacy Strategy	High	The fundraising manager had developed the draft legacy strategy based on her experience and advice from NHS Charities Together. The strategy was purposefully a basic entry level strategy which could be built upon to become more ambitious in the future. The committee approved the strategy and will recommend it to the Board for approval on 7th April 2020.	1911
Fundraising Manager's Quarterly Report	High	An update was provided on current appeals. The Chair and fundraising manager are due to attend the Willows in May for a publicity event for the new gym. The Let's Get Gardening launch event is on the 24th March and all CFC members are invited, Guy Barter of the RHS is attending. The fundraising manager is currently exploring a sponsor a chicken initiative for the proposed chickens at Bradgate. The fundraising manager is working on a bid to the Severn Trent Community Fund to support the let's get gardening initiative.	1911
Finance Report (Q3)	Medium	An update on the charity financial position was provided. The investment value had increased in the first three quarters with £142k total growth. However, it was noted that the investment value had decreased since the outbreak of the coronavirus. Donations, fundraising and legacy income were lower than expected for this period. Expenditure for new bids is also lower than planned to reflect this. The year end cash forecast currently is £119k, this is higher than planned due to the receipt of £100k donation from Coalville League of Friends. The expenditure to redesign the garden against these funds is expected in 20/21. Despite holding £1.8m in investments, the ongoing underlying cash flow position remains a concern, and overhead costs now exceed dividend income (this was part of the funding strategy). It was suggested that the financial plan for the next 3 years should be supported by specific activity and for the incoming Fundraising Manager to have financial targets.	1911
2020/21 Budget setting	High	The 2020/21 overhead costs for the charity were approved, noting that the fundraising manager costs may change pending appointment of the new manager.	1911, 4367

Report	Assurance level*	Committee escalation	Risk Reference
Annual Review of Committee effectiveness, review of TOR, review of workplan and review of Committee Membership	High	The Trust Secretary confirmed that he was planning a simple template to include top achievements, direction of travel, TOR and tick boxes to confirm all other items where confirmation is needed. The Chair confirmed that this will go to 3 July AAC. The Chair was concerned that CFC was not detailed on the new Trust governance structure diagram and the Trust Secretary confirmed that he will add it in.	1911
Proposed changes to Raising Health's governing document	High	The committee approved the proposed governance document.	1911
Internal Audit report	High	The Chair congratulated the finance team for a fantastic report which shows significant assurance. The report details 4 low risks, action is complete on 3 of these and the outstanding action is the review of the Investment strategy. The Deputy Director of Finance confirmed the investment strategy was due to be approved at this meeting but this had been removed from the agenda because she wanted to revise it in liaison with the new investment management company Cazenove first. The strategy will be presented to the June Committee meeting.	1911
Process for email decision making when faster decisions are required	High	It was agreed that if a decision had already been agreed in principle at a committee meeting, the Chair and one other Trustee could confirm the decision by e-mail. If the decision had not been previously considered at a committee meeting, 4 trustees were required to sign off the decision by e-mail. The procedures document would be updated to reflect this.	1911
New bids approved	High	Bids were approved by the committee: • Fundraising manager - £55k • Fundraising marketing budget - £4k • Fundraising website costs - £770 • Lottery 20/21 weekly prizes - £34k • Let's get gardening, Bradgate - £7k • Daisy award - £4.5k • Overhead costs (governance) - £37k • Overhead costs (lottery management) - £12k • Investment manager fees - £13k • Hospice at home patient donation for syringe drivers - £9k. Though normally purchased with NHS core funds, the donation was accepted & the committee agreed it would be used to purchase of syringe drivers for that specific team through the Trust's medical devices capital plan.	1911,4367

Report	Assurance level*	Committee escalation	Risk Reference
New funds created	High	The creation of new funds were approved: Coalville Hospital Garden Fund	1911
Work plan	High	The work plan was reviewed and amendments were agreed to ensure timing of items e.g. investment strategy was appropriate.	1911
Review of risk register	High	It was agreed that the risk around donations and the failure to cover costs leading to our objectives not being met should be enhanced	1911,4367

Chair	Cathy Ellis, Trust Chair & Trustee

Qii

CHARITABLE FUNDS COMMITTEE– Extra meetings held due to Covid 19
DATES : 22nd April 2020 and 11th May 2020

HIGHLIGHT REPORT

The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Strength of Assurance	Colour to use in 'Strength of Assurance' column below
Low	Red - there are significant gaps in assurance and/or not properly assured as to the adequacy of action plans/controls
Medium	Amber - there is reasonable level of assurance but some issues identified to be addressed.
High	Green – there are no gaps in assurance and there are adequate action plans/controls

Report	Assurance level*	Committee escalation	Raising Health Risk Reference
The purpose of the 2 additional meetings was to approve the use of charitable donations received from various sources during the Covid19 surge period.			
NHS Charities Together (NHSCT) – Phase One £73,500 received	High	In line with NHSCT guidance for phase one bids were approved for : • the setting up and sustainability of 42 "Wobble Rooms" for staff which are regularly supplied with food, drinks, treats, mindfulness and relaxation activities • nurse leadership development work • patient single use activities for all ward based patients • International Nurses Day handcreams for nurses • improving the comfort of staff rooms	1911
NHS Charities Together (NHSCT) – Phase Two	Not yet active	This phase has not yet been launched by NHSCT. The criteria for bids will be to fund strategic integrated community and social care pathway grants to allow NHS patients prompt and safe discharge and to stay well at home.	1911
NHS Charities Together (NHSCT) – Phase Three	Not yet active	This phase has not yet been launched by NHSCT. The outline criteria for bids will be to support the mental health and recovery of NHS staff and volunteers.	1911

Report	Assurance level*	Committee escalation	Raising Health Risk Reference
Other donations from the public and local organisations	High	We are hugely grateful for these donations and are working with the Head of Communications, Staff Health & Wellbeing lead and Estates team to plan for expenditure which will support frontline staff during the Coivd19 recovery period.	1911
Carlton Hayes Charity (CHC) funding for 2020/21	High	We are awaiting confirmation from the CHC trustees before launching the 2020/21 bid process. All ages of mental health services in LPT are able to bid for small grants to support their patients. Typically these include : patient trips, arts & cooking activities on wards, cultural festivals, entertainers, yoga, DVDs, games, Mett centre groups, homewards support packs.	1911

Chair	**Cathy Ellis** **LPT Chair & Chair of Raising Health**