

Public Meeting of the Trust Board
9.30 am Tuesday 1st September 2020
Microsoft Teams
AGENDA

Public Meeting			
Time		Item	Lead
9.30	1	Apologies for absence and welcome to meeting: The Trust Board Members (<i>Paper A</i>)	Chair
9.30	2	Equally Well Charter (<i>Verbal</i>)	A Hillery
9.35	3	Patient voice film - LD	H Thompson
9.45	4	Staff voice - LD	H Thompson
10.05	5	Declarations of interest in respect of items on the agenda	Chair
	6	Minutes of the previous public meeting: 7 th July 2020 (<i>Paper B</i>)	Chair
	7	Matters arising (<i>Paper C</i>)	Chair
	8	Chairman's Report (<i>Paper D</i>)	Chair
	9	Chief Executive's Report (<i>Paper E</i>)	A Hillery
<div> </div> Governance and Risk			
10.25	10	Organisational Risk Register (<i>Paper F</i>)	C Oakes
10.35	11	Trust Board Meeting Dates 2021 (<i>Paper G</i>)	Chair
<div> </div> Strategy and System Working			
10.40	12	Service Presentation – LD	H Thompson
11.10	13	Break	
11.15	14	Step Up To Great Progress/Milestones/KPIs (<i>Verbal</i>)	D Williams
<div> </div> Quality Improvement and Compliance			
11.20	15	Highlight Report – QAC – 21 st July 2020 (<i>Paper Hi</i>) & 18 th August 2020 (<i>Paper Hii</i>)	L Rowbotham
11.30	16	Director of Nursing's Report including AHP report (<i>Paper I</i>)	A Scott
11.35	17	LeDeR Annual Report - 2019/20 (<i>Paper J</i>)	A Hiremath
11.40	18	Learning from Deaths Q1 Report (<i>Paper K</i>)	A Hiremath
11.45	19	Guardian of Safe Working Hours Q1 (<i>Paper L</i>)	A Hiremath
11.50	20	Serious Incidents Bi-monthly Report (<i>Paper M</i>)	A Scott
11.55	21	Care Quality Commission (CQC) progress Report (<i>Verbal</i>)	A Scott
12.05	22	Safe Staffing Monthly Review (<i>Paper N</i>)	A Scott

Performance and Assurance				
T Trustwide Quality Improvement	E Environments	S High Standards	G Well-governed	
12.10	23	Finance Monthly Report – Month 4 (<i>Paper O</i>)		D Cecchini
12.15	24	Performance Report – Month 4 (<i>Paper P</i>)		D Cecchini
12.25	25	Finance and Performance Committee Highlight Reports - 21 st July 2020 (<i>Paper Qi</i>) & 18 th August 2020 (<i>Paper Qii</i>)		G Rowbotham
12.35	26	Highlight Report – Charitable Funds Committee – 23rd July 2020 (Paper R)		C Ellis
12.40	27	Audit and Assurance Committee Highlight Report 03.07.20 (<i>Paper S</i>)		D Hickman
12.45	28	Review of risk – any further risks as a result of board discussion?		Chair
	29	Any other urgent business		Chair
	30	Papers/updates not received in line with the work plan:		Chair
12.50	31	Public questions on agenda items		Chair
1.00	32	Date of next public meeting: 27 th October 2020 Microsoft Teams		Chair

It is recommended that, pursuant to Section 1 (2), Public Bodies (Admission to Meetings) Act 1960, 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.

Confidential Trust Board Meeting

1.30pm on Tuesday 1st September 2020

Microsoft Teams

Confidential Meeting			
Time		Item	Lead
1.30	1	Apologies for absence:	Chair
	2	Declarations of interest in respect of items on the agenda	Chair
	3	Minutes of the previous Meetings <ul style="list-style-type: none"> Confidential meeting 7th July 2020 (<i>Paper AAi</i>) Board Development 4th August 2020 (<i>Paper AAii</i>) 	Chair
	4	Matters Arising (<i>Paper BB</i>)	Chair
1.35	5	Chief Executive's Report (<i>Verbal</i>)	A Hillery
<div> </div> Governance and Risk			
1.45	6	LLR STP System Governance Proposal (<i>Paper CC</i>)	A Hillery/Chair
<div> </div> Strategy and System Working			
1.55	7	East Midlands Mental Health & Learning Disabilities Alliance Update (<i>Paper DD</i>)	D Williams
2.10	8	Microsoft Business Case (<i>Paper EE</i>)	D Williams
2.20	9	Phase 3 plans including restoration and recovery/financial plan (<i>Paper FF to follow – due for submission to NHSI on 1st September 2020</i>)	D Cecchini
2.45	10	Facilities Management Draft Outline Business Case Update (<i>Verbal</i>)	D Cecchini
<div> </div> Quality Improvement and Compliance			
2.55	12	Level 2 Serious Incidents Report (<i>Paper GG</i>)	A Scott
3.00	13	Serious Case Reviews and Serious Adult Reviews (<i>Paper HH</i>)	A Scott
<div> </div> Performance and Assurance			
3.10	14	Highlight Report – Remuneration Committee – 7 th July 2020 (<i>Paper II</i>)	R Marchington
3.15	15	Review of risk – any further risks as a result of Board discussion?	Chair
	16	Confirmed minutes from all committee meetings available to Board members on request.	Chair
	17	Any Other Business	Chair
	18	Papers/updates not received in line with the work plan:	Chair
3.20	19	Close	

Our Trust Board

As of June 2020



Leicestershire Partnership

NHS Trust



Cathy Ellis
Chair



Angela Hillery
Chief Executive



Daniela Cecchini
Deputy Chief Executive
and Director of finance



Geoff Rowbotham
Non-Executive Director
and Deputy Chair



Faisal Hussain
Non-Executive
Director



Liz Rowbotham
Non-Executive
Director



Prof. Kevin Harris
Non-Executive
Director



**Ruth
Marchington**
Non-Executive
Director



Darren Hickman
Non-Executive Director
and Senior
Independent Director



**Rachel
Bilsborough**
Director of community
health services



Gordon King
Director of adult mental
health



Helen Thompson
Director of families,
young people and
children's services and
adult learning
disabilities



Sarah Willis
Director of human
resources and
organisational
development



Chris Oakes
Director of corporate
governance and risk



David Williams
Director of strategy
and business
development



**Dr. Avinash
Hiremath**
Interim Medical Director



Dr. Anne Scott
Interim Director of
nursing, allied health
professionals and
quality

Leicestershire Partnership NHS Trust Public Trust Board Meeting 1st September 2020 – Video Presentation

Video 1:

Agenda Item 3 – Patient Story – Learning Disabilities - Vicki's Story:

<https://youtu.be/qm52svqniTw>



Leicestershire Partnership

NHS Trust

Trust Board

Minutes of the Public Meeting of the Trust Board Tuesday 7th July 2020 9.30am

B

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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 Avinash Hiremath, Medical Director
Dr Anne Scott, Director of Nursing AHPs and Quality

In Attendance:

Ms Rachel Bilsborough, Director of Community Health Services
Mr Gordon King, 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 Mark Farmer, Healthwatch
Ms Kate Dyer, Head of Governance and Interim Company Secretary
Ms Sally Camm, NHSI NED Next Director Scheme
Ms Kamy Basra, Head of Communications
Mrs Kay Rippin, Corporate Affairs Manager (Minutes)
Ms Helen Abel, CQC (observer)
Ms Tracy Newton, CQC (observer)

TB/20/115	Apologies for absence and welcome to meeting: Trust Board Members (Paper A) was circulated to introduce the Board. Apologies were received from David Williams, Director of Strategy and Business Development. The Chair welcomed and congratulated Avinash Hiremath as the
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	<p>new Medical Director; welcomed Helen Abel and Tracy Newton the CQC observers. The Chair introduced Sally Camm, Mark Farmer, Kamy Basra and Kate Dyer to the meeting. The Chair welcomed Saskya Falope Bed Management Team, PSAU & Mental Health Urgent Care Hub Team Manager and her colleagues Theresa Brailsford and Romeo Chipangura, Mental Health Practitioners for the Staff Voice, and Michelle Churchard Smith, Head of Nursing AMH/LD.</p> <p>The Chair confirmed that the papers were uploaded to the website one week ago and questions invited from the public via the website to be addressed at the end of this meeting. During this Covid-19 period the focus is on essential business with six key priority areas listed on the agenda. All papers will be taken as read.</p>
TB/20/116	<p>Patient voice film – Mental Health Theme – this video was circulated in the papers and all attendees watched the video. The video detailed a patient's positive experience of the new Mental Health Urgent Care Hub.</p>
TB/20/117	<p>Staff voice – Mental Health Theme - Saskya Falope Bed Management Team, PSAU & Mental Health Urgent Care Hub Team Manager and her colleagues Theresa Brailsford and Romeo Chipangura, Mental Health Practitioners presented. Saskya Falope explained that the Urgent Care Hub was set up as a direct response to Covid-19. It is an all-age service for urgent mental health need or crisis. Specialists from all areas have been redeployed to staff the Hub and referrals come from EMAS (East Midland Ambulance Service), 111, the police, A&E and other mental health teams within the trust. The Hub takes the pressure away from A&E and is a more suitable environment for individuals in mental health crisis. Most contacts are during out of hours and over the weekends when care teams are not available. The Hub has received positive feedback from both patients and referrers and allows for better flow through the system with less duplication of information and has allowed the team to build relationships with other support networks including housing and social care leading to facilitating increased support for patients in the community. Theresa Brailsford confirmed that the Hub offers a calmer, more suitable environment and the team continues to work closely with the Mental Health Triage Team based at University Hospitals Leicester (UHL). Working in the Hub also allows staff easy access to other LPT teams and helps to promote staff development opportunities through these links and builds networks of support. Romeo Chipangura confirmed that as an advanced nurse practitioner he is able to offer a holistic approach looking at both physical and mental health needs.</p> <p>The Chair thanked the staff for their dedication and enthusiasm enabling the success of the Hub.</p> <p>Angela Hillery thanked the team for their response and work and personalised approach and confirmed that Leicester, Leicestershire and Rutland (LLR) partners are keen to maintain and sustain this service.</p> <p>Kevin Harris congratulated the team, complimenting them on their rapid response and patient centered feedback, and asked what enabled it to happen so quickly and what needs to happen to prevent it reverting to how it was before?</p> <p>Saskya Falope confirmed that staff commitment and hard work enabled the set up in 9 days and all staff are committed to keeping it going beyond Covid-19.</p> <p>Gordon King confirmed that the restoration and recovery work is identifying services which LPT wants to keep and the Hub is one of these services, this is the way forward for urgent care pathways.</p> <p>Faisal Hussain commented that it is both reassuring and assuring that there is</p>

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	<p>alignment against national best practice with regards to the holistic approach to physical and mental health needs. With regards to accessing the service at crisis point, are there any steps that could be taken to address the patient's mental health issues pre-crisis?</p> <p>Gordon King responded that this needs to be understood better and that lack of access pre-crisis is a legitimate criticism of mental health services. The self-referral service will enable individuals to access services earlier especially individuals or communities who face more barriers in accessing services including BAME communities.</p> <p>Mark Farmer, Healthwatch commended the two great patient focused services which have recently been established and commented that moving forward it is key that LLR invests in this service, A&E is not a suitable environment for those in a mental health crisis. Mark Farmer raised the issue of pressure on LPT's estates and the increased pressure on the Bradgate Unit where the new Hub is based; and suggested that moving forward patient engagement should develop into patient co-production.</p> <p>Saskya Falope confirmed that they are working very closely with the Patient Involvement Team and have sought patient's opinions throughout the process. Ruth Marchington thanked the team for all their work and requested details on how the all-age service works in respect of the young people who may access the service. Saskya Falope confirmed that there are separate waiting areas and staff will sit with younger people for support in their waiting area. Also, there has been much cross-directorate work and through FYPC the young person's voice is heard. Darren Hickman commented that the true test of any process is when it is put under stress or when there are exceptions. Saskya Falope confirmed that in order to mitigate this risk, staff at the Hub work closely with the Mental Health Triage Team at the LRI who could offer practical support if needed. They anticipate an increased demand on services as lockdown eases and they are working closely with clinical leads, the LRI, A&E lead consultant and EMAS to ensure that the best outcome is achieved for patients.</p> <p>Sarah Willis commended the team on their great work, commenting that redeployment can be difficult and this team have demonstrated the LPT leadership behaviours framework in action.</p> <p>Dani Cecchini asked if the team were seeing any patients from the waiting lists. Gordon King confirmed that this was not the case but that this is being monitored. The chair thanked the team for their work and contribution and for attending the Trust Board meeting today. The second video in the Trust board papers details the background to this service, showing how all the staff contributed so well.</p>
TB/20/118	<p>Declarations of interest in respect of items on the agenda:</p> <p>No declarations of interest were noted.</p>
TB/20/119	<p>Minutes of the previous public meeting: 27th May 2020 (Paper B)</p> <p>The minutes of the public Trust board meeting held on the 27th May 2020 were agreed as an accurate record of the meeting.</p> <p>Resolved: The Trust Board agreed the minutes of the Public Trust board meeting held on the 27th May 2020</p>
TB/20/120	<p>Matters arising (Paper C)</p> <p>916 – meeting to be held on 4th August 2020</p> <p>918 – matter will be address in agenda today (Paper T page 229)</p> <p>921 – The AGM will be held on 22nd September 2020 4-5pm virtual meeting with a live stream.</p> <p>Resolved: The Trust Board agreed all listed matters arising were now closed.</p>

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TB/20/121	<p>Chair's Report (Paper D)</p> <p>The Chair thanked all staff and volunteers for stepping up to great and continuing to do so in the Leicester covid19 outbreak. Highlights of the report include the Let's Get Gardening competition with the winner being announced at 11am today. The board will be informed of this result later today. This competition involved patients being involved in therapeutic activities and was funded by Raising Health and Carlton Hayes Fund. LPT recently held their Virtual Pride event with Gordon King as the executive sponsor leading the celebration event and staff sharing their personal stories. The Chair confirmed that LPT remain very committed to being an inclusive organisation. The Feilding Palmer Hospital in Lutterworth remains temporarily suspended for inpatient admissions but continues to see outpatients. The Executive Team are actively reviewing options for this temporary situation. The Chair confirmed attendance at meetings to prepare for and deliver restoration and recovery plans in order to return to business as usual as soon as possible. The Chair thanked the leadership team for their work.</p>
TB/20/122	<p>Chief Executive's Report (Paper E)</p> <p>Angela Hillery confirmed that Covid-19 remains the focus as we remain in a level 4 incident. Leicester city have seen an increase in the Covid-19 rates but not an increase in hospital admissions but this remains a focus. Angela Hillery offered her thanks to staff who mobilized quickly and confirmed that 1300 were tested over this last weekend. Both clinical and LHISS staff rose to the challenge testing on behalf of primary care. The anti-body testing has continued with over 3000 staff tested and a 10% positive rate. LPT continue to be involved in the race and health observatory work looking at the health challenges around BAME communities. Paper E attached slides detail the LLR system transformation work taking place with the direction of travel being place-based focused on population health. Darren Hickman asked if LPT would be joining the Model Hospital Trust Ambassador Programme and Angela Hillery confirmed that it was important that we explore the programme and if used it would be a tool to be used collectively. Ruth Marchington suggested that the ethnic health inequalities in the system should be built into the design stage of the LLR planning in order to ensure the objectives are being achieved. Ruth Marchington also raised the issue of the Covid-19 impact on learning difficulties and vulnerable groups' – were there local statistics for this?</p> <p>Helen Thompson confirmed that this was being carefully monitored and a learning disability and autism Covid-19 sub-cell had been formed. The LLR Learning Disability Mortality Review programme (LeDeR) received 19 notifications between 1st March 2020 and 30th June 2020, which did not appear significantly higher than the previous year. 9 of these were Covid-19 related deaths. The ORR risk 42 describes the Covid-19 risks and mitigations for people with LD and/or Autism. Avinash Hiremath confirmed that the national LeDeR Annual Report - 2019/20 would be presented to Board on 1st September 2020. Health inequalities will have an increased focus as we move out of Covid-19.</p> <p>Faisal Hussain commented on the positive work LPT has been involved in over the last 12-18 months around cultural change, Veterans, Workforce Race Equality Standard (WRES) and the anti-racism message recently released. Looking through the lens of inequalities and injustice will serve LPT well moving forward.</p> <p>Angela Hillery confirmed that conversations around anti-racism will lead to actions which will need to be co-produced and will be a journey; they cannot be a tick box exercise. LPT will remain centre stage as part of the contribution across LLR.</p> <p>Ruth Marchington confirmed that she had attended a recent network meeting with</p>

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	<p>Brendan Daly, LPT's Armed Forces Lead and he demonstrated enthusiasm, influence and impact.</p> <p>Kevin Harris questioned if there was enough commitment in the pace and scale of the LLR delivery model to sustain it and Angela Hillery confirmed there was, that this was not the finished article but rather the direction of travel. Further work would be completed around evaluation. The Chair confirmed that the pace is accelerating with more Chairs and CEO meetings taking place to support this and ensure alignment. Conversations around place were being had, bringing the LLR NHS family together.</p>
TB/20/123	<p>Organisational Risk Register (ORR) (Paper F)</p> <p>Paper F is presented for assurance. Chris Oakes presented, confirming that there are 31 risks and 7 Covid-19 risks. There have been 3 risk closures – the out of area risk and 2 financial risks due to the change in financial risk during Covid-19 they have been moved into 1 risk, risk 48. 2 new risks have been added to the register and 2 risk appetites have been reduced. Risk 40 has had a further update to include the impact of the Leicester outbreak, the additional testing and the level of asymptomatic cases and the risk this presents for staff. The updated actions during June 2020 will be presented in the next ORR reported to July committees and the next Trust Board.</p> <p>Liz Rowbotham confirmed that the Quality Assurance Committee (QAC) were supportive of the red box Covid-19 risks being incorporated into the main ORR as Covid-19 was now business as usual.</p> <p>Daren Hickman referred to Risk 23 – the single patient record – having a low risk score but showing no actions, no progress and no owners – and the go live date is getting closer.</p> <p>Chris Oakes confirmed that this matter was raised at the Finance and Performance Committee (FPC); is discussed at the Transformation Committee and will come back to FPC for an update on 21st July 2020.</p> <p>Angela Hillery confirmed that this matter had been discussed at Executive Board, and that David Williams has good detail around this journey. The Chair confirmed that this matter would be discussed further at the Board development meeting on 4th August 2020 during the restoration and recovery discussions.</p> <p>Ruth Marchington noted that the discussion held at QAC on 21st July around risk 9 had been reflected in this current ORR and thanked Kate Dyer for this work.</p> <p>Geoff Rowbotham confirmed that the Electronic Patient Record (EPR) was a dynamic piece of work in the FPC agenda and this matter is on the 21st July 2020 agenda for further discussion.</p> <p>Avinash Hiremath confirmed that in relation to Risk 28 – access to services and the harm review process – a task and finish group had been set up and had now become a level 2 committee due to the on-going nature of the subject. This committee are looking at two aspects – reducing the length of the wait and managing the risk of harm to those waiting. This group The Strategic Waiting Times and Harm Review Committee will report directly to FPC with a highlight report, Terms of Reference for the group and a verbal update on progress being presented on 21st July 2020. Helen Thompson confirmed that they are currently revisiting the services that have been prioritised to agree an updated plan which will then be endorsed by FPC. The harm review progress will also be discussed at the joint QAC and FPC quarterly meetings. Gordon King confirmed that the step up to great (SUTG) mental health strategic plan continues to be discussed at QAC, FPC and the joint QAC and FPC meetings.</p> <p>Geoff Rowbotham commented that FPC and QAC work together to triangulate</p>

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	<p>information giving a clearer picture of outcomes and the shaping of the services moving forward.</p> <p>Mark Farmer added that there has been patient involvement through the work of Alison Kirk and the patient involvement team which has been very positive.</p> <p>The Chair raised the Covid-19 risks 43, 46 and 47 with assurance ratings red stating that evidence needed to be gathered to demonstrate that the work was taking place and Chris Oakes confirmed that assurance was being gained through the information updates and the evidence will soon be there.</p> <p>Action: Chris Oakes - ORR Risk 23 – the single patient record has a low risk score but is showing no actions, no progress and no owners. This go live date is getting closer and needs to be addressed.</p> <p>Action: Avinash Hiremath - Terms of Reference for the Strategic Waiting Times and Harm Review Committee and a verbal update on progress to be presented at FPC</p> <p>Action: Chris Oakes - The Covid-19 risks 43, 46 and 47 have assurance ratings red. Evidence needs to be gathered to demonstrate that the work around this is taking place.</p> <p>Resolved: The Board agreed that assurance was gained on the risks detailed in the report.</p>
TB/20/124	<p>Level 1 Committees Annual Reports (Paper G)</p> <p>Paper G went to Audit and Assurance Committee (AAC) on 3rd July 2020 so was sent as a late paper to this Trust Board meeting. Chris Oakes confirmed that AAC received high assurance from the in-depth reviews the level 1 committees had undertaken. The Chair commented that it was positive to see the NHSI feedback incorporated into both the QAC and FPC reviews, with actions addressed.</p> <p>Resolved: The Trust Board approved these annual reports.</p>
TB/20/125	<p>Documents Signed Under Seal Q4 2019/20 and Q1 2020/21 (Paper H)</p> <p>Paper H was presented to Trust Board for Information and was taken as read.</p>
TB/20/126	<p>Service Presentation – Mental Health – Managing through COVID-19 (Paper I)</p> <p>Gordon King and Michelle Churchard Smith talked through the slide presentation included in the Board pack as paper I. The key changes since Covid-19 are the Central Access Point (CAP), the mental health Urgent Care Hub, isolation wards, inpatient flow and community rehab. There has been an increasing level of interest in these developments both regionally and nationally. Michelle Churchard Smith confirmed that the workforce has been flexible and been used flexibly during this period. They have been closely monitoring the use of restraints across services and completed a deep dive on cases if they were covid-19 related. Michelle Churchard Smith confirmed that the Mental Health Act emergency Covid-19 powers had not been used thus far. Lots of work had been carried out with carers and visitors and Facetime, letters, emails and Skype had been used to maintain contact. During June 2020 there had been 84 Mental Health Act admissions and 86 informal admissions. Some patients were new presentations and some were patients the Trust had not seen for some time. Gordon King offered thanks to Michelle Churchard Smith and her team for their outstanding work that moved at pace throughout Covid-19. Evaluation in this process is key and feedback has been good so far and a virtual digital survey is planned for the end on July 2020. Once evaluation is underway, ways to sustain can be assessed, recovery developed, any surges can be managed and transformation can occur.</p> <p>Mark Farmer offered thanks to Gordon King and Michelle Churchard Smith for working hard behind the scenes. Mark Farmer suggested a coordinated approach on surveys so that there aren't too many surveys and Gordon King confirmed that</p>

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	<p>work with Healthwatch will continue to take place to improve pathways and stated that an increased level of service user engagement at a local level is critical and approaches to this continue to be considered.</p> <p>Mark Farmer asked if LPT felt ready for a possible post-Covid surge. Gordon King confirmed that LPT needs to think innovatively and that pathways need to be easier to navigate. Work with Healthwatch will continue on this. Dani Cecchini confirmed that this risk is reflected in the ORR – risk 44.</p> <p>Chris Oakes asked what were the key things that made a difference to the success seen in the rapid mental health transformation and Gordon King confirmed that he felt it was the ability to recognise and use the potential, skills and experience of staff to respond to need and harness a passion for change – the staff's willingness to work and engage differently. The cohesion and team work across services allowed the swift progress and change.</p> <p>Geoff Rowbotham commented that this real opportunity for change must be kept as a focus within this Board. At the same time we also need to consider other plans within this and if these can be accelerated – the 3 year dormitory plan and the CAMHS Unit project. Gordon King agreed that it was key to move as quickly and safely with the dormitory plan and Dani Cecchini is supportive of this, there is a possibility that it could be a two year programme rather than three. The Chair confirmed that if it can be accelerated, it will be.</p> <p>Faisal Hussain commented that with regard to co-production with Healthwatch and other partners it is important to have a clear understanding of what we are trying to achieve with the communities in order to get positive health outcomes. Gordon King confirmed that co-production and genuine collaborative partnerships are key and they are more than just consulting and collaborating but are also challenging and these conversations have already begun.</p> <p>Faisal Hussain added that with digital improvements it is important that groups or communities are not left behind due to the barriers they face in accessing technology and Gordon King confirmed that digital poverty will not be overlooked and acknowledges that services can be difficult to access for some.</p> <p>Action: Gordon King/Dani Cecchini - The 3 year dormitory plan could be changed into a 2 year plan. Discussions to be held around acceleration of this plan.</p>
TB/20/127	<p>Video - Coalville Community Hospital Discharge Video</p> <p>This video showed the Covid-19 journey of a patient including his discharge from Coalville Community Hospital back to his family. All attendees watched the video. The Chair emphasised the strong multi-disciplinary approach to his care.</p>
TB/20/128	<p>Quality Assurance Committee Highlight Report 16.06.20 (Paper J)</p> <p>Liz Rowbotham started by thanking the IPC team for all their hard work during Covid-19 and with the business as usual work alongside this. The last Trust Board meeting raised two areas of patient safety relating to Serious Incident (SI) reporting and harm and the outcome of this work is contained within the SI report (Paper M). Liz Rowbotham confirmed that the R&D Awareness Report was presented to QAC and it is hoped that the team will become involved in Covid-19 related research. Committee timing for the receipt of the Performance Reports were noted and it is hoped that this will improve to ensure discussions remain relevant. Liz Rowbotham asked the Board to note that an additional Health & Safety committee meeting had been set up in order that business as usual and Covid-19 business could be dealt with separately. The Deep Dive on seclusions showed good progress and improvements across services, although there is still work to be done. The safe wards work is restarting under the recovery phase and this provides QAC with</p>

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	<p>additional assurance.</p> <p>Angela Hillery confirmed that the seclusions escalation process continues and that recently no exceptions had now been seen on reports.</p> <p>Geoff Rowbotham requested an update on the BAME staff risk assessments and Sarah Willis confirmed that 85% had been completed with a target of 100% by 17th July 2020. The threshold of 80% was met on 3rd July 2020. This will be fed back further at the QAC meeting on 21st July 2020.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper J</p>
TB/20/129	<p>Director of Nursing's Report including AHP Report (Paper K)</p> <p>Anne Scott highlighted the key themes in the report. Work continues on returning staff deployment and retention work and 7 staff have returned to work at LPT during this period. The capacity for student clinical placements remains under review and work is ongoing with Health Education England in this regard. LPT has 27 aspirant nurses who have contributed greatly during this Covid-19 period and the majority of who have secured substantive work with the Trust. Anne Scott thanked Liz Rowbotham for the positive feedback for the IPC team. The hand hygiene audits have now increased from 310 in April 2020 to 800 now. This continues to be monitored through the IPC Group and QAC. It remains the lack of audits rather than the lack of hand hygiene that is the issue. The 2020/21 Flu campaign plan was agreed by the executive team at the last meeting. The safeguarding advice line has seen a 200% increase in call numbers since the beginning of lockdown and a 20% increase in call duration, highlighting the increased complexity of the calls received. The Legislative Committee are monitoring this trend and understanding the data in more detail. Patient involvement work has continued through the Covid-19 period using different technology.</p> <p>Mark Farmer acknowledged the activity around patient engagement which remained ongoing during this period and confirmed that weekly meetings with Alison Kirk, the CCGs, UHL and Healthwatch are taking place to coordinate the work. The People's Council work continues and the Chair and Angela Hillery look forward to having an input and meeting with Healthwatch.</p> <p>Geoff Rowbotham asked how quickly the IPC team could achieve the increased resource and Anne Scott confirmed that the recruitment process had begun, it will be a national campaign but key staff who have stepped up will hopefully be recruited. Sarah Willis confirmed that the virtual interviewing process speeds up the whole recruitment process.</p> <p>Dani Cecchini confirmed that the executive team were having discussions around potential capacity shortfalls currently and there was a need to understand where the baseline would be moving forward.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper K</p>
TB/20/130	<p>Infection Prevention and Control Board Assurance Framework (Updated version) (Paper L)</p> <p>This paper came to Board on 27th May 2020. It has returned today following amendments on 22nd May as a revised template had been issued by NHSI/E. It includes 19 further key lines of enquiry, and following a second self-assessment a further 8 key lines of enquiry were identified requiring actions. Further updates and progress on the gap analysis will be seen by the Quality Forum and QAC.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper L</p>
TB/20/131	<p>Care Quality Commission (CQC) Progress Report (Verbal)</p> <p>Anne Scott confirmed that the CQC focus groups continue and are well planned. The Time To Shine workshops have had over 400 attendees and Anne Scott</p>

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	<p>offered thanks to those supporting these workshops including Mia Morris and Julie Rubenza. LPT continue to have a good working relationship with the CQC colleagues and continue to receive positive and constructive feedback. The Foundations for Great Patient Care meetings are well attended and Anne Scott thanked Cathy Ellis for her regular attendance. At these meetings, there are deeper dives into key areas for example smoking or seclusions.</p> <p>The Chair commented that a number of executives have also attended the meetings and there is a broad cross section of staff working together as a collective LPT team.</p>
TB/20/132	<p>Patient Safety Incident and Serious Incident Learning Report (Paper M)</p> <p>This paper has moved from quarterly to bi-monthly. Today's paper had data from April and May 2020 in order to align with Board meetings. The Patient Safety Team continue to monitor all incidents and the reduction in reporting previously seen has now returned to a normal level. Anne Scott confirmed that here is currently a piece of work being carried out around pressure ulcers and Covid-19 recovery as fatigue is an ongoing symptom throughout Covid-19 recovery which may mean an increase in pressure ulcers. There has been an increase in falls and the Falls Group is responding to this with weekly safety huddles looking in detail and drafting key actions. There has been an increase in self-harm incidents and work is reflecting that there is an emerging theme of patients feeling overwhelmed by Covid-19. The new overarching serious incident framework has now been published.</p> <p>Rachel Bilsborough confirmed that very positive system work had taken place with a collective workforce bringing together their knowledge and skills around developing Covid-19 post recovery aftercare pathways. The pathway is drafted and a Covid-screening tool is to be adopted for all service users post-Covid-19.</p> <p>Angela Hillery commented that the SPC charts in the report are valuable and that the Board remains sighted on suicide prevention. The predictive factors are becoming evident and it is important to triangulate this work with the suicide prevention work within LLR.</p> <p>Liz Rowbotham confirmed that due to violence and aggression concerns raised at QAC a paper has been requested to come to QAC outlining this multi-faceted approach – both clinical and Health and Safety. This will be reported to Trust Board in the QAC highlight report. Anne Scott confirmed that the Head of Patient Safety and the Head of Health and Safety have begun this triangulation work.</p> <p>Ruth Marchington asked how the learning around serious incidents is currently being shared whilst the Learning Lessons Exchange Group is currently suspended. Anne Scott confirmed that a piece of work is currently being carried out around learning across complaints and serious incidents and the Learning Lessons Exchange Group will shortly resume and report directly to QAC.</p> <p>Gordon King commented that this multifaceted approach was important. Poverty and its impact on mental health is also a key piece of work to understand moving forward.</p> <p>The Chair asked if the 2019-2020 Zero suicide plan will be updated and Avinash Hiremath confirmed that this was being updated and will be reflected in the Learning From Deaths Report.</p> <p>Action: Avinash Hiremath - The 2019-2020 Zero suicide plan needs to be updated.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper M</p>
TB/20/133	<p>Patient and Carer Experience and Involvement Quarterly Report Q4 (Paper Ni)</p>

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	<p>Anne Scott confirmed that this paper has been to QAC for assurance. It details all activity to the end of March 2020. There has been a national pause on the Friends and Family Test since the start of Covid-19. Negative themes include access to appointments, staff attitudes and communications. Positive themes include staff attitudes and communications. 43 new complaints were received between January – March 2020. There had been an 11% decline in friends and family feedback before the national pause whilst this may have been due to Covid-19 this response rate needs improvement. The business case for the new Friends and Family Test technology was approved in March 2020 which should lead to improved data collection and outcomes.</p> <p>Mark Farmer commented that the data covered a challenging period and therefore was not a surprise to Healthwatch. Mark Farmer suggested that the People's Council could play a part in evaluating the feedback around communications. The Chair confirmed that the scope of the People's Council work can be shared when they meet.</p> <p>Action: Angela Hillery/Cathy Ellis - The scope of the People's Council work needs to be defined.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper Ni</p>
TB/20/134	<p>Improving our Complaints Report (Paper Nii)</p> <p>Anne Scott confirmed that this paper has been to QAC for assurance and is a summary briefing on the complaints service. Since April 2019 a more robust triage process has been developed which has helped to resolve concerns informally in a more timely way. There has been a 53% reduction in the number of formal complaints registered and the complaints policy has been revised and a Complaints Review Group set up. There has been an improvement in the quality of the complaint responses and as a result a reduction in dissatisfied complainants. Work is ongoing across the directorates around complaint management to ensure response timeframes are improved. Anne Scott confirmed that the national pause on complaints was lifted on 15th June 2020.</p> <p>The Chair commented that the improvement in complaints performance is evidenced in the report and that it is so important that patients feel that they are listened to.</p> <p>Kevin Harris referred to Baroness Cumberlege's NHS report due to be published on 8th July 2020 which could lead to overarching recommendations for the NHS around patient voices and patient complaints.</p> <p>Faisal Hussain commented that the language used in complaint responses is key and Anne Scott confirmed that this is a focus of their work – not just looking at the processes but also looking at the content of the responses.</p> <p>Geoff Rowbotham suggested that the improvement plan for 2020-21 presented an opportunity for a more granular approach. Consideration should be given to being less process driven and more content driven whilst this opportunity is there.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper Nii</p>
TB/20/135	<p>Learning From Deaths Q4 Report (Paper O)</p> <p>Avinash Hiremath confirmed that this paper had been to QAC for assurance and thanked colleagues involved in pulling the report together. Avinash Hiremath confirmed that future reports will also contain observations from peer group organisations which will act as comparators. There have been no changes in trends or themes and learning has been harvested and shared across the Trust. A learning from deaths practitioner has been recruited. Suicide rates are shown to</p>

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	<p>increase in pandemics and social adversity and the Zero Suicide Alliance are connected to conversations around this. Across LLR there have been 25 suicides since the beginning of lockdown, 12 of which related to LPT but were not inpatients. The data shows an increase in LeDeR deaths and a lower average age group. The LeDeR Annual Report will be presented to Trust Board in September.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper O</p>
TB/20/136	<p>Safer Staffing - Monthly Report (Paper P)</p> <p>Anne Scott confirmed that this report was an LPT Covid-19 specific report as national reporting on safer staffing had been suspended during this period. The temporary workforce utilization rate has fallen for the 3rd consecutive month. There were 10 inpatient areas of note identified by an increase in the percentage of temporary or agency worker or staff sickness or activity levels. 7 community teams were areas of note but patient safety was maintained at all times. The clinical supervision has now moved from red to amber and this continues to improve. Staff identified as vulnerable following the risk assessments continue to be supported. Admissions to Feilding Palmer hospital, Lutterworth remain suspended. There have been an increased number of Covid-19 incidents on Beechwood and Clarendon Wards which were reported and NHSI were pleased with the robust action plan provided. Anne Scott confirmed that staff absence had decreased since April 2020 and safer staffing levels have been maintained.</p> <p>Faisal Hussain commented that a Covid-19 specific report was very helpful. The British Medical Journal published a report on redeployed staff working in a heightened state leading to burn out post Covid-19. Whilst this report was around acute Trusts, it presents lessons for all Trusts. Faisal Hussain asked if there was any evidence of this in LPT. Anne Scott confirmed that there was no evidence of this as yet, staff absence rates are reducing. Health and well-being support was put in place for staff throughout and the Freedom to Speak Up Guardian has remained active and visible during the Covid-19 period. Staff feel well supported and listened to. Sarah Willis confirmed the health and well-being support offer for staff including the wobble rooms and confirmed that the Incident Control Centre (ICC) continues to monitor and have an awareness of the potential for a surge and what this might mean for staff. All staff are being encouraged to take their annual leave and all staff have had two days break in every seven day working week throughout Covid-19. Ruth Marchington asked how many cases of cross infection had been reported on Beechwood and Clarendon Wards and when will these figures be reported in the Performance report as business as usual. Anne Scott confirmed that there were 2 or 3 cases on each ward which is considered a cluster and these figures are now being reported as business as usual.</p> <p>Avinash Hiremath commented that the workforce resilience has been remarkable and being connected has supported this. Leadership visibility has also supported resilience.</p> <p>Angela Hillery confirmed that there was still work to be done across LLR around the framework of the offer in responding to PTSD and trauma staff may suffer moving forward and LPT will take a role in discussing this within LLR. Angela Hillery asked about community nursing recruitment in the city in the current climate and Anne Scott confirmed that work is ongoing with lead nurses to ensure the adverts and recruitment campaign is outstanding as attraction to work in the city can be challenging.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper P</p>
TB/20/137	<p>Freedom To Speak Up Guardian (FTSUG) Annual Report (Paper Q)</p> <p>The Chair welcomed Pauline Lewitt to the meeting to present paper Q. Pauline</p>

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	<p>Lewitt confirmed that the report contain both a pre-Covid-19 section and a post Covid-19 section. The report shows a decreasing number of cases and then an increase in staff anxieties around PPE. Whilst the report shows an increase in the number of cases within the mental health directorate this is associated with new guidelines in relation to recording rather than an actual increase. The FTSUG continues to ensure all groups of staff have opportunities to speak up by being visible, attending engagement sessions for BAME staff and being in touch with staff support groups. There has been a recent increase in staff approaching the FTSUG with issues around relationships and dynamics within teams. The internal health and well-being offers and also external offers are suggested in these cases including coaching, mentoring, occupational health referral and supported conversations with managers. Pauline Lewitt confirmed that to support assurance around triangulation the FTSUG reports to the executive team, to QAC and to the Board whilst working closely with the Learning Lessons Exchange Group and the Patient Experience Group.</p> <p>The Chair thanked Pauline Lewitt for the comprehensive report and confirmed that Darren Hickman and herself had regular meetings with the FTSUG to discuss themes reported. Angela Hillery commended the FTSUG on visibility especially at this time commenting that it is encouraging that people are approaching the FTSUG as early intervention is key.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper Q</p>
TB/20/138	<p>Annual Equality Report including Workforce Race Equality Standard Annual Report (Paper R)</p> <p>Sarah Willis presented this annual review and confirmed the report looks at the work over the last year and picks up the additional actions and work in response to Covid-19. Sarah Willis confirmed that the co-produced leadership behaviours programme is now written and has five key areas one of which is equality, which recognises and values people's differences. This is currently being embedded across the organisation. In the Trust's governance structure the Equality, Disability and Inclusion (EDI) Workforce Group reports into the Strategic Workforce Group (SWG) and the EDI Patient Group reports into the Quality Forum. This year's bank staff survey was completed by 50% of bank staff including an increased response rate from BAME staff. BAME staff listening events continue to be held virtually with over 200 staff taking part so far. Staff network events have successfully been held virtually and have seen an increased membership. Plans are in place to continue some of these events virtually due to this success. A positive anti-racism message has been delivered in a personal letter to all staff and the paper details the OD model of zones, with the Trust and its leaders moving into the 'growth zone'. The OD Team have continued with their work to engage and support staff throughout Covid-19. Sarah Willis confirmed that all statutory duties in relation to publication of data, gender pay gap and EDS have been met.</p> <p>Ruth Marchington commented that the report contained lots of data on use of services by ethnicity but no so whats? There is a need to develop actions to address issues of inequality for both service users and the workforce. Sarah Willis confirmed that this will information will be reported through the Quality Forum and up into QAC as part of the EDS2 reporting.</p> <p>Angela Hillery confirmed that the WRES Team are attending the 4th August Board development day. The Chair confirmed that all the participants of the reverse mentoring scheme from this Board (Cathy Ellis, Ruth Marchington and Anne Scott) found it hugely beneficial and that the launch of cohort 2 will be supported by the Board.</p>

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	Resolved: The Trust Board agreed that assurance was received from Paper R
TB/20/139	<p>Finance and Performance Committee (FPC) Highlight Report 16.06.20 (Paper S)</p> <p>Geoff Rowbotham presented paper S confirming that significant assurance was received by FPC around sub-committees carrying out their remits leading to a strong framework and foundation. Lower assurance was received around performance and waiting times due to the reduction in services during Covid-19 and this period therefore being transitional as services resume. Whilst there was quality in the reporting evidenced and the recovery of waiting times has commenced, outcomes and results were not yet available for assurance. Specific areas of note include the CAMHS Unit has a 9 week delay in the build but this has not extended further due to Covid-19; the dormitory elimination is running to plan; the capital spend has been confirmed for 2020-21 as £1.3m with a focus on disability access, digital and agile working.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper S</p>
TB/20/140	<p>Finance monthly Report – Month 2 (Paper T)</p> <p>Dani Cecchini presented paper T confirming that all statutory duties were recorded as green. In reference to being behind on the better payment practice code this refers to the number of NHS invoices paid. LPT will be reimbursed as a block contract based on historical spend with a top up and Covid-19 costs reimbursed to bring it back to a break even position. Dani Cecchini confirmed that when planning guidance is issued from NHSI LPT will have a clearer view on the situation post month 4 and month 7. LPT have received confirmation of the higher capital resource limit and this will be used for the Bradgate Unit Full Business Case, agile working, IM&T resilience and improving accessibility. The cash situation currently looks healthy due to the Covid-19 payment regime of receiving payments early and whilst the future is not yet clear, indicators of what the future may look like are starting to emerge. Expenditure has changed significantly since the start of Covid-19 with a decreased in both agency rates and travel costs so work needs to be carried out to reflect an accurate underlying position. Dani Cecchini confirmed that there is a need to reset finances for phase 3 of Covid-19.</p> <p>Mark Farmer commented that it was pleasing to see a capital allocation to improve accessibility. Mark Farmer expressed concern around the increased waiting times in particular in relation to the Personality Disorder Service (PDS).</p> <p>Gordon King confirmed that the PDS pathway is one of the biggest challenges LPT has in terms of wait times which remain unacceptable but that there is a plan now in place and this area forms a key part of the step up to great mental health strategy. Gordon King will continue to work with Mark Farmer in this area.</p> <p>Angela Hillery stated that block payments make the finances more complex both in LPT and across LLR. The mental health investment standard monies are very important to LPT and the Board will be sighted more on this over the course of the next meetings.</p> <p>The Chair emphasised the importance of understanding the underlying position as shown in Appendix F where there is significant movement between the reported and underlying positions of some services. Geoff Rowbotham commented that Dani Cecchini and the finance team have done great work in understanding the underlying position which offers a level of assurance but not knowing how the latter half of the year will be financed is an unusual position and presents a big risk.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper T</p>
TB/20/141	<p>Performance Report – Month 2 (Paper U)</p> <p>Dani Cecchini presented paper U and highlighted the main points. The key</p>

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	<p>standards are not being delivered consistently or are improving include out of area beds and mandatory training. The key standards not delivering or at risk of decreasing include the 6 week wait for diagnostic procedures and staff appraisals. Inconsistent but positive key standards include CAMHS, Eating Disorder Clinic, 4 week pathway mental health and community beds occupancy rate, CPA 7 day, CDiff and agency costs. The key standards not delivering and deteriorating are CAMHS eating disorders, mental health access, clinical supervision and sickness absence.</p> <p>The Chair confirmed that waiting times will be a major focus of the restoration and recovery work. Sarah Willis confirmed that in relation to clinical supervision the issue is around recording the supervision rather than the actual supervision itself. A robust action plan has been put in place and the weekly reports indicate that the figures are now back on target.</p> <p>Angela Hillery confirmed the recovery cell is developing a recovery plan for each service line; the picture across the system is a more complex matter as resources are deployed across the system. This next phase will be complex and more detail around this will be discussed at the 4th August Board development day.</p> <p>Dani Cecchini commented that when looking at restoration, some services will not be able to restore to the same capacity as pre Covid-19 and therefore flexibility in our baseline will be needed – the Waiting Times and Harm Assurance Committee will be important in this process.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper U and the Board await further information around recovery plans.</p>
TB/20/142	<p>Charitable Funds Committee Highlight Report – 11.06.20 (Paper V)</p> <p>The Chair presented paper V commenting that the Trust's charity Raising Health has seen recent increased growth and visibility, receiving almost £500,000 donations including a specific legacy during Q1 this year. This money has been used in part to support staff during the pandemic and will also be used to improve staff rooms and staff outdoor break areas for the longer term. There are also plans for an AstroTurf sports pitch and activity wall for the new CAMHS unit. The Strategic priorities for Raising Health in 2020/21 are being brought for discussion to the 4th August Board development meeting.</p> <p>Resolved: The Trust Board agreed that assurance was received from Paper V</p>
TB/20/143	<p>Review of risk – any further risks as a result of board discussion?</p> <p>The Chair highlighted the potential emerging risk of the Covid-19 recovery pathway for patients and the risk around Covid-19's impact on suicide. The uncertainty around the financial position is reflected in the new financial risk in the ORR. Ruth Marchington stated that the financial risk we have now is around Covid-19 but conversations today have been around resetting the budget post-Covid-19. Geoff Rowbotham commented that there is a theme emerging around how the momentum and energy, grip, pace and drive are maintained moving forward. Angela Hillery commented that all these risks were relevant at this time of uncertainty. The level of uncertainty changes daily and therefore risks are very dynamic in this situation. There is a lot of work being undertaken and these emerging themes will continue to be considered.</p>
TB/20/144	<p>Any other urgent business</p> <p>No other urgent business was discussed. The Chair confirmed that the winner of the Let's Get Gardening competition was Heather Ward, with Phoenix Ward being awarded second place. Congratulations to all the wards as the standard was high again this year.</p>
TB/20/145	<p>Papers/updates not received in line with the work plan:</p>

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	<ul style="list-style-type: none">• Guardian of Safe Working Hours Quarter 1 Report (Avinash Hiremath) – not due in July as report covers May-July 2020• Safe and Effective Staffing Review (Anne Scott) being presented at 1st September meeting.• LeDeR Annual Report - 2019/20 (Avinash Hiremath) – being presented at 1st September meeting.
TB/20/146	<p>Public questions on agenda items:</p> <p>Geoffrey Smith - Appendix 1 to Paper E of the Board Papers outlines the proposed arrangements for the development of future LLR Health and Social Care services. LPT has a highly regarded approach to co-production of developments with service users. Will there be service user/patient presence in the LLR Design Groups so that they can co-produce the services - for example, cancer, mental health and maternity?</p> <p>Angela Hillery stated that it was good to see this comment and to reflect. The design phases are in their early stages within LLR but LPT are advocating for strong co-production as this is essential. This message is conveyed in all LLR discussions. Mark Farmer confirmed that as the chair of Healthwatch, this will be picked up across the system. Mark Farmer leads on mental health and learning disabilities and considers co-production across the system.</p>
TB/20/147	<p>Feedback on today's meeting</p> <p>The Chair confirmed that feedback on the meeting was very welcome, either now or after the meeting. It was agreed that this had been a full meeting agenda and she thanked everyone for their engagement, particularly the mental health team for their contribution to patient voice, staff voice and the service presentation.</p>

TRUST BOARD 1st September 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)
922	July 2020 TB/20/123	ORR Risk 23 – the single patient record has a low risk score but is showing no actions, no progress and no owners. This go live date is getting closer and needs to be addressed.	CO	1 st September 2020	Complete - Risk 23 has been updated and is presented in the ORR to the 1 September board
923	July 2020 TB/20/123	Terms of Reference for the Strategic Waiting Times and Harm Review Group and a verbal update on progress needed.	AHiremath	1 st September 2020	Complete - this was reported to FPC on 21st July 2020 and will be reported to the Trust Board 1 st September 2020 in the FPC Highlight Report

Action No	Meeting month and minute ref	Action/issue	Lead	Due date	Outcome/evidence actions are not considered complete without evidence)
924	July 2020 TB/20/123	The Covid-19 risks 43, 46 and 47 have assurance ratings red. Evidence needs to be gathered to demonstrate that the work around this is taking place.	CO	1 st September 2020	Complete - The Covid-19 risks (including risks 43, 46 and 47) have been updated to reflect the ongoing work taking place; as a result, assurance ratings have improved - these are presented in the ORR to the 1 September Board
925	July 2020 TB/20/126	The 3 year dormitory plan could be changed into a 2 year plan. Discussions to be held around acceleration of this plan.	GK/DC	1 st September 2020	Pending – discussions around this are ongoing.
926	July 2020 TB/20/132	The 2019-2020 Zero suicide plan needs to be updated.	AHiremath	1 st September 2020	Pending – this will be reflected in the Learning From Deaths Report due to Board on 1 st September 2020.
927	July 2020 TB/20/133	The scope of the People's Council work needs to be defined.	AHillery/CE	1st September 2020	Complete - AH and CE met with Mark Farmer and Alison Kirk on 28.7.20 and the scope of the People's Council was agreed. The People's Council will join the Board development session on 1.12.20
928					



Trust Board 1st September 2020
LPT Chair's report summarising activities and key events
From 7th July 2020 to 1st September 2020

Thank you to all LPT staff who continue to step up to great during the Covid-19 pandemic

<u>Hearing the patient and staff voice</u>	<ul style="list-style-type: none"> In order to comply with government Covid-19 guidelines and visitor restrictions, Chair and Non-Execs Boardwalks were postponed from mid-March. We are connecting virtually with staff through various events until we are able to resume visits safely. Meeting with Mark Farmer of Healthwatch to help shape the LPT People's Council and its relationship with the LPT Board. The People's Council is an advisory body for the Trust made up of individuals with a lived experience of receiving healthcare services from LPT. The launch event is scheduled for 16th September 2020.
<u>Connecting for Quality improvement</u>	<ul style="list-style-type: none"> The 2020 CQC inspection has been postponed. The focus on service improvement is being maintained through local teams and at the weekly Foundation for Great Patient Care meetings. We were delighted to hear the positive feedback from the CQC virtual focus groups held in August which engaged over 200 of our staff. LPT/NHFT Buddy meetings continue to support quality improvement and transformation projects, including agile working and being an anti-racist organisation.
<u>Promoting Equality Leadership & Culture</u>	<ul style="list-style-type: none"> The August Board development session agenda included a meeting with the National WRES team to launch our participation in the cultural pilot to improve the experience of BAME staff in the NHS and the Board participated in the LPT leadership behaviours workshop. Attended all four of the South Asian Heritage Month virtual events which were jointly hosted by LPT and NHFT BAME staff network leads Attended two BAME compassionate conversation training events Interviewed potential chairs for NHSI to find and build talent for the Aspirant Chairs programme. I have been matched to mentor one of the successful candidates. Quarterly call with Pauline Lewitt our Freedom to Speak Up Guardian to discuss trends and future actions
<u>Building strong Stakeholder relationships</u>	<ul style="list-style-type: none"> Planning for Covid19 restoration and recovery phases in these meetings: <ul style="list-style-type: none"> East Midlands Chairs where LLR Chairs presented on lessons learned from the Leicester lockdown NHSI Regional Director calls with Midlands Chairs Chaired LLR NHS System meeting of CEOs & Chairs to progress our work on achieving an Integrated Care System (ICS) by March 2021 Meeting with Cllr Vi Dempster the Assistant City Mayor with portfolio responsibility for Health – discussed alignment of City and LPT work and agreed a mental health focus at the next City Health & Wellbeing Board University of Leicester Council meeting

<u>Good Governance</u>	<ul style="list-style-type: none"> • The Board and level 1 committee meetings have continued to ensure good governance during the Covid19 period. • Non-Executive Director team meetings with Chair every week on MS Teams to brief on Covid-19 matters and ensure alignment of committee governance.
<u>LPT's Charity : Raising Health</u>	<ul style="list-style-type: none"> • Thank you to the public for their support of the NHS during the Covid-19 pandemic. LPT staff continue to receive gifts and treats directly into their teams. • Chaired Charitable Funds Committee to finalise our bid for a further £50,000 grant from NHS Charities Together which will fund staff, volunteers and patients wellbeing initiatives. We have recently heard that our bid was successful!

Abbreviations: LLR = Leicester, Leicestershire & Rutland; NHSI = NHS Improvement CQC = Care Quality Commission
WRES = Workforce Race Equality Standard NHFT = Northamptonshire Healthcare Foundation Trust

Meeting Name and date	Trust Board 1 st September 2020
Paper number	E

Name of Report CEO Report

For approval		For assurance		For information	✓
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Presented by	Angela Hillery, CEO	Author (s)	Angela Hillery, CEO Sinead Ellis-Austin, Business Manager
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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
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

Throughout these reports I continue to highlight my appreciation for the fantastic support that our staff have and continue to provide to our patients, the wider healthcare system and each other. I am humbled and proud of the numerous examples I see and hear of staff going above and beyond to ensure each other's wellbeing and the partnership working that has gone from strength to strength during this incident.

The incident has now nationally moved into a NHS Level 3 EPRR response and incident arrangements are being reviewed and managed in line with the updated requirements. This reflects a move from a national command and control structure to a regional command structure with national oversight and allows the NHS to have some time to recharge and focus on restoration and recovery. This also allows the NHS to step back up to Level 4 incident if there is a national spike in prevalence. The ICC have worked through the impact of these updated requirements and reporting will adjust accordingly.

We continue to communicate regularly with staff via the weekly Covid-19 electronic staff message, weekly CEO videos, e-brief, team briefs and webchats. The Board also continue to receive updates via the Flash reports.

I have recently been invited to attend the Midlands Strategic and Recovery (STaR) Group, made up of executive and non-executive leaders from health and local government across the Midlands Region and directors from NHS England and Improvement. The Vision for the Board will be to drive radical improvements in health and care within our region. There will be 4 working groups feeding into this Board and I have been asked to join the one focusing on Timely Safe Restoration and Recovery of Services. From these Boards I will link with our own internal recovery co-ordination cell and wider system recovery cell to ensure that information and best practice is shared and that the Trust and system have a regional voice.

I wanted to share with you a letter each Trust has received from NHSE/I at regional level summarising the support provided for BAME colleagues (*Appendix 1: Supporting BAME colleagues*). I was delighted to welcome our colleagues from the national WRES team to our most recent Trust Board Development session and am really excited around the opportunities available and our involvement in this national pilot programme.

NHS Providers are collating a report of all the fantastic ideas NHS staff have been doing to make a difference for patients and staff during the pandemic. This will be shared nationally at the NHS Providers annual virtual conference in October. *Appendix 2* highlights information on case study examples from LPT.

NHS Providers published the '*The impact of COVID-19 on community health services*' report on 3 August 2020 (*Appendix 3*). The report highlights the essential role that community health services played during the COVID-19 response, the sector specific challenges they faced, and key asks of the government and national NHS bodies going forwards. It features good practice case studies throughout and LPT features on p15 of the report, describing the impact of Home First in relation to local discharge to assess pathways.

For further information please see: (<https://www.nhsconfed.org/resources/2020/08/the-impact-of-covid19-on-community-health-services>)

National Updates

Phase 3 Planning

Further to the letter of 31 July 2020 (*Appendix 4*) from NHSE/I that provided details of the 3rd phase of the NHS response to COVID-19, further supporting documentation has been now published to support implementation, a copy of which can be found here: <https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/>

The priorities for the NHS during Phase 3 will be:

- Accelerating the return to near-normal levels of non-Covid 19 health services (nb cancer, electives, primary/comm care, MH/LD)
- Preparing for winter demand pressures
- Taking stock of the lessons learnt during the first Covid peak, including locking in beneficial changes and taking action on inequalities and prevention

A system plan will be required in draft by 1st September, and a final submission by 21st September 2020 and will include a range of details including, specifically for LPT, the restoration of service delivery in primary care and community services, expanding and improve mental health services and services for people with learning disability and/or autism. The return will be supported by a narrative document that focuses on explaining the assumptions that are underpinning the plans on and the approach to management of key risks including workforce issues, managing the process for restoring services and getting ready for winter and addressing inequalities through restoration

In a context where normal contracting processes have been paused, a planning process is required for Mental Health to ensure that all parts of the system (e.g. Providers, Commissioners) are clear on what they need to deliver in 2020/21 and the funding available to support this – systems working together will be critical to this process. There is an anticipated increase in demand for Mental Health services and every CCG must meet the Mental Health Investment Standards (MHIS) in 2020/21 as a minimum. The MHIS uplift has been set to guarantee investment in core Mental Health services. Phase 3 Mental Health planning will support allocation of the MHIS uplift to ensure sufficient investment is made and the MHIS is met by every CCG.

NHS People Plan

Published at the end of July, ***We are the NHS: People Plan 2020/21 – action for us all, along with Our People Promise***, sets out what our NHS people can expect from their leaders and from each other. It builds on the creativity and drive shown by our NHS people in their response, to date, to the Covid-19 pandemic and the interim NHS People Plan. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people and work together differently to deliver patient care.

This plan sets out practical actions for employers and systems, as well as the actions that NHS England and NHS Improvement and Health Education England will take, over the remainder of 2020/21, to support transformation across the whole NHS with a focus on workforce growth and changing the culture of the NHS. It will also support the government commitment to expand primary care workforce, including GPs and nurses.

It includes specific commitments around:

- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- New ways of working and delivering care – making effective use of the full range of our people's skills and experience
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return

The arrival of Covid-19 acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of all our NHS people. The NHS must build on this momentum and continue to transform – keeping people at the heart of all we do.

Further information can be found here: <https://www.england.nhs.uk/ournhspeople/>

At a local level the Midlands Regional People's Board will have oversight of the delivery of the national people plan, undertake significant Health Education England (HEE) governance responsibilities and provide direction for workforce developments across the region. The Regional Board is chaired by Crishni Waring, Chair of our Buddy Trust, NHFT and Andy Williams; LLR CCGs CEO is our local representative.

Social Prescribing

The NHS is recruiting a growing number of social prescribing link workers to combat loneliness and isolation as a result of coronavirus. Social prescribing link workers, introduced to the NHS last year, spend time with patients to understand the reasons for them seeking help, and support them to get involved with activities such as sports teams, cooking classes or social clubs, or taking up life skill courses to improve their wellbeing.

For further information see: <https://www.england.nhs.uk/2020/08/nhs-recruitment-drive-to-help-tackle-loneliness-and-improve-lives/>

CYP System Maturity Tool and Optimisation

The CYP-MH System Maturity Tool has been developed to support system review of community children and young people's mental health and emotional wellbeing services. It is designed to provide information to aid improvement activity through critical self-review. NHSE/I Midlands are offering a series of sessions on this over the coming months.

HEE

HEE have recently announced £10 million to help support the growth of the clinical workforce. Funding will go directly towards expanding the number of placements for people studying nursing, midwifery and selected allied health professions, helping to reach the NHS manifesto and Long Term Plan goal of delivering an additional 50,000 nurses.

Further information can be found here: <https://www.hee.nhs.uk/news-blogs-events/news/health-education-england-invest-10-million-expand-nhs-care-workforce>

The Oliver McGowan Mandatory Training in Learning Disability and Autism: HEE have announced further progress for mandatory training for all health and social care staff who support patients with learning disabilities and autism. It will formally be known as The Oliver McGowan Mandatory Training in Learning Disability and Autism and is named after Oliver McGowan whose sad death shone a light on the need for health and social care staff to have better access to training that offers a greater understanding of the conditions and will help improve their skills and confidence when delivering care. HEE, Skills for Care and the Department of Health and Social care have selected British Institute of Learning Disabilities (BILD), Gloucestershire Health and Care NHS Foundation Trust, Royal Mencap Society/National Autistic Society and Pathways Associates CIC and the National Development Team for inclusion have been selected as the evaluation partner.

Further information can be found here: <https://www.hee.nhs.uk/news-blogs-events/news/partners-announced-deliver-oliver-mcgowan-mandatory-learning-disability-autism-training-all-health>

CQC

CQC and Getting It Right First Time (GIRFT) have today published a new Memorandum of Understanding (MoU) agreement which sets out a set of requirements of how CQC will work with those leading the GIRFT programme to.

- safeguard the wellbeing of people receiving health and social care in England
- promote patient safety
- support improvements in care

Further information can be found here: <https://www.cqc.org.uk/news/stories/new-agreement-between-cqc-getting-it-right-first-time-girft>

Recent appointments

Dr Habib Naqvi MBE and Marie Gabriel CBE have been appointed as director and chair respectively of the NHS Race and Health Observatory. This is a new centre created in May 2020 to investigate the impact of race and ethnicity on people's health. The centre will identify and tackle the specific health challenges facing people from BAME backgrounds.

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 *Appendix 5*.

Integrated Care System (ICS)

The system continues to work together to meet the timescales set out to become a designated ICS. A recent ICS development meeting with NHSE/I allowed us to highlight the collective progress to date and our plans over the coming months. Feedback was positive and future work will build on the strong system relationships that have been built through the Covid-19 response.

Partners in the health system in LLR also took part in a lessons learnt review with NHSE. This event will enable the Midlands to capture and share learning across the region in due course. Feedback from NHSE for the system was very positive.

Recent events

There has been a lot taking place throughout July and August and our Comms team are brilliant at keeping us up to date, here are some of the things that we have been celebrating throughout that time:

CQC Focus Groups

I am so proud to share with you the positive feedback that we received from the CQC Focus Groups that were held in July. We had 290 staff request to attend these focus groups and the CQC said that the groups were a delight to hear from and thanked everyone who participated for their enthusiasm in wanting to share LPT's journey with them. In particular they commented upon how the focus groups resonated with what they had seen in evidence via our regular relationship meetings. In summary, the CQC feedback was really great to hear, representing a significant positive shift in how staff feel about working at LPT. All the focus groups highlighted that our Step up to Great strategy has helped to make the biggest difference and they felt it was clear and simple, and it has allowed the Trust to think outside the box.

This is all fantastic feedback and we should take a moment to recognise the great work everyone has put in to improving our culture and the way we do things at LPT. Thank you.

There are some areas that CQC have highlighted that we need to continue to work on, and we know we are already working on these.

South Asian History Month (18th June – 17th July)

To celebrate South Asian History Month LPT buddied up with NHFT to host a series of virtual events across both Trusts. The awareness month recognised and celebrated our diverse networks of colleagues, service users, patients and carers. Colleagues from across LPT and NHFT joined in four online sessions led by Asha Day and Doris Addo, LPT BAME network chair and NHFT BAME network chair, to discuss their backgrounds, cultures and childhoods. These sessions were themed to celebrate a variety of topics from cultural heritage and religion, to lived experience in a diverse Britain, as well as dance, food, health and wellbeing from across South Asia.

Pride Celebrations

LPT has an excellent track record of supporting its Lesbian, Gay, Bisexual and Transgender (LGBT) staff and in June 2020 staff came together virtually for our Pride event. The event included testimonials from our own staff and an opportunity to learn from their lived experiences which also reflected the inclusiveness of LPT.

Let's Get Gardening Awards

This is the second year of our 'Let's Get Gardening' competition and this year gardening projects, in both on ward and in off ward spaces at the Bradgate Unit, have continued to go from strength to strength despite restrictions due to Covid-19. Staff have been able to socially distance to work with Covid-19 restrictions, offering one-to-one or small gardening groups during the recent good weather. The awards ceremony itself was held virtually this year and congratulations to Heather Ward's project which won the top prize with a creative use of recycled tyres and pots.

Royal College of Psychiatrists; Presidential lead for international affairs

Congratulations to Prof Mohammed Al-Uzri, Consultant Psychiatrist who has been appointed by the Royal College of Psychiatrists to the prestigious post of Presidential lead for international affairs. Prof Al-Uzri will play a key role in delivering the college's international strategy and will oversee its overseas work for the next three years.

Leicester Mamas Breastfeeding Champions Awards

I am proud to inform you that five of our Healthy Together public health nurses (health visitors) have been nominated by local mothers to receive Leicester Mamas Breastfeeding Champions Awards in recognition of the support and care they have provided.

Leicester Mamas (mamas.org.uk) is a breastfeeding support programme for families in Leicester. In partnership with LPT's 0-19 public health nursing service, Healthy Together, it offers breastfeeding peer support to new mothers. It's annual Breastfeeding Champion Awards as a way of recognising the teamwork that goes into helping a new mother develop confidence with breastfeeding.

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

July/August 2020	
Ageing Well Digital Event	LLR CLG Workshop
Anti-Racism Stocktake Workshop	LLR Covid 19 SAGE meeting
Auditors Meeting	LLR Clinical Leadership Group
BCT NHS Formal CFOs	LLR Design Group for Learning Disabilities meeting
CAMHS Introductory meeting	LLR ICS Development with NHSE
CHS Clinical Sub Group	LLR People Board Finance Discussion
Children and Young People sub cell (CYPSC)	LLR Psych Therapies Review with NHSE
Clinical Leads System Call	LLR System CEO/DoF/DoS Meeting
Cllr Vi Dempster/CCG	LLR System People Strategy Exploratory Workshop
COVID 19 – Discharge Cell	LPT Virtual Stakeholder meeting
CQC Recovery meeting	LLR Workforce Cell Group
CTV Pilot/Funding – Spirit	LPT/Adhar Mental Health Charity
David Sissling – NHSE/I	MH Collaborative Board
Digital Enabling Group (DEG)	MH Executive Network
East Midlands Alliance CEO Meeting	MH Finance Planning (NHS England)
East Midlands Alliance – Sharing Collaborative Workshop	MH Touchpoint with CCG
East Midlands HRD Network Meeting	MH & LD CEO Meeting
GIRFT MH Psychiatric Rehab Deep Dive	MHST Programme Delivery meeting
GMC RO Meeting	Midlands MH Planning Clinic (NHS England)
Healthwatch Relationship Meeting	Midlands - Regional MH Oversight Group (RMHOG)
Health and Well Being Board – Leicestershire County Council	Performance Recovery meeting
Health Economy Strategic Co-ordinating Group	People Board Development Session Review
Health Economy Tactical Co-Ordinating Group	Peter Davis/Griff Jones (Leicestershire County Council)
HRD and People Leaders Topics Meeting on Risk Assessments	Psycho-Oncology Patients Group
HRDs Catch Up Meeting	National Update for NHS CFOs and FDs
IRG Meeting (Gemma Donnahey - NHS North of England Commissioning Support Unit)	NHSE/I CEO Advisory Group
LD & Autism Executive Board	NHS Leadership Regional Roadshow
Leicestershire & Rutland Safeguarding Adults Board	NHSP Parliamentary Covid-19 Webinar
Leicester City CCG - Rachna Vyas	NHS People Plan Advisory Stakeholder Group
Leicester Lessons Learnt Review with NHSE	NHS Providers: Race Inequality
LLR AHC and inpatient trajectories	NHS Providers Digital board development session

Recovery Coordination Group	TCP Community Discharge Grant
Regional LDA Oversight Board	TCP Management Team Meeting
Regional Medical Directors Group	Virtual Roundtable with Baroness Doreen Lawrence
Restoration and Recovery meeting	Virtual Stakeholder Meeting re Lutterworth
SAIS Recovery meeting	West Leicestershire CCG – CSR Evaluation
SEND Conversation	West Leicestershire CCG – Nisha Patel re: CTV pilot
South Asian History Event: Listening Group	West Leicestershire CCG – Tamsin Hooton
System Workforce Planning and Recovery Work	
<i>FPH Roundtable Discussion*</i>	<i>Introductory meeting with Fiona Grant (Consultant in Public Health Leicestershire County Council)*</i>
<i>Q1 Midlands Regional & National MH & LD & Autism Deep Dive*</i>	<i>Healthwatch Advisory Board*</i>

**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: Supporting BAME colleagues

Appendix 2: NHS Providers report: NHS Case studies from LPT

Appendix 3 The impact of COVID-19 on Community Health Services Report

Appendix 4: Phase 3 Planning Letter

Appendix 5: Covid-19 LLR Stakeholder bulletin

Please note that all embedded PDFs in the appendices are available from Kay Rippin Corporate Affairs Manager on request.

From the office of Dale Bywater
Regional Director – Midlands

30th June 2020

Cardinal Square – 4th Floor
10 Nottingham Road
Derby
DE1 3QT

All Midlands Provider Trust CEOs & Chairs
All Midlands CCG AOs

T: 0300 123 2605
E: dale.bywater@nhs.net

Sent via Email

Dear Colleague

Supporting our BAME Colleagues

I am writing to you to explain what steps we are taking at regional level to assure ourselves that we are fully supporting our BAME colleagues during the Covid-19 response period and most importantly as an on-going commitment. In doing so I am seeking your personal support in making our response a truly inclusive regional response where colleagues in all organisations in the Midlands experience a real change in how we approach supporting BAME colleagues and their personal experience of working in the NHS.

I know how you all take this really seriously and that you have already undertaken significant work in support of BAME colleagues. I am however keen to ensure that this is consistent across the region and developed further. I want to ensure we build on all of the good practice that we have already seen across your organisations to ensure we have an ongoing coherent regionwide response to this challenge.

I have seen some excellent examples of where Chief Executives, AOs and Chairs have written to staff making a formal and strong commitment to working with their BAME colleagues to eradicate once and for all any racial discrimination in our organisations. The best of these examples have emphasised that it is the responsibility of Boards, leaders and managers in organisations to make these changes happen, it cannot be left to BAME colleagues and networks to lead this work. This is a leadership challenge for the NHS and my expectation is that you will enable that leadership in your organisation. I would expect that you have already added your own voice to this commitment. However, if for some reason you have not yet done so then it is important that you make that commitment now.

To support progress the following initial steps have been taken.

The national People Directorate of NHSE/I has agreed to reinstate active monitoring of the **Workforce Race Equality Scheme**. The submission dates for organisations to send their WRES data is from 6th July 2020 until 31st August 2020. You will have a set of targets for your own organisation and I want to emphasise the importance of making progress against your organisation's individual diversity targets. The role of

the Board is crucial in holding the organisation and its senior leaders to account for making progress on each of these WRES indicators.

In addition, Dido Harding and Prerana Issar wrote to you about your responsibility to have **oversight of all issues pertaining to bullying, harassment and discrimination** for all staff including BAME staff. One of the key barriers getting in the way to enable staff to report issues of bullying, harassment and discrimination is the lack of trust. BAME staff consistently report that they feel they are disproportionately subjected to formal processes. Part of our regional oversight will be to seek assurance on the steps you have taken to implement the recommendation stated in this letter.

At regional level I have committed to all of my direct reports participating in a process of **reverse mentoring** from a junior BAME member of staff. Reverse mentoring offers leaders in our organisations the opportunity of hearing directly from BAME colleagues about their experiences and what they would value in respect of career management and development and provides a great opportunity for those staff to have insight into what it means to operate at a senior level. This can be of great benefit to organisations and individuals involved if done appropriately and followed by clear action for change following the programme. I would ask you to give serious consideration to adopting a similar scheme if you have not already done so.

We are in the process of establishing a **regional level BAME network** with representation from all organisations across the region to work collaboratively. We are keen to support the development of an **independent and confidential support system** to enable BAME staff to speak freely about issues of concern and report issues of bullying, harassment and discrimination freely. The newly formed network will also support the development of proposals for next steps in eradicating race discrimination. This will only flourish and make a major contribution if **all organisations have active and well supported BAME networks** together with senior leaders taking ownership of tackling racism. BAME networks within each organisation need to also be meaningfully established, well supported and resourced including financial support for the network to engage effectively. This may need to include providing reasonable back fill costs to enable BAME colleagues to engage in networks with paid time.

Working with national NHSE/I People Directorate colleagues, HRDs in Midlands and our BAME networks we will now develop a **longer-term action plan to support and build on these initial immediate actions**. I expect to be able to regularly update you on progress at our Chairs and Chief Executives meetings.

Race discrimination is totally unacceptable in any guise in the NHS. We are already doing a lot on health inequalities as a regional priority. Employment plays a major part in enabling the health and wellbeing of all people in our society. Tackling inequalities in employment must be a priority if we are to ensure an inclusive, fair and just society. I will be looking to all of us to **ensure that equality in employment in the health service becomes a key priority in our work together**.

Finally let me just take the opportunity to also say how important it is for **all of our staff to receive a risk assessment** regarding reducing the risk and impact of Covid-

19. This is again particularly important for staff who fall within the at risk category. You may have seen the recent information outlining the national risk assessment process for Covid-19. There is now an urgent requirement for staff (particularly those who are within the at risk group) to have a risk assessment completed by 23 July.

This is a crucial issue and I am taking personal leadership of this in the region. At regional level this agenda is supported by Steve Morrison, Regional Director of Workforce and OD (stevemorrison@nhs.net) and Kuvy Seenan, Head of Equality, Diversity and Inclusion (Kuvy.seenan@nhs.net). If you have any questions on this letter please let me, Steve or Kuvy know and we would be happy to discuss with you.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D. Bywater'. The signature is fluid and cursive, with a large 'D' and a stylized 'Bywater'.

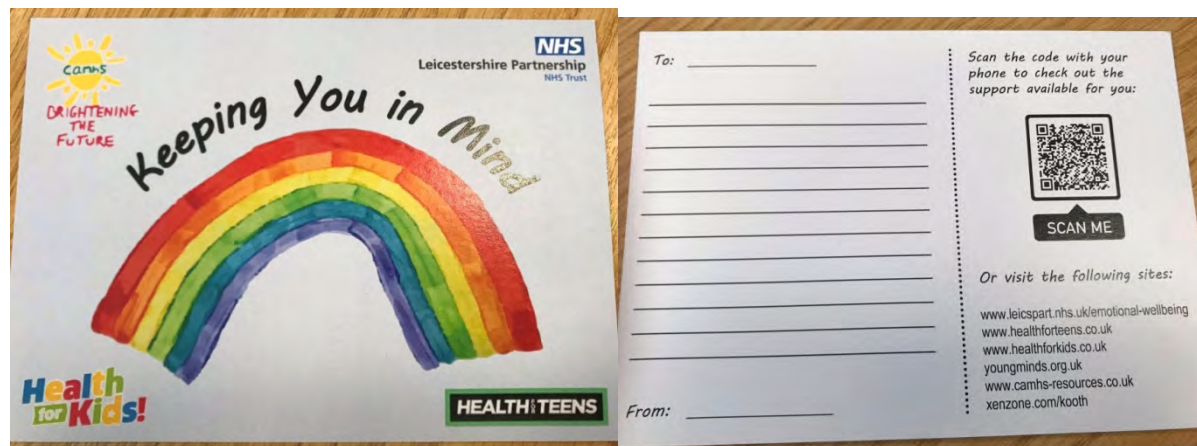
Dale Bywater
Regional Director – Midlands

Case studies from Leicestershire Partnership NHS Trust

When life isn't all sunshine and rainbows...

Clinical colleagues in FYPC will be showing children and young people on their caseload that we are still 'Keeping them in Mind' with these fantastic postcards designed to support ongoing contact with service users and provide reassurance during the COVID-19 crisis.

Featuring a rainbow image designed by one of our CAMHS inpatients on Bosworth Ward, the postcards signpost a number of online resources that children, young people and families can access in relation to positive emotional wellbeing at this time, and have space for a personalised message to a child or young person.



24 hour LPT phone support for all urgent mental health needs

LPT has launched a dedicated phone line (**0116 295 3060**) so that people of all ages in Leicester, Leicestershire and Rutland can access urgent NHS mental health support directly.

Our new mental health Central Access Point (CAP) phone service went live on Friday. It links callers with call handlers and clinicians who can assess their needs and advise, support, signpost or refer them directly to the appropriate service.

As well as helping to provide assessments and early interventions where needed, it aims to help reduce the pressure on other services, particularly emergency services, allowing them to focus resources on the COVID-19 response.

The CAP was developed in response to feedback from service users, NHS staff and stakeholders county-wide as part of our ambitious programme of all-age mental health service improvements. The roll-out of the service has been brought forward in line with a drive by NHS England and Improvement to ensure telephone access to NHS support, advice and triage is available to anyone with an urgent need.

The CAP phone service is not an emergency service. Where people have immediate, serious and life-threatening emergency mental and/or physical health needs, for example if an individual has taken an overdose or is in imminent danger of physical harm, they should

attend A & E or call 999 for the appropriate emergency service.

Mental Health Urgent Care Hub

We launched a new 24-hour urgent mental health care hub as part of the NHS response to the Coronavirus pandemic.

Based in the Bradgate Mental Health Unit, the new hub will operate round the clock to provide mental health assessments and care for people with urgent mental health needs who are referred by LPT partners.

The new service is part of the system-wide COVID-19 response for Leicester, Leicestershire and Rutland. We are working closely with partners to help reduce the number of people attending the Emergency Department (ED) at the Leicester Royal Infirmary (LRI), allowing colleagues in the acute hospitals to focus on the care of COVID-19 patients. Operating out of the Bradgate Unit, the mental health urgent care hub is staffed by healthcare professionals who will be able to conduct mental health assessments for people who would have previously been seen by the mental health triage team based at ED in the LRI.

People will be referred to the hub from the police, NHS 111 service and the crisis team, other LPT services, GPs and ED at the LRI. The service will work through an appointment system and patients will be given an appointment time.

People self-presenting at the Bradgate unit will not be seen by the hub team. They will be advised to contact NHS 111, the crisis team or their existing care team if they are already receiving care from LPT.

They can then agree the most appropriate course of action and if required, an appointment to attend the hub can be made. In line with the need for social distancing and self-isolation, the appointment system will reduce the number of people waiting at the hub at any one time.

Following screening and assessment of their needs, individuals might be:

- Discharged back home under the care of their GP
- Taken on by the crisis home treatment team
- Admitted to an inpatient ward or assessed under the Mental Health Act
- Referred to their local community mental health team for support
- Signposted to other sources of help and advice



Positive impact of 'Wobble Rooms' on staff wellbeing recognised ahead of Mental Health Awareness Week 2020

Staff at Leicestershire Partnership NHS Trust (LPT), alongside the rest of the NHS workforce, are providing care to patients who have Covid-19 either as their primary condition, or on top of other conditions we have been treating them for.

To ensure that staff are supported to look after their own health and wellbeing during the demands of this unprecedented pandemic they have been supported to set up 'Wobble Rooms' in their area: a dedicated room where they can take a break, find a moment of calm away from their work environment, relax and reflect on what they were going through. 42 Wobble Rooms have been set up across LPT.



The wobble rooms are part of a wider range of health and wellbeing support for LPT staff, including resources and information on calming exercises and coping techniques, and signposting to psychological support options should they need immediate support.

The wobble rooms have been funded through from the Trust's Raising Health charity and from the national NHS Charities Together enabling the purchase of meditation books, 5-minute stress tip books, stress relief toys, jigsaws, mindful colouring books, hand creams and drinks, sweet and healthy treats.

Cathy Ellis LPT Chair and Chair of our charity Raising Health said: "the staff comments we have received say how beneficial the wobble rooms have been for their everyday wellbeing. It is important that we sustain this support during the Covid-19 crisis and prioritise self-care for our staff. We understand that it's OK to not be OK and the Wobble Rooms are there for those times"

Feedback from the rooms has all been positive, some of the comments received from staff include:

"I think this communicates volumes to the team about how we need to look after ourselves right now, in order to be able to support the needs of our vulnerable patient group; by keeping our own anxieties contained, helping us manage through this period of time with resilience, connection to one another and enabling a positive team spirit."

"I have spoken to several staff and they have all said that they really appreciate that the Trust has considered their Wellbeing during these difficult and challenging times and all speak very positively of the rooms in both areas. We have loved seeing up-dates on LPT Facebook about all the different Wobble Rooms across the Trust and feel really connected and valued"

"The Wobble rooms have been a fantastic initiative, they really do provide a safe space for staff, somewhere for them to go when maybe they just need a bit of time out, some peace and quiet away from the hustle and bustle of the busy working day, a time to ponder and

have a snack or drink, or just quietly sit. Lots of staff have made use the additional resources, chill out music, hand creams, relaxation books, stress toys, mindfulness techniques etc“

Cathy concluded: “we are massively proud of all our staff and their hard work and commitment to keeping our patients safe. Their health and wellbeing is important to us and we are thankful for everyone who has supported us, including the National NHS Charities Together Trust and local businesses for their donations”.



LPT Wobble Room
Resource Pack FINAL

#TenSecondTips for lockdown from the Youth Advisory Board

Our Youth Advisory Board (YAB) is launched a social media campaign called **#TenSecondTips**. The young people have recorded a short clip each day to support others to maintain good mental health and wellbeing during the lockdown period. Some of our clinicians from child and adolescent mental health services (CAMHS) have been involved in recording tips – and there’s some great advice!



The YAB was really keen to take positive action to support others while their current work auditing CAMHS waiting areas and looking at the patient experience is on hold due to COVID-19.

The YAB #TenSecondTips can be found [here](#).

Using video conferencing technology for patient consultations

Adult and Children’s Speech and Language Therapy services at Leicestershire Partnership NHS Trust (LPT) have been successfully using video conferencing software to continue assessments and therapy appointments with patients.

Adult Speech and Language Therapy had planned to trial telehealth solutions prior to Covid-19, but this has been accelerated due to the demands of the pandemic and has allowed appointments with vulnerable and shielding patients to continue.

Vikas Nautiyal, an Adult’s Speech and Language Therapist, works mainly with patients who have neurological conditions such as Parkinson’s disease. His work involves helping patients with communication and swallowing difficulties. He said:

“Video conferencing has been a very useful tool in helping the team to keep in touch with patients on their current caseload, and to provide support when they aren’t able to see patients in person because of social distancing (e.g. those with advanced MS/MMD/Alzheimer’s who may be shielding”

“Video consultations are better than telephone calls because it enables us to see the patient’s body posture/facial movements etc. While it can’t completely replace face-to-face,

and isn't suitable for all patients' conditions, it is a great tool. In the longer term it will be good to continue this especially for elderly patients where travelling to clinics can be difficult. I have also done some calls with patients in care homes and have been able to carry out swallow observations during dinner times."

Meanwhile, Children's Speech and Language Therapy have been using video consultations with patients who have a range of needs, such as, speech sound difficulties, language difficulties, dysfluency (stammering), eating and drinking difficulties, communication aid users, and also with children born with cleft lip and palate.

Lindsay Thomason, Children's Specialist Speech and Language Therapist, said:

"Using video consultations has meant that we, as a service, have been able to continue to offer assessment and treatment, where appropriate to children at a time when we are unable to see them face to face. This has been optional, as some families have told us that they have had enough to cope with already, whilst other families have embraced it and have been pleased to be receiving something in these strange and unprecedented circumstances."

"Personally, I have found that it works very well for some children and I have found that parents have engaged well in the speech and language therapy sessions and have been able to continue to practise the speech and language work with their children between our video sessions. Moving forward, we plan to offer video consultations as an option/alternative in the future, even when we are able to resume more face to face contact. This will help us to be more efficient and help families to access our service in a more dynamic way in the electronic world in which we now live!"

Kay Wiggins is a mum who has accessed the children's service for her five year old son Boyd. She said:

"The team have been great. Once Covid had started I was a bit worried about how it would affect Boyd, and how we would get around it, but then once it was explained that we would have video appointments it put my mind at rest that there was a way around the situation.

I've liked doing them because it's made it a bit more normal in this current situation. Boyd was just getting used to school before this happened so having a video has really helped him. I think if it was any other way we would have struggled to get him to do it.

It's been really easy. Technology can be a pain sometimes but we've had so few issues with it. Boyd has coped really well with it, and Lindsay has made it really fun from her end with different games to keep his interest in it."

This approach is being also tried in other LPT services such as outpatient physiotherapy, podiatry, and community therapy.

Message to a loved one – new service launched to keep inpatients connected with their loved ones

The new message to a loved one service has been launched by Leicestershire Partnership NHS Trust's patient experience team, to help our patients keep in touch with the people they care about while they are in hospital during the Covid-19 pandemic.

Keeping our patients safe is always our number one priority. In-line with guidance issued by NHS England on managing Covid-19 (coronavirus), we have put in place visiting restrictions

to all our hospitals, except for parents and carers of those under 18 or for vulnerable adults, to ensure we protect our patients, their families and our staff.

We recognise that not being able to see loved ones will have a significant impact on our patients and the people they are close to. We hope the message to a loved one service will help to bridge the gaps and enable people to feel connected to their loved ones.

Alison Kirk, LPT's head of patient experience and involvement said "We hope that the new message to a loved one service will bring happiness to our patients and their families. Contact with those you love is so important during this time and plays a crucial role in recovery.

Patients will be asked to nominate the people they want to keep in touch with and will then be able to stay connected through our patient experience team.

The service offers a range of different ways people can maintain contact whilst the visiting restrictions are in place. They can:

- Be a point of contact for relatives and carers to enquire about patients on our wards
- Relay messages to and from our patients
- Provide advice and answer general queries about how we are managing the Covid-19 situation.
- Arrange virtual visiting with video call to family

The service will not provide any clinical information about patients. The service will liaise with recorded next of kin when a patient is unable to provide consent.

The team can be contacted from 9am - 12 noon, Monday to Friday

Tel: 0116 295 7297 or 0116 295 0818

Email: LPTpatientexperience@leicspart.nhs.uk

Family, friends and carers can also submit messages via our online

form: <https://www.leicspart.nhs.uk/contact/patient-advice-and-liaison-service-pals/message-to-a-loved-one/>

The Bradgate Mental Health Unit use their green fingers to create a new 'Therapy Garden'

Leicestershire Partnership NHS Trust's (LPT) 'Let's Get Gardening' Awards are an annual summer highlight for both staff and patients. The aim of the competition is to brighten ward garden spaces, bring a touch of home and provide rewarding, therapeutic activities for people with acute mental illness that is over and above their core NHS treatment, helping to support their recovery.

The awards this year were judged by a virtual panel that will take place between 1 and 3 July. [This short video](#) reveals this year's winners who received a trophy, a rosette, a gold certificate and a gardening prize.



The 'Therapy Garden' at the Bradgate Mental Health Unit

This year gardening projects, both on ward and in off ward spaces at the Bradgate Unit, have continued to go from strength to strength despite restrictions due to Covid-19.

Staff from the Occupational Therapy team have been mucking in to continue to make progress, taking small steps forward in creating a brand new 'Therapy Garden' space from an unused area next to Ashby Ward at the Bradgate Unit. Over recent weeks, spades and wheelbarrows have been used to create flower beds, new planting areas and a composting area for all round growing in the 'Country Garden' phase of the garden.

Spending time in the garden has been beneficial for staff wellbeing, giving them time to take a breather and engage in physical activity. In addition to this, their efforts are helping preparation for the future restart of the twice weekly gardening group for patients at the unit. Staff have been able to socially distance and cleverly work with Covid-19 restrictions to offer one to one or small gardening groups during the recent good weather.

Katie Crowfoot, occupational therapist and one of the 'Let's Get Gardening' Award judges said:

"For both patients and the occupational therapy team Covid-19 has placed a huge barrier in the way for 2020's gardening projects however staff across the Bradgate Mental Health Unit have shown amazing commitment and strength. The team have looked after their wellbeing through the projects and have designed parts of the new Therapy Garden for the benefit of patients and staff.

I am so proud of all of the work that has been undertaken and look forward to virtually judging the ward's collective efforts in our annual awards."

The Let's Get Gardening Awards are made possible thanks to an ambitious project by Raising Health, LPT's charity, to transform the unloved outdoor spaces at the Bradgate Unit. If you would like to support the Let's Get Gardening project, please visit the appeal page on

the Raising Health website: <https://www.raisinghealth.org.uk/appeals/lets-get-gardening>

Pharmacy innovation

The pharmacy team have had to ensure that the supply of medicine for patients remained uninterrupted .

During the unprecedented covid-19 pandemic, pharmacy, along with all other services have made changes very quickly to ensure the supply of medicines to our patients remain uninterrupted.

Our prescribers were following Government advice to isolate and could not arrange for prescriptions to be posted to their community patients. Due to this, LPT Pharmacy took the decision to take over the dispensing and ensure that there was a continued supply of medicine to our community patients.

We have had some great feedback for the changes that we have made as a team. Dr Debasis Das said: “By the way, loving your department’s prescribing from home and dispensing options during the pandemic.

Example of rapid adaptation and innovation...one of the very few in the country! Thank you to your team!”

LPT volunteers going above and beyond

Some of the volunteers at LPT have been redeployed and are now delivering medications to our service users.

Before the coronavirus pandemic, Rich was a volunteer driver transporting LPT patients between their homes and LPT sites but this was suspended due to the risk of Covid-19. However, Rich has been kept busy and is now volunteering by delivering medical supplies from LPT pharmacy services directly to patients.



Volunteers have now made over 1000 pharmacy deliveries.

Nice to meet you virtually – Healthy virtual meeting checklist

With more and more meetings held on MS Teams we recognise that some of us can find ourselves going from one meeting to the next with little or no time for a break.

With this in mind our health and wellbeing leads have developed a short [healthy virtual meeting checklist](#) for you to think about how you can make the most of your meetings while looking after your own and your team's health and wellbeing

You can also find more detailed information and support in our new MS Teams [guidance and etiquette](#) - an appreciative look at some of the considerations each of us can adopt when setting up and participating in a virtual meeting.



Healthy Virtual
Meeting Checklist FIN

**Health
and
Wellbeing**

**Leicestershire Partnership
NHS Trust**

Healthy Virtual Meeting Checklist

Managing your day and planning meetings

Consider the length of the meeting	Think about how you can allow attendees time to get up, stretch their legs and make a drink. For example, if it's a meeting of an hour or over, set 10 mins aside to allow for this. Let people know there will be a break to stretch.
Timing meetings	Avoid scheduling meetings outside of 9-5 and in between 12.30-1.30 where possible. Now is the time to build in healthy practices. We all need to take a break and eat our lunch, but if you need to eat then eat!
Manage your diary	Just because you can go from meeting to meeting doesn't mean you should! Consider ways to ensure one meeting doesn't run into another e.g. start meetings at 10 mins past the hour, or finish it 10 mins before the hour.
Further guidance	For further guidance on healthy virtual meetings and how to chair them see the MS Teams guidance and etiquette document.

Making the most of your meetings

✓ Arrive early	✓ Allow time for small talk	✓ Introduce yourself	✓ Turn your camera on if you have one	✓ Change your background
Arrive at and log into your meeting early, this will give you time to check everything is working and also spend some time with others on the call.	Having time to connect with others helps build relationships, just as you would at a physical meeting.	Let people know you are there. When you join a meeting say hi! – just make sure not to interrupt someone mid-sentence.	Seeing one another can reduce the feeling of isolation and help connect with others in the meeting.	Use the background options. Not everyone has an office at home. If you prefer to keep home and work separate, this might help.
✓ Mute your microphone	✓ Using the chat function	✓ Interacting with others	✓ Eliminate distractions	✓ Be comfortable
Mute your microphone when you're not talking and use the hands up if you want to say something or the chat function on the side.	If you find you are distracted by the chat function, switch it off.	The chair of the meeting should outline how they would prefer you to interact during the meeting. This may be different in different meetings.	Try to avoid multitasking and eliminate distractions – turn off phones and resist looking at them during the meeting.	If you need to stretch your legs and move around that's fine!

How to end your meetings

Consider how people are feeling and check in as necessary.

Avoid abrupt endings to your meeting. Say goodbye and allow chat as people leave.

Do the "MS Teams" wave

Other health and wellbeing guides

Our health and wellbeing team have been extremely innovative. Here are a number of ideas they have executed:

- Virtual working- see attached checklist and etiquette guidelines. These have been shared with the LLR system wide HWB group and requested by Derbyshire healthcare NHS foundation and the University of Leicester.
- Shielding staff CALM book- 1000 books were received by donation of Fern Cottons CALM- the Journal. All shielding staff were sent a copy along with a Thank you from LPT, to their home address. Volunteer drivers distributed these
- Donated hampers were sent to community teams to ensure they didn't miss out on HWB resources
- 800+ Easter eggs were sent to nominated staff with personalised messages of thanks from their nominee. Volunteer drivers distributed these across the whole of

LLR.

The team have also been busy creating a number of resources to help staff through Covid-19.

They are attached below:



5-Steps-to-Mental-Wellbeing-During-COVID-19.pdf



FINAL-Working-Differently-During-COVID-19.pdf



Healthy Working Day V1.pptx



MS Teams Guidance and Etiquette Final.pdf

Working from home etiquette

With so many of our staff working from home, staff members across enabling have put together a 'working from home etiquette'



Enabling Services
Home Working Etiquette

Mindful communication during Covid-19

With the Covid-19 pandemic, we have all had to adapt to working differently especially with the introduction of facemasks.

We have created a 'Mindful communication during Covid-19' poster to help improve staff communications with service users.

Mindful communication during Covid-19

NHS
Leicestershire Partnership
NHS Trust

Wearing your mask makes communicating with our patients harder



They can't read your lips.
They can't read your non-verbal communication.
They may feel unsure and confused by the mask and why you are wearing it.
They may not be able to hear you as clearly.



How you can help

Attend mindfully

Think about things from the patient's perspective.
Prepare yourself for your conversation. How are you going to support them to understand you?
Become more aware of your characteristic gestures and body language. How do you normally communicate?

Be calm

Approach the person from the front.
Drop down to the person's eye level.
Make sure your body language is positive and calm.
Give the person time to acclimatise to you. Perhaps show them your ID badge to show who you are behind the mask!

Communicate clearly

Try to find a quiet environment and make sure the person has their glasses and hearing aid.
Use short simple sentences and underline your words with gestures and where appropriate use signing.
Speak louder if necessary.
Write down words or show pictures to help them.
If you are expressing an emotion, remember to say what it is as they can't see your mouth! E.g. "I feel happy to hear you're feeling brighter", rather than simply smiling.
Make use of communication charts and pictures available.
Make use of interpreters such as British Sign Language interpreters (BSL) by contacting the Ujala service: T: 0116 295 4747 E: RequestsUjala@leicspart.nhs.uk

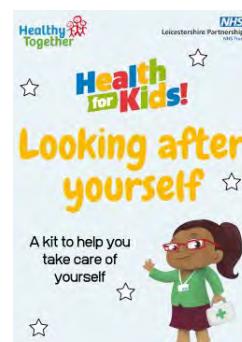


Reference: Gilling, M & Jones, C. (2020) Wearing Our Mask Through The Mask. NHS Communication Group, LCU, 10-11. Available from: <https://www.leicestershirepartnership.nhs.uk>

Covid-19 resources for younger people – Health for Kids, Health for Teens and Health for Under 5s public health websites

Our Healthy Together 0-19 teams have been busy creating resources aimed at children, young people and families to help them talk about Covid-19 together and look after their wellbeing.

One of the resources is the '[Looking after yourself kit](#)' which includes lots of advice, tips and fun activities that families can do together.



ChatHealth

LPT's award-winning secure text messaging service, ChatHealth, has also served as an important means for children, young people and families to access health advice during the pandemic. This confidential service is available both for young people aged 11-19 to seek help from a school nurse, and also for parents and carers to discuss concerns about their own or their child's physical and emotional health and wellbeing.



Depression implant transforms patient's life in a regional 'first'

A Leicester grandfather who struggled with severe, treatment-resistant anxiety and depression for 30 years has become the first East Midlands patient to be fitted with a vagus nerve stimulation implant.



And Johnny Spillane says the tiny device – which sends a small electrical stimulus into his brain - is transforming his life.

And he says it is giving him the strength to support the people he loves through the COVID-19 crisis. (Read his story below)

Leicestershire Partnership

NHS Trust is one of just a handful of NHS Trusts with a vagus nerve stimulation (VNS) service.

The special battery-powered 'pacemaker' style device is implanted surgically by a neurosurgeon beneath the left side collarbone and wired up to the vagus nerve at the base of the neck. Fitted as a life-long treatment, the device delivers regular pulses to the nerve, at intervals of around five minutes, transmitting to areas of the brain known to be critical for the treatment of depression.

The treatment is being pioneered by LPT's electroconvulsive therapy service, based at the Bradgate Mental Health Unit. The team of doctors and nurses worked together to train and set up the VNS service, which is being supported by health commissioners for Leicester, Leicestershire and Rutland.



It comes after the Trust hosted a symposium in 2018, bringing together experts from across Europe to explore its use in the UK and Europe.

Consultant psychiatrist Dr Girish Kunigiri, who is also an international speaker on this subject, explained: "Ours is the first NHS Trust in the UK to get sign off from commissioners and we have developed a partnership with neurosurgery services in Nottingham to implant the device.

"VNS is established as a treatment for intractable epilepsy and growing evidence highlights it as a successful long-term approach to treatment-resistant depression.

“We have developed a robust pathway with neurosurgery specialists in Nottingham and collaborated with them on the region’s first implant in September last year. Since then the patient has reported significant improvements in his mood and quality of life after experiencing treatment-resistant depression for more than three decades.”

Once fitted, the implant has a battery life of up to a decade and Johnny’s progress is being monitored and reviewed regularly by Dr. Kunigiri’s team and together they agree on appropriate changes to the level of stimulation the implant delivers.

“VNS not only results in better outcomes and quality of life for patients but we expect it to reduce mental health hospital admissions and reliance on community mental health services. In the long term it will also mean patients will need to take less medication.”

team and together they agree on appropriate changes to the level of stimulation the implant delivers.

“VNS not only results in better outcomes and quality of life for patients but we expect it to reduce mental health hospital admissions and reliance on community mental health services. In the long term it will also mean patients will need to take less medication.”

Captions: TOP: Dr Girish Kunigiri with Johnny Spillane in a pre-lockdown outpatient check. Middle: Johnny shows the site of the discreet VNS implant

Johnny’s story

Johnny Spillane, 56, from Groby in Leicestershire, was diagnosed with anxiety and depression in his mid 20s and has been taking medication for more than three decades.

He spent three weeks in intensive care after attempting suicide, had a number of admissions to mental health wards including two nine-month stays, and tried a variety of treatments – including electro-convulsive therapy – without finding an effective treatment for his severe mental health needs.

His illness resulted in having to give up driving, long spells off work, the loss of his job as a manufacturing production manager and led to the break up of his marriage.

He said: “I came out of hospital and had to go through divorce and finding a new home. I had a lot of family support and work colleagues were supportive but I couldn’t go back. Then when I was discharged from the ward I was diagnosed with Parkinson’s Disease – I had thought my tremor was medication induced.

“Dr Kunigiri reviewed my medication and we talked about different options before referring me for a second opinion. We spoke to a neurologist who agreed that VNS was the best option for depression and because it can have a positive impact on Parkinson’s symptoms.

“I had no hesitation about agreeing to VNS and I haven’t regretted it. I am now on the optimum level of stimulation for depression. Physically I feel just a little surge as the impulse starts up, and it changes my voice.



"My life just keeps improving. I used to need carers and couldn't leave the house but I have been able to travel abroad on holiday for the first time in years. Before the Coronavirus outbreak I was having alterations made to my house and going out socially. I've also been participating in Recovery College courses and volunteering with two charities, The Shuttlewood Clarke Foundation and Age UK, promoting wellbeing for people with dementia.

"One of the best things is that I was able to start picking up my little granddaughter Imogen from nursery and feel independent again.

"For five years of my life I didn't want to wake up in the morning and now my life is fantastic. My depression was so bad before, I didn't get off the sofa for two years and now I feel really well and I'm able to help others who are struggling with having to stay at home during the pandemic.

"My sister and son both work in the NHS and I miss being able to see them and Imogen, my granddaughter but the lockdown hasn't had a negative effect on my mental health at all.

"I have been decorating and gardening at home and now I feel I have the strength to support others, like my mother and my neighbours. I go shopping and help with their gardening. I'm going to bed at night looking forward to the next day. "

Virtual arts challenge to inspire post-Coronavirus exhibition

An artistic challenge has been launched to help people in Leicestershire and Rutland combat their worries around the Coronavirus pandemic and take inspiration from the 'brilliant' things' in life.

Open to anyone, the 'Every Brilliant Thing' project will see participants challenged to produce a themed piece of artwork every week. And once the pandemic has subsided, the resulting work will be brought together and shared via exhibitions, performances, publications and recordings.

The 'Every Brilliant Thing' project is inspired by the play of the same name and will be led by Leicestershire Partnership NHS Trust (LPT) arts in mental health co-ordinator Tim Sayers (pictured) working with BrightSparks, an LPT-backed community of mental health service users, volunteers and others who use the arts to promote positive images of mental wellbeing.



With this year's programme of arts activities suspended because of the COVID-19 pandemic, Tim came up with this alternative that specifically targets people who don't access the internet, with their only contact by telephone or post.

He said: "These are difficult times for everyone and while it's not possible to get together physically to take part in artistic activities, this is something we can all share and take

inspiration from for the duration.

"It has becoming increasingly known of the importance that the arts play in supporting mental wellbeing and this project might well be a lifeline for many isolated mental health service users and other members of the public.

"I took the theme for the project from 'Every Brilliant Thing' following a suggestion from an up-and-coming Leicester playwright Emma Penny,"Pe

Emma explained: "I got the idea reading the play Every Brilliant Thing which focuses on positivity and highlights how, even in the worst situations, there's beauty around us.



"Now is the right time, with so much uncertainty in the world, and so many people feeling isolated, to bring people together through art and expression. I hope that this project will give people something positive to focus on. I feel we all need something concrete to get us through this, and art is the way to go. I can't wait to see what people create and together we will celebrate each other, life and positivity."

Added Tim: "We are throwing the challenge open to anyone – because we're all in this together.

"Each week we will all produce art inspired by the different themes associated with 'Every Brilliant Thing' and then, when all of this is over, we will display, publish, perform and record them for the world to enjoy."

Remi's 'NHS super hero mum' art inspires children's challenge

A loving portrait of her NHS 'super hero' mum by Leicester schoolgirl Remi Mulroy has inspired a county-wide arts competition to support children in lockdown.



Thirteen-year-old Remi's drawing showed her mum, Katie Abram, portrayed as half nurse and half super hero, battling the Covid-19 virus.

And Katie, a senior mental health nurse with Leicestershire Partnership NHS Trust, felt moved to help and inspire other children during Covid-19.

She said: "Both of my daughters, Remi and her little sister Maia, are very creative and love drawing and colouring. They would

always come out with me for the Clap for Carers and one week Maia turned to me and said 'You're a super hero aren't you mum?'

"My girls had never seen me in that way before and then Remi was doodling and drew me – as half nurse and half super-hero tackling the Covid-19 virus. It was really moving.

"Maia is a pupil at Alderman Richard Hallam School and has been attending throughout lockdown so I can work at the Bradgate Mental Health Unit where I have been redeployed

from my role as a deputy ward sister on an acute mental health ward to support the new urgent mental health care hub.

“I brought the picture into work and showed it to colleagues. It really made us think about ways we can support our children and show them what heroes they are too. That’s when we came up with the idea of an arts competition.”

With the support of Tim Sayers, one of the Trust’s specialist arts in mental health co-ordinators, Katie has launched a children’s arts competition for youngsters across Leicester, Leicestershire and Rutland.

Children aged three to 16 are being encouraged to portray their NHS super heroes, through paintings, drawings, poetry, photography and the written word.

Online courses for the Recovery College

The new [Summer term prospectus \(April – September\)](#) for the Leicestershire Partnership NHS Trust Recovery College is now available and can be found on the [webpage](#).

The college is closed for the foreseeable future but staff are available and continuing to enrol new students and take course bookings.

The college hopes to be back running sessions in the classroom in the not too distant future but in the meantime they are offering courses via an online platform. The college have delivered many courses via Skype with more scheduled to take place over the next month.

Don’t forget: The Recovery College also has a free online course ‘Introduction to Mindfulness’ which can be found on the [webpage](#) and is available to everyone!

The college is staying in touch with students regarding any updates as well as resources via: Twitter and Facebook.

For further information, please check the [webpage](#).



Hundreds of vulnerable patients to benefit from digital care

Hundreds of patients with long term conditions will benefit from technology to help keep them safe at home – and to minimise the chances of them contracting Covid-19.

Around 800 people 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 specialist nurses working for Leicestershire Partnership NHS Trust (LPT), who can see at a glance if a patient is progressing well, needs advice, or extra

treatment.

The clinicians can conduct video consultations with individual patients to assess how they are doing, their general appearance, and to give reassurance from a familiar face.

The project builds upon LPT's previous "telehealth" experience which catered for up to 25 patients at a time. It proved to be a cost-effective way to keep patients healthy and out of hospital. However the new generation of equipment – with the video consultation facility – is being significantly extended because of the Covid-19 pandemic.

Zoe Harris, LPT's integrated cardio-respiratory clinical lead, said: "Our patients are particularly vulnerable to Covid-19. We have had to stop them coming to outpatient clinics to minimise the risks of infection, and we are only reviewing patients at home who have an urgent clinical need. We are maintaining contact with our patients on the telephone.

"The use of this new technology will allow us to continue to case manage our patients by close monitoring which should reduce the risk of them having an emergency hospital admission. They would hope to avoid that at the best of times, and it is even more important for them during the current pandemic. Most importantly patients will feel supported during the pandemic."

Although 800 patients are being offered to take part in the project, LPT recognise it won't be right for everyone – for example those with dementia or with visual impairment.

The equipment is being supplied by Leicester-based Spirit Health. Chris Barker, CEO of Spirit Health, said: "The situation we find ourselves in with Covid-19 emphasises why Spirit exists – to make health easy. Right now, that's more important than ever before. We are proud to be in a position to support both our NHS and our vulnerable people and will continue to respond and adapt to this unprecedented situation."

The cost of the project is funded by the Ageing Well programme. Ageing Well is a national programme for delivering the NHS Long Term Plan's priorities in community services, delivering a two hour response to a home crisis and starting reablement within two days.



Community
NETWORK

The impact of COVID-19 on community health services



The impact of COVID-19 on community health services

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Foreword

Over the past few months, community health services have stepped up and shown their value, flexibility and resilience in the face of unprecedented challenges. Our community staff have adapted, transformed and delivered essential services during the most demanding and difficult time of their careers. COVID-19 has shown that with the right long-term funding, workforce and support from the centre, we can reimagine the NHS and deliver more care within and closer to home.

This report highlights the NHS community sector's response to COVID-19, and the critical contribution they made together with hospitals and other local partners to prevent the service from becoming overwhelmed during the first peak of the pandemic. It also explores the challenges presented by COVID-19 pressures and the support required from the government and the NHS national bodies to invest in a sustainable 'new normal' level of community service provision. We hope it showcases the critical role that community health services have played during the pandemic and the central role they must play in our health and care system going forward.

For far too long, community services have lacked due recognition and prioritisation at the national policy level. Yet they are firmly at the heart of every local health and care system. Against the backdrop of the pandemic and looking ahead to the prospect of a testing winter, we stand ready to make the rhetoric of 'bolstering care in the community' a reality. How do we ensure community health services have the resources they need – both workforce and funding – to increase capacity and deliver more care closer to home? How can we embed the transformation and innovation seen during COVID-19, at the same time as dealing with ever-increasing and competing demand on services? This report goes some way into setting out these challenges and a way forward.

We are, of course, grateful to the community provider chairs and chief executives who have contributed their views and case studies to our research. This report would not be possible without them, and we hope it does justice to their incredible efforts throughout the pandemic.

Andrew Ridley
Chief Executive, Central London Community Healthcare NHS Trust
Chair, Community Network

Key points

- **The expansion and transformation of community services' capacity during the pandemic proved critical in supporting the NHS's response** and protecting the service from becoming overwhelmed during the initial peak. Community health services entered the COVID-19 pandemic under considerable pressure due to rising demand, workforce shortages and increasingly complex patient needs.
- **The achievements of community health services and their staff during the pandemic demonstrate that with the right long-term funding, workforce and support, COVID-19 can be the catalyst for that much-needed reconceptualisation of NHS healthcare provision.** Community health services helped discharge thousands of medically fit patients to free up hospital bed capacity, with most patients going back to their own home with support from community and social care where needed. Community providers also rapidly transformed services and cared for COVID-19 and non-COVID-19 patients with complex needs in the community.
- **As the health and care sector moves to recover and reset after the first peak of the outbreak, community service providers are now embedding innovative practice** and learning from the COVID-19 response. The use of digital technology has radically changed the way that some community health services are delivered, with virtual consultations and remote monitoring proving effective and beneficial for both staff and patients.
- **System partnerships should continue to engage with the community providers within their local area**, building on their expertise to 'lock in' successful innovations and ensuring community capacity remains central to meeting the local population's health and care needs as we move to a new normal.
- **The main focus of the NHS's response to COVID-19 over the next few months will be on providing ongoing rehabilitation for people who were most seriously ill from the virus** and maintaining surge capacity in case there is a second peak. Leaders of community service providers describe this as a 'long tail' of patients who have suffered the effects of COVID-19. This necessitates a real focus on supportive discharge, integrated care planning and rehabilitative care in the community. **The effectiveness of the NHS's recovery from COVID-19 is dependent on the community sector receiving additional resources (funding and workforce) to manage these competing demands.**
- **It will be a real challenge for community providers to sustain COVID-19 services as well as restore other essential services.** Politicians, the national NHS bodies and the public need to be realistic about what a new normal level of community services will look like.
- **Community providers would welcome national support and an enabling system architecture to deliver more COVID-19 and non-COVID-19 care as close to home as possible.** To support community providers in this endeavour the government must do the following:
 - **Invest in public health and place the social care system on a sustainable footing as a priority.** Local authorities have experienced years of funding cuts, exacerbated by the pandemic, and will soon have to identify savings to balance their books in 2020/21. This places intolerable pressure on a fragile social care system and could mean community and public health services face cuts or repeated, disruptive retendering exercises.

- **Agree a pause on the retendering of NHS community health and public health services contracts until the end of 2021/22** in line with the spirit of collaboration promoted by system working and to ensure services and frontline staff are not subjected to undue disruption.
- **Support the reduction of unwanted bureaucracy**, mainstreaming the discharge to assess model and reviewing cumbersome bureaucracy including around NHS Continuing Healthcare.

To support community providers in this endeavour, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSEI) should do the following:

- **Continue to invest in and develop the required level of policy infrastructure** to work with the full range of stakeholders at the national level, to support the critical contribution made by community services.
- **Support investment in home-based community pathways as well as community rehabilitation beds** to 'bolster' capacity.¹ This is essential as community health services will play a key role in supporting patients who have been seriously ill with COVID-19 for some time to come, at the same time as maintaining surge capacity and phasing back in essential services.
- **Help boost the community workforce** with a national recruitment campaign and increased deployment of returners before winter pressures hit.
- **Commit to fully fund the Agenda for Change pay uplift** for staff employed on NHS contracts through health services now commissioned by local authorities.
- Work with NHSX and the community sector to **create a digital improvement strategy, robust national dataset and national performance standards** to standardise and spread best practice.

Introduction

Like colleagues across the health and care sector, community health services entered the COVID-19 pandemic at a time of significant challenge. Demand for care in the community outstripped capacity largely due to a growing and ageing population and an increasing number of people living longer with complex health needs. This was exacerbated by funding constraints on the NHS and local authorities and workforce pressures, including shortages in several key professions.² In addition, despite being the cornerstone of effective, preventative and rehabilitative care, and central to the vision set out in the [NHS Long Term Plan \(LTP\)](#), the community sector is more vulnerable than other parts of the NHS to the disruption wrought by repeated re-tendering of services.³

Yet despite these significant challenges, community providers have adapted quickly to COVID-19 and effectively prepared their staff and services to best meet people's needs during the pandemic. Their response has been central to the NHS's achievements in avoiding COVID-19 overwhelming services. Community providers and their staff have established 'discharge to assess' procedures; safely discharged thousands of patients into community settings; invested in digital transformation; and provided support for rehabilitation closer to home. Once again, community health services have shown their flexibility and perseverance when under pressure.

This report captures the community sector's response during the pandemic and showcases the achievements of community providers and their staff. It seeks to learn from community providers' experiences of the pandemic to secure much-needed transformation for the longer term and makes a number of recommendations for support from government and the national NHS bodies to enable this.

1

The NHS Long Term Plan and the policy context prior to the pandemic

Community health services play a key role in our health and care system. They keep people well at home, or in community settings as close to home as possible, and support them to live independently. Yet they have historically suffered from a lack of understanding and profile within the NHS national bodies. This has improved recently with the creation of a senior director role at NHSEI to champion community services and ageing well, however there remains a need for NHSEI to invest appropriately in national policy and support infrastructure for these key services.

Successive national NHS policies have stated their intention for community services to play an even more central role in the health and care system, with the aim of delivering more preventative care, reducing demand on acute services and improving population health. This ambition was most recently articulated in the NHS LTP, which explicitly set out to 'boost out-of-hospital care,' (NHSEI, January 2019).

We know that there is a connection between the lack of visibility for community services in national policy making and an absence of clear national performance targets, activity data, quality metrics and information on patient outcomes in the community – many of which are now under development by NHSEI in partnership with the sector. While every community services provider has local targets, quality metrics, and activity and outcomes data, which are often linked to contractual or tendering processes, this variability makes national comparison and standardisation challenging.

The NHS LTP marked a significant step forward in this regard, with commitments to introduce a new national two-hour standard for community health crisis response and two-day standard for reablement care by 2023/24, supported by an annual funding uplift, which were welcome. While COVID-19 has accelerated progress against these standards in some areas, the backloaded funding will need to be brought forward and the feasibility of these commitments reviewed in light of COVID-19 pressures.

Prior to COVID-19, the national policy focus on system working and integrated care therefore formed a clear priority for community health services. As set out in the Community Network's recent [long-read blog](#), multidisciplinary community teams work in partnership with primary and social care colleagues at neighbourhood level through various forms of collaboration, including primary care networks (PCNs) with patient populations of 30,000-50,000. The Community Network has also recently published case studies showing how integrated place- and neighbourhood-level teams are delivering better patient outcomes and experiences.⁴

2 What community health services have achieved during the COVID-19 response

Community service providers carried out vital work in preparation for the first peak of the COVID-19 outbreak, which prevented the NHS as a whole from becoming overwhelmed. Given the challenges that pre-dated the pandemic, the community sector's achievements are even more remarkable.

Preparations for the initial peak of COVID-19

National modelling on a reasonable worst-case scenario suggested that the NHS was at risk of being overwhelmed in April by an initial peak of COVID-19 patients requiring hospitalisation. To prevent this, on 17 March 2020, NHSEI [instructed trusts to initiate COVID-19 preparations](#) including discharging all medically fit patients out of acute and community hospital beds. For community providers this meant designing and implementing a discharge to assess service within days ([hospital discharge requirements](#), 19 March), reprioritising services ([prioritisation framework](#), 20 March) and redeploying staff to priority services. This section of the report sets out how community providers and their local partners achieved this rapid transformation.

Discharge to assess

Community service providers coordinated the safe discharge of thousands of medically fit patients to free up much needed hospital beds, with most patients going back home with support from community and social care, where needed. Many acute trusts were running hot at over 90 per cent capacity prior to COVID-19, but community service providers were able to manage this down to 50 to 60 per cent. Without this rapid action in the community, the NHS could not have coped with the initial peak of COVID-19 cases.

NHSEI published the [hospital discharge requirements](#) on 19 March, which effectively removed the bureaucratic and financial negotiations around NHS Continuing Healthcare assessments, which are known to contribute to bed blocking and delayed discharges. The national guidance set out four clear pathways for discharging patients, with 'pathway 0' intended to ensure that 50 per cent of people could leave hospital with minimal support as soon as they are medically fit. Community service providers report that, in the best-performing areas, 80 to 90 per cent of patients are now discharged on pathway 0, far exceeding initial national policy expectations.

This has effectively implemented the 'home first' model, which many local systems have aspired to for years. Best practice around hospital discharge shows that a home first model has benefits for the patient, including lowering the risks of hospital-acquired infection (including COVID-19) and deconditioning; as well as for the health and care system, as bed capacity is used more efficiently and non-elective admissions are reduced. All discharge decisions are led by clinicians who weigh up the full balance of risks to the individual. While community service providers are aware this was not a perfect process, they did everything they could to address issues as they arose and adapt the new service accordingly.

To implement the discharge to assess model, community service providers set up rapid coordination hubs to plan and enable discharge from acute hospitals. These efforts were often supported by rapid response services that managed incoming NHS 111 calls for people with COVID-19 symptoms and helped prevent avoidable admissions. The short case studies below show how community services implemented the hospital discharge requirements, redeployed staff such as community nurses, and managed to successfully reduce bed occupancy.

Surrey Downs Integrated Care Service is comprised of six partners including the county council, GP federations, community care provider and acute trust. It has a multidisciplinary team that supports discharge to assess, rapid community response, A&E front door and community hospital beds. The @home service launched in 2016 supports patients over 65 at home as an alternative to hospital admission and has seen a 6 per cent reduction in admissions over the past three years. Key principles were developed around bed usage, which helped shape pathways including home first, avoiding multiple moves where possible and maximising local capacity. The integrated discharge services, including the @home service, reduced community hospital capacity by 50 per cent in preparation for the surge of COVID-19 cases.

Great Western Hospitals NHS FT worked with local partners, including social care and charities, to bolster care in the community during their COVID-19 response. They created a robust seven day 8am to 8pm service to support patients affected by COVID-19 directly or indirectly. This service reduced acute bed occupancy to 50 per cent at the height of the pandemic's first peak, as well as a sustained reduction in the number of medically fit patients waiting for discharge and over 21-day stranded patients. Most patients have gone home with wraparound support. This was possible as staff and volunteers took on duties beyond their normal scope. For example, podiatrists supporting tissue viability nursing services and therapists undertaking care visits.

Anglian Community Enterprise (ACE) community interest company reorganised its discharge model within days to support the timely discharge of patients from hospital. This involved redeploying staff from community therapy services to manage the discharge to assess process from both acute and community hospitals, with support from social care colleagues on more complex cases. The discharge team has oversight and case management input for all discharges on pathways 1–3, which are all tracked from the initial local setting to the final destination by the ACE discharge tracker. This tracker enabled ACE to develop a sitrep showing a system-wide view of discharge capacity in health and social care settings.

The sitrep provides a real-time tracker for activity and quality metrics and is used to make evidence-based decisions about discharges. This has delivered improvements to the use of home first. ACE is now working with the CCG to use this data for improved population health management and the ICS is looking to roll the sitrep out to other parts of the system. The discharge team enables ACE to be more responsive with earlier input into appropriate care needs, provide more support to hospitals in the discharge process, which should improve the safety of discharges, and support admission avoidance.

This multidisciplinary approach and integrated working is increasing knowledge around issues such as safeguarding and helping to build good relationships. To sustain this innovation, ACE supports a joint commissioned service with associated timescales, funding and key performance indicators. This will help provide clarity around a staffing model, as redeployed staff will soon need to be released back to their substantive roles.

Developing flexible service provision and workforce roles

Trusts and not-for-profit organisations reprioritised their community health services to staff the discharge to assess model, step up COVID-19 care in the community and maintain essential non-COVID-19 services. This process was guided by the [prioritisation framework](#) issued by NHSEI on 20 March, which provided welcome flexibility to pause or partially stand down some services and increase capacity in discharge teams. Where capacity allowed, providers did not stop services altogether but delivered services differently, sometimes by amending clinical prioritisation or using digital technology.

Community services have been transformed to maintain good infection prevention and control (IPC) protocols, including physical distancing and the use of personal protective equipment (PPE). Community providers cohorted patients, teams and premises into hot (COVID-19) and cold (non-COVID-19) groups to avoid cross contamination.

Community providers also worked collaboratively with primary care (including PCNs) and voluntary sector colleagues to support high-risk individuals advised to shield for 12 weeks. While community service providers' experience of [collaboration with primary care during COVID-19](#) has varied, in many areas they have been working closely together. For example, Croydon Health Services NHS Trust worked with the local GP collaborative to extend medical cover to be available 8am to 8pm seven days a week, which was supported by the multidisciplinary community rapid response service. This enabled management of more complex cases in the community, including end-of-life management.

Community service providers also collaborated ever more closely with acute hospitals during COVID-19. In some areas, geriatric teams that are usually based in hospitals are now providing in-reach to community rapid response services. In other areas, acute hospitals are providing clinical support to care homes as part of multidisciplinary teams. One of the strengths of community service providers is the relationships they hold across the spectrum of local health and care organisations (including primary care; social care; local authorities; voluntary, community and social enterprise (VCSE) providers and so on) and their subsequent ability to coordinate integration at place and neighbourhood level.

Liverpool Heart and Chest Hospital NHS Foundation Trust adapted its community respiratory palliative care service in the first six weeks of the COVID-19 pandemic. Senior healthcare professionals became senior decision-makers in initiating end-of-life care (EOLC) in the community, which was previously a multidisciplinary team decision, as GPs were no longer doing face-to-face contacts. Following some cases where lack of access to EOLC drugs in the community led to poor outcomes and patients not dying in their preferred place of care, the team looked at alternative ways of prescribing and secured future provision. Sharing agreements for electronic care records helped immensely when putting in place plans for patients who needed EOLC. These agreements would normally take months to get signed off but were swiftly approved during the pandemic.

Use of digital technology

To minimise the risk of COVID-19 transmission, community service providers moved rapidly to utilise telephone and video consultations, where appropriate. The [standard operating procedure for NHS community health services](#) during the pandemic advised using digital technology 'by default' (NHSEI, 15 April 2020). In a recent survey, 83 per cent of community trusts reported that they have increased their capacity for remote (telephone and video) appointments ([NHS Providers](#), June 2020). For example, Lincolnshire Community Health Services NHS Trust conducted 1,559 e-consultations between March and June, with an average 4.5/5 patient experience rating.

Some providers set up digital pathways and delivered physical and mental health services remotely, such as musculoskeletal services, group physiotherapy and ward consultations. One community interest company (CIC), Accelerate CIC, achieved the virtual transformation of its wound care service, which has facilitated patients to become more independent with the support of a structured self-care programme. Accelerate CIC is clear that patients are assessed based on risk, using clinical judgement, and those who needed urgent or essential face-to-face care during the pandemic continued to do so.*

Tameside and Glossop Integrated Care NHS Foundation Trust expanded their digital health service to support care homes during the COVID-19 pandemic. The digital health service is a team of nurse assessors, clinicians and GPs, who provide support to care homes to help staff make informed decisions about their residents and prevent avoidable hospital admissions. Individuals and their carers, care home residents and staff, and the community rapid response teams, are able to contact the digital health service via Skype. Visits to patients' homes or care homes continued where clinically necessary. The digital health team stepped up their service to offer 24-hour support and provided senior clinical leadership to help care homes with difficult clinical decisions. They did a virtual round every day of all care homes, including gathering information about the prevalence of COVID-19, which was then used to direct support with infection control. The service usually runs between 7am and 10pm seven days a week and provides other services including urgent care GP triage, falls prevention and community response to 999 calls. The existing Safe Steps app was expanded to include COVID-19 monitoring and was used by care homes to help identify patients requiring review and care interventions.

In addition to virtual consultations, many providers also set up remote monitoring services for patients at home or in care settings. These virtual wards helped identify the soft signs of deterioration in care home residents before medicalised symptoms develop and provided oxymeters to patients at home to monitor their oxygen levels. These virtual wards kept patients under the care of secondary care consultants, which avoided over-burdening GPs.

* As presented at the NHSEI COVID-19 webinar for NHS community health services on 5 May 2020.

Bromley Healthcare CIC set up a community COVID-19 monitoring service in two days to manage referrals from NHS 111. A multidisciplinary team of community matrons, respiratory specialists, GPs and consultant paediatricians undertook the clinical assessments, with a target response time of two hours. If patients were assessed to need low support, they were offered advice and a 24/7 hotline in case they had any concerns or queries. If patients were assessed as complex, they received a daily check-in call from the multidisciplinary team and the same 24/7 hotline. The community COVID-19 monitoring service could book directly into the 'hot' clinic (run by the GP federation) or request a home visit from the rapid response team to avoid hospital admission. Oxymeters were distributed to patients to support review. Patients who were anxious were referred to the Bromley Talk Together service (IAPT) for support. Only 7 per cent of referrals were admitted to hospital. Access to operational data has enabled effective management of this new service and ensured that all patients received their daily call.

Community provider boards have adapted well to holding board and committee meetings virtually. This has expanded attendance and encouraged participation. It has also allowed boards to be more effective, strategic and forward looking. Leaders of community providers would welcome national and regional NHSEI teams supporting the continued use of this digital technology, where appropriate, alongside the reduction in contract monitoring and negotiations during COVID-19.

Supporting staff in the community

The impact of COVID-19 on staff in community health services has been significant. Staff were already tired after a difficult winter when COVID-19 hit. They have been working under pressure and in highly stressful environments for months. Community service providers have worked tirelessly to support their staff who are often spread out across hundreds of sites or work remotely, and are very conscious that they will need the opportunity to recover and rest after this extremely challenging period.

Community providers welcomed the 2.8 per cent pay rise for doctors, which was announced on 21 July, but stress the importance of providing central funding to recognise the additional work undertaken by community staff in all roles and professions during the pandemic. Colleagues in social care have also been working under intense strain during the pandemic and must be equally rewarded for their efforts by increased funding to local authorities, as well as a long-term financial settlement.

Central and North West London NHS Foundation Trust (CNWL) has set up a COVID-19 First Responder programme. This scheme enables staff to volunteer to join the response to any future spikes in COVID-19 demand. During the first peak of COVID-19, staff were redeployed into key services responding directly to the outbreak including rapid response, palliative care and district nursing. The feedback CNWL received from redeployed staff was positive; they learnt new skills and knowledge quickly, as their COVID-19 roles provided opportunities for professional development. This led CNWL to establish a team of staff who, if there was a second wave, are prepared to be redeployed at short notice. This provides a chance for the trust to have more time to reform its other services and then deploy additional staff. Applicants can express a preference for a service where they might be redeployed at short notice if there was a second spike. They are trained and upskilled, with regular 'touch-base' days to maintain their skillset and familiarity with the team. The scheme has already identified 140 people to support those critical COVID-19 teams. The vision for First Responders is to become a community of colleagues who can share best practice and latest research and developments of managing people with COVID-19.

In response to the growing evidence that black and minority ethnic (BME) groups are disproportionately affected by COVID-19, NHSEI instructed providers to risk assess BME staff (29 April 2020). Many community service providers were already working with their staff to address the potential increased risk. They engaged with their BME staff members to find out what support they needed and worked with community and faith leaders to identify potential actions and initiatives to support local BME communities. For example, Derbyshire Community Health Services NHS Trust built its own risk assessment tool following engagement with its BME workforce and provided support including training for line managers.**

Community service providers are clear that the next phase of recovery from COVID-19 must not exacerbate existing health inequalities or race inequalities and instead accelerate work in earnest to reduce them. The NHS must act now to protect and improve the treatment of patients from BME groups, as well as tackle racism, deliver race equality and support the resilience of their communities.

Supporting the social care sector

The tragic impact of COVID-19 on care homes manifested in high numbers of excess deaths, with 42 per cent of care homes reporting a confirmed or suspected outbreak in the week commencing 8 June.⁵ The experience of the social care sector, and of care homes specifically, raises a number of critical lessons to be learned from the pandemic. However, it is clear that years of underfunding and undelivered promises to find a sustainable funding and provision model for social care left care homes particularly vulnerable. Recent [survey data](#) from the Association of Directors of Adult Social Services (ADASS) highlights the financial fragility of the provider market and pressures on local authority finances (ADASS, June 2020). Workforce shortages and high turnover rates are also a key challenge in the social care sector, as staff are undervalued and low paid.

Community service providers support care homes on a regular basis, particularly with flu outbreaks and winter pressures. It quickly became apparent that care home residents would be particularly vulnerable to COVID-19, given their age and prevalence of comorbidities. We have heard from many community service providers that increased their regular support to care homes by providing training on IPC, mutual aid of PPE and temporary staffing when vacancies threatened closure or agency use.

Some community service providers set up care home cells to support the clinical management of residents, respond to issues with staffing and resilience, and develop good monitoring and identification of deterioration. Some acute trusts also provided outreach therapy, nursing and medical support, which helped prevent admissions from care homes. For example, the integrated care homes team at Sandwell and West Birmingham NHS Trust proactively called all care homes that registered concerns on the daily updates to the CCG tracker, rather than waiting for care home staff to call the GP who would then refer on to the community services.***

On 1 May, NHSEI wrote a [letter](#) to primary and community care services to bring forward elements of the enhanced health in care homes service specification from October to May. This included regular clinical check ins by either a GP or multidisciplinary community team (either virtually or face-to-face), personalised care, support plans and medication reviews. However, as our recent

** As presented at the NHSEI COVID-19 webinar for NHS community health services on 22 May 2020.

*** As presented at the NHSEI COVID-19 webinar for NHS community health services on 29 May 2020.

[long-read blog](#) shows, community service providers had reservations about the way this package was brought forward. COVID-19 has accelerated different system-wide models of support to care homes, which community providers want to see supported by the right funding and contractual mechanisms, rather than a default to the PCN delivery model. PCNs must build on the different forms of primary and community care collaboration that have flourished before and during COVID-19.

For example, during the COVID-19 outbreak, the care home support team at Hounslow and Richmond Community Healthcare NHS Trust increased their regular contact with the 17 residential and nursing care homes in their patch to daily telephone calls, including out of hours. The team also maintained their clinical visits, working in partnership with primary care colleagues, as they recognised that carers were anxious and facing great challenges to keep the vulnerable residents safe. This included ensuring that homes had sufficient PPE and arranging more mutual aid deliveries if required. The multidisciplinary nature of the care home support team ensured residents had access to expert advice, staff were supported to implement the latest national guidance and avoidable hospital admissions were prevented.

Leicestershire Partnership NHS Trust adapted their new model of integrated adult community health services (launched on 1 December 2019) for COVID-19 patient needs. The discharge hub and home first offer with enhanced step up and step down services supported patient flow throughout the pandemic. In one patient case study, the trust describes how an elderly gentleman was discharged into a care home and supported to recover:

A 71-year-old gentleman, Mr R, was referred to the community therapy service when he was discharged into a care home on a discharge to assess pathway. He had been in hospital due to a fall and fractured hip and would need support to progress his mobility. The initial assessment by the community therapist was completed via telephone consultation with a senior carer. Mr R was able to transfer with staff between the bed and chair and then self-propel around in a wheelchair. He required a walking frame to progress further and the therapist ordered this for delivery. Care home staff were advised about how to adjust the frame to the correct height when it arrived and how to support the patient to carry out his exercise programme. The therapist already had an established working relationship with the care home and was confident in the care staff there. Through the use of regular remote consultations and working closely with the care staff, the therapist was able to support Mr R to regain his mobility and is now working with social care colleagues to plan for Mr R's discharge back home where he lives with his wife. Good working relationships and a foundation of trust between the care team and the community therapist supported the effectiveness of the interventions. Digital technology enabled the therapy team to be responsive while reducing footfall into the care home, and ensured the desired outcome was achieved.

While trusts did everything they could at a local level to support care homes during a national pandemic, we recognise the care sector's view that the government did not focus sufficiently, or soon enough, on social care. Emergency social care funding has been slow to arrive and insufficient in some areas. It is more urgent than ever that the government meaningfully progresses social care reform and a long-term funding settlement. While some care homes have reported feeling pressured into admitting residents on discharge from hospital in late March, we need to learn the right lessons from COVID-19 and avoid a blame game between the NHS and social care.

3 The next phase of NHS recovery and the new normal

The NHS is now firmly past the initial peak of the COVID-19 outbreak, thanks to the efforts of the community sector and partners across the health and care system. As the number of COVID-19 hospitalisations and deaths began to decline, NHSEI issued a [letter](#) to the NHS on 29 April which called on community providers to:

- prepare for increased demand for COVID-19 aftercare and support needs
- continue to support care homes including elements of the enhanced health in care homes service specification
- sustain hospital discharge services and ensure safe discharges in line with IPC requirements
- continue essential services
- phase back in deprioritised community services based on local capacity and needs.

The main focus of the NHS's response to COVID-19 over the next few months will be on providing ongoing rehabilitation for people who were most seriously ill from the virus and maintaining surge capacity in case there is a second peak. The effectiveness of the NHS's recovery from COVID-19 is dependent on the community sector receiving additional resources (funding and workforce) to manage these competing demands.

Supporting COVID-19 patients' recovery

Given the nature of the virus, some COVID-19 patients will need complex aftercare following an episode of acute treatment in hospital. Leaders of community service providers describe this as a 'long tail' of patients who have suffered the effects of COVID-19. This therefore necessitates a real focus on supportive discharge, integrated care planning and rehabilitative care in the community. The rehabilitation landscape is complex and patients often need to move between both inpatient and outpatient services. Allied health professionals (AHPs) play a key role in navigating this complex landscape, and some COVID-19 pathways have been designed with teams of AHPs supporting pathway management across inpatient and outpatient services.

Some community providers are adapting existing services and flexing their inclusion criteria to meet COVID-19 patients' recovery needs. Relevant services include, but are not limited to, the following:

- community tracheostomy teams
- respiratory clinics (for breathlessness and fatigue management)
- therapy services
- psychology and counselling
- specialist allied health professional outpatient services, such as musculoskeletal conditions
- community reablement
- cardio-pulmonary rehabilitation (adapted for COVID-19 patients who are typically younger and do not have chronic respiratory disease)
- exercise referral schemes.

Other providers have created new services to respond specifically to the needs of COVID-19 patients on discharge from hospital. For example, [Nottingham University Hospitals NHS Trust](#) has set up a new multidisciplinary team to support patients with COVID-19 who received intensive care.

NHSEI [announced a new digital-first rehabilitation service](#) for COVID-19 patients on 5 July. The Your Covid Recovery service forms part of NHSEI's plans to expand access to COVID-19 services for people who have survived the virus but need ongoing physical and/or mental health support. This includes a face-to-face consultation with a local rehabilitation team, including physiotherapists, nurses and mental health specialists. Patients needing support will be offered a tailored online-based aftercare package for up to 12 weeks.

Restoring community health services

Community service providers welcomed the flexibility in NHSEI's letter on 29 April to make local decisions about the restoration of community services based on available capacity and local population needs. This was reinforced in the first half of the restoration of community services guidance, which covered children and young people's services (3 June). The second half of the restoration guidance for adult community health services is due to be published shortly. Rather than waiting for national guidance, community service providers were already making decisions about bringing services back online based on clinical judgement, workforce availability and ability to maintain COVID-19 surge capacity.

Priority services to be restored included community paediatric services (including home visits where there were child safeguarding concerns), immunisation programmes (antenatal and newborn) and full community nursing (including district nursing). Community service providers have been particularly concerned about bringing children's services back online, given the impacts of schools closing and drop in safeguarding referrals, as well as concerns about the long-term impact of not delivering these services in full.

4

What barriers and constraints did community health services face during the pandemic and how might they be addressed for the future?

This section gives an overview of the challenges that community service providers faced in responding to COVID-19.

Access to resources for infection prevention and control (IPC)

One of the key challenges community service providers faced during the pandemic was access to a reliable, adequate and timely supply of PPE. This was most challenging for community providers outside of the NHS trust supply chain, including social enterprises and CICs, who relied on emergency 'drops' from local resilience forums and mutual aid from trusts. All community service providers faced the specific challenge of distributing PPE to hundreds of different sites. As the NHS looks to restart elective care, community service providers need PPE supply on a predictable basis rather than 'just in time'.

Community service providers also faced challenges with accessing sufficient testing capacity with the rapid turnarounds required to manage services effectively. While the initial prioritisation of testing for staff in emergency departments and intensive care units was understandable, it was also frustrating given the risk to community staff who felt they were, once again, at the back of the queue.

Despite their commitment to returning as quickly as possible to meeting the needs of all patients and service users, community service providers face many challenges in restoring full service provision. Community providers will face ongoing capacity constraints because of the need to sustain IPC measures, including social distancing, rigorous cleaning and the use of PPE. This creates specific challenges for community service providers who often have hundreds of different premises that they need to ensure are safe working environments. In a recent survey, 73 per cent of trusts providing community services agreed that physical distancing reduces their capacity to restore full service provision ([NHS Providers](#), June 2020). Community service providers are also taking into account the needs of staff who are tired and recovering from an extremely challenging period in their career.

National support and sector-specific guidance

Leaders of community service providers felt it often took too long for national COVID-19 guidance to be tailored to community settings, and national planning remained too focused on acute hospitals and bed capacity. This inequity was felt even more acutely in the social care sector. This speaks to the need for community health services and nuances of different types of providers to be adequately prioritised in government plans, and within the national NHS policy infrastructure at NHSEI going forward.

In some areas, IT infrastructure and information governance remained an issue, especially when collaborating with partners outside the statutory sector. Local integrated health and care records, and IT systems that speak to each other, are a key part of successful joined-up working across health and care organisations. National support on interoperability and investment in digital improvement programmes for the community sector are required to overcome these technological barriers.

Managing competing demands for care in the community

NHS community services describe five sources of competing demand that they anticipate will rise over the course of the coming months, including increasing numbers of:

- COVID-19 patients discharged from hospital with complex, ongoing care needs
- non-COVID-19 patients needing post-operative care in the community, as elective care restarts
- pent-up demand released as lockdown restrictions ease
- paused or scaled back community services being phased back in where local capacity is available
- people needing mental health support due to the negative impacts of lockdown and the economic downturn.

NHS community services will also need to continue to deliver the discharge to assess model and embed the clinical behaviours required, including hospital clinicians assessing patients' readiness for discharge on a daily basis and community teams pulling medically fit patients out of hospital. Care homes will also need ongoing support with staffing, IPC, and PPE. This points to the fact that the gap between capacity and demand in the community sector will grow, and community services will need increased funding and capital to manage competing demands and reshape service delivery.

Some community providers are concerned they may not have the staffing capacity to resume 'normal' services alongside the additional COVID-19 demands. Large numbers of staff have been redeployed from services that were stood down or scaled back into discharge hubs. It will be a real challenge for community services to sustain those services as well as restoring other essential services, so politicians, the national NHS bodies and the public will need to be realistic about what a new normal level of community services will look like. The use of technology will increase productivity to some extent, but this is offset by the impact of IPC measures, which will significantly reduce productivity – in many cases to about 60 per cent of pre-COVID-19 activity. There may also be demands on community health services to deliver a significantly bigger flu immunisation season and possibly a COVID-19 vaccination programme this winter, although uncertainty continues as to how likely this will be and how it will be administered.

Quantifying and addressing the backlog of care

While the acute sector will have an easily quantifiable backlog of demand, it is more difficult to quantify the number of patients who have waited longer for care in the community. Referral rates fell dramatically for almost all community services during COVID-19, and some services were paused or scaled back to focus resources on priority services.

While some community services may have waiting lists, the consequences of a deficit in service provision will not be as visible as for acute services. Community service providers are also concerned about unmet and under-met need in social care during the pandemic. The challenge for the community sector now is to quantify and meet this demand, at the same time as supporting the long-term health and care needs of people recovering from COVID-19. In a recent survey, 93 per cent of trusts providing community services report an increased backlog of people waiting for care, with a knock-on effect on their ability to return to a normal level of service provision (NHS Providers, June 2020).

Other limiting factors include the capacity of primary care. The new PCN direct enhanced service (DES) contract must facilitate true and open collaboration and integration between primary and community care services. Community service providers are well placed to support PCNs and are ready to offer infrastructure and expertise in coordinating integrated care at neighbourhood and place level. The expectations and needs of care homes and domiciliary care providers must also be reviewed and supported in system plans. As elective care restarts, integrated care systems/sustainability and transformation partnerships (ICs/STPs) should ensure they work hand in hand with community and social care providers to manage capacity across the system.

Preparing for winter and a second COVID-19 peak

Increased capacity and investment in community services is required to embed the transformation in service delivery, manage winter pressures and maintain flexibility in case COVID-19 spikes again, as referenced in the government's [recovery plan](#) on 10 May.

Whilst the highest number of COVID-19 hospitalisations in England was recorded in mid-April, NHS community health services experienced the peak of COVID-19 demand later than acute hospitals, from mid-May to early June, with variation across the country and different community health services. In some areas, community beds were at full capacity at the end of May. Local health and care systems only managed this rise in demand as acute bed capacity was so low that patients could remain in acute hospitals for recovery. Community providers are concerned about the lack of demand and capacity planning for community services at national level. We need to bring the same rigour of planning to community care that we do to acute activity planning. Given that acute bed capacity has absorbed some of the demand for community beds, the community sector will need to increase its bed base going into winter, as more acute beds are occupied in winter months. Some ICs/STPs are looking into expanding community based beds for patients recovering from COVID-19 and respiratory illnesses in preparation for winter. The NHS in Surrey Downs set up the Seacole centre in May as a recovery facility for patients with more complex care needs than could be supported at home. NHSEI has trailed the creation of further Seacole centres around the country.

While the Seacole centre model might work for some areas, the national bodies and ICs/STPs should review community rehabilitation services and discharge pathways in the round to ensure there is adequate supply of home-based rehab services and sufficient rehab beds for the minority of patients who need them. The pandemic is an opportunity to properly invest in more care in the community (including hospital at home and rapid response services), reconceptualise the way healthcare is delivered and establish the 'NHS at home' of the future. This has benefits for patient care and outcomes, not least because patients are at less risk of COVID-19 infection at home. Some areas are already looking at moving intermediate care into more routine district nursing services, supported by a multidisciplinary 24/7 emergency response model.

Community providers welcomed the government announcement on 17 July that around £500 million of the additional £3 billion funding pot will be used to fund discharge to assess for the remainder of 2020/21, but the government will need to go further to address the wider challenge of expanding capacity in the community.

Local authority commissioning and funding concerns

Fragmented commissioning and frequent retendering of contracts has been a longstanding issue for community service providers. Given the scale and spread of NHS community health services, many providers manage several different contracts with various CCG and local authority commissioners. This often entails time-consuming performance management and transactional contract monitoring meetings.

While community service providers welcomed the suspension of transactional contracting during the COVID-19 response, there are now worrying reports of local authorities looking to retender contracts for NHS community health and public health services. It is not reasonable or feasible to expect community staff and services still operating in a Level 4 incident to divert time and energy to take part in competitive tendering processes this financial year. Competitive tendering risks damaging morale by creating an unnecessarily uncertain future for frontline staff who continue to risk their own safety to support the NHS response to the pandemic. It would also destabilise effective working relationships with both NHS and local authority commissioners.

In addition, community service providers are still waiting for a national commitment to fully fund the Agenda for Change pay uplift and pension costs for staff employed on NHS contracts through health services now commissioned by local authorities. Previous uplifts to public health grants were welcome but do not meet the uplift required on many community health services contracts which are multi-year, fixed price and not open for renegotiation. Some commissioners have even held back the Agenda for Change uplift as there is no requirement to ringfence this funding. Some community providers are considering withdrawing from contracts they consider to be unsustainable because of these problems.

Local authority commissioned community and public health services remain at risk of further funding cuts. Local authorities face a £10.9 billion income shortfall for 2020/21, of which only £3.2 billion is currently covered by emergency COVID-19 funding.⁶ As local authorities have a legal requirement to balance their books, without rapid notice of where the remaining funding is coming from in year, they will have to start identifying savings. Community service providers believe significant cuts to community health and public health services commissioned from the NHS will inevitably follow, together with further pressure on already stretched social care services.

Pressures on the social care sector during COVID-19 have increased demand on NHS community health services. After years of underfunding and undelivered promises to find a sustainable funding and provision model for social care, the knock-on impacts on the NHS continue to grow. While COVID-19 has accelerated collaborative working and integrated care in the community in many parts of the country, there are still cultural, behavioural and structural barriers to overcome.

5

Moving forwards: embedding innovative practice and lessons learned

The COVID-19 response has led to rapid transformation in the provision of community health services, which could have taken years to accomplish. Community service providers want to lock in those transformations that are working well and reset to a new normal effectively. Some providers have now set up organisation or system-wide change programmes, based on quality improvement principles, to plan for and implement recovery and restoration. These programmes will help determine which old practices to let go or restart, and which new practices to stop or adopt/adapt.

For example, far more people with non-COVID-19 conditions are choosing to have their care in their own home rather than in hospital or a care home, which could lead to a permanent reduction in non-COVID-19 inpatient admissions and potentially lead to increasing numbers of care home providers exiting the market, requiring a subsequent shift to more care at home.

Community service providers, and local partners including social care, are clear that they want to embed the discharge to assess model on a permanent basis and not return to NHS Continuing Healthcare assessments in hospital beds. Suspending funding negotiations and lifting regulatory barriers has enabled patients to leave hospital as soon as they are medically fit and has improved flow through the health and care system.

The NHS workforce has benefited from working flexibly across teams and organisational boundaries. Community service providers report that staff enjoyed being redeployed, operating outside of the strict confines of their usual role, and broadening their professional experience. This led to staff sharing skills and developing mutual understanding across organisations, which will facilitate collaboration and integrated care going forwards. This flexibility in deployment and role definition must be maintained and will help support multidisciplinary team working in the community.

The use of digital technology has radically changed the way that some community health services are delivered. Digital consultations and virtual outpatient services have rapidly increased during the pandemic. Initial local evaluations show benefits for staff include reduced travel time and therefore increased capacity, and benefits for patients include flexible appointments and support while self-isolating or shielding. Patient satisfaction will likely be variable but initial results are positive. It is important to recognise that face-to-face visits and appointments have continued where necessary, and virtual care is based on risk assessments and clinical judgements. Patients will have different preferences, and community service providers are clear that the future model of service delivery will be a mixture of digital and face to face. As more services are delivered virtually, there is scope to rethink how community service providers use their estates.

Although the quality of local relationships continues to vary, in some areas, neighbourhood-level integration has been cemented thanks to COVID-19.⁷ However, the current workarounds on the enhanced health in care homes service specification need recurrent funding and community service providers are clear that the new PCN DES contract must build on the collaborative response to COVID-19, rather than focus on contractual and funding mechanisms. Community service providers see a clear role for themselves in place- and system-level work to tackle the wider determinants of health inequalities, influence the local economy as anchor institutions, and engage with local communities to co-produce the restoration of services. The restoration of community services must build on the proactive care for shielded patients during the pandemic,

in collaboration with the VCSE sector, and form a key part of population health approaches. There needs to be financial incentives for primary and community services to improve anticipatory care.

The pause in transactional contracting between providers and commissioners has been welcomed by community services, which historically suffer more than other sectors from competition law and retendering processes. This has created space for more strategic commissioning and collaborative relationships, which must continue beyond the pandemic.

All of this rapid transformation of community services has been enabled by the reduced burden of bureaucracy and performance management from national regulators. This environment that encourages clinical innovation must be maintained and fostered. System partnerships should continue to engage with the community providers within their local area, building on their expertise to 'lock in' successful innovations and ensuring community capacity remains central in meeting the local population's health and care needs as we move to a new normal.

Community providers would therefore welcome national support and an enabling system architecture to deliver more COVID-19 and non-COVID-19 care as close to home as possible. To support community providers in this endeavour the government must invest in:

- ensuring sufficient investment in the public health grant and local authority budgets
- agreeing a pause on the retendering of NHS community health and public health services contracts until the end of 2021/22 in line with the spirit of collaboration promoted by system working and to ensure services and frontline staff are not subjected to undue disruption
- mainstreaming the discharge to assess policies developed during the pandemic and reviewing cumbersome bureaucracy including around NHS Continuing Healthcare.

DHSC and NHSEI should:

- continue to invest in and develop the required level of policy infrastructure to work with the full range of stakeholders at the national level to support the critical contribution made by community services
- support investment in home-based community pathways as well as community beds to 'bolster' capacity
- help boost the community workforce with a national recruitment campaign and increased deployment of returners before winter pressures hit
- commit to fully fund the Agenda for Change pay uplift for staff employed on NHS contracts through health services now commissioned by local authorities
- work with NHSX and the community sector to create a digital improvement strategy, robust national dataset and national performance standards to standardise and spread best practice.

References

1. Our Plan to Rebuild: the UK Government's COVID-19 Recovery Strategy, HM Government, May 2020, www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy
2. Community Health Services Explained, The King's Fund, January 2019, www.kingsfund.org.uk/publications/community-health-services-explained
3. The State of the NHS Provider Sector, NHS Providers, October 2019, <https://nhsproviders.org/media/688434/the-state-of-the-nhs-provider-sector-october-2019.pdf>
4. Neighbourhood Integration Project, Community Network, 21 July 2020, <https://nhsproviders.org/nhsproviders.org/neighbourhood-integration-project>
5. COVID-19: Number of Outbreaks in Care Homes – Management Information, Public Health England, www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information
6. LGA analysis: COVID-19 Council Funding Gap Widens to £7.4 billion, Local Government Association, 1 July 2020, www.local.gov.uk/lga-analysis-covid-19-council-funding-gap-widens-ps74-billion
7. Neighbourhood Integration Project, Community Network, 21 July 2020, <https://nhsproviders.org/nhsproviders.org/neighbourhood-integration-project>



Community NETWORK



The NHS Confederation is the membership body that bring together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups, and integrated care systems.

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*From the Chief Executive Sir Simon Stevens
& Chief Operating Officer Amanda Pritchard*

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services
NHS 111 providers

Copy to:
NHS Regional Directors
Regional Incident Directors & Heads of EPRR
Chairs of ICSs and STPs
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums

31 July 2020

Dear Colleague

IMPORTANT – FOR ACTION – THIRD PHASE OF NHS RESPONSE TO COVID-19

We are writing to thank you and your teams for the successful NHS response in the face of this unprecedented pandemic, and to set out the next – third – phase of the NHS response, effective from 1 August 2020.

You will recollect that on 30 January NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response. Since then the NHS has been able to treat every coronavirus patient who has needed specialist care – including 107,000 people needing emergency hospitalisation. Even at the peak of demand, hospitals were still able to look after two non-Covid inpatients for every one Covid inpatient, and a similar picture was seen in primary, community and mental health services.

As acute Covid pressures were beginning to reduce, we wrote to you on 29 April to outline agreed measures for the second phase, restarting urgent services. Now in this Phase Three letter we:

- update you on the latest Covid national alert level;
- set out priorities for the rest of 2020/21; and
- outline financial arrangements heading into Autumn as agreed with Government.

Current position on Covid-19

On 19 June 2020 the Chief Medical Officers and the Government's Joint Biosecurity Centre downgraded the UK's overall Covid alert level from four to three, signifying that the virus remains in general circulation with localised outbreaks likely to occur. On 17 July the Government set out next steps including the role of the new Test and Trace programme in providing us advance notice of any expected surge in Covid demand, and in helping manage local and regional public health mitigation measures to prevent national resurgence.

Fortunately, Covid inpatient numbers have now fallen nationally from a peak of 19,000 a day, to around 900 today. As signalled earlier this month, the current level of Covid demand on the NHS means that the Government has agreed that the NHS EPRR incident level will move from Level 4 (national) to Level 3 (regional) with effect from tomorrow, 1 August. This approach matches the differential regional measures the Government is deploying, including today in parts of the North West and North East. The main implications of this are set out in Annex One to this letter.

However Covid remains in general circulation and we are seeing a number of local and regional outbreaks across the country, with the risk of further national acceleration. Together with the Joint Biosecurity Centre and Public Health England (PHE) we will therefore continue to keep the situation under close review, and will not hesitate to reinstate the Level 4 national response immediately as circumstances justify it. In the meantime NHS organisations will need to retain their EPRR incident coordination centres and will be supported by oversight and coordination by Regional Directors and their teams.

NHS priorities from August

Having pulled out all the stops to treat Covid patients over the last few months, our health services now need to redouble their focus on the needs of all other patients too, while recognising the new challenges of overcoming our current Covid-related capacity constraints. This will continue to require excellent collaboration between clinical teams, providers and CCGs operating as part of local 'systems' (STPs and ICSs), local authorities and the voluntary sector, underpinned by a renewed focus on patient communication and partnership.

Following discussion with patients' groups, national clinical and stakeholder organisations, and feedback from our seven regional 'virtual' frontline leadership meetings last week, we are setting out NHS priorities for this third phase. Our shared focus is on:

- A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
- C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

As part of this Phase Three work, and following helpful engagement and discussion, alongside this letter yesterday we published a more detailed 2020/21 People Plan, and will shortly do the same on

inequalities reduction. DHSC are also expected to set out equivalent phase three priorities and support for social care.

Nationally, we will work with the wide range of stakeholders represented on the NHS Assembly to help track and challenge progress against these priorities. As we do so it is vital that we listen and learn from patients and communities. We ask that all local systems act on the [Five principles for the next phase of the Covid-19 response](#) developed by patients' groups through National Voices.

A: Accelerating the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter

A1. Restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders. Systems should commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021 to:

- To reduce unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels.
- Manage the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service by:
 - Ensuring that sufficient diagnostic capacity is in place in Covid19-secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres
 - Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosol-generating) investigations, and using CT colonography to substitute where appropriate for colonoscopy.
 - Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in Covid19-secure environments.
 - Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment.
 - Fully restarting all cancer screening programmes. Alliances delivering lung health checks should restart them.
- Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days.

A2. Recover the maximum elective activity possible between now and winter, making full use of the NHS capacity currently available, as well as re-contracted independent hospitals.

In setting clear performance expectations there is a careful balance to be struck between the need to be ambitious and stretching for our patients so as to avoid patient harm, while setting a performance level that is deliverable, recognising that each trust will have its own particular pattern of constraints to overcome.

Having carefully tested the feasible degree of ambition with a number of trusts and systems in recent weeks, trusts and systems are now expected to re-establish (and where necessary redesign) services to deliver through their own local NHS (non-independent sector) capacity the following:

- **In September at least 80% of their last year's activity for both overnight electives and for outpatient/daycase procedures, rising to 90% in October** (while aiming for 70% in August);
- This means that systems need to very swiftly return to **at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.**
- **100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).**

Block payments will flex meaningfully to reflect delivery (or otherwise) against these important patient treatment goals, with details to follow shortly once finalised with Government.

Elective waiting lists and performance should be **managed at system as well as trust level** to ensure equal patient access and effective use of facilities.

Trusts, working with GP practices, should ensure that, between them, **every patient whose planned care has been disrupted by Covid receives clear communication** about how they will be looked after, and who to contact in the event that their clinical circumstances change.

Clinically urgent patients should continue to be treated first, with next priority given to the **longest waiting patients**, specifically those breaching or at risk of breaching 52 weeks by the end of March 2021.

To further support the recovery and restoration of elective services, a modified national contract will be in place giving **access to most independent hospital capacity** until March 2021. The current arrangements are being adjusted to take account of expected usage, and by October/November it will then be replaced with a re-procured national framework agreement within which local contracting will resume, with funding allocations for systems adjusted accordingly. To ensure good value for money for taxpayers, systems must produce week-by-week independent sector usage plans from August and will then be held directly to account for delivering against them.

In **scheduling** planned care, providers should follow the new streamlined patient self isolation and testing requirements set out in the [guideline published by NICE](#) earlier this week. For many patients this will remove the need to isolate for 14 days prior to a procedure or admission.

Trusts should ensure their e-Referral Service is fully open to referrals from primary care. To reduce infection risk and support social distancing across the hospital estate, clinicians should consider avoiding asking patients to attend physical **outpatient appointments** where a clinically-appropriate and accessible alternative exists. Healthwatch have produced [useful advice on how to support patients in this way](#). This means collaboration between primary and secondary care to use advice and guidance where possible and treat patients without an onward referral, as well as giving patients more control over their outpatient follow-up care by adopting a patient-initiated follow-up approach across major outpatient specialties. Where an outpatient

appointment is clinically necessary, the national benchmark is that at least 25% could be conducted by telephone or video including 60% of all follow-up appointments.

A3. Restore service delivery in primary care and community services.

- General practice, community and optometry services should **restore activity to usual levels where clinically appropriate**, and **reach out proactively** to clinically vulnerable patients and those whose care may have been delayed. Dental practices should have now mobilised for face to face interventions. We recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible.
- In restoring services, GP practices need to make rapid progress in addressing the backlog of childhood **immunisations** and cervical **screening** through specific catch-up initiatives and additional capacity and deliver through their Primary Care Network (PCN) the service requirements coming into effect on 1 October as part of the Network Contract DES.
- GPs, primary care networks and community health services should build on the enhanced support they are providing to **care homes**, and begin a programme of structured medication reviews.
- CCGs should work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices must offer face to face **appointments** at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.
- Community health services **crisis responsiveness** should be enhanced in line with the goals set out in the Long Term Plan, and should continue to support patients who have recovered from the acute phase of Covid but need **ongoing rehabilitation** and other community health services. Community health teams should fully resume appropriate and safe **home visiting care** for all those vulnerable/shielding patients who need them.
- The Government is continuing to provide funding to support timely and appropriate discharge from hospital inpatient care in line with forthcoming updated Hospital Discharge Service Requirements. From 1 September 2020, hospitals and community health and social care partners should fully embed the **discharge to assess** processes. New or extended health and care support will be funded for a period of up to six weeks, following discharge from hospital and during this period a comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, must now take place. The fund can also be used to provide short term urgent care support for those who would otherwise have been admitted to hospital.
- The Government has further decided that CCGs must resume NHS **Continuing Healthcare assessments** from 1 September 2020 and work with local authorities using the trusted assessor model. Any patients discharged from hospital between 19 March 2020 and 31 August 2020, whose discharge support package has been paid for by the NHS, will need to be assessed and moved to core NHS, social care or self-funding arrangements.

A4. **Expand and improve mental health services and services for people with learning disability and/or autism**

- Every CCG must continue to **increase investment** in mental health services in line with the Mental Health Investment Standard and we will be repeating the independent audits of this. Systems should work together to ensure that funding decisions are decided in partnership with Mental Health Providers and CCGs and that funding is allocated to core Long Term Plan (LTP) priorities.
- In addition, we will be asking systems to validate their existing LTP **mental health service expansion** trajectories for 2020/21. Further advice on this will be issued shortly. In the meantime:
 - IAPT services should fully resume
 - the 24/7 crisis helplines for all ages that were established locally during the pandemic should be retained, developing this into a national service continue the transition to digital working
 - maintain the growth in the number of children and young people accessing care
 - proactively review all patients on community mental health teams' caseloads and increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people with SMI in the community;
 - ensure that local access to services is clearly advertised
 - use £250 million of earmarked new capital to help eliminate mental health dormitory wards.
- In respect of support for people with a **learning disability, autism or both**:
 - Continue to reduce the number of children, young people and adults within a specialist inpatient setting by providing better alternatives and by ensuring that Care (Education) and Treatment Reviews always take place both prior to and following inpatient admission.
 - Complete all outstanding Learning Disability Mortality Reviews (LeDeR) by December 2020.
 - GP practices should ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged. (This is supported by existing payment arrangements and the new support intended through the Impact and Investment Fund to improve uptake.)

B: Preparation for winter alongside possible Covid resurgence.

B1. Continue to follow good **Covid-related practice** to enable patients to access services safely and protect staff, whilst also preparing for localised Covid outbreaks or a wider national wave. This includes:

- Continuing to follow PHE's guidance on defining and managing communicable disease **outbreaks**.
- Continue to follow PHE/DHSC-determined policies on which patients, staff and members of the public should be tested and at what frequency, including the further PHE-endorsed

actions [set out on testing on 24 June](#). All NHS employers should prepare for the likelihood that if background infection risk increases in the Autumn, and DHSC Test and Trace secures 500,000+ tests per day, the Chief Medical Officer and DHSC may decide in September or October to implement a policy of regular routine **Covid testing** of all asymptomatic staff across the NHS.

- Ongoing application of PHE's [infection prevention and control guidance](#) and the actions set out in [the letter from 9 June](#) on minimising **nosocomial infections** across all NHS settings, including appropriate Covid-free areas and strict application of hand hygiene, appropriate physical distancing, and use of masks/face coverings.
- Ensuring NHS staff and patients have access to and use **PPE** in line with PHE's recommended policies, drawing on DHSC's sourcing and its winter/EU transition PPE and medicines stockpiling.

B2. **Prepare for winter** including by:

- Sustaining current NHS staffing, beds and **capacity**, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.
- Deliver a very significantly expanded seasonal **flu vaccination** programme for DHSC-determined priority groups, including providing easy access for all NHS staff promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available.
- Expanding the **111 First** offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly. This includes increasing the range of dispositions from 111 to local services, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics, as well as ensuring all Type 3 services are designated as Urgent Treatment Centres (UTCs). DHSC will shortly be releasing agreed **A&E capital** to help offset physical constraints associated with social distancing requirements in Emergency Departments.
- Systems should maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.
- Continue to make full use of the NHS Volunteer Responders scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed.
- Continuing to **work with local authorities**, given the critical dependency of our patients – particularly over winter - on resilient social care services. Ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies (see A3 above).

C: Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention.

C1. Workforce

Covid19 has once again highlighted that the NHS, at its core, is our staff. Yesterday we published [We are the NHS: People Plan for 2020/21 - actions for us all](#) which reflects the strong messages from NHS leaders and colleagues from across the NHS about what matters most. It sets out practical actions for employers and systems, over the remainder of 2020/21 ahead of Government decisions in the Autumn Spending Review on future education and training expansions. It includes specific commitments on:

- Actions all NHS employers should take to keep staff safe, healthy and well – both physically and psychologically.
- Specific requirements to offer staff flexible working.
- Urgent action to address systemic inequality that is experienced by some of our staff, including BAME staff.
- New ways of working and delivering care, making full and flexible use of the full range of our people's skills and experience.
- Growing our workforce, building on unprecedented interest in NHS careers. It also encourages action to support former staff to return to the NHS, as well as taking steps to retain staff for longer – all as a contribution to growing the nursing workforce by 50,000, the GP workforce by 6,000 and the extended primary care workforce by 26,000.
- Workforce planning and transformation that needs to be undertaken by systems to enable people to be recruited and deployed across organisations, sectors and geographies locally.

All systems should develop a local People Plan in response to these actions, covering expansion of staff numbers, mental and physical support for staff, improving retention and flexible working opportunities, plus setting out new initiatives for development and upskilling of staff. Wherever possible, please work with local authorities and local partners in developing plans for recruitment that contribute to the regeneration of communities, especially in light of the economic impact of Covid. These local People Plans should be reviewed by regional and system People Boards, and should be refreshed regularly.

C2. Health inequalities and prevention.

Covid has further exposed some of the health and wider inequalities that persist in our society. The virus itself has had a disproportionate impact on certain sections of the population, including those living in most deprived neighbourhoods, people from Black, Asian and minority ethnic communities, older people, men, those who are obese and who have other long-term health conditions and those in certain occupations. It is essential that recovery is planned in a way that inclusively supports those in greatest need.

We are asking you to work collaboratively with your local communities and partners to take urgent action to increase the scale and pace of progress of reducing health inequalities, and

regularly assess this progress. Recommended urgent actions have been developed by an expert national advisory group and these will be published shortly. They include:

- Protect the most vulnerable from Covid, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.
- Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.
- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes. This should include more accessible flu vaccinations, the better targeting of long-term condition prevention and management programmes, obesity reduction programmes including self-referral to the NHS Diabetes Prevention Programme, health checks for people with learning disabilities, and increasing the continuity of maternity carers including for BAME women and those in high risk groups.
- Strengthen leadership and accountability, with a named executive Board member responsible for tackling inequalities in place in September in every NHS organisation. Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher.
- Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later 31 December, with general practice prioritising those groups at significant risk of Covid19 from 1 September.

Financial arrangements and system working

To support restoration, and enable continued collaborative working, current financial arrangements for CCGs and trusts will largely be extended to cover August and September 2020. The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government. More detail is set out in Annex Two.

Working across systems, including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic and the same is true in recovery. As we move towards comprehensive ICS coverage by April 2021, all ICSs and STPs should embed and accelerate this joint working through a development plan, agreed with their NHSE/I regional director, that includes:

- Collaborative leadership arrangements, agreed by all partners, that support joint working and quick, effective decision-making. This should include a single STP/ICS leader and a non-executive chair, appointed in line with NHSE/I guidance, and clearly defined arrangements for provider collaboration, place leadership and integrated care partnerships.

- Organisations within the system coming together to serve communities through a Partnership Board, underpinned by agreed governance and decision-making arrangements including high standards of transparency – in which providers and commissioners can agree actions in the best interests of their populations, based on co-production, engagement and evidence.
- Plans to streamline commissioning through a single ICS/STP approach. This will typically lead to a single CCG across the system. Formal written applications to merge CCGs on 1 April 2021 needed to give effect to this expectation should be submitted by 30 September 2020.
- A plan for developing and implementing a full shared care record, allowing the safe flow of patient data between care settings, and the aggregation of data for population health.

Finally, we are asking you – working as local systems – to return a draft **summary plan by 1 September** using the templates issued and covering the key actions set out in this letter, with **final plans due by 21 September**. These plans need to be the product of partnership working across STPs/ICSs, with clear and transparent triangulation between commissioner and provider activity and performance plans.

Over the last few months, the NHS has shown an extraordinary resilience, capacity for innovation and ability to move quickly for our patients. Like health services across Europe, we now face the double challenge of continuing to have to operate in a world with Covid while also urgently responding to the many urgent non-Covid needs of our patients. If we can continue to harness the same ambition, resilience, and innovation in the second half of the year as we did in the first, many millions of our fellow citizens will be healthier and happier as a result. So thank you again for all that you and your teams have been – and are – doing, in what is probably the defining year in the seven-decade history of the NHS.

With best wishes,



Simon Stevens
NHS Chief Executive



Amanda Pritchard
NHS Chief Operating Officer

ANNEX ONE: IMPLICATIONS OF EPRR TRANSITION TO A LEVEL 3 INCIDENT

As previously signalled, effective 1 August 2020 the national incident level for the Covid19 response will change from level 4 (an incident that requires NHS England National Command and Control to support the NHS response) to level 3 (an incident that requires the response of a number of health organisations across geographical areas within an NHS England region), until further notice.

It is entirely possible that future increases in Covid demands on the NHS mean that the level 4 incident will need to be reinstated. In which case, there will be no delay in doing so. However this change does, for the time being, provide the opportunity to focus local and regional NHS teams on accelerating the restart of non-Covid services, while still preparing for a possible second national peak.

The implications of the transition from a level 4 to level 3 incident are as follows:

- *Oversight:* Transition from a national command, control and coordination structure to a regional command, control and coordination structure but with national oversight as this remains an incident of international concern.
- *Reporting:* We will be stopping weekend sit rep collections from Saturday 8 August 2020 (Saturday and Sunday data will be collected on Mondays with further detail to follow). Whilst we are reducing the incident level with immediate effect reports will still be required this weekend (1 and 2 August 2020) and we will subsequently need to be able to continue to align to DHSC requirements. Additional reporting will be required for those areas of the country experiencing community outbreaks in line with areas of heightened interest, concern or intervention.
- *Incident coordination functions:* The national and regional Incident Coordination Centres will remain in place (hours of operation may be reduced). The frequency of national meetings will decrease (for example IMT will move to Monday, Wednesday, Friday). Local organisations should similarly adjust their hours and meeting frequency accordingly. It is however essential that NHS organisations fully retain their incident coordination functions given the ongoing pandemic, and the need to stand up for local incidents and outbreaks.
- *Communications:* All communications related to Covid19 should continue to go via established Covid19 incident management channels, with NHS organisations not expected to respond to incident instructions received outside of these channels. Equally, since this incident continues to have an international and national profile, it is important that our messaging to the public is clear and consistent. You should therefore continue to coordinate communications with your regional NHS England and NHS Improvement communications team. This will ensure that information given to the media, staff and wider public is accurate, fully up-to-date and aligns with national and regional activity.

ANNEX TWO: REVISED FINANCIAL ARRANGEMENTS

The current arrangements comprise nationally-set block contracts between NHS providers and commissioners, and prospective and retrospective top-up funding issued by NHSE/I to organisations to support delivery of breakeven positions against reasonable expenditure. The M5 and M6 block contract and prospective top-up payments will be the same as M4. Costs of testing and PPE will continue to be borne centrally for trusts and general practices funded by DHSC who continue to lead these functions for the health and social care sectors.

The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government.

The revised framework will retain simplified arrangements for payment and contracting but with a greater focus on system partnership and the restoration of elective services. The intention is that systems will be issued with funding envelopes comprising funding for NHS providers equivalent in nature to the current block and prospective top-up payments and a system-wide Covid funding envelope. There will no longer be a retrospective payment mechanism. Providers and CCGs must achieve financial balance within these envelopes in line with a return to usual financial disciplines. Whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions. The funding envelopes will comprise:

- CCG allocations – within which block contract values for services commissioned from NHS providers within and outside of the system will continue to be nationally calculated;
- Directly commissioned services from NHS providers – block contract values for specialised and other directly commissioned services will continue to be nationally calculated;
- Top-up – additional funding to support delivery of a breakeven position; and
- Non-recurrent Covid allocation – additional funding to cover Covid-related costs for the remainder of the year.

Funding envelopes will be calculated on the basis of full external income recovery. For relationships between commissioners and NHS providers we will continue to operate nationally calculated block contract arrangements. For low-volume flows of CCG-commissioned activity, block payments of an appropriate value would be made via the Trust's host CCG; this will remove the need for separate invoicing of non-contract activity.

However block payments will be adjusted depending on delivery against the activity restart goals set in Section A1 and A2 above.

Written contracts with NHS providers for the remainder of 2020/21 will not be required.

For commissioners, non-recurrent adjustments to commissioner allocations will continue to be actioned – adjustments to published allocations will include any changes in contracting responsibility and distribution of the top-up to CCGs within the system based on target allocation.

Reimbursement for high cost drugs under the Cancer Drugs Fund (CDF) and relating to treatments under the Hepatitis C programme will revert to a pass-through cost and volume basis, with adjustments made to NHS provider block contract values to reflect this. For the majority of other high cost drugs and devices, in-year provider spend will be tracked against a notional level of spend

included in the block funding arrangements with adjustments made in-year to ensure that providers are reimbursed for actual expenditure on high cost drugs and devices. This will leave a smaller list of high cost drugs which will continue to be funded as part of the block arrangements.

In respect of Medical pay awards, on 21 July 2020 the Government confirmed the decision to uplift pay in 2020/21 by 2.8% for consultants, specialty doctors and associate specialists, although there is no uplift to the value of Clinical Excellence Awards, Commitment Awards, Distinction Awards and Discretionary Points for 2020/21. We expect this to be implemented in September pay and backdated to April 2020. In this event, NHS providers should claim the additional costs in September as part of the retrospective top-up process. Future costs will be taken into account in the financial framework for the remainder of 2020/21, with further details to be confirmed in due course.



Novel Coronavirus (COVID-19): Leicester, Leicestershire and Rutland stakeholder bulletin #24



Issued on behalf of the NHS in LLR

Date of issue: 14th August 2020

Through these bulletins we will keep you updated on the NHS response to Coronavirus in Leicester, Leicestershire and Rutland.

We will try to ensure you have the latest information, but as you are aware the situation is rapidly changing. If you have any questions or would like to ask about a topic please email us at:

PressOfficeLLRCCGs@leicestershire.nhs.uk

Changes for people who are shielding

New guidance for clinically vulnerable people who are shielding in Leicester will come into effect on Monday. The government is sending new letters this weekend. If you are shielding you should continue to do so until at least 7 September but there are some relaxations from 17 August, including the good news that you will be able to have more contact with friends and family. For more details [click here](#).

Updates to shielding advice for county residents can be found on Leicestershire County Council's website:

<https://www.leicestershire.gov.uk/coronavirus-covid-19/how-you-can-help/shielding>

The NHS has set out its next stage response to COVID-19.

Nationally, the number of hospital admissions has fallen from a peak of 19,000 a day to around 900 today. COVID-19 does, however, remain in general circulation and as we have seen in Leicester, and some surrounding areas, local outbreaks are occurring so remaining vigilante in terms of the need to respond is essential.

Having pulled out all the stops to treat COVID patients over the last few months, the NHS will start to increase its focus on the needs of all patients. It is important to be aware that there will be capacity constraints arising in particular from the need to maintain social distancing and infection protection and control measures set up in response to COVID. The priorities are summed up as:

- Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally.
- Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for NHS staff, and action on inequalities and prevention.

[See full letter](#)

Flu season vaccinations survey

As you will be aware, each year many people are eligible for free Flu immunisation. The Clinical Commissioning Groups across Leicester, Leicestershire and Rutland are keen to maximise the uptake of immunisation and want to understand some of the reasons why people do not have the flu jab when they are entitled to it, free of charge on the NHS.

We also want to understand if the COVID-19 pandemic is likely to influence your decision about the vaccine. **All responses are anonymous** and we are very grateful for any feedback you can provide.

If we understand the reasons why, we can use the feedback to shape how we promote the vaccine and hopefully answer any concerns people may have. With this we can continue to strive to achieve the best health outcomes for our patients and communities.

[Click here](#) to take part in the survey.

Do you want to help with a national study to detect COVID-19 involving very cute dogs?

The London School of Hygiene and Tropical Medicine is conducting a Department of Health and Social Care funded study which looks at whether dogs could be used as a new rapid, non-invasive diagnostic tool to detect COVID-19. They are trying to recruit volunteers who have mild COVID-19 symptoms and are due to have a swab test or have had a swab test conducted in the past 24 hours. Volunteers will need to provide samples of breath and body odour by wearing a mask for three hours and nylon socks and a t-shirt for twelve hours. Everything required will be sent to the volunteer by post so no travel is required. More information can be found [here](#) and you can volunteer or find out more by calling 0207 927 2777 or by emailing coviddogs@lshtm.ac.uk.

Tackling the health inequalities of COVID-19

COVID-19 has highlighted the health inequalities that persist in our society. Like nearly every health condition, COVID-19 has had a disproportionate impact on people living in areas of high deprivation, on people from Black, Asian and minority ethnic communities, those with a learning disability and others with protected characteristics.

A central part of responding to COVID-19 and restoring services as part of the [Third Phase of NHS Response to COVID-19 letter](#) must be to increase the scale and pace of system-wide action to tackle inequalities.

NHS England and NHS Improvement commissioned a national advisory group of leaders from within the NHS and beyond to advise on how to achieve this aim in the coming months and [8 urgent actions were identified](#).

All parts of the NHS are now being asked to deliver these actions, working in close partnership with colleagues in local government, other public services, the voluntary sector, and with communities.

To read more [click here](#) about the detail and context of the eight actions in the document Urgent Actions to Address Inequalities in NHS Provision and Outcomes and how they will be delivered and monitored.

FURTHER INFORMATION

[Leicester City Council](#)

[Leicestershire County Council](#)

[Leicestershire Police](#)

[One Prepared LLR](#)

[Gov.uk](#)

Meeting Name and date	Trust Board 1 September 2020
Paper number	F

Name of Report: Organisational Risk Register
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For approval		For assurance	✓	For information	
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Presented by	Chris Oakes, Shared Director of Corporate Governance and Risk	Author	Kate Dyer, Head of Governance and Interim Company Secretary
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Alignment to CQC domains:		Alignment to LPT priorities for 2019/20 (STEP up to GREAT):		Any equality impact (Y/N)	N
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	✓		

Report previously reviewed by	
Committee / Group	Date

Assurance: What assurance does this report provide in respect of the Organisational Risk Register Risks?	Links to ORR risk numbers
This report provides a summary of the Organisational Risk Register (ORR), including current and residual risk scores.	Whole ORR

Recommendations of the report
Receive assurance that risk is being managed Note the amendments made to the ORR and the Trust's current and residual risk profile.

Organisational Risk Register August 2020

1 Introduction

- 1.1 The Organisational Risk Register (ORR) contains strategic risks that may prevent us from achieving our objectives. It is presented as part of a continuing risk review process.
- 1.2 This report provides assurance that risk is being managed effectively.

2. Discussion

Overall, there are 31 risks on the ORR.

2.1 Key changes

- 2.1.1 Two risks were presented in draft to FPC on the 18 August 2020;

The first, risk 49, was drafted primarily in response to the restoration of the LLR Community Service Redesign phase 2 pre-consultation business case Steering Group. It has since been confirmed that this group will not continue in its current form and the risk will be considered once the new structure and process is underway. It has therefore not been included on the ORR at this time.

The second risk was approved subject to minor changes in wording reflected below and in the attached slide pack, this has been included on the ORR;

Risk 50 The Long Term Plan/Ageing Well Urgent Community Response national targets may not be met, leading to a delay in the timely assessment of patients and reputational impact

- 2.1.2 There are two risks with changes to scorings this month.

Risk 16 The Leicester/Leicestershire / Rutland system is unable to work together to deliver an ICS.

The residual risk score has reduced from 8 to 6

Risk 28 Delayed access to assessment and treatment impacts on patient safety and outcomes

This risk has been updated to reflect the harm review work undertaken by the Trust to mitigate the impact of this risk, particularly in light of the additional pressure put on waiting times by covid.

The current risk score has reduced from 20 to 16. The residual risk score has reduced from 16 to 12 to bring this in line with the target score.

- 2.1.3 The following key updates have been made;

Risk 1 The Trust's clinical systems and processes may not consistently deliver harm free care.

The internal assurance list of evidence has been updated and the assurance rating has been changed from amber to red to reflect the concerns arising from recent serious incident and concerns and complaints reports.

Risk 3 The Trust does not learn from incidents and events and does not effectively share that learning across the whole organisation.

This risk has been updated to present a clearer response to the gap in control around a robust directorate level governance process. The Trust is currently

planning a redesign of the clinical governance structure as part of the work to centralise the SI and Complaints functions.

Risk 23 Failure to deliver the EPR system and demonstrate the benefits of the system

This risk has been updated to reflect the mitigating action, with timescales and owners and the current level of progress.

Risk 24 Failure to deliver workforce equality, diversity and inclusion

This risk has been updated to include reference to the action around compassionate conversations which are taking place in the Trust.

The Covid-19 risks (including risks 43, 46 and 47) have been updated to reflect the ongoing work taking place; as a result, assurance ratings have improved.

2.3 There are no new escalations, de-escalations or closures for this month. A significant number of actions are due for completion in August 20, and further work will be undertaken during the month to identify opportunities for de-escalations or closures.

3. Analysis

3.1 There are currently 13 high scoring risks, 12 of which are rated 16. The high risk score of 20 presented last month for risk 28 has reduced to 16.

3.2 There are currently four risks where the risk appetite (the target score that we want to achieve) is lower than the residual risk score. One of these were presented to FPC in draft, now approved for inclusion, further mitigating action will be identified. For the remaining three, additional actions are required for;

Risk 6 The step up to great mental health strategy does not deliver improved mental health services that meet quality, safety and contractual requirements and are sustainable.

Additional actions need to be identified

Risk 9 Inability to maintain the level of cleanliness required within the Hygiene Standards.

Additional actions have been added, including one aimed at improving the integrity of the audit process; this will give us assurance that standards are being met and we can re-evaluate the risk score. Review of risk scores will be undertaken in August 20.

Risk 16 The Leicester/Leicestershire / Rutland system is unable to work together to deliver an ICS.

Upon completion, the actions currently being undertaken will bring the current risk score down to 6. At this point, further actions will be identified to reduce this further to the low target score of 4.

3.3 There are six risks where the current risk score is lower than the initial score given to the risk at the time it was included on the ORR (October 2019). The most significant reduction has been for risk 20 which has reduced from 20 to 8;

Risk 20 Performance management framework is not fit for purpose

4. Summary

4.1 Summary list of risks and scores August 2020

Risk No.	Title	SU2G	Initial risk	Current risk	Residual Risk	Target Risk (Appetite)
1	The Trust's clinical systems and processes may not consistently deliver harm free care.	High Standards	16	16	8	8
2	The Trust's safeguarding systems do not fully safeguard patients and support frontline staff and services.	High Standards	12	12	8	8
3	The Trust does not learn from incidents and events and does not effectively share that learning across the whole organisation.	High Standards	15	16	8	8
4	Services are unable to meet safe staffing requirements	High Standards	12	12	8	8
5	Capacity and capability to deliver regulator standards	High Standards	12	16	12	12
6	The step up to great mental health strategy does not deliver improved mental health services that meet quality, safety and contractual requirements and are sustainable.	Transformation	16	16	12	8
8	The transformation plan does not deliver improved outcomes for people with LD and/or autism.	Transformation	16	16	12	12
9	Inability to maintain the level of cleanliness required within the Hygiene Standards	Environment	12	16	12	8
10	Failure to implement planned and reactive maintenance of the estate leading to an Unacceptable environment for patients to be treated in	Environment	16	16	12	12
11	The current estate configuration does not allow for the delivery of high quality healthcare	Environment	20	16	12	12
12	Service users, carers and families do not have a positive experience of care, do not feel able to participate effectively and share their experiences.	Patient Involvement	12	9	6	6
16	The Leicester/Leicestershire / Rutland system is unable to work together to deliver an ICS	Well Governed	16	12	6	4
20	Performance management framework is not fit for purpose	Well Governed	20	8	4	4
23	Failure to deliver the EPR system and demonstrate the benefits of the system	Single Patient Record	16	8	4	4
24	Failure to deliver workforce equality, diversity and inclusion	Equality, Leadership, Culture	12	12	9	9
25	Staff do not fully engage and embrace the Trusts culture and collective	Equality, Leadership and	16	12	8	8

	leadership	Culture				
26	Insufficient staffing levels to meet capacity and demand and provide quality services	Equality, Leadership and Culture	16	16	12	12
27	The health and well-being of our staff is not maintained and improved	Equality, Leadership and Culture	9	9	6	6
28	Delayed access to assessment and treatment impacts on patient safety and outcomes	Access to Services	16	16	12	12
35	The quality and availability of data reporting is not sufficiently mature to inform quality decision making	Well Governed	16	16	12	12
48	We are unable to contain expenditure, or to recover income in line with the limits imposed by NHSEI under the COVID financial regime.	Well Governed	15	15	10	10
50	The Long Term Plan/Ageing Well Urgent Community Response national targets may not be met, leading to a delay in the timely assessment of patients and reputational impact.	Transformation	16	16	12	6



4.2 Summary trend of risk scores for all risks since Oct 19.

Month	1	2	3	4	5	6	7	8	9	10	11
ORR	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
1	16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	12 ↓	16 ↑	16 ⇄	16 ⇄	16 ⇄	16 ⇄
2	12	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄
3	15	15 ⇄	15 ⇄	15 ⇄	15 ⇄	12 ↓	16 ↑	16 ⇄	16 ⇄	16 ⇄	16 ⇄
4	12	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄
5	12	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	16 ↑	16 ⇄	16 ⇄	16 ⇄
6	16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄
7	9	9 ⇄	9 ⇄								
8	16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄
9	12	12 ⇄	12 ⇄	16 ↑	16 ⇄	12 ↓	12 ⇄	16 ↑	16 ⇄	16 ⇄	16 ⇄
10	16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄
11	20	20 ⇄	20 ⇄	12 ↓	12 ⇄	12 ⇄	16 ↑	16 ⇄	16 ⇄	16 ⇄	16 ⇄
12	12	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	9 ↓	9 ⇄	9 ⇄	9 ⇄	9 ⇄
13	12	12 ⇄	12 ⇄	12 ⇄	12 ⇄						
14	12	12 ⇄	12 ⇄	12 ⇄	12 ⇄						
15	15	15 ⇄	15 ⇄	15 ⇄	15 ⇄						
16	16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	12 ↓	12 ⇄	12 ⇄	12 ⇄
17	16	16 ⇄	16 ⇄	16 ⇄							
18	12	12 ⇄	12 ⇄	12 ⇄	12 ⇄						
19	12	12 ⇄	12 ⇄	12 ⇄	12 ⇄						
20	20	20 ⇄	20 ⇄	20 ⇄	20 ⇄	16 ↓	8 ↓	8 ⇄	8 ⇄	8 ⇄	8 ⇄
21	15	15 ⇄	15 ⇄								
22		16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	12 ↓	16 ↑	12 ↓	12 ⇄	12 ⇄
23	16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	8 ↓	8 ⇄	8 ⇄	8 ⇄	8 ⇄	8 ⇄
24	12	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄
25	16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	12 ↓	12 ⇄	12 ⇄
26	16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄
27	9	9 ⇄	9 ⇄	9 ⇄	9 ⇄	9 ⇄	9 ⇄	9 ⇄	9 ⇄	9 ⇄	9 ⇄
28	16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	20 ↑	20 ⇄	20 ⇄	20 ⇄	20 ⇄	16 ↓
29	20	20 ⇄	20 ⇄	20 ⇄	12 ↓	12 ⇄	12 ⇄	8 ↓			
30	16	16 ⇄	16 ⇄	16 ⇄	16 ⇄						
31	9	9 ⇄	9 ⇄	9 ⇄	9 ⇄						
32	12	12 ⇄	12 ⇄	12 ⇄	12 ⇄						
33				16	16 ⇄	12 ↓	12 ⇄	12 ⇄	12 ⇄	12 ⇄	12 ⇄
34				16	16 ⇄						
35				16	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄	16 ⇄
36					16	16 ⇄					
37					12						
38						20	20 ⇄	20 ⇄	20 ⇄		
39						12	12 ⇄	16 ↑	16 ⇄		
40						20	20 ⇄	20 ⇄	20 ⇄	20 ⇄	20 ⇄
41								15	15 ⇄	15 ⇄	15 ⇄
42								12	12 ⇄	12 ⇄	12 ⇄
43								15	15 ⇄	15 ⇄	15 ⇄
44								16	16 ⇄	16 ⇄	16 ⇄
45								9	9 ⇄	9 ⇄	9 ⇄
46								16	16 ⇄	16 ⇄	16 ⇄
47								15	15 ⇄	15 ⇄	15 ⇄
48										15	15 ⇄
50											16

5. Conclusion

The Trust continues to operate within its risk management framework, and the ORR has been updated to reflect the changing risk profile for August 2020.

Appendix A: LPT Risk Appetite Matrix

Risk levels 	0	1	2	3	4	5
Key elements 	Avoid Avoidance of risk and uncertainty is a Key Organisational objective	Minimal (ALARP) (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM)	Seek Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	Mature Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
Financial/VFM	Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VfM is the primary concern.	Only prepared to accept the possibility of very limited financial loss if essential. VfM is the primary concern.	Prepared to accept possibility of some limited financial loss. VfM still the primary concern but willing to consider other benefits or constraints. Resources generally restricted to existing commitments.	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.	Investing for the best possible return and accept the possibility of financial loss (with controls may in place). Resources allocated without firm guarantee of return – 'investment capital' type approach.	Consistently focussed on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself.
Compliance/regulatory	Play safe, avoid anything which could be challenged, even unsuccessfully.	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances.	Limited tolerance for exposure to risk. Want to be reasonably sure we would win any challenge.	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences.	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup.	Consistently pushing back on regulatory burden. Front foot approach informs better regulation.
Innovation/Quality/Outcomes/Patient Benefit	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems /technology developments.	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations.	Tendency to stick to the status quo, innovations in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems/ technology developments limited to improvements to protection of current operations.	Innovation supported with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery. Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control.	Innovation the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice.
Reputation	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management distance themselves from chance of exposure to attention.	Tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure. Mitigations in place for any undue interest.	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Prospective management of organisation's reputation.	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.	Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions for the right reasons with benefits outweighing the risks.
APPETITE	NONE	LOW	MODERATE	HIGH	SIGNIFICANT	

Appendix B: Risk Scoring Matrices


The following matrix is used to grade risk


The scores obtained from individual consequence and likelihood risk scoring are assigned grades as follows;


- 1 Very Low (green)
- 2 Low (yellow)
- 3 Moderate (Amber)
- 4 High (red)
- 5 Significant (red)

The following matrix is used to grade combined risk scores. Risk scoring = consequence x likelihood (C x L)

Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5


Risk No: 1		High Standards	Date included:	01.10.19			Consequence	Likelihood	Combined
Risk Title:		The Trust’s clinical systems and processes may not consistently deliver harm free care.							
Risk Owner:		Director of Nursing, AHP and Quality	Date Last Reviewed:	03.08.20		Current Risk	4	4	16
						Residual Risk	4	2	8
					Risk Appetite / Target Risk score				8
Controls	Description:	<ul style="list-style-type: none">• Staff Safety Huddles and Debrief• Mandatory & Role Related Training available ; Clinical Supervision• Thematic reviews of patient safety incidents and QI approach adopted by the Trust• Infection Prevention & Control policies & the monitoring of• Step up to Great Strategy High Standards work streams - Pressure ulcers, Falls, Deteriorating Patient, Positive and Safe, non fixed ligatures and Accreditation• Step up to Great Strategy• Patient Safety Plan - aligned to the National Patient Safety Plan / Patient Safety Improvement Group (PSIG)• Nutrition & Pressure Ulcers Prevention Group (quarterly)• High standards work stream ‘Falls’ including Falls Group – monitoring of incidents, themes, and national aligning to best practice• Falls Group – monitoring of incidents, themes, and national aligning to best practice• Suicide Reduction Plan in keeping with National Confidential Enquires Report• Freedom to Speak Up Guardian and partners• High Standards work stream –‘Deteriorating Patient including sepsis’ / ‘Accreditation’ including Accreditation Matron in post• Deteriorating Patient Group• Harm assessment process / Learning from Death and Suicide Prevention Clinician recruited 01/06/20• Additional recruitment into patient safety and complaints teams							
	Gaps:	<ul style="list-style-type: none">• Mandatory and role related training compliance across both substantive and bank staff – to be addressed by the recovery cell• Availability of staff to investigate incidents and drive improvements forward.• Some training suspended / All Leicester inquests suspended (until 30/09/20)• Staff knowledge / ability to recognise and report poor behaviour towards patients from staff							
Assurances	Internal:	<ul style="list-style-type: none">• Quality Forum / Quality Assurance Committee / Strategic Workforce Committee• All associated policies / Professional standards group• Revised quality governance structure being embedded; Revalidation and registration process in place• Associate Director of Nursing in place who leads on professional practice• Mental Health Act Reviews / monthly MHA compliance census reported to LEG• Mortality reviews & Learning from Deaths Process• Trust wide Adult & Child Safeguarding• Mandatory training reports ; Clinical supervision reports• SUTG: High Standards Work streams reporting to Quality Forum and QAC• Performance Report: Serious Incidents (number of)• Deep dives at QAC• Directorate risk registers				Evidence: <ul style="list-style-type: none">• Learning from deaths report to Trust Board• Performance dashboard to FPC and Trust Board• QAC assurance report to Board• Update on progress of local Quality Accreditation• Harm review paper• SI reports• Concerns / complaints• Safer staffing• Quality metrics			Assurance Rating Red
	External:	<ul style="list-style-type: none">• Patient/family and staff FFT / PALS feedback• CQC inspection / Professional Bodies e.g. NMC, GMC, HCPC• Quality Contract and Monitoring with CCG & Specialised Commissioning• Health watch Leicester / Coroner feedback / External reviews of quality governance• LLR Transferring Care Safely Group/LPT engaged (acute/secondary provider feedback)				Evidence: <ul style="list-style-type: none">• Patient experience report to QAC• CQC report and action plan to QAC			Assurance Rating Amber
	Gaps:	<ul style="list-style-type: none">• Fully implemented quality accreditation / Patient Safety Walk-rounds• Compliance with mandatory & role related training, staff knowledge around physical health and speciality• Staff vacancies across the professions and high bank /agency use. Increased use of redeployment and non familiar staff							
	Actions	Date:	Actions:			Action Owner:	Progress:		
Jan 21		Strategic Plan for a coordinated corporate centralisation of SI and complaint investigators/ function – Anne Scott & Sarah Willis			AS/SW	• Review of SI and Complaint process complete			Amber
Jan 21		Deliver plan for a coordinated corporate centralisation of SI and complaint investigators/ function - Alison Kirk and Tracy Ward			AK/TW				
Sept 20		Training presentation for staff - start roll out			Safeguarding team				
Sept 20	Weekly meeting between patient safety and safeguarding teams to take place as of sept								


Risk No: 2		High Standards	Date included:	01.10.19			Consequence	Likelihood	Combined
Risk Title:		The Trust’s safeguarding systems do not fully safeguard patients and support frontline staff and services.							
Risk Owner:		Director of Nursing, AHP and Quality	Date Last Reviewed:	02/07/2020		Current Risk	4	3	12
Governance / Review:		Legislative Group, QAC / Monthly Review				Residual Risk	4	2	8
					Risk Appetite	4	2	8	
Controls	Description	<ul style="list-style-type: none">Safeguarding Team disseminate lessons learnt from investigations and reviews, Section 42 enquiries Care Act 2014) and through participation in multi-agency statutory reviews. processes (Child Safeguarding Practice Review [CSPR], Safeguarding Adult Review and Domestic Homicide Review .Legislative Committee oversight under new Quality Governance Framework.Identified Safeguarding Lead Nurses (Trust Lead, Child Lead, Adult Lead) and named Doctor for safeguarding children.Internal governance structure to manage safeguarding in place via Directorate oversight.Members of four local Safeguarding Boards, two Community Safety Partnerships and the Safeguarding VulnerabilitiesExecutive Committee.Adult and Children’s Safeguarding Team in place.							
	Gaps:	<ul style="list-style-type: none">Lack of consistent approach to how lessons are learnt and how they are disseminated across the Clinical Directorates through to front line staff.The number of Multi Agency Reviews (CSPR, SAR and DHR) across LLR is above the national average for the number of reviews commissioned within a locality area the size of LLR .The safeguarding training offer from the LPT Safeguarding Team is not compliant with national standards and guidelines.Availability of training due to capacitySufficient access to medical adviceLessons learned not being fully disseminated							
Assurances	Internal:	Source: <ul style="list-style-type: none">Legislative CommitteeQuality Forum provides oversight and challenge to the Legislative Committee.Quality Assurance Committee.Annual Quality Account.External review commissioned regarding safeguarding structures within LPT outlined 32 recommendationsThe identified Safeguarding Lead Nurses access safeguarding supervision external to the organisation.Annual Safeguarding Report.SUTG: High Standards Change Programme (at scoping stage)			Evidence: <ul style="list-style-type: none">Safeguarding report presented to Trust Board. (May 2020)Key Performance Indicators for the Legislative Committee.Progress and update reports regarding the external review action plan.Action planSafeguarding update (QAC paper May 2020)			Assurance Rating Amber	
	External:	Source: <ul style="list-style-type: none">CQC inspections (contribution to CCG Safeguarding Inspections /direct LPT CQC Inspection)Commissioner meetings, including quarterly safeguarding assurance template (SAT) Membership of four Local Safeguarding Boards, including the Boards’ respective sub-committees , i.e. Performance Group, Policy Group and Review GroupExternal review completed and report accepted by the Trust.			Evidence: <ul style="list-style-type: none">External review of safeguarding structures reportCQC reportLocal Safeguarding Board reports and minutes			Assurance Rating Amber	
	Gaps:	<ul style="list-style-type: none">Training figuresFull implementation of the external review recommendations			<ul style="list-style-type: none">Increasing demand of frontline safeguarding work as well as increasing number of multi-agency reviews throughout Covid period				
Key actions	Date: Sept 20 Dec 20 Aug 20 Sept 20	Actions: <ul style="list-style-type: none">Implement and embed the 32 recommendations from the external review.Training capacity and offer to be reviewedRecruit to vacant posts.Outline changing trend analysis throughout Covid period to highlight increasing work		Action Owner: Neil King Neil King Neil King		Progress: <ul style="list-style-type: none">Action plan developed for all 32 recommendations.Training deferred large scale deliveries not possible - Covid.Recruitment to vacant posts is ongoing, some completed – awaiting one vacancy (recruited to) to commence employment.Safeguarding to become part of the recovery work in ICC			Status: Amber

Risk No: 3		High Standards		Date included:		01.10.19				Consequence	Likelihood	Combined
Risk Title:		The Trust does not learn from incidents and events and does not effectively share that learning across the whole organisation.										
Risk Owner:		Director of Nursing, AHP and Quality		Date Last Reviewed:		03.08.20			Current Risk	4	4	16
Governance / Review:		Learning Lessons Exchange Group, Quality Forum, QAC / Monthly Review							Residual Risk	4	2	8
Controls	Description:	<ul style="list-style-type: none">Centralised process for identifying, processing, investigating, scrutiny and identifying Learning through the SeriousComplaints process and PALs teamPatient and Staff Safety Incident review via triage and directorate responsibilityOutcomes from Clinical Audit & service evaluationWorking towards a robust Risk Management Process for identifying and managing risks to enhance learningLearning from Deaths GroupLearning lessons Exchange Group operating as a community of practice to embed a learning culture.Patient Safety Improvement GroupAppropriate groups for sharing learning in place and to follow up on progress against actions						Risk Appetite / Target Risk score				8
	Gaps:							<ul style="list-style-type: none">A robust Directorate level governance processes/systems				
Assurances	Internal:	Source: <ul style="list-style-type: none">Learning from deaths reportPatient safety quarterly reportHighlight report from Patient safety groupHighlight report from the Learning Lessons ExchangeFoundation for Great Patient CareEscalation from Quality Forum to QACIncident review group meet weekly to review potential SI’s and all COVID19 incidents and escalate to ICCSUTG: High Standards Work streamsPerformance Report: STEIS SI action plans completed within timescales.				Evidence: <ul style="list-style-type: none">Regular reports and minutes from meetingsHighlight information and escalation processesReduction in harm and incidentsReduction in concerns and complaintsImproved staff feedback				Assurance Rating Amber		
	External:	Source: <ul style="list-style-type: none">Feedback from patients/familiesCQC statutory inspection frameworkQuality and Serious Incident oversight by Commissioners & specialist commissioningCoroner feedbackNational Confidential EnquiriesSolicitor feedback learning points				Evidence: <ul style="list-style-type: none">Patient experience report to QACCQC report				Assurance Rating Amber		
	Gaps:	<ul style="list-style-type: none">Clarity and ownership of SI processesTriangulation with complaints and PALsCoroner feedback paused										
Key actions	Date:	Actions:				Action Owner:	Progress:				Status:	
	Oct 20 Oct 20 Sept 20	Plan a redesign of Directorate clinical governance structure Exploration of trained investigator model to strengthen investigator process Strengthen sign off process				Anne Scott Anne Scott Tracy Ward					Amber	


Risk No: 4		High Standards	Date included:	01.10.19			Consequence	Likelihood	Combined
Risk Title:		Services are unable to meet ‘safe staffing’ requirements							
Risk Owner:		Director of HR / Director of Nursing	Date Last Reviewed:	31.07.20		Current Risk	4	3	12
Governance / Review:		Learning and OD Group, Quality Forum, QAC / Monthly Review				Residual Risk	4	2	8
Controls	Description:	<ul style="list-style-type: none">Monthly safe staffing reports with oversight and triangulation of fill rates, skill mix, temporary worker utilisation, vacancies, CHPPD, core clinical and mandatory training, patient experience feedback and Nurse Sensitive indicators6 monthly establishment reviews include workforce planning, new and developing roles and recruitment and retentionAll reviews are in line with the NQB guidance for safe sustainable and productive staffing and the NHSI Developing Workforce Safeguards policy.Hot spot areas are escalated weekly to the Director of Nursing AHPs & Quality and monthly within the safe staffing report with actions to mitigate the risks.MHOST tool for review of patient acuity and dependencyevidenced based tool for acuity and dependency measurement			Risk Appetite / Target Risk score			8	
	Gaps:				<ul style="list-style-type: none">Trust wide safe staffing safeguards SOPConfirmation over the recommencement of the national safe staffing returnFace to face training being reviewed by the Education and Training CellDelay in 6 monthly establishment reviews				
Assurances	Internal:	Source: <ul style="list-style-type: none">Workforce Planning capacity - funded establishments and 6 monthly reviewsAnalysis of NSIs, outcomes and patient experience feedbackAnalysis of CHPPD and fill ratesAnalysis of temporary worker utilisationDetailed reports on rostering effectiveness are provided to services each month to measure the impact of different initiatives and to help identify areas for improvement.SUTG: High Standards Work streamsPerformance Report: Safe Staffing			Evidence: <ul style="list-style-type: none">Trust Workforce PlanMonthly and 6 monthly safe staffing reviewsAnalysis of the CHPPD has not identified variation at service level, indicating that staff are being deployed productively across services.Analysis of NSIs has not identified correlation between staffing and impact to quality, safety and patient outcomesReports of staff sickness due to COVIDStatic trend: KPI showing amber (Feb 2020)			Assurance Rating Green	
	External:	Source: <ul style="list-style-type: none">NHSE Safe staffing trends – monthly submissionThe Department of Health and Social Care’s group annual governance statement - NHSISingle Oversight FrameworkInternal Audit Plan 2020/21: Safe Staffing Q2			Evidence: <ul style="list-style-type: none">Unify and Healthroster dataSOF / AGS			Assurance Rating Amber	
	Gaps:	<ul style="list-style-type: none">Evidence based acuity and dependency data for all in-patient areasPlan for more centralised recruitment							
Key actions	Date: Aug 20 Jun 21	Actions: <ul style="list-style-type: none">To develop a Trust wide safe staffing safeguards SOPTo procure and implement Allocate SafeCare.to monitor actual patient demand at key points during the day and accurately align staffing to match. Delayed due to Covid but actually not going to be implemented until May 2021 as a system			Action Owner: Emma Wallis Amrik Singh	Progress: <ul style="list-style-type: none">The DRA off-framework staffing process and deployment has been reviewed and will feed into the SOP.This has been delayed for a year due to a regional procurement exercise.		Status: Green	
	Aug 20 Aug 20 Sept 20								<ul style="list-style-type: none">Confirmation over the recommencement of the national safe staffing returnFace to face training being reviewed by the Education and Training Cell – update requiredPlan to complete analysis of the acuity data collection for inpatient establishment reviews


Risk No: 5			High Standards	Date included:	01.10.19			Consequence	Likelihood	Combined	
Risk Title:			Capacity and capability to deliver regulator standards								
Risk Owner:			Director of Nursing, AHP and Quality	Date Last Reviewed:	29.07.20	Current Risk	4	4	4	16	
Governance / Review:			Foundation for GPC, Quality Forum, QAC / Monthly Review				Residual Risk	4	3	12	
Controls	Description:	<ul style="list-style-type: none">Quality Improvement work programme / Quality accreditationFoundation for Great Patient Care with KLOEs driving the agenda / CQC project manager in postQuality Surveillance TrackerCore standards training / 3 phased methodologyNHFT buddy programme / Revised Governance structure – plus COVID-19 governance arrangementsBook of brillianceStep up to great strategySenior Leadership and Extended Senior Leadership Team Meetings / Board development sessions – on holdCompleted CQC action plan and ongoing improvement programmesIPC inspection and action planRisk management strategy and ORR - plus additional RM arrangements for COVID-19Action cardsApproval of new AMAT database CQC moduleReading room available on MS TeamsTime to shine online workshopsCQC inspection preparation checklist available in Time to Shine BookletFeedback on Director interviews provided at CEB 3 July 2020				Risk Appetite / Target Risk score			12		
	Gaps:	<ul style="list-style-type: none">Sight of the new key lines of enquiry emerging from the 2020 focus groups									
Assurances	Internal:	<ul style="list-style-type: none">Audit and Quality Accreditation programmesQuality forumAMAT tool being used for meds management audits - monitored by pharmacy and showing significant improvementWeekly CQC report to the Exec team with update to quality surveillance trackerFoundation for Great Patient CareSUTG: High Standards Work streams				Evidence:	<ul style="list-style-type: none">CQC update report to QACWeekly update report to Exec TeamFoundation for Great Patient Care highlight report to Quality Forum – demonstrating good attendance and engagementORR reports			Assurance Rating	Green
	External:	<ul style="list-style-type: none">CQC inspection and engagement meetings / discussions / Emergency Support FrameworkCQC focus groups heldRegulator discussions (SIAM / informal discussions with NHSEI) – on holdThird line assurance over compliance (outside of the CQC)CQRG – discussions with CommissionersRegulator inspections including HSE, NHSIPCKPMG value for money conclusion360 Assurance internal audit				Evidence:	<ul style="list-style-type: none">Inspection reportFeedback from the July 2020 focus groupsMinutes of CQC engagement and SIAM meetings3rd party assurance reports (HSE, IPC, NHFT buddy visits)External reports on governance and SI management			Assurance Rating	Green
	Gaps:	<ul style="list-style-type: none">NED boardwalks and feedback forms - on hold									
Key actions	Date:	Actions:			Action Owner:	Progress:				Status:	
	Sept 20	Feedback from CQC focus groups to be developed into KLOEs – to hold workshops with key staff			Julie Rubenzer	To be reported				Amber	
	Ongoing	Ongoing deep dives at Foundation for great patient care			Julie Rubenzer	On-going					
	Ongoing	Time to shine sessions			Mia Morris	On-gong delivery of time to shine workshops					
Ongoing	Ongoing management of quality surveillance tracker			Julie Rubenzer	On-going – currently 26 open actions						


Risk No: 6			Transformation	Date included:	01.10.19			Consequence	Likelihood	Combined	
Risk Title:			The step up to great mental health strategy does not deliver improved mental health services that meet quality, safety and contractual requirements and are sustainable.								
Risk Owner:			Director MH	Date Last Reviewed:	26.06.20		Current Risk	4	4	16	
Governance / Review:			Transformation Committee, FPC / Monthly Review				Residual Risk	4	3	12	
Controls	Description:	<ul style="list-style-type: none">Step up to great system wide pathway redesign high level launchDeveloping delivery planResources identified to deliver planProgramme management in place with DMT oversighton-going engagement with staff, service users and carersMental health ED as part of mental health crisis hub - introduced in April 20central access point - live in April 20					Risk Appetite / Target Risk score			8	
	Gaps:	Medium Term <ul style="list-style-type: none">Governance and due process in place to address challenges over the year Longer Term <ul style="list-style-type: none">Quality and timeliness of engagement with external partnersEffective balance of conflicting short term priorities, with the development of the longer term vision and planSystem financial sustainability and mental health investment standardLeadership developmentRobust stakeholder management and engagement planQIA risk assessment process									
Assurances	Internal:	Source: <ul style="list-style-type: none">Large scale co-production eventsProject Initiation DocumentLPT Trust Board quarterly updatesDirectorate Management Team (DMT)Implementation planSUTG: Step up to Great Mental Health				Evidence: <ul style="list-style-type: none">QIB update papersSUTG project delivery dashboardOut of area improvement				Assurance Rating Amber	
	External:	Source: <ul style="list-style-type: none">Health and Wellbeing Board scrutinySTP Better Care Together Plan – Mental Health work streamSystem MH Partnership Board governanceCity MH partnership Board scrutinyMH Clinical Forum monthly updatesCPM monthly progress updatesMH collaborative				Evidence: <ul style="list-style-type: none">External presentationsSIAM minutesCQC engagement minutes				Assurance Rating Amber	
	Gaps:	<ul style="list-style-type: none">Signed off clinical modelsAffordable workforce modelManagement of change and associated EIA and QIAAgreed internal governance pathways									
Key actions	Date:	Actions: delayed due to COVID				Action Owner:	Progress:				Status:
	Aug 20	<ul style="list-style-type: none">Formal sign off of detailed delivery plan				GK	<ul style="list-style-type: none">Extensive engagement with mental health directorate				Amber
	Oct 20	<ul style="list-style-type: none">Formal sign off of associated clinical model (clinical senate review)				GK	<ul style="list-style-type: none">Confirmation of transformation programme and transformation committee				
	Aug 20	<ul style="list-style-type: none">Set up work streams for delivery plan				GK	<ul style="list-style-type: none">Workstreams set up				
	Aug 20	<ul style="list-style-type: none">Develop financial plan for 2020 delivery plan				GK	<ul style="list-style-type: none">Set out structure for business case process and arranged for Clinical senate review (2nd Oct)				
	Aug 20	<ul style="list-style-type: none">Determine the QIA risk assessment process				GK					
	Aug 20	<ul style="list-style-type: none">Set up date with JHOSC				GK					
Aug 20	<ul style="list-style-type: none">Confirm new project governance arrangements with system partners				GK	<ul style="list-style-type: none">Agreed project governance at Trust board					

Risk No: 8		Transformation		Date included:	01.10.19			Consequence	Likelihood	Combined
Risk Title:		The transformation plan does not deliver improved outcomes for people with LD and/or autism.								
Risk Owner:		Divisional Director, FYPC and LD Services		Date Last Reviewed:	03.07.20		Current Risk	4	4	16
Governance / Review:		Transformation Committee, FPC / Monthly Review					Residual Risk	4	3	12
Controls	Description:	<ul style="list-style-type: none">Clinical leadership and ownershipTransforming care pre-admission process for people with LD and / or autismRisk of Admission Register (ROAR)Full RCA for anyone that falls outside of the defined process for admissionCare and Treatment ReviewsSDIP for LD Rehab at the Agnes UnitDevelop LD Forensic Community NetworkLD Outreach team offer alternative to admission12 point discharge plan is utilised and monitored via discharge planning meetingsThere is an Accountable Officer (LPT CEO), an SRO and an Exec LeadLD forensic training package for health and social care staffSystem wide LeDeR reviewsInterim staff cover though use of redeployed short breaks staffing to strengthen outreach offer for risk stratified patients including bank holidays				Risk Appetite / Target Risk score			12	
	Gaps:	<ul style="list-style-type: none">Treatment and support for ASD only diagnosis (without LD)System wide workforce planLocal LD rehab capacityAppropriate community placements in LLRIncreased Nos of people on Risk Of Admission Register due to escalating behaviours / reduced community support / placement breakdown / short breaks and day centre temporary closureCapacity to prioritise system improvement planDelayed discharges due to reduced provider resilience and staffingRehab proposal / forensics funding not agreed due to contract slippage and Q1 roll-over of budgets								
Assurances	Internal:	Source: <ul style="list-style-type: none">SOP for in hours and out of hours CTRs and CETRs to reduce risk of admissionRisk of admission registerRoot Cause Analysis for all admissionsProject managementTransformation CommitteeImprovement plan for AMH staffBusiness case for the treatment and support for ASD only diagnosis (without LD)			Evidence: <ul style="list-style-type: none">List of people at risk of admissionLearning from RCAs to reduce risk of future admissionsReport into transformation committee			Assurance Rating Amber		
	External:	Source: <ul style="list-style-type: none">Adult Case Managers (CCGs / Specialised Commissioning)External input into Root Cause Analysis on all admissionsExternal review from Moorhouse December 2019 priority recommendationsSystem LD and Autism Executive			Evidence: <ul style="list-style-type: none">Learning from RCAs to reduce future admissions			Assurance Rating Amber		
	Gaps:	<ul style="list-style-type: none">CCG Case Managers for childrenSystem based support for effective discharge of Ministry Of Justice cases into the communityCare (Education) Treatment Reviews taking place virtually and shortened								
Key actions	Date: Aug 20 Dec 20 Aug 20 Aug 20	Actions: <ul style="list-style-type: none">Deliver LD Rehab SDIP within agreed timescalesImplementation of improvement plan from Moorhouse report with partnersFull consideration of business cases for funding (for the treatment and support for ASD)Implementing plan to skill up health and social care staff in Forensic capability			Action Owner: HT HT HT HT	Progress: <ul style="list-style-type: none">Links to rehab proposal awaiting CCG approvalAgreed an improvement plan.Business case developed - awaiting contract negotiationsImpacted by cancellation of training in March 20 due to social distancing. Exploring online options			Status: Amber	


Risk No: 9			Environment		Date included:	01.10.19		<div><div></div><div>E</div><div>Environments</div></div>		Consequence	Likelihood	Combined
Risk Title:			Inability to maintain the level of cleanliness required within the Hygiene Standards									
Risk Owner:			Director of Finance, Business & Estates and Deputy Chief Executive / Director of Nursing		Date Last Reviewed:	02.08.20			Current Risk	4	4	16
Governance / Review:			IPCC, QAC and FPC / Monthly Review						Residual Risk	4	3	12
									Risk Appetite / Target Risk score		8	
Controls	Description:	<ul style="list-style-type: none">PLACE AuditsContract management with NHSPS for provision of soft facilities management (including cleaning standards)Collaborative agreement in place with UHL for provision of soft facilities management (including cleaning standards)Use of the Hygiene standardsAppropriately trained estates team in placeBacklog maintenance controlsHygiene Code gap analysis undertaken – Aug 2019Estates rep sits on/reports into IPC Group (cleaning/water/waste/decontamination)Infection control team / IPC quarterly report and annual reportPLACE Audit action planSOPs in place to describe key responsibilitiesAudit programme includes Cleaners rooms and trolleys										
	Gaps:	<ul style="list-style-type: none">Accuracy of reporting process from UHL FM service										
Assurances	Internal:	Source: <ul style="list-style-type: none">Cleaning report to the Estates CommitteeFinance and Performance CommitteeIPC Group to QACBi-monthly contractual cleaning forum (estates/IPC/NHS PS/UHL) - this goes to estates committee and FPC.Reporting against the delivery of the Estates StrategyRegular cleaning audits and KPI score monitoringRegular assurance information from UHLIPC Bi-Annual report to Trust Board					DMTs <ul style="list-style-type: none">Monthly reports to FPC (Estates) and QAC - (IPC)PLACE scores and report for 2019Contractual cleaning audits and performance not received by the IPC group since February 2020. Verbal assurance that cleaning audits continued through the pandemic however no results seen- escalated					Assurance Rating Red
	External:	Source: <ul style="list-style-type: none">NHSI IPC auditCQC inspectionsPLACE audits					Evidence: <ul style="list-style-type: none">PLACE audit / NHSI audit receivedNational Guidance on cleaning for COVID-19Premises Assurance ModelCQC IPC summary inspection report					Assurance Rating Amber
	Gaps:	<ul style="list-style-type: none">Regular performance reports against hygiene standards and regular review at IPCNHSI re-visit in Jan 2020 identified gaps – risk re-scored to reflect current and residual riskContractual cleaning audits and KPI score monitoring not received										
	Key actions	Date: Aug 20 Sept 20 Aug 20	Actions: <ul style="list-style-type: none">PLACE audit action planClear and agreed reporting mechanism against Hygiene standardsAgree 20/21 FM SLA and performance KPIs				Action Owner: Helen Walton Emma Wallis Andy Donoghue		Progress: <ul style="list-style-type: none">Work on action plan re-commencedBi-monthly reporting to cleaning forum – agenda revised to reflect hygiene code 10 key elementsAgreement with UHL to finalise co-operation agreement by end July 20			Status: Amber
Aug 20		<ul style="list-style-type: none">Agree revised cleaning spec/scope (zoned wards) and allocation of cleaning responsibilities (FM staff/Ward staff)				HW/EW		<ul style="list-style-type: none">In-patient areas scoped and specifications updated and assurance against PHE guidance received – action complete.				
Sept 20		<ul style="list-style-type: none">Matrons to attend at time of cleanliness audits to provide confirm and challenge and support the integrity of the audit process.				Anne Scott		<ul style="list-style-type: none">IPC workshops with Matrons in August to support IPC programme of work and matron responsibilities				

Risk No: 10			Environment		Date included:	01.10.19			Consequence	Likelihood	Combined	
Risk Title:			The Trust does not implement planned and reactive maintenance of the estate leading to an unacceptable environment for patients to be treated in									
Risk Owner:			Director of Finance, Business & Estates and Deputy Chief Executive		Date Last Reviewed:	01.07.20						
Governance / Review:			Estates Committee, FPC / Monthly Review									
Controls	Description:	<ul style="list-style-type: none">Contract management with NHSPS for provision of facilities managementCollaborative agreement with UHL for provision of facilities managementAppropriately trained estates team in placeHealth and Safety ReviewsBacklog maintenance controlsP21 partners in placeRevenue and capital budget setting process in placeCondition survey for the inpatient estate completed 2018Approved Estates StrategyPlanned and preventative maintenance plan held by UHLFM Transformation Board (Jan 2020 onwards)PPM schedules (12 month forward view) received from UHL Dec 2019 and assessed as adequate										
	Gaps:	<ul style="list-style-type: none">Lack of systematic process for identify high risk areas requiring maintenanceNot complying with the KPIsUnsatisfactory delivery against our facilities management agreementMaintenance is not always undertaken in a timely wayClarity over the arrangements for managing risk with FM until April 2021FM Oversight Group currently on hold (COVID)										
Assurances	Internal:	Source: <ul style="list-style-type: none">Estates committee / FPCInitial review to identify high risk areas of the estate that require maintenance completed Reporting of FM KPIs to FPCEstates risk registerAudit action plan – track via FM Oversight GroupSelf assessment on premises assurance modelFoundation for Great Patient Care quality surveillance tracker, deep dives and escalation process				Evidence: <ul style="list-style-type: none">Report to the Estates Committee, and then to FPC which details performancePPM performance reportReports demonstrating implementation of the Estate Strategy to the Estates Committee				Assurance Rating Amber		
	External:	Source: <ul style="list-style-type: none">NHSI / CQC / HSE / Fire service360 Assurance internal audit of estates maintenance - Limited Assurance				Evidence: <ul style="list-style-type: none">Audits and reportsPLACE scores				Assurance Rating Amber		
	Gaps:	<ul style="list-style-type: none">Lack of assurance on information received from UHL due to inconsistent auditsAssurance information not being received from NHSPSPoor performance against set KPI resulting in lack of assuranceReport for property services										
Key actions	Date:	Actions:			Action Owner:		Progress:				Status:	
	Aug 20 Aug 20 Aug 20 Sept 20	<ul style="list-style-type: none">PMO for premises assurance modelDecision to bring back FM in-house to FPC and Trust BoardFinal KPIs to be agreed as part of the 20/21 SLAFM transformation plan			AD SO AD SO		<ul style="list-style-type: none">PMO project plan in place requires review of milestonesFinal business case been approved at Trust Board in July 20Agreement with UHL to finalise co-operation agreement end July 20FM Transition Board has been paused. To be re-set once a better understanding of COVID-19 recovery is understood and appoint of new Assoc Director of Estates and FM.Working Groups established.				Amber	
	Aug 20	Re-instate FM Oversight Group/Operational Groups			AD							


Risk No: 11		Environment		Date included:	01.10.19		Consequence	Likelihood	Combined		
Risk Title:		The current estate configuration does not allow for the delivery of high quality healthcare									
Risk Owner:		Director of Finance, Business & Estates and Deputy Chief Executive		Date Last Reviewed:	01.07.20		Current Risk	4	4	16	
Governance / Review:		Estates Committee, FPC / Monthly Review					Residual Risk	4	3	12	
Controls	Description:	A dedicated estates team in place Estates Strategy approved by the Trust Board in Oct 2019. Capital resource prioritisation framework Condition surveys have been completed in priority areas (in-patient estate) The mental health inpatient re-provision soc Health and Safety Risk Assessments in place Clinical risk assessment to mitigate re privacy and dignity Business case for interim dormitory solution approved by the Board Jan 20 Approved Strategic plan for the elimination of dormitory accommodation Clinical model for Beacon Project approved by SEB in June 2020					Risk Appetite / Target Risk score				12
	Gaps:	Lack of derogation process to the Board Premises Assurance Model to be updated Challenges around availability of capital funding									
Assurances	Internal:	Source: Monthly report to FPC on progress against the Estate Strategy Health and Safety Reports and confirmation of compliance with actions The soc was signed off by the Board in October 2019 Strategic Estates and Medical Equipment Committee Finance and Performance Committee Health and Safety Committee Directorate Health and Safety Action Groups Building of new CAMHs Unit Annual PLACE inspections 3 year plan to eliminate dormitory accommodation (AMH/MHSOP) agreed by Trust Board			Evidence: Monthly report to FPC on progress against the Estate Strategy Health and Safety Reports and confirmation of compliance with actions The soc was signed off by the Board in October 2019 PLACE report for 2019			Assurance Rating Amber			
	External:	Source: PLACE audits NHSI CQC HSE Fire service KPMG audit of financial and quality accounts			Evidence: CQC report 360 audit			Assurance Rating Amber			
	Gaps	Premises Assurance Model									
Key actions	Date:	Actions:		Action Owner:	Progress:				Status: Amber		
	Sept 20	Estates Workshop		A Donoghue	Workshop cancelled – new date TBC						
	Aug 20	Overall delivery plan for Estate Strategy		AD	System wide LLR estates transformation under consideration						
	Aug 20	In-patient reconfiguration – phase 1 OBC (Bradgate) to be agreed		AD	Initial scoping and fee quotes on going						
	Aug 20	Implementation of plan for the dormitories (20/21 to 22/23)		AD	Yr 1 works (Aston ward) currently in design for planning application						
Sept 20	Completion of CAMHS construction		AD	Current delay (COVID) c10 weeks							

Risk No: 12			Patient Involvement		Date included:	01.10.19		Consequence	Likelihood	Combined
Risk Title:			Service users, carers and families do not have a positive experience of care, do not feel able to participate effectively and share their experiences.							
Risk Owner:			Director of Nursing, AHP and Quality		Date Last Reviewed:	03.08.2020	Current Risk	3	3	9
Governance / Review:			Patient and Carer Experience Group, Quality Forum, QAC / Monthly Review				Residual Risk	3	2	6
Controls	Description:	<ul style="list-style-type: none">Step up to Great patient involvement programmePatient Involvement Experience Strategy and TeamPatient surveys / Friends and Family TestEnvoy Patient Experience portalEquality and diversity workAnnual Quality AccountCare planning audit programmeThree year patient experience and involvement delivery plan 2019/2022Collaborative care programmeRecovery café programmePatient Involvement Co-Design Group in placeNew Friends and Family Test Automated system now in place May 2020Three year Patient Experience and Involvement Delivery Plan in place for 2019-2022				Risk Appetite / Target Risk score		6		
						Gaps:	<ul style="list-style-type: none">Lack of use of carer assessments to develop better understanding of the link between incidents and concerns when introducing new pathwaysFriends and Family Test automated system implementation due to be completed July 2020 (delayed to September 2020)No strategic lead for carers or carers strategy in place (discussion at QAC completed now required discussion at SEB)Delay to launch of People’s Council – September 2020			
Assurances	Internal:	Source: <ul style="list-style-type: none">Patient and Carer Experience Group establishedEquality Diversity and Inclusion Patient Experience and Involvement Group establishedComplaints Review Group establishedQuarterly Patient Experience and Involvement ReportsQuality ForumQuality Assurance CommitteePatient Involvement ProgrammeDelivery plan in place and reported monthly through Quality Improvement Board				Evidence: <ul style="list-style-type: none">Monthly Highlight Reports from PCEG to Quality ForumThree year patient experience and involvement delivery plan in placeService User Involvement Group establishedFriends and Family Test feedbackCompliments, concerns and complaints feedback received		Assurance Rating Green		
	External:	Source: <ul style="list-style-type: none">Community Mental Health SurveyCQC inspectionsMHA visitsJoint Strategic Needs AssessmentHealthwatch				Evidence: <ul style="list-style-type: none">Community Mental Health Survey Report and supporting improvement planCQC ReportsWard Accreditation programme being progressedStep up to Great monthly reports		Assurance Rating Green		
	Gaps:	<ul style="list-style-type: none">FFT – system not fit for purpose (new system planned for 2020/21 – delayed) – phased implementation now scheduled – inpatient August 2020; community September 2020Delay to patient experience survey – July 2020 - phased implementation now scheduled – inpatient August 2020; community September 2020								
Key actions	Date:	Actions:		Action Owner:	Progress:				Status:	
	Aug/Sept 20 Aug-Sept 20 Sept 20 Sept 20 Dec 20	<ul style="list-style-type: none">Launch Patient Experience surveyRe-launch FFTApprove and adopt the Trust wide reward and recognition policyLaunch Peoples CouncilDeliver the complaints improvement programme		Alison Kirk AK AK AK AK AK/MS	<ul style="list-style-type: none">Patient Involvement Framework launched with active patient and carer involvement in placePatient leadership programme finalised and invitations to participate sent outOnline patient involvement system and processes in placeCarers Option Paper - presented to Quality Forum on 2nd July. Further discussion at QAC in July to obtain agreement to identification of executive sponsor for carersProgramme and training and development being established to support directorates with implementation of the policy. Aim to establish Complaint Peer Review Programme by Q3.				Amber	

Risk No: 16		Well - Governed	Date included:	01.10.19			Consequence	Likelihood	Combined
Risk Title:		The Leicester/Leicestershire / Rutland system is unable to deliver the agreed plan for Integrated Care Systems				Current Risk	4	3	12
Risk Owner:		Director of Strategy and Business Development	Date Last Reviewed:	26.07.20		Residual Risk	3	2	6
Governance / Review:		Transformation Committee , FPC / Monthly Review				Risk Appetite / Target Risk score			4
Controls	Description:	<ul style="list-style-type: none">LPT will play our role in system meetings and the development of the ICS proposal, through honest and trusting discussions.A consistent agreed objective and system narrative that is used and tested in all system meetings, with all partners.Regular discussion and engagement with our Senior Leadership Team.Chief officers meeting fortnightlyChief officers have signed up to working together to resolve and deliver system issues and transformationShared purpose agreed with chief officersSenior system staff (CEO, DoF & DoS for all organisations meet monthly)Risk sharing agreementSystem leader agreed conversations on new behaviours and agreement to a system control total now in place, will be formalised during the contractual process.System wide vision known as the 10 expectations developed and agreed							
	Gaps:	<ul style="list-style-type: none">Ensuring individual organisations maintain commitment to the agreed priorities for the ICSThe system is introducing a governance process for the partnership board, which will include, shared purpose, risk sharing and how a provider alliance system will operateWe are introducing a governance process for the 2 way flow of information and engagement between our senior leadership team and our Directors.Clear agreed transformation planClear strategy for bed based services within community hospitals							
Assurances	Internal:	Source: <ul style="list-style-type: none">Formal updates from system meetings to Executive meetings, Board sub-committees and Trust Board.Regular discussion at executive meetings and with senior leaders.Work in progress to develop greater partnership working between organisations which enable the provider alliance concept to be tested.			Evidence: <ul style="list-style-type: none">Minutes from Executive meetings, Board sub-committees, Trust Board and SLT meetings			Assurance Rating Green	
	External:	Source: <ul style="list-style-type: none">System assessment against the ICS maturity matrixNHS E & I assessment of system maturitySystem meetings and system performance dashboardsAssessment of the System’s Long Term Plan SubmissionLLR Strategic Executive			Evidence: <ul style="list-style-type: none">Joint shared document of our system assessmentSummary of NHS E/I assessment of the systemPapers and minutes from system meetingsFormal feedback on our LTP from NHS E/I			Assurance Rating Green	
	Gaps:	<ul style="list-style-type: none">No national blue-printAgreement with NHSEI on forward planConfirm local authorities role in the ICS							
Key actions	Date: Aug 20	Actions: <ul style="list-style-type: none">Agree recovery actions and support LLR recovery cell			Action Owner: DW, DC & AH	Progress: LPT is an integral part of the LLR recovery cell and there is regular attendance at the HETCG (Health Economy Tactical Group), HESCG (strategic coordinating group), SAGE (Technical advice) and Recovery Cell. Recovery cell now stood down and system expectation delivery being mobilised. Focus on delivery of the ICS by April 21			Status: Green


Risk No: 20		Well - Governed			Date included:	01.10.19			Consequence	Likelihood	Combined									
Risk Title:		Performance management framework is not fit for purpose																		
Risk Owner:		Director of Finance, Business & Estates and Deputy Chief Executive			Date Last Reviewed:	28.07.20		Current Risk	4	2	8									
		FPC / Monthly Review							Residual Risk	4	1	4								
Controls	Description:	<ul style="list-style-type: none">Information asset owners in placeSIRO in placeClinical system training in placeBoard approved Performance management frameworkBoard level performance dashboardRevised governance frameworkSTUG planSOP in place360 data quality auditsNationally submitted dataInformation team in placeSimplified board reporting and an agreed set of KPIs for the BoardCommittee dashboards with KPIs owned by QAC/FPCPerformance review meetingsHighlight reporting for escalated itemsAnnual committee reviews undertaken and 6 month interim reviews scheduled in work plans						Risk Appetite / Target Risk score				4								
								Gaps:						<ul style="list-style-type: none">Avoidable harm measures (gap highlighted in OOR risk 28)Capacity of the information team due to demands from national sitrep reporting & changes to information team membersLevel 2 committee dashboards – implementation delayed due to COVID						
								Assurances	Internal:	Source: <ul style="list-style-type: none">FPC / QACPerformance review meetingsDMT meetingsTrust BoardRevised business rhythm for level 1 committees			Evidence: <ul style="list-style-type: none">Simple Dashboards to Finance and Performance Committee / QAC of KPIs that the committees ownSimplified Board reportORR reportsPerformance report update on quality metrics / KPIs . Agreement by QAC/FPC on the set of KPIs for the BoardMonth 3 reviews will review services’ performance trajectories & targets based on services’ assessment of service restoration status						Assurance Rating Amber	
										External:	Source: <ul style="list-style-type: none">Contract monitoring of quality indicators by CommissionersFinance, Technical and Performance monitoring of contracted performance indicatorsNHSI / CQC inspections SIAMExternal and internal audit			Evidence: <ul style="list-style-type: none">Internal audit of performance scheduled for 2020/21						Assurance Rating Amber
Gaps:	<ul style="list-style-type: none">Fully embedded system (demonstrated once level 2 dashboards are fully implemented)External Quality Account audit – no data testing due to COVIDTrust wide approach to reporting planned post covid performance & capacity																			
Key actions	Date: Sept 20 Aug 20	Actions: <ul style="list-style-type: none">Demonstration of consistent period of review (6 months)Consideration of avoidable harm measures including impact of partial or full COVID related closures			Action Owner: DC AS/ A Scott		Progress: <ul style="list-style-type: none">Evaluation of performance review meetings in Sept 20				Status: Amber									

Risk No: 23		Single Patient Record	Date included:	01.10.19			Consequence	Likelihood	Combined	
Risk Title:		Failure to deliver the EPR system and demonstrate the benefits of the system								
Risk Owner:		Director of Strategy and Business Development	Date Last Reviewed:	26.07.20		Current Risk	4	2	8	
Governance / Review:		IM&T Delivery Group / Transformation committee / FPC / Monthly Review				Residual Risk	4	1	4	
Controls	Description:	<ul style="list-style-type: none">SEPR Project BoardTraining plan for EPR implementationData migration plan (7 cycles of Data Checking)Reporting and monitoring arrangementsImplementation planCommunication planBenefitsNew training methods to offer a more blended learning approach								
	Gaps:	<ul style="list-style-type: none">Completion of final stage of data migrationFormal contingency plan								
Assurances	Internal:	Source: <ul style="list-style-type: none">Training plan involving Learning and Development and NursingMonitoring trajectory of training deliverySignificant progress on data migration and cleansing workEPR Project Board in place and will continue for at least 6 months post full transfer to support ongoing data improvement.SUTG: Single EPR Programme Plan				Evidence: <ul style="list-style-type: none">Delivery reports to Finance and Performance & QACMonthly meetings of the EPR restarted from June 2020Training plan compliance figures reportEPR project board papersDiscussions at Combined Executive Board			Assurance Rating Green	
	External:	Source: <ul style="list-style-type: none">360 Assurance internal audit – patient records EPRSystemOne benchmarking inform projectCompany providing SystemOne has track record of implementation and deliverySystemOne is a market leader			Evidence: 360 Assurance internal audit			Assurance Rating Green		
	Gaps:	<ul style="list-style-type: none">Accuracy of reporting functionContingencies not formalised with clear go / no go criteria definedAgreed plan for formal evaluation								
Key actions	Date:	Actions:			Action Owner:	Progress:			Status:	
	Aug 20	<ul style="list-style-type: none">Negotiate contract extension with Servelec for current RiO EPR (Complete)			Jon Hames	Completed Data Check Phase 7 (Last phase of checking)			Green	
	Aug 20	<ul style="list-style-type: none">Commence End User Training			Jon Hames	Completed Progress mapping subject to sign off				
	Sept 20	<ul style="list-style-type: none">Develop Go/No Go criteria, including break point dates			Jon Hames	Re-design End User Training to Virtual format and released dates for staff to book.				
	Oct 20	<ul style="list-style-type: none">Commence Super User Training			Jon Hames	Completed training phase 1 build (Lesson Plans/eLearning/Videos/QRF)				
	Oct 20	<ul style="list-style-type: none">Develop a plan for formal project evaluation			Jon Hames	Continuation of work to support services with data correction work				
Oct 20	<ul style="list-style-type: none">Final Data Cut and sign off data .Complete Configuration Build			Jon Hames						

Risk No: 24			Equality, Leadership, Culture		Date included:	01.10.19				Consequence	Likelihood	Combined				
Risk Title:			Failure to deliver workforce equality, diversity and inclusion													
Risk Owner:			Director of HR & OD		Date Last Reviewed:	31..07.20										
Controls	Description:	<ul style="list-style-type: none">The Trust has embarked on a programme of work to improve the experience of BAME staffIndependent focus groups run and led by national WRES teamDelivery of key actions from focus groupElectronic system controls to support identification of staff who want to progress in their careersStaff survey resultsWRES /WDES data and action plansCEO sent letter to all BAME staffRisk assessments for BAME Staff and protected characteristicsStaff support groups / bame staff listening sessionsAnnual Report on WRESAppraisalContinued listening events with staffReverse mentoringCultural ambassadorsEquality and Diversity Inclusion GroupOur Future Our Way / Leadership behavioursEDI GroupVirtual Staff support groups meeting via M Teams ongoingCEO letter to all BAME STAFF														
		Gaps:	<ul style="list-style-type: none">Delivery against outcome measuresDelivery against WRES and diversity metricsStaff survey performanceLimited representation of BAME staff at senior levelsLack of career development for BAME staff at all levelsExperience of bullying and harassment of BAME staff													
			Internal:	Source: <ul style="list-style-type: none">Response to National Workforce Equalities letter from NHSEI reviewed by EDI GroupWRES action planDiversity workforce dashboardTrust board equalities reportAnnual Equalities Action PlanStaff support groupsEquality Programme planPerformance Report: Percentage of staff from a BME background				Evidence: <ul style="list-style-type: none">Progress reports on WRES action plan June 2020Staff survey report Trust Board 3rd MarchEDI Bi annual report to EDI committee June 2020EDI group 19th May 16th JuneAnnual meeting schedule across the year				Assurance Rating Amber				
				External:	Source: <ul style="list-style-type: none">Staff survey 2019National WRES metrics and reportEngagement with national WRES team				Evidence: <ul style="list-style-type: none">Trust Board reports on national WRES programme				Assurance Rating Amber			
Gaps:		Embeddedness														
Key actions	Date:	Actions: <ul style="list-style-type: none">WRES Delivery action planReverse mentoring cohort 2WRES cultural pilot programme plan developed and agreed launch August 20Programme of WeNuture OD sessions - moving to virtual sessions (in development)EDI system conference – cancelled due to covidAnti – Racism strategy co production with NHFT				Action Owner:	Progress: <ul style="list-style-type: none">Newly formed EDI groupCohort 2 commencedContinue to recruit BAME interview panel membersBAME Risk Assessments in progress				Status:					
	Aug 21					Haseeb Ahmed					Amber					
	Aug 20					Kathryn Burt										
	Aug 21					SW										
	Aug 20					SW										
	Aug 21															
Aug 20					SW											

Risk No: 25		Equality, Leadership, Culture		Date included:	01.10.19			Consequence	Likelihood	Combined
Risk Title:		Staff do not fully engage and embrace the Trusts culture and collective leadership								
Risk Owner:		Director of HR & OD		Date Last Reviewed:	31.07.20					
Governance / Review:		SWC, QAC / Monthly Review								
Controls	Description:	<ul style="list-style-type: none">Our Future Our Way is LPT's Culture, Inclusion and Leadership programme.Change champions in place, facilitating sessions where possibleTraining provided to all change championsMonthly report to SWG and Exec teamLine Management pathwayLeadership and Team development programmeLearning and development annual planCommunications strategy in place supporting engagement with staffVision co designed and live9 priorities identified and communicated as part of the Our Future Our WayLeadership behaviours WorkshopsVirtual Leadership Forum M teamsOD delivery planE-learning training programme commenced				Risk Appetite / Target Risk score			8	
	Gaps:	<ul style="list-style-type: none">Embedded appraisal system aligned to behavioursLeadership conferences / Leadership programme aligned to behavioursOD input into transformation programmesRobust plans for addressing specific concerns around cultural ownership such as Bare Below the Elbow								
Assurances	Internal:	<ul style="list-style-type: none">Staff survey resultsBoard approval of change champion programmeProgramme plan in place and approved by Trust Board92 change champions engagedFocus groupsStrategic workforce groupAttendance at virtual SLT			Evidence:			Assurance Rating Green		
	External:	Source: <ul style="list-style-type: none">Staff survey / Staff Friends and family testExternal recognition of initiativesNHSI Well led external reviewCQC Well Led reviewNHSI Support on the culture and leadership programmeWRES programmePeople Plan			Evidence:			Assurance Rating Green		
	Gaps:	<ul style="list-style-type: none">Embedding new culture								
Key actions	Date:	Actions:			Action Owner:	Progress:			Status:	
	Aug 20	<ul style="list-style-type: none">Appraisal system aligned with leadership behaviours framework			SW	<ul style="list-style-type: none">Drafted for approval			Amber	
	Aug 20	<ul style="list-style-type: none">Schedule of extended exec team meetings			SW	<ul style="list-style-type: none">Date to be determined				
	Aug 20	<ul style="list-style-type: none">Leadership development programme linked to leadership behaviours			SW	<ul style="list-style-type: none">Being drawn up				
	Aug 20	<ul style="list-style-type: none">SWC meeting			SW	<ul style="list-style-type: none">Launched Behaviours				
	Sep 20	<ul style="list-style-type: none">Revised Appraisal to be launched			SW	<ul style="list-style-type: none">Change Champions re-engaged Trust board engagement 4th Aug				
Sep 20	<ul style="list-style-type: none">Staff Survey engagement									

Risk No: 26		Equality, Leadership, Culture		Date included:	01.10.19		Consequence	Likelihood	Combined
Risk Title:		Insufficient staffing levels to meet capacity and demand and provide quality services							
Risk Owner:		Director of HR & OD		Date Last Reviewed:	31.07.20	Current Risk	4	4	16
Governance / Review:		SWC, QAC / Monthly Review				Residual Risk	4	3	12
Controls	Description:	<ul style="list-style-type: none">Recruitment action plan in placeService level workforce groups with action plans in placeE rostering in place across inpatient servicesAuto planner within CHSSafer staffing reports with oversight of staff levelsCentralised temporary staff serviceRegular recruitment conferences and schedule of eventsRecruitment and retention schemes in placeGrowing our own workforceLLR System and LWAB working together on system initiativesFlexible working guidance launchedProposal for super enhancing recruitment and attraction campaign and Bespoke plan for integrated Ageing Well recruitment campaignSignificant Covid related recruitment activity taken place to support Surge capacity - Bring back staff/RetireesAging well startedRecruitment team moving to business as usual recruitment				Risk Appetite / Target Risk score			12
	Gaps:	<ul style="list-style-type: none">Workforce Planning capacityCommunity Service RedesignNational workforce nursing supply challengesNational medical workforce challenges within CAMHSFull utilisation rosteringMedical consultant capacity concerns in AMH/CAMHSA centralised trust wide approach to recruitment							
Assurances	Internal:	Source: <ul style="list-style-type: none">Third cohort of nurse associate rolesFurther development of other rolesReengineering of clinical rolesSWC , Directorate Workforce groups , retention working groupWorkforce and Wellbeing BoardTransformation committeeHR TeamElectronic recruitment systemStaff staffing reportSUTG: Workforce Transformation Programme PlanPerformance Report: Targets x 2 for sufficient staffing (Turnover and Vacancy)			Evidence: <ul style="list-style-type: none">Progress reports to SWC Jan 16thPerformance dashboard monthlyWorkforce reports monthly			Assurance Rating Amber	
	External:	Source: <ul style="list-style-type: none">National NHS people planNHS retention support and benchmarking dataBenchmarking reportsInternal Audit Plan 2020/21: Workforce Strategy Q1			Evidence: <ul style="list-style-type: none">Engagement with development of NHS people plan			Assurance Rating Amber	
	Gaps:	<ul style="list-style-type: none">National gap in detail around NHS people plan as published in June 2019National people plan not published / National workforce supply							
Key	Date:	Actions: <ul style="list-style-type: none">Transformation programme on centralised recruitment – paused			Action Owner:	Progress: <ul style="list-style-type: none">Centralised recruitment agreed as a transformation committee programme being developed			Status:
	Dec 20 Dec 20 Aug 20	<ul style="list-style-type: none">Consideration of overseas recruitmentDevelop LLR People Board			Sarah Willis SW SW	<ul style="list-style-type: none">Conversations with UHL on overseas recruitment taking place			Amber



Risk No: 27		Equality, Leadership, Culture		Date included:	01.10.19		Consequence	Likelihood	Combined
Risk Title:		The health and well being of our staff is not maintained and improved							
Risk Owner:		Director of HR & OD		Date Last Reviewed:	31.07.20	Current Risk	3	3	9
Governance / Review:		SWC, QAC / Monthly Review				Residual Risk	3	2	6
Controls	Description:	<ul style="list-style-type: none">Occupational health service wellbeing strategy and implementation planWorkforce and wellbeing groupWellbeing calendar – including a range of wellbeing eventsCounselling service1:1s, Supervision, AppraisalFocus on wellbeing, sickness management policyAnti bullying harassment and advice serviceBullying and harassment sub groupAnnual Health and Wellbeing event / Health and Wellbeing Approach and bulletin launchedHealth and wellbeing champions / Virtual exercise classes / Wobble RoomsStaff Physiotherapy schemeMH first aid trainingMindfulness programmes / Psychological support offer for staffLeadership Behaviours FrameworkWeekly OD bite size virtual sessions now underwayNHS People national supportDaily Sickness absence monitoring				Risk Appetite / Target Risk score			6
	Gaps:	<ul style="list-style-type: none">Embedding of culture and leadership planEmbedding of WRES planAppraisals linked to Leadership Behaviours Framework (see action on risk 26)post incident psychological support for staff							
Assurances	Internal:	<ul style="list-style-type: none">Monitoring sickness reports workforce reportsSickness reviews within divisionsWellbeing element of appraisalWellbeing conferencesOccupational health departmentStaff repsAmica			Evidence: <ul style="list-style-type: none">Performance management report monthlyStaff side and management meetings monthlySWC reportsOccupational Health annual reportReferrals to Amica			Assurance Rating Amber	
	External:	Source: <ul style="list-style-type: none">NHSI reportingNHSI wellbeing initiatives / People plan			Evidence: <ul style="list-style-type: none">NHSI benchmarking reportsAttendance at external NHSI wellbeing workshops			Assurance Rating Amber	
	Gaps:	<ul style="list-style-type: none">Ongoing implementation of action plan associated with Health and Well being Approach.Review Health and Well being Approach in Nov 2019Embedding of National People Plan							
Key actions	Date: Oct 20 Nov 20	Actions: <ul style="list-style-type: none">Review of progress against the health and wellbeing approach and action planRefreshed health and wellbeing approach for 2020 ongoing review at senior leaders forum			Action Owner: Kathryn Burt SW SW	Progress: <ul style="list-style-type: none">NHS long terms people plan well being event attending in NovLPT health and wellbeing conference in Nov 20Developed a business case to support mental health referrals for employees approved and now commencing implementation. Paused			Status: Amber
	Nov 20 Oct 20	<ul style="list-style-type: none">System level support for post incident psychological support for staffAppointment of a psychologist for staff referral support			SW/Amica				

Risk No: 28		Access to Services		Date included:	01.10.19			Consequence	Likelihood	Combined
Risk Title:		Delayed access to assessment and treatment impacts on patient safety and outcomes								
Risk Owners:		Divisional Directors / Medical Director		Date Last Reviewed:	29.07.20	Current Risk		4	4	16
Controls	Description:	<ul style="list-style-type: none">Strategic risk based approach to waiting time management approved by Trust BoardWeekly patient tracking list sessions operational in all prioritised servicesCaseloads at service level have been risk stratified to enable a proactive risk management approachImprovement plans in place for priority services / Joint waiting times and harm review group in operationSystem planning (design groups) established to manage patient flow and investmentBusiness cases to address high risk areas / Outsourcing arrangements where appropriate (e.g. HEALIOS and St Andrew’s)Staff productivity and efficiency programmes in place via service transformationWinter planning/OPEL framework/daily escalation tool/calls in placeRevised performance report with narrativeRecovery Co-ordinating Group and CRG established to drive the restoration and recovery of services using the likelihood of harm as a denominator for prioritisationDirectorate level performance and accountability reviews in place				Residual Risk		4	3	12
						Risk Appetite / Target Risk score				12
						Gaps:	<ul style="list-style-type: none">Robust access policyConsistency in harm review processes and visibility of evidenceLLR financial sustainability planContract roll-over resulting in shortfall of funds to match growth of population / prevalence / demandThe outcomes for CYP, adults and older people may be adversely impacted as a result of temporary service suspensions or prioritisation of clinical service deliveryIdentification of patients clinical needs may be delayedPost Covid19 demand and capacity modelling in light of digital first, reduced face to face capacity and non-availability of group workEvaluation and efficacy of telephone and video contacts			
Assurances	Internal:	Source: <ul style="list-style-type: none">Directorate performance reportsWaiting time performance reported to Finance and Performance Committee monthlyInternal strategic waiting times approachDaily OPEL escalation templateWaiting times and harm review programme planPlan on a Page, recovery action cards and QIAs for each service			Evidence: <ul style="list-style-type: none">Performance management dashboardDashboards to DMTsReports into waiting times and harm review groupHarm review process update to QAC 17.03.20 and FPC 21 July 2020Recovery Co-ordinating Group and CRG action logsPlan on Page and QIA for each service			Assurance Rating Amber		
	External:	Source: <ul style="list-style-type: none">Collaborative contracting forum with commissioners with escalation routeNHS Improvement Support Team review of CAMHSCQC inspection processContract performance monitoringNHSI Regional Escalation oversight of 4 hr performance360 Assurance internal audit of waiting timesNational benchmarking data			Evidence: <ul style="list-style-type: none">Audit reportsCQC reportContract Performance Report			Assurance Rating Amber		
	Gaps:	<ul style="list-style-type: none">Triangulation of evidence of harm with Trust wide data connecting incidents, SI’s and complaints with people waitingSharing the learning								
Key actions	Date:	Actions:			Action Owner:	Progress:				Status:
	Oct 20	Implement revised Access Policy			WTHR Comm	Revised Access Policy drafted				Amber
	Sept 20	Agree services to be prioritised for deep dive waiting list review at FPC			WTHR Comm	Directorates reviewing priority using risk-based approach				
	Oct 20	Agree priorities for MHIS and growth with commissioners			MH Partnership	Delay in 20/21 contract, business cases drafted for MHIS.				
	Oct 20	Agree a process to triangulate evidence of harm with Trust wide data			Directorates	Review of enabling data and potential application commenced				
	Nov 20	Agree suite of indicators to evidence consistent approach to harm review processes			Directorates	QI approach being developed				
	Nov 20	Develop Covid sensitive trajectories for waiting time improvement of priority services			Directorates	Awaiting NHSE/I Covid demand and capacity tool				
Dec 20	Deliver agreed actions from 360 internal audit of waiting times			WTHR Comm	Action plan in place to be implemented Sept – Dec 2020					


Risk No: 33		Well - Governed	Date included:	01.10.19			Consequence	Likelihood	Combined		
Risk Title:		Insufficient executive capacity (including Shared Chief Executive role) to cover demand and impacts on LPT ability to achieve it's strategic aims									
Risk Owner:		Director of HR & OD/Chief Executive		Date Last Reviewed:	31.07.20						
Controls	Description:	<ul style="list-style-type: none">Shared Chief Executive appointed with NHFT (NHFT rated outstanding overall and outstanding for well led domain)Overall Well-led inadequate rating from CQCNo Vacant Executive team posts / Additional temporary supernumerary support from external sourcesBuddy arrangements with NHFT / Supportive oversight from NHSI/EDeputy Chief Executive position created strengthening executive capacity for LPTBusiness manager /LPT Programme Lead role for NHFT working closely with the Chief Executive across both organisationsLead LPT Director for the Buddying Programme – DoNResources identified to support buddy programme via NHFT directorsSet days/working pattern for CEO role allowing shared resource time spent each week to be auditable with exceptions according to needsRegular review of buddy work programme and impactsDiscussion at Board of Directors Nominations and Remunerations CommitteeMOU between LPT and stakeholders (NHFT, NHSEI) setting out the capacity and resource requirements for each organisation for the buddying programmeAgreed funding with NHSEI and NHFTShared Director posts with NHFT from January 2020 – Governance & StrategyDeputy CEO in placeRecruitment of substantive Director of Adult Mental HealthSubstantive Appointment of deputy CEOAppointment of interim Director of Nursing, AHPS and QualityAppointment of a substantive Medical Director				Current Risk		4	3	12	
						Residual Risk		4	2	8	
						Risk Appetite / Target Risk score					8

Risk No: 35		Well Governed		Date included:	01.10.19		Consequence		Likelihood		Combined	
Risk Title:		The quality and availability of data reporting is not sufficiently mature to inform quality decision making					Current Risk		4	4	16	
Risk Owner:		Director of Finance, Business & Estates and Deputy Chief Executive		Date Last Reviewed:	28.07.20		Residual Risk		4	3	12	
Governance / Review:		FPC / Monthly Review					Risk Appetite / Target Risk score		12			
Controls		Description:	<ul style="list-style-type: none">Executive senior information risk officer (SIRO) sponsorshipPerformance management frameworkPerformance reportsRegular reporting of data quality maturity index in board reportsAnnual benchmark reporting against peersContractual data quality improvement plans (DQIP)Experienced subject matter experts in the corporate information teamNational guidanceElectronic patient records (EPR)Data quality kite mark is included against some metrics									
			Gaps:	<ul style="list-style-type: none">Control framework for data and informationAssurance frameworkNon compliance with policiesCapacity to deliver the changesAccountability frameworkComplete data quality reports for local and national data setsKnowledge of data quality incidentsConfiguration of systems to support requirements of information standards and NHS data modelsRobust technical infrastructure to support timely and accessible use of dataLack of system that allows validated data on a consistent basis at directorate levelStrategy refresh to be undertakenConsideration of skill mix and need to address any capability and capacity challengeNo monitoring solution available to measure timeliness of data inputChallenges in the system to ensure information is timely and appropriateInability to progress at pace due to competing priorities and lack of capacity in the corporate Information team.There is a delay in the transformational approach to improving data quality.								
Assurances		Internal:		Source: <ul style="list-style-type: none">FPC / Trust BoardClinical auditAnnual record keeping auditData quality flag for priority KPIs			Evidence: <ul style="list-style-type: none">Quarterly DQIP report to FPC (last one 17.03.20)			Assurance Rating Amber		
		External:	Source: <ul style="list-style-type: none">External auditBenchmarking reports			Evidence: <ul style="list-style-type: none">Data quality framework 19/20 – Significant assurance rating			Assurance Rating Amber			
		Gaps:	<ul style="list-style-type: none">Internal process for testing complianceProcess for responding to external feedback									
Key actions		Date:	Actions:			Action Owner:	Progress:					Status:
		Sept 20	<ul style="list-style-type: none">Create dedicated data quality group			Dani Cecchini	Contingent on demands of COVID – may develop from data cell					Red
		Dec 20	<ul style="list-style-type: none">Configure clinical systems to meet national information standards			LHIS (IW)	Contingent on demands of COVID					
		Dec 20	<ul style="list-style-type: none">Further develop data warehouse to national information standards			LHIS	Contingent on demands of COVID					
Sept 20	<ul style="list-style-type: none">Investigate investment opportunities to exploit Business Intelligence tools to support improved data quality reporting			Prakash Patel	Funding identified in capital plan							


Risk No: 40		High standards		Date included: 11.03.20				Consequence	Likelihood	Combined	
Risk Title:		The ability of the Trust to deliver high quality care may be affected during a Coronavirus COVID-19 pandemic									
Risk Owner:		Director of Finance, Business & Estates and Deputy Chief Executive		Date Last Reviewed: 06.07.20				Current Risk	5	4	20
Governance / Review:		Combined Exec Board / Fortnightly						Residual Risk	5	3	15
								Risk Appetite / Target Risk score			15
Controls	Description:	<ul style="list-style-type: none">National level 4 major incident led by COBR with national, regional and local resilience structures and policies in placeCOVID-19 Incident Management Team and Control Centre open 8 – 8 7days per week / Single point contact 24/7 email and dedicated phone – this is remaining in place during the second lockdown period (initially 30.06.20 – 13.07.20)LPT Gold, Silver and Bronze chain of command with role specific cells to support the ICCApproved, interim governance and risk management arrangements with focus on action, risk and decision logsPrioritisation of critical services and maintenance of business continuity plansPolicy controls are in place for IPC, major incident place, Flu pandemicParticipation in national and LLR health resilience forumsNational weekly Webinars / Communications for COVID-19 both internally and externallyCommunication of information – Staff Room and daily EmailStaff guidance on Management of isolation and reporting / Agile home working policy / Occupational Health dedicated phone linesNational guidance on workforce / National and system updates including modelling on the development of the pandemicProcurement hub with PPE planning and distribution, and systems and processes in place to respond to PPE shortagesImpact of COVID-19 on existing ORR and local / Directorate risk registersEstablished surge capacity in line with system requirementsTrust Wide risk assessment for impact of COVID-19 on bame staff, and staff with protected characteristicsFull quality risk impact assessments for any full or partial service closuresLLR established alert system to identify local surges									
	Gaps:	<ul style="list-style-type: none">As at 26.06.20 there are some outstanding / not recorded risk assessments for bame staffEmbedded system of antibody testing to support the test and traceUnderstanding of the impact of additional covid testing for high risk areas in Leicester (circa 1700 residents)									
Assurances	Internal:	<ul style="list-style-type: none">Weekly flash report to BoardCommunications structures to staff7-day per week COVID-19 major incident meetingsCOVID related National Guidance reviewed dailyMonitoring of unintended consequences of rapid and high pressured decision makingDaily National PPE SitRepsDaily national NHSE/I patient related SitRep also provided to the LLR systemHealth Economy Tactical Coordinating Group (HETCG) SitRep (2 times a week)Daily staffing swabbing SitRep / CEO daily SitRep				Evidence: <ul style="list-style-type: none">Weekly Flash report to BoardDaily staff COVID-19 briefingMonthly risk report to level one committeesDirectorate highlight reportsSituation Reports (SitReps)Regular staff and stakeholder briefingsICC decision logPPE daily sitrepResults of bame risk assessments			Assurance Rating Green		
	External:	<ul style="list-style-type: none">Department of health / Public Health England / NHSEI / COBR / Chief Medical OfficerLLR system advice and planning / Joint CEO exec daily (Mon-Fri) reporting structureGov.uk COVID-19 information email alerts / National webinarsBuddy relationship with NHFT				Evidence: <ul style="list-style-type: none">Records of strategic gold coordinating group meetings			Assurance Rating Amber		
	Gaps:	<ul style="list-style-type: none">Reconciliation of external data with LLR data and the potential of inconsistency of understanding or interpretation									
		Aug 20 ongoing Aug 20 Aug 20	Actions: <ul style="list-style-type: none">Reviewing surge plans in response to second waveAs a system, LLR meeting regularly to understand and agree response to the current surgeOn-going implementation of antibody tests and nasal swabs100% of all bame risk assessments completeModelling based on potential staff reduction following high risk testing in Leicester			Action Owner: DW Kathryn Burt ICC ICC ICC		Progress: <ul style="list-style-type: none">Work within LLR system data cell to further develop system demand and capacity plan.Trust working with EM Alliance to develop specific MH demand and capacity modelling tool			Status: Amber


Risk 41		Equality, Leadership and Culture / High Standards		Date Included on ORR	27.05.20	 	Consequence	Likelihood	Combined					
Risk Title		The Trust may not appropriately manage the health and well-being of our BAME staff , and staff with key protected characteristics given the disproportionate impact of COVID-19					Current Risk	5	3	15				
Risk Owner:		Director of HR & OD		Date Last Reviewed:	31.07.20		Residual Risk	5	2	10				
Governance / Review		Combined Exec Board / Fortnightly					Risk Appetite / Target Risk score				10			
Controls	Description:	<ul style="list-style-type: none">National level 4 major incident led by COBR with national, regional and local resilience structures and policies in placeParticipation in national and LLR health resilience forumsCOVID-19 Incident Management Team and Control CentreLPT Gold, Silver and Bronze chain of command with role specific cells to support the ICCNational weekly Webinars / Communications for COVID-19 both internally and externallyCollaboration with NHFT and Sussex Partnership NHS TrustCommunication of information – staffnet and daily emailsStaff guidance on Management of isolation and reporting / Agile home working policy / Occupational Health dedicated phone linesProcurement cell with PPE planning and distributionVirtual network meetings / Listening Group meeting for BAME colleaguesRe-deployment exercise / Swabbing and testing availability for all staff immediately upon reporting of symptomsService user feedback / Bank staff feedbackGovernment and NHS Employers, NHS Confederation guidance and briefing papersLPT action cards to provide advice i.e. around pregnancy, death notification etc.Risk assessment tool in place for vulnerable / shielding staff completed 100 % BAME Staff assessed / 97% total at risk groups												
	Gaps:													
Assurances	Internal:	<p>Source:</p> <ul style="list-style-type: none">Regular data analysis with narrativeCommunications structures to staff7-day per week COVID related National Guidance reviewed dailyMonitoring of unintended consequences of rapid and high pressured decision making				<p>Evidence:</p> <p>Data report to ICC - plan for weekly update</p> <p>Daily communications, e.g. 28.04.20 reference to pregnancy</p>				Assurance Rating Amber				
	External:	<p>Source:</p> <ul style="list-style-type: none">Department of health / Public Health England / NHSEI / Cobra / Chief Medical OfficerGovernment and LLR system advice and planning / Joint CEO exec dailyGov.uk COVID-19 information email alerts / National webinarsBuddy relationship with NHFTCQC updated Reg 15 death notification form (incl info on protected characteristics).				<p>Evidence:</p> <ul style="list-style-type: none">Records of Joint CEO daily conference callsNHSEI weekly data of deaths by ethnicity				Assurance Rating Green				
	Gaps:	<ul style="list-style-type: none">NHSEI/PHE review of the impact of coronavirus on BAME communities yet to be undertakenNHS Employers inquiry on the impact of Covid-19 on people with protected characteristics under the Equality Act; age, disability, sex, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation and gender reassignment – to be completed.Data from CQC reg 15 death notification forms – to be shared with system partners.												
Actions	Date:	Actions:				Action Owner:	Progress				Status:			
	May 20	Staff Webinar Virtual Staff networks taking place for staff support groups associated with Protected Characteristics				SW	Correspondence being sent to provide guidance around support available and an invite to the event 29.04.20				Amber			
	August 20	Anti Racism collaboration work with NHFT				SW/HA	Listening events underway letter to all staff							
	August 20	Compassionate conversations workshops				SW	Rolling programme underway							
	August	WRES Culture pilot to commence				SW	Board Development Session in August							

Risk 42		High Standards	Date Included on ORR	27.05.20		Consequence	Likelihood	Combined	
Risk Title		The Trust may not appropriately manage its patients with LD and Autism given the known disproportionate adverse impact of COVID-19 on this patient group				Current Risk	4	3	12
Risk Owner:		Assistant Director FYPC&LD	Date Last Reviewed:	01.07.20		Residual Risk	4	2	8
Governance / Review		Combined Exec Board / Fortnightly				Risk Appetite / Target Risk score			
Controls	Description:	<ul style="list-style-type: none">Active engagement in bi-weekly multiagency LD & Autism Sub-cell to inform and coordinate responseMonitoring of changes to care needs from multiagency LD & Autism Sub-cellCovid-19 LD National GuidanceCreation of isolation Pod at the Agnes Unit for suspected C19 patients and new admissionsClosure of Short Breaks facility with increase outreach supportLLR multi-agency LD and Autism response service contributionRefreshed care plans and risk assessmentsUse of digital technology for undertaking assessments and clinical discussionsVirtual weekly discharge meetingsVirtual Care and Treatment ReviewsRisk stratified caseload of people who used short breaks; shared information with social care teams and agreed bespoke wrap-around support packagesRe-deployed short breaks staff to: increase outreach teams reach and intensity and provide BH cover; staff up Agnes UnitRegular telephone contact with people on caseload and easy read information on Covid-19 distributedVisits continuing where families / carers comfortableCOVID-19 Incident Management Team and Control CentreLPT Gold, Silver and Bronze chain of command with role specific cells to support the ICCService user feedbackLPT action cards to provide adviceAction plan in place to avoid unnecessary admissions to AMH wards of service users with LD and/or AutismQuality impact assessments for all service closuresE-learning pack for AMH staff published on Ulearn							
	Gaps:	<ul style="list-style-type: none">Knowledge of reduction in staff with specialist learning disabilities/autism training as a result of COVID-19Planned discharge dates being declined by care placement providersCancellation of face to face training of MH staff on ROAR process							
Assurances	Internal:	Source: <ul style="list-style-type: none">Daily SitRep which records COVID-19 deaths with LD / Autism conditionCommunications structures to staff7-day per week COVID related National Guidance reviewed dailyMonitoring of unintended consequences of rapid and high pressured decision making			Evidence: SitRep data – daily (submitted to CQC weekly)			Assurance Rating Amber	
	External:	Source: <ul style="list-style-type: none">Department of health / Public Health England / NHSEI / Cobra / Chief Medical OfficerGovernment and LLR system advice and planning / Joint CEO exec dailyGov.uk COVID-19 information email alerts / National webinarsBuddy relationship with NHFT			Evidence: <ul style="list-style-type: none">Records of Joint CEO daily conference callsNHSEI weekly data of deaths which includes those who have been treated for a mental health condition or have a learning disability and/or autism			Assurance Rating Green	
	Gaps:								
Action	Date: Aug 20	Sub cell / ICC recovery cell plan		Action Owner: Mark Roberts / Recovery Cell	Progress			Status: Amber	


Risk 43		High Standards	Date Included on ORR	27.05.20		Consequence	Likelihood	Combined	
Risk Title		The Trust response to COVID-19 may negatively impact on the safety and well-being of vulnerable patients detained under the Mental Health Act.				Current Risk	5	3	15
Risk Owner:		Medical Director	Date Last Reviewed:	03.08.20		Residual Risk	5	2	10
Governance / Review		Combined Exec Board / Fortnightly				Risk Appetite / Target Risk score		10	
Controls	Description:	<ul style="list-style-type: none">Guidance from NHSEIEmergency Coronavirus Act 2020 - MHA legislation and associated Code of Practice (remains the same)MHA Service support (Weightmans solicitors) for advice through Legal DeptLegal input into Action Cards (includes MHA) kept up to date.MHA Policy and procedure – MHA Policy DatabaseDocumentation Policies within operational services (MHA content specific guidance)COVID-19 Incident Management Team and Control Centre / LPT Gold, Silver and Bronze chain of command with role specific cells to support the ICCMHA Service Continuity PlansCommunication of information through ICC submission of continuity plansClinical Lead / interim Medical DirectorManagers Panel Members (Hospital Mangers)MHA training (role specific training)Independent Mental Health Advocacy service (POhWER) commissioned by LAReview and response to NHSEI guidance (issued 19th May)Processes in place to continue to hold panel hearings							
	Gaps:	<ul style="list-style-type: none">Remote MHA Assessments at the point of detention remain subject to discussion but not agreement							
Assurances	Internal:	Source: <ul style="list-style-type: none">Regular dashboard (MHA activity) to LEG including number of tribunal applicationsMHA census at point of care – monthly (measures minimum standards at point of care)Incident reportingMental health act training data		Evidence: Bi monthly report to LEG (end of year dashboard in June) MHA training data – on the agenda for discussion August LEG		Assurance Rating Amber			
	External:	Source: <ul style="list-style-type: none">Mental Health Act focussed reviewer visits from CQC – remote in response to COVID-19Ad hoc IMHA service feedbackTribunal Service Mental Health		Evidence: Process in place as part of continuity planning should notification be received Service development to meet National Directions to include legal support to patients accessing service		Assurance Rating Amber			
	Gaps:	<ul style="list-style-type: none">Trend analysis and escalation of incidents, restrictive interventions etc for patients detained under the MHA (considering the impact of changes during COVID)Data from POhWER to demonstrate uptake – possible concern over access by patient’s lacking capacity due to the nature of remote assessment							
Actions	Date: Sept 20	Actions: <ul style="list-style-type: none">Remote Mental Health Act assessments being developed with LA / Process Flow Chart with LA (response to latest national guidance)		Action Owner: Alison Wheelton and Associate MD	Progress		Status: Amber		
	Sept 20	<ul style="list-style-type: none">Robust remote hearing process developed to undertake Managers Panel Hearings suspended as part of continuity planning		Alison Wheelton	<ul style="list-style-type: none">Protocol remains in draft as different options/providers are considered. A section 12 audit is currently underway until mid-August. Currently there are no plans to implement remote assessments.				
	Sept 20	<ul style="list-style-type: none">LPT led multi agency audit July 20 – S12 doctor availability to support joint agency working		Alison Wheelton	<ul style="list-style-type: none">Paper to LEG August 2020 outlining longer term planning for the continuation of panel hearings and update on pay proposalsBeing undertaken as part of remote MHA assessments project – audit due to end mid Aug 2020				

Risk 44		Access to Services and High Standards		Date Included on ORR	27.05.20		<div><div>Access to Services</div><div>High Standards</div></div>	Consequence	Likelihood	Combined	
Risk Title		A post COVID-19 surge in referrals would have a detrimental impact on waiting times and patient harm if the Trust is unable to increase capacity									
Risk Owner:		Director of Finance, Business & Estates and Deputy Chief Executive		Date Last Reviewed:	29.06.20						
Governance / Review		Combined Exec Board / Fortnightly									
Controls	Description:	<ul style="list-style-type: none">Strategic risk based approach to waiting time management approved by Trust BoardWeekly patient tracking list sessions operational in all prioritised servicesNHSI demand and capacity management training completeJoint waiting times group and harm assurance group in operationSystem Improvement and Assurance meeting oversight of Trust waiting timesBusiness planning and contract discussionsOutsourcing arrangements where appropriate (eg HEALIOS)Staff productivity and efficiency programmes in place via service transformationWinter planning/OPEL framework/daily escalation tool/calls in placeBusiness cases to address high risk areasDemand and capacity analysis of priority services with long wait timesRevised performance report with narrativeHarm assessment process / Joint waiting times and harm prevention groupPatient Safety Plan - aligned to the National Patient Safety Plan / Patient Safety Improvement Group (PSIG)Agreed joint working approach between LLR and Northants system to undertake demand and capacity modelling						Risk Appetite / Target Risk score			12
	Gaps:	<ul style="list-style-type: none">The outcomes for CYP, adults and older people may be adversely impacted as a result of temporary service suspensions or prioritisation of clinical service deliveryIdentification of patients clinical needs may be delayed.Patient experience is adversely impacted through delays in access to medium and low priority treatmentRobust access policyEmbedded harm review process									
Assurances	Internal:	Source: <ul style="list-style-type: none">Quality Forum / Quality Assurance Committee / Strategic Workforce CommitteeAll associated policiesProfessional standards groupRevised quality governance structure being embedded; Revalidation and registration process in placeAssociate Director of Nursing in place who leads on professional practiceTrust wide Adult & Child SafeguardingMandatory training reports ; Clinical supervision reports			Evidence: <ul style="list-style-type: none">Regular reports and minutes from meetingsHighlight information and escalation processesReduction in harm and incidentsReduction in concerns and complaintsImproved staff feedbackPatient experience report			Assurance Rating Amber			
	External:	Source: <ul style="list-style-type: none">Patient/family and staff FFT / PALS feedbackProfessional Bodies e.g. NMC, GMC, HCPCQuality Contract and Monitoring with CCG & Specialised CommissioningHealth watch LeicesterLLR Transferring Care Safely Group/LPT engaged (acute/secondary provider feedback)						Assurance Rating Amber			
	Gaps:	<ul style="list-style-type: none">Patient Safety Walk-roundsCompliance with mandatory & role related training, staff knowledge around physical health and specialityStaff vacancies across the professions and high bank /agency use. Increased use of redeployment and non familiar staff									
A	Date: Aug 20	Actions			Action Owner:		Status:				
	Aug 20	Joint LLR and Northants demand and capacity modelling Clarifying the programme of work to respond to the modelling			DW/AS DW/AS		Amber				

Risk 45		Well Governed	Date Included on ORR	27.05.20		Consequence	Likelihood	Combined		
Risk Title		A post COVID-19 surge in legal challenge would have a detrimental impact on our reputation and financial position.				Current Risk	3	3	9	
Risk Owner:		Shared Director of Corporate Governance and Risk	Date Last Reviewed:	01.07.20			Residual Risk	3	2	6
Governance / Review		Combined Exec Board / Fortnightly				Risk Appetite / Target Risk score				6
Controls	Description:	<ul style="list-style-type: none">Guidance provided by Public Health England, Chief Coroner, NHSI, HSE and DOHCoronavirus Act 2020 enacted to ease the burden on front line and adult Social care. CV Act 2020 reviewed by Legal Team.LPT Legal Team / Panel firms (Weightmans Solicitors) for Claims and Inquest SupportLPT Claims Management Policy and in-house procedure currently in placeStaffing side issues (e.g – swabbing and test results, unnecessary risk of exposure to COVID)Extra patient controls documentation e.g. temperature controlInternal inquest process – reviewed in light of COVID and witnesses and Services update as to the current status of InquestsInquests – all vacated until September 2020 at least (to be reviewed regularly in light of the Chief Coroner Guidance)Inquest relating to Covid-19 are usually ‘natural causes’ Inquests however there are instances where a death can be reported to the Coroner (e.g. death in workplace,Legal input into Action Cards (includes MHA, DoLS, Restraint etc.) to Medical Director and ICC for authorisation thereafter.Documentation Policies within Services (GMC / NMC Codes of Practice, Trust Policy)Legal Briefing to ICC Clinical Senate re prospective prosecution and outcome / Prompt Sheet to assist clinicians with comprehensive documentation of patient care toCOVID-19 Incident Management Team and Control Centre / LPT Gold, Silver and Bronze chain of command with role specific cells to support the ICCPotential reputational risks of when patients are wanting to access services and cannot (e.g community services)Court of Protection – consideration of discharging non-capacitous individuals in the current climateCourt of Protection – consideration of Services not running to full capacity and deterioration of mental health in the current climate could lead to future COP proceedingsCourt of Protection – attracting Judicial criticism for not adhering to s.49 MCA Court Orders in the current climateApproved, interim governance and risk management arrangements with focus on action, risk and decision logsPrioritisation of critical services and maintenance of business continuity plansCommunication of information to staff – Staff Room and daily email / Staff guidance management of isolation and reporting / restraint/ safeguarding/ Agile home working policy / PPE/ Occupational HealthProcurement hub with PPE planning and distributionImpact of COVID-19 on existing ORR and local / Directorate risk registersEstablished surge capacity in line with system requirements / Trust Wide risk assessment for impact of COVID-19 on staff with protected characteristics								
	Gaps:					<ul style="list-style-type: none">Robust documentation of patient specific care decisions in relation to COVID (for example remote assessment) and any signposting provided . To include consideration of any limitations of patient assessments, information provided in terms of follow up etc.Robust documentation of the consideration of COVID upon discharge (e.g. was it safe to discharge in current climate)				
Assurances	Internal:	<ul style="list-style-type: none">Report of high value claims and high profile inquests to ET /Inquest spreadsheetWeekly flash report to Board if requiredCommunications structures to staff7-day per week COVID-19 major incident meetings / COVID related National Guidance reviewed dailyMonitoring of unintended consequences of rapid and high pressured decision makingDaily National PPE SitReps / Daily staffing swabbing SitRep / CEO daily SitRep			<ul style="list-style-type: none">Fortnightly inquest spreadsheet to Service and Governance LeadsWeekly Flash report to Board if required / ICC decision logMonthly claims and inquests report to ETDaily staff COVID-19 briefingMonthly risk report to level one committees / Directorate highlight reportsSituation Reports (SitReps) / Regular staff and stakeholder briefings			Assurance Rating Green		
	External:	<ul style="list-style-type: none">Virtual legal forums / Peers trusts including UHL legal team / NHLSA / weekly Coroner feedbackDepartment of health / Public Health England / NHSEI / COBR / Chief Medical OfficerGov.uk COVID-19 information email alerts / National webinarsBuddy Trust			Evidence:			Assurance Rating Green		
	Guidance:	Riddor reporting								
Actions	Date:	<div>Actions</div> <ul style="list-style-type: none">Prompt card for clinicians to support robust record keepingSeeking additional legal advice to ensure our process is fit for purpose			<div>Action Owner:</div> <div>Legal Team / MCS</div> <div>Legal Team/Clinical Senate/Weightmans</div>		<div>Progress</div> <div>Drafted and with Divisional Directors for review</div> <div>On-going</div>		Status:	
	Aug 20 Aug 20								Amber	

Risk 46			Well Governed	Date Included on ORR	27.05.20		Consequence	Likelihood	Combined	
Risk Title			We are unable to restore or recover our services, impacting on our ability to deliver against national requirements and commissioned activity.				Current Risk	4	4	16
Risk Owner:			Director of Finance, Business & Estates and Deputy Chief Executive	Date Last Reviewed:	06.07.20		Residual Risk	4	3	12
Governance / Review			Combined Exec Board / Fortnightly				Risk Appetite / Target Risk score			12
Controls	Description:	<ul style="list-style-type: none">COVID-19 Incident Management Team and Control Centre with LPT Gold, Silver and Bronze chain of commandRecovery cell to plan the restoration of services and enable recovery, linking in with all ICC specialist cellsApproved, interim governance and risk management arrangements with focus on action, risk and decision logsPrioritisation of critical services and maintenance of business continuity plansParticipation in national and LLR health resilience forumsNational weekly Webinars / Communications for COVID-19 both internally and externallyCommunication of information – Staff Room and daily EmailNational guidance on workforce / National and system updates including modelling on the development of the pandemicImpact of COVID-19 on existing ORR and local / Directorate risk registersHigh level restoration plans shared with regulators and agreed across LLR								
	Gaps:	<ul style="list-style-type: none">Detailed plans for restoration and recoveryDetailed guidance re approach to restoration and recovery to ensure it is approached in a safe wayDetailed guidance re approach to restoration and recovery where we propose to retain the learning from COVID.Ensuring adequate in-patient bed stock is maintained as we move through to recovery - balancing the need for a covid response and one for Mental Health specifically								
Assurances	Internal:	Source: <ul style="list-style-type: none">Weekly flash report to BoardCommunications structures to staff7-day per week COVID-19 major incident meetingsCOVID related National Guidance reviewed dailyMonitoring of unintended consequences of rapid and high pressured decision makingDaily National PPE SitRepsDaily staffing swabbing SitRep / CEO daily SitRep			Evidence: <ul style="list-style-type: none">Weekly Flash report to BoardMonthly claims and inquests report to ETDaily staff COVID-19 briefingMonthly risk report to level one committeesDirectorate highlight reportsSituation Reports (SitReps)Regular staff and stakeholder briefingsICC decision logOversight and performance report for restoration & Recovery			Assurance Rating Amber		
	External:	Source: <ul style="list-style-type: none">Virtual legal forumsDepartment of health / Public Health England / NHSEI / COBR / Chief Medical OfficerGov.uk COVID-19 information email alerts / National webinarsBuddy relationship with NHFT			Evidence:			Assurance Rating Amber		
	Gaps:									
Actions	Date:	Actions			Action Owner:		Progress		Status:	
	August 20	Detailed plans for restoration and recovery			Recovery and recovery programme – Anne		Initial plan submitted to NHSEI		Amber	
	August 20	Detailed guidance re our approach to restoration and recovery safely			Senior					
	August 20	Detailed guidance re our approach to learning from COVID			AS					
	Ongoing	Ongoing development of Restoration and Recovery (pipeline) programme plan and dashboard			AS		Underway - plans on a page being managed by the PMO			
Ongoing	Ongoing support for directorate business leads to coordinate approval of action cards			AS		All services captured as having partially or fully closed their service (as per the COVID services change log) have been captured in the restoration/ recovery pipeline.				
Sept 20	Networking meetings with Service and Enabling Leads (drop-in Q&A sessions)			AS						

Risk 47		Well Governed / High Standards		Date Included on ORR	27.05.20			Consequence	Likelihood	Combined
Risk Title		We are unable to provide a COVID-19 safe environment for our staff and patients				<div>Current Risk</div>		5	3	15
Risk Owner:		Director of Finance, Business & Estates and Deputy Chief Executive / Director of HR & OD		Date Last Reviewed:	01.07.20			<div>Residual Risk</div>	5	2
Governance / Review		Combined Exec Board / Fortnightly				<div>Risk Appetite / Target Risk score</div>		10		
Controls	Description:	<ul style="list-style-type: none">National guidelines set out in ‘Operating framework for urgent and planned services in hospital settings’PHE ‘COVID-19 Infection prevention and Control guidelines’National guidelines set out in ‘COVID-19 prioritisation within community health services’COVID-19 Incident Management Team and Control Centre with LPT Gold, Silver and Bronze chain of commandRecovery cell to plan the restoration of services and enable recovery, linking in with all ICC specialist cellsClinical Reference Group overview of service recovery and restoration plansApproved, interim governance and risk management arrangements with focus on action, risk and decision logsRisk assessment for all redeployed staff where vulnerable or shieldingAll staff who were able to work from home i.e. the work can be done at home have moved to working from homeSilver command re-deployment of staff from services that had been stood down and deployed to services where extra surge was requiredStaff side involvement with process for bringing redeployed staff back into the servicesAgreed zoning and social distancing for the training centresActive participation in the Bring Back Staff (BBS) national schemeLiaison with third party organisations to explore surplus workforce e.g. LOROS, DMU etcSet up NHS Professionals as a source of supplySigned up to LLR system workforce sharing agreementWork with HEE to identify paid placements for third year nursing students as aspirant nursesPolicy controls are in place for IPC, major incident place, Flu pandemicParticipation in national and LLR health resilience forumsCommunication of information – Staff Room and daily EmailStaff guidance on Management of isolation and reporting / Agile home working policy / Occupational Health dedicated phone linesWellbeing support for staffNational guidance on workforce / National and system updates including modelling on the development of the pandemicProcurement hub with PPE planning and distributionIncreased swab capacity. Local testing stations set up for swabbing for primary mental health, community and care home staff. Swabbing centres establishedrisk assessments for all bame and staff with high risk protected characteristicscritical training undertaken including mask fit testingDirectorate zoning proposal paper approved by Strategic Exec 12/6/20								
		Gaps:		Impact of a surge in non covid referrals and acuity requiring face to face contact and an increase in workload						
Assurances	Internal:	Source: <ul style="list-style-type: none">Weekly flash report to BoardCommunications structures to staff7-day per week COVID-19 major incident meetingsCOVID related National Guidance reviewed dailyMonitoring of unintended consequences of rapid and high pressured decision makingDaily National PPE SitReps / Daily national NHSE/I patient related SitRep also provided to the LLR system			Evidence: <ul style="list-style-type: none">Weekly Flash report to BoardDaily staff COVID-19 briefingMonthly risk report to level one committeesDirectorate highlight reportsSituation Reports (SitReps)Regular staff and stakeholder briefings				Assurance Rating Amber	
	External:	Source: <ul style="list-style-type: none">Buddy relationship with NHFTDepartment of health / Public Health England / NHSEI / COBR / Chief Medical OfficerLLR system advice and planning / Joint CEO exec daily (Mon-Fri) reporting structure			Evidence:				Assurance Rating Amber	
	Gaps:									
Actions	Date:	Actions			Action Owner:		Progress		Status:	
	Aug 20 Aug 20 May 20	H&S team undertaking environmental RAs across all estate Consideration being given to 'attend anywhere' remote consultation product. ICCs to consider the role of both Trusts in system staff health & wellbeing/psychological support. 'Frontline19' to be considered as part of the overall psychological support offer			Bernadette Keavney David Williams Kathryn Burt				Amber	

Risk 48		Well Governed		Date Included on ORR	24.06.20			Consequence	Likelihood	Combined	
Risk Title		We are unable to contain expenditure, or to recover income in line with the limits imposed by NHSEI under the COVID financial regime.									
Risk Owner:		Director of Finance, Business & Estates and Deputy Chief Executive		Date Last Reviewed:	31.07.20			Current Risk	5	3	15
Governance / Review		FPC / monthly						Residual Risk	5	2	10
						Risk Appetite / Target Risk score			10		
Controls	Description:	<ul style="list-style-type: none">Block payment in place 01/04/20 – 31/10/20Top up payment ensures Trust will break even each monthAll covid related costs reimbursed centrally each monthTransformation committee oversight of CIPsOperational oversight & management of costs through Directorate Management TeamsFinancial governance and control framework in place through Standing Financial Instructions with reporting to the Audit CommitteeCapital Management Committee’s oversight of capital planning and agreed governance processes; Capital Financing strategyTreasury management policy , cash flow forecasting and managementUnderlying cost run rate is reported to FPC, to manage & understand the underlying positionUnderlying cost run rate will be compared to 20/21 block income to identify any gapsFinancial plan process for 01/10/20 – 31/03/21 will follow NHSE/I guidance, when released									
	Gaps:	<ul style="list-style-type: none">Awaiting phase 3 guidance to clarify the basis on which financial plans will be set for 20/21 for the rest of the yearNHSEI guidance could change the approach to covid reimbursement/top up funding & leave us with a financial gap if all costs haven’t been identified & claimed in a timely mannerInvestments/service changes could be progressed which are reimbursed via the block arrangement, but which commissioners do not agree to subsequently fundLedger budgets are based on old contract values & could confuse 20/21 variance reportingCIP development & approval of QIA s									
Assurances	Internal:	<p>Source:</p> <ul style="list-style-type: none">Finance and Performance Committee report includes I & E, cash & capital reportingAudit CommitteeTransformation Committee oversight of CIP & QIA developmentCCG/LPT process to agree approach to investment funding in 20/21Capital management committee review & agreement of capital bids, in year plan delivery & annual development of capital plans			<p>Evidence:</p> <ul style="list-style-type: none">Formal I & E, cash & capital monitoringStanding Financial instructionsTransformation committee papersDocumented process in place (once agreed)Highlight reportMonthly Director of Finance report			Assurance Rating Amber			
	External:	<p>Source:</p> <ul style="list-style-type: none">KPMG audit of 20/21 annual accounts and value for money conclusionInternal Audit Plan 2020/21: Integrity of the General Ledger and Financial Reporting Q3/4; Financial Systems Q3/4			<p>Evidence:</p> <ul style="list-style-type: none">2019/20 annual accounts unqualified opinionSignificant assurance IA opinions issued 2019/20			Assurance Rating Green			
	Gaps										
Actions	Date:	Actions			Action Owner:			Progress		Status:	
	August 20	To understand the baseline position			Sharon Murphy			On target		Green	
	August 20	Budget and financial target re-setting			Sharon Murphy			On target			
	August 20	Agree investment process with CCG leads			Sharon Murphy			Completed; needs to be formalised			
	August 20	Implement phase 3 NHSE/I guidance when received			Sharon Murphy			Waiting for guidance			
October 20	Board approval of phase 3 financial plan			Sharon Murphy			Draft timetable in place				

Risk No: 50		Transformation					Consequence	Likelihood	Combined		
Risk Title:		The Long Term Plan/Ageing Well Urgent Community Response national targets may not be met, leading to a delay in the timely assessment of patients and reputational impact									
Risk Owner:		Director of CHS (Transformation Committee)		Date Last Reviewed:	21.08.20		Current Risk		4	4	16
Governance / Review :		Transformation Committee / FPC / 3 monthly					Residual Risk		4	3	12
Controls	Description:	<ul style="list-style-type: none">National Ageing Well team support offer and quarterly assurance meetingsWritten confirmation of 20/21 LLR Ageing Well n/r accelerator fundingLLR Primary and Community Board oversightLLR Programme Board in placeCHS Programme Board in placeHighlight report to Transformation Committee monthly for exec/trust board oversightCommunity Service Resign model of care implemented Dec 2019LLR Ageing ell recruitment plan designed and funded					Risk Appetite/Target Risk			6	
	Gaps:	<ul style="list-style-type: none">The NHS 20/21 contracting arrangements do not enable the CCG to make the planned investment of £943k into community services to support delivery of urgent response standards.No formal contractual agreement in place for 20/21Publication of the national CSDS technical specification has been delayed due to Covid-19The TPP SystmOne electronic patient record is not currently configured in a way that easily enables reporting of urgent response standards									
Assurances	Internal:	Source: <ul style="list-style-type: none">Transformation CommitteeCHS Ageing Well Programme Board			Evidence: <ul style="list-style-type: none">Highlight report to Trust BoardHighlight report to Transformation Committee			Assurance Rating: Amber			
	External:	Source: <ul style="list-style-type: none">System Operational Group (SOG)LLR Transformation GroupLLR Primary and Community Design and Delivery Group			Evidence: <ul style="list-style-type: none">Minutes of meetingMinutes of meetingMinutes of meeting			Assurance Rating: Amber			
	Gaps:	<ul style="list-style-type: none">Contract Performance Meetings (CPM) currently suspended									
Key actions	Date:	Actions:		Action Owner:	Progress:				Status:		
	Aug 20 Oct 20 Oct 20 Sept 20	Paper to raise awareness and seek way forward to SOG in lieu of CPM Proposal to CHS Programme Board setting out options for system configuration once national technical specification is available Ensure that costs are accurately & transparently reflected in LPT/system 20/21 financial plan Follow up paper to SOG seeking system support to risk share costs and commence recruitment		R Bilsborough C Purves Sharon Murphy R Bilsborough	Complete				Amber		

Trust Board Meeting Dates 2021

MEETING TYPE	MEETING DATE	FOR MONTH	PAPER DEADLINE
DEVELOPMENT	02.02.21	JANUARY	25.01.21
CORE	02.03.21	FEBRUARY	22.02.21
DEVELOPMENT	23.03.21	MARCH	15.03.21
CORE	27.04.21	APRIL	19.04.21
DEVELOPMENT	18.05.21	MAY	10.05.21
CORE	29.06.21	JUNE	21.06.21
DEVELOPMENT	20.07.21	JULY	12.07.21
CORE	31.08.21	AUGUST	23.08.21
DEVELOPMENT	21.09.21	SEPTEMBER	13.09.21
CORE	26.10.21	OCTOBER	18.10.21
DEVELOPMENT	23.11.21	NOVEMBER	15.11.21
CORE	21.12.21	DECEMBER	13.12.21

Transforming Care for People with Learning Disability and/or Autism

Trust Board 1 September 2020

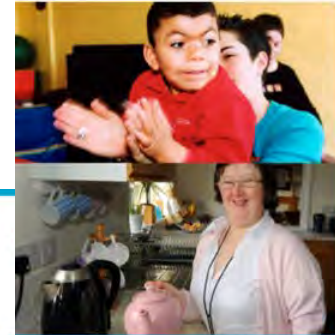


www.leicspart.nhs.uk

LLR Vision

“All people with a learning disability and/or autism have the fundamental right to live good, fulfilling lives within their communities, with access to the right support, from the right people, at the right time”

Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition



Service model for commissioners of health and social care services

October 2015

Building the right support

A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition



October 2015

Managing through Covid

Key Impact in LPT

Short Breaks and LD Outreach

Isolation pod and inpatient flow

Community activity

Retained focus on Quality Improvement

- Temporary closure of the Grange and Gillivers
- LD & Autism sub-cell established: multi-agency risk stratification of caseloads with targeted support
- Re-deployed staff to strengthen in-patient and outreach response
- Re-located services to create additional Covid pod
- LD / Autism access through new CAP
- Extended lockdown delayed planned TCP discharges
- Adopted virtual and digital approaches
- Maintained majority of community activity
- Strong business continuity preparedness and IPC
- Maintained focus on delivering Agnes unit QI Plan co-produced through Quality Summit on 27 Jan 20; strengthened safeguarding oversight
- Launched service-wide LD QI Programme

LD Quality Improvement 2020/21



Leicestershire Partnership
NHS Trust

Our plan is to achieve the highest possible standards of quality and responsiveness for local service users and their carers



www.leicspart.nhs.uk

Core principles

Maximising staff engagement

Co-production with service user and carers

Continuous focus on being sustainable

5 Suitable places to work

1 A sustainable service model

2 Quality Standards

High quality, responsive services

4 Enabling our staff to achieve their best

3 Making the best use of what we have

Agnes Unit QI work packages



Quality Summit – 27 January 2020 in response to feedback from staff and students, incidents and safer staffing levels. Focused on frontline experiences to identify areas for improvement and co-produce priorities and plan:

- **High Standards:** collaborative care plans; service user and carer engagement plan; stronger governance and safeguarding support
- **Patient Safety:** learning from incidents; audit of medication SOP; safeguarding capacity and capability; seclusion compliance
- **Staff Development:** strengthen support for student nurses; leadership development; supervision checklist; staff involvement in QI; stronger workforce plan
- **Staff Wellbeing:** cover for breaks; good de-briefs and reflective practice; good comms; induction and support for temporary staff
- **Environments:** CCTV; staff room upgrade

Phase 3 Priorities


LPT Response

Recover and Restore

Deliver QI Programme

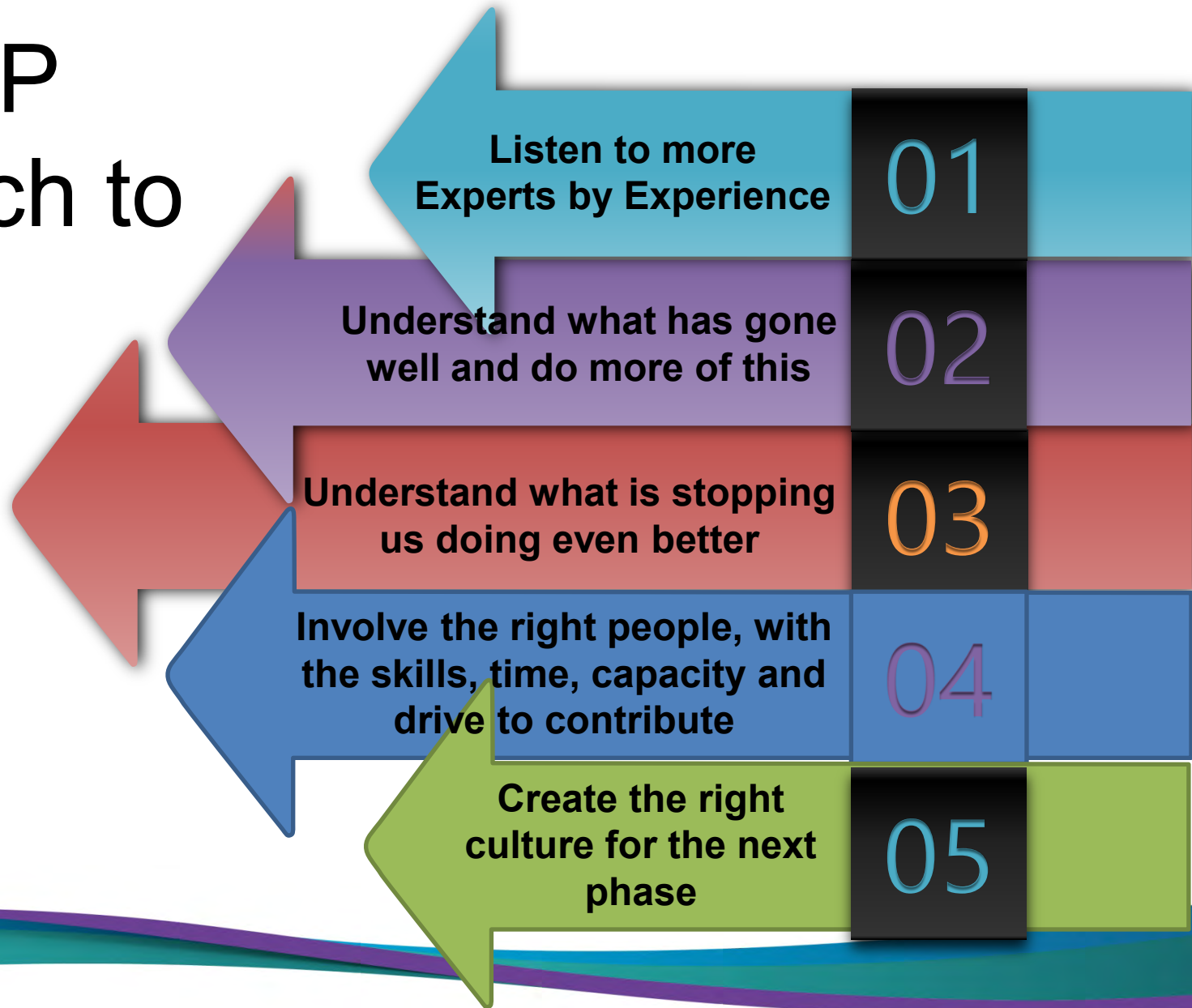
Build capability

Increase engagement and partnership working

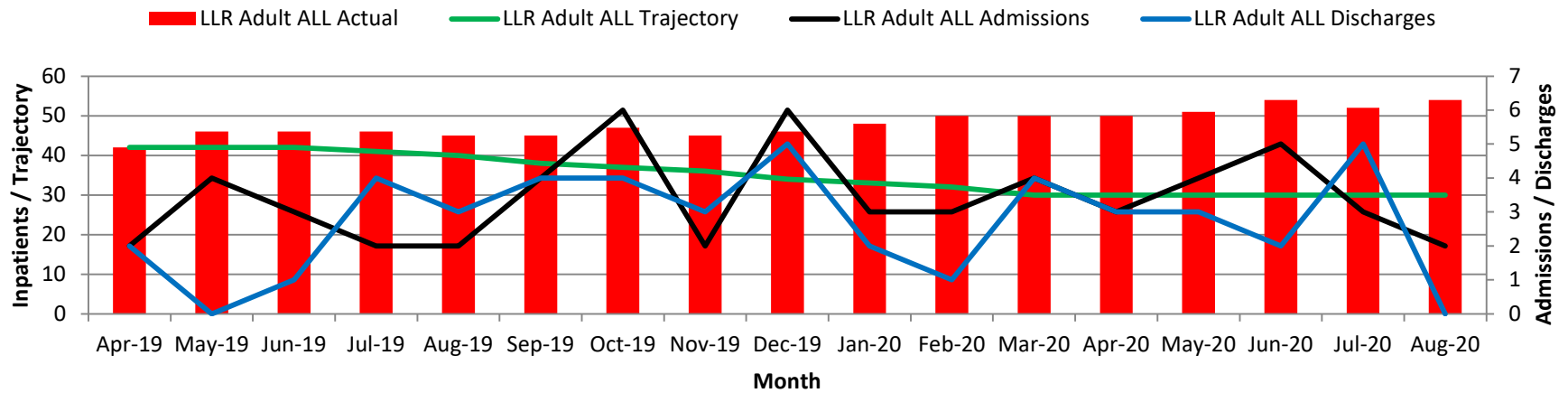
- Offer safe short breaks in response to family feedback
- Increase face to face contacts
- Retain oversight of CQC and QI programme
- Further improve inpatient quality and safety: evidence based training; internal accreditation
- Review and support from buddy NHFT
-  knowledge and skill of workforce to reduce LLR admissions: U-Learn training AMH and FYPC staff
- Grow forensic network
- Improve clinical oversight of LD / Autism cohort
- Build an integrated discharge team
- Strengthen solution-focussed partnerships
- Facilitate whole system coordination and governance
- Target widening inequalities

LLR TCP

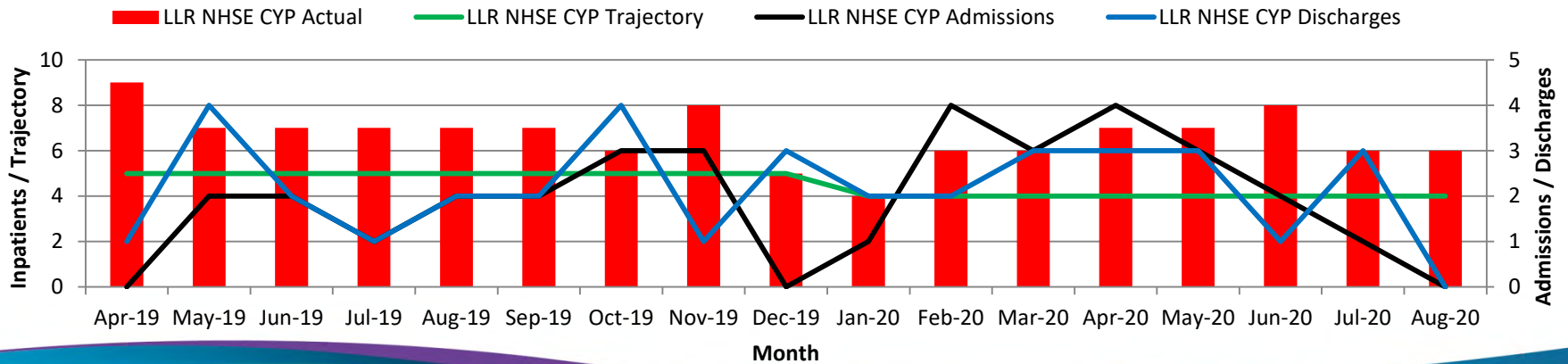
Approach to change



LLR NHSE Adult Inpatients vs Trajectory - April 2019 - August 2020



LLR NHSE CYP Inpatients vs Trajectory - April 2019 - August 2020



LLR TCP Priorities

Partnership plans

OD Programme

- **F**ocussed on the person with LD and/or Autism
- **I**ntegrated team working
- **T**argeted on delivery

Oversight and Grip

- Strengthened oversight and escalation
- Digital admission and discharge meetings / CTRs
- New electronic Performance Tracker
- Increase uptake of Annual Health Checks

Learning from Deaths

- Ensure learning from deaths is embedded in practice
- Explore the lower % of BAME service user deaths than % in general population

Build Capability and Confidence

- Re-build confidence of community providers to increase risk thresholds through intensive programme of support
- Develop case manager role

Call to Action

Some studies suggest the rate of mental health problems in people with a learning disability is double that of the general population (Cooper, 2007; Emerson & Hatton, 2007; NICE, 2016).

People with a learning disability may be more likely to experience deprivation, poverty, abuse and other negative life events earlier on in life (NICE, 2016).

The difference in median age of death between people with a learning disability (aged 4 and over) and the general population is 23 years for men and 27 years for women (LeDeR 2018)

38% of people with a learning disability died from an avoidable cause, compared to 9% in a comparison population of people without a learning disability (Heslop et al. 2013)

- **Champion the inclusion of service users with a learning disability and/or autism in everything we do**
- Help us to change what we do across our services and with our stakeholders; **please ask about the support we provide to service users in all of your visits and conversations to make sure we are being inclusive**
- **Complete the U-Learn training** which is available to everyone in LPT, including the Board if you would like to learn more

Discussion



QUALITY ASSURANCE COMMITTEE – 21st July 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
Matters Arising not on the Action Log	NA	Joint QAC and FPC workshop to be held in September. Meetings to run bi-monthly from September. Julie Shepherd's feedback on her observations of last month's QAC meeting will be fed back to the committee once received.	NA
Action Log (Paper B)	NA	The action log was confirmed as accurate and the updates discussed.	NA
Organisational Risk Register and update (Paper C)	High	<p>The whole ORR had been reviewed; the red Covid-19 boxes removed and the text from these red boxes now feature in the main narrative, where appropriate. All Covid-19 specific risks now have oversight by the Executive Team. The term target scoring would now be used in place of risk appetite moving forward.</p> <p>RM questioned risk 1 having a green rating considering the Agnes Unit and Bosworth Ward reports on today's agenda. KD agreed and confirmed that this would be discussed with the risk owner.</p> <p>RM suggested that Risk 3 may have gaps and a robust governance and implementation plan may be needed. The Learning Lessons Exchange Group will be focusing work around this and this could be reflected more accurately in this risk to demonstrate the ongoing work and development.</p> <p>RM commented that a number of the risks refer to a high standard change programme in the SUTG plan – but this programme could not be found referenced in the SUTG plan.</p>	All

Report	Assurance level*	Committee escalation	ORR Risk Reference
		<p>The Chair confirmed that the High Standards brick is the responsibility of QAC and so it is important that this is clear.</p> <p>KD to review risk 1 and report back to 18th August QAC. KD and DR to discuss and amend the Risk 3 wording in the ORR to accurately reflect ongoing work and development. KD compassionate conversations should be added into Risk 24.</p>	
Patient Experience and Involvement Annual Report (Paper D)	High	<p>The report sets out the great work that has been undertaken across the Trust in relation to patient involvement and this is demonstrated in the number of great examples where services have effectively involved and worked with patients over the past 12 months. The team recognise that now they have set out the foundations they need to move towards answering the 'So What?' question, in terms of acting and improving as a result of the patient experience that we capture. It was agreed that this first report is really positive and the team should be proud of what they have achieved in year one. Their focus now is to move this toward more systematic involvement of patients and carers in both their own care and their collective involvement in our improvement and transformation work.</p> <p>RM suggested that the equality and inclusion desire is evident in the People's Council and CAMHS sections but it may be valuable to detail this at the beginning of the report as a strategic desire in future reports.</p>	3, 12
Complaints Annual Report (Paper E)	High	<p>Complaints Annual Report Headlines were presented to QAC. There was a reduction in complaints received. This reduction was partially to the significant work undertaken with staff within the Patient Experience Team to ensure the issues raised with them are fully triaged and, where agreed with the complainant, informal means explored to ensure quick resolution. This improved engagement with our complainants has resulted in a reduction in the number of complaints formally registered. It is acknowledged that there is significant work to do to improve the quality of LPT's complaint investigations and more importantly to improve our final responses to patients. There are a number of improvement initiatives in place to address these issues including a proposed mandatory training session for all staff who are involved with or undertake complaint investigations and final response letter writing.</p> <p>AS confirmed that the pause on complaints was lifted early and during the pause all complainants were contacted and kept in touch. AS raised a concern around the nature of complaints that may arise post Covid-19 particularly from relatives and carers around visiting policies and expectations around recovery. A separate piece of work is currently looking at this.</p>	1, 3, 12

Report	Assurance level*	Committee escalation	ORR Risk Reference
Caldicott Annual Report (Paper F)	High	It was confirmed that once the restarts occur in September the training figure is expected to return to 95%. The report confirmed that most of the responses were completed in statutory time and all breaches were discussed with the commissioner's office. There have been no breaches in relation to staff data and conversations are already taking place with UHL in case of a second Covid-19 wave.	3, 35, 45, 47
Director of Nursing, AHPs & Quality Update (Paper G)	High	Highlights from the report include: CQUINS have been suspended for this year. The CQRG took place on 9 th July 2020 virtually. The IPC continues to work as BAU. Hand Hygiene audits continue to increase. The updated self-assessment IPCC Board Assurance Framework went to Trust Board on 7 th July 2020. This year's flu campaign has been approved by the executive team and the Flu Group and Quality Forum will provide updates to QAC. The IPC recruitment plan is now live and updates will be given as progress is made. The LLR Adult Safeguarding focus is currently on recovery and with regards to children's safeguarding there has been an increase in the number and in the complexity of the calls. The Liberty Protection Safeguards have been delayed for 18 months and a business case with regards to this is going to the executive team and then will come to QAC. The Legislative Committee continue to meet monthly and are also holding extraordinary meetings during the Covid-19 period. There are currently 46 live complaints and additional work in one directorate is ongoing in order to improve this. The People's Council is developing well and an update will be given in August's QAC. The Learning Lessons Exchange Group meetings will take the format of a community of practice with a QI methodology and this progress will be reported back to QAC. The Learning From Deaths Group and the Suicide Protection Lead are currently working on the SPC chart reports on suicides to understand the data more clearly.	1, 2, 3 4, 5, 9, 25, 26, 27, 40
Medical Director Update (Verbal)	High	AH confirmed that the increased rate of suicide was being monitored including a focused plan on the possible post-Covid-19 surge which may include previously robust populations. There has been improved medical engagement and attendance at meetings and an increase in the quality of questions at these meetings leading to more robust conversations. The virtual platform has been successful and will be used moving forward.	1, 3, 40
360 Assurance Clinical Audit Report (Paper H)	Medium	AH agreed that the report was disappointing but that he could relate to the findings with the reality on the ground. The way forward was to consider how we consider understanding the NICE standards and how we implement these standards across the Trust. The progress will be reported to QAC through CEG from the Clinical Audit Committee. There is a plan in place to look at the entire audits programme to ensure that all	1, 3, 40

Report	Assurance level*	Committee escalation	ORR Risk Reference
		audits are connected to the standards. It was agreed that the flow of papers from CAC to CEG to QF to QAC to Trust Board needs to be clear. The Chair confirmed that QAC would need to see an update of the plan with outcomes before they could be assured.	
CAMHS Unit and the Agnes Unit Improvement Plans (Paper I)	Low	<p>CAMHS Unit Quality Summit Approach being taken with external support. A bi-weekly safety and safeguarding meeting to take place to support the external review work.</p> <p>Agnes Unit : A Quality Summit was held in February 2020 and an action plan put in place. There has been increased training and leadership and this has seen improvements. More recently, between April and June 2020 6 allegations have been received all reported by students or seen on CCTV and relate to bank, agency and substantive staff which has led to a fresh concern around the Agnes Unit. Since June 2020 a bi-weekly safeguarding strategy forum has taken place which Mark Roberts Chairs and a task and finish group has been set up to deliver the actions identified by this forum. There has been a strong review of staffing in the Agnes Unit which is complex due to the nature of the 5 separate pods. Rota management issues have been sorted leading to a significant improvement and a registered nursing presence on all of the pods. In addition to this, PL FTSUG has been working with staff offering them a safe place to speak up. Improvements to the CCTV are also planned. Data is being collected over a 20 day period to support these improvement activities. There has also been a review of physical intervention on the Agnes Unit and safeguarding improvement in handovers, supervision, staff focus groups. AS recommended inviting NHFT to conduct a peer review on the Agnes Unit with the terms of reference being the CQC 5 domains as this would help to support staff and give oversight and transparency. The Chair fully supported this proposal. CT added that the LA safeguarding procedures have begun in relation to these incidents and gaps have been identified around processes and managing the partners in these situations. The Chair agreed to be guided by AS/AH and the findings of NHFT. CT added that the outcome of the LA safeguarding review will also highlight next steps. AS confirmed that an update on the progress of this matter and the arrangements for the peer review will be brought to the August QAC.</p>	1, 2, 3, 6, 26, 40
CQC Update (Paper J)	High	The focus groups held recently have gone well and anecdotal feedback from these events has been largely positive, official feedback will be received in August. The PIR feedback has led to work focusing on 3 areas – data extraction and the Covid-19 data cell work; caseload data – a task and finish group has been set up to work on this and the issue of ward moves at night – which is a recording issue rather than an actual issue.	5
FTSU Guardian	NA	PL attended to give QAC a verbal update to ensure	2, 3, 25,

Report	Assurance level*	Committee escalation	ORR Risk Reference
Update – (Verbal)		triangulation between the FTSU report, the Trust Board and executive team and QAC. PL confirmed that this quarter there have been 42 contacts, 40 internal and 2 to the CQC. AMH shows a disproportional number of reports due to a system counting issue. The confirmed that it is important that PL is visible in all forums and that it is important to show the FTSU connection to the deep dives conducted at QAC. The committee decided that themes will need to be considered and also the frequency of the FTSU attendance at QAC.	27, 47
Performance Report - Month 2 - (Paper K)	NA – been to Trust Board	This report had been seen by Trust Board on 7 th July. The timing and paper flow will be resolved once QAC move to bi-monthly meetings. The Chair requested that the process for hospital acquired Covid-19 figures to be reported with the Performance Report be formulated and requested the data to be presented to the August QAC meeting. No level of assurance was given as this report has already been to Trust Board.	All
Health & Safety Extraordinary Covid-19 Focus Highlight Report (Paper L)	High	BK presented this report which reported issues directly related to Covid-19. Many services are now returned to BAU. The meeting was positive and Staff Side had confidence in the work being carried out. One of the key issues raised is working from home and an information pack has been produced and a leadership session has been running to support staff which has been very positive. The Covid-19 Secure risk assessments report is complete and being reported to RCG. There have now been over 70 risk assessments completed all of which are Covid secure. Work continues with stakeholder to progress the Covid secure audits.	3, 10, 11, 47
Quality Forum Highlight Report (Paper Mi) •BAME Risk Assessment Report (Paper Mii)	Medium	Paper Mi was presented by DR who confirmed that with regard to the high standards work there was more work to do around the reporting process and data metrics – this was reviewed in March 2020 but then Covid-19 occurred. There has been executive support for the agenda for carers and development work around this is beginning. The QI Lead post is now filled with a 1 year secondment. Concerns raised by students around the adherence to practice in the hand hygiene audits is being monitored with a focus group meeting in August and work with a wider multi-disciplinary team being undertaken. The PLACE Report will be circulated to QAC members following this meeting. The Chair advised DR to request an executive lead through the executive team meeting and to continue to raise any concerns and issues at QF to QAC. Paper Mii was presented by Hasseb Ahmed. HA confirmed that the report referred to all protected characteristics including BAME. There was good governance with the EDI groups having action plans	1, 2, 3, 4, 5, 9, 12, 25, 47

Report	Assurance level*	Committee escalation	ORR Risk Reference
		that are monitored and delivered through the group. HA is beginning the work to set up departmental EDI groups. Through his work HA is concerned that EIAS are not routinely done and those that are not necessarily of a high standard. Through the work carried out the conclusion is that not all patients and services users are accessing services equitably. HA confirmed that he is working closely with Alison Kirk and will involve the People's Council as co-design and collaboration is critical and he wants the system to be improved for everybody. The Chair asked if this action plan had been to the executives and SW confirmed that it was written in May and had only been seen by the ICC chain thus far. CO advised that the plan will need to go to the execs for endorsement/approval and HA agreed that this would be the route he would take with his work.	
Strategic Workforce Committee Highlight Report (Paper N)	High	SW presented the SWC HR detailing all of the main issues in the report. The Leadership Matters newsletter was attached as an appendix detailing the work ongoing within the Trust.	24, 25, 27
Deep Dive - Update on improvement work to ensure limitations and mitigations on Ligature risks within Mental Health (Paper O)	High	The report confirmed that a senior clinical lead now had oversight of ligatures in the Trust. This decision was based on the Health and Safety Team having led on significant improvement works, the next stage of improvement work will focus on the management of non- fixed point ligating which is an area of clinical specialism. This focused clinical work was put on hold to support pandemic planning however, a task and finish group has now been established to review and recap progress to date. The Patient Safety and Experience group will also have oversight of this task and finish group.	1, 2, 3, 11, 40
Revisit ORR and action log – any further risks arising?	NA	No further risks arising.	All

Chair	Liz Rowbotham
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QUALITY ASSURANCE COMMITTEE – 18th August 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
Minutes of the previous meeting held on 21 st July 2020 (<i>Paper A</i>)	NA	The Committee agreed the minutes of 21 st July 2020 meeting.	NA
Matters Arising not on Action Log		The Committee formally accepted and adopted a bi- monthly meeting schedule from September 2020. The next meetings will be held on 29 th September and 24 th November 2020. QAC/FPC 15 th September workshop agenda (<i>Paper B</i>) was shared and agreed. It was agreed that other workshops can be scheduled as required.	
Action Log (<i>Paper C</i>)	NA	The action log updates were agreed and the action log updated with today's agenda items.	NA
Organisational Risk Register and update (<i>Paper D</i>)	High	QAC has oversight of 12 risks on the ORR. Key changes: Risk 1 - updated and strengthened. Risk 3 – updated for clarity on work in progress. Risk 24 – inclusion of work ongoing with compassionate conversations. Risk 28 – complete update. It was noted that a large number of actions were due in August and therefore changes will be evidenced in the September meeting. Actions were agreed for the EDI indicators and Strategy.	All
Annual report	High	This report had already been to Trust Board for	24, 25 41

Report	Assurance level	Committee escalation	ORR Risk Reference
and Review of Strategic Approach to Equality and Diversity and Inclusion (<i>Paper E</i>)		review and approval.	
Sexual Safety Annual Report (<i>Verbal</i>)	High	A presentation was delivered and distributed to QAC members post meeting. It detailed the work completed over the year and next steps. The written report will be received at 29 th September QAC meeting.	1, 2, 3, 12
Director of Nursing, AHPs & Quality Update (<i>Paper F</i>)	High	The Report included detail around CQUIN ad Quality Schedule which will report into the Quality Forum. IPC update including increased numbers of Hand hygiene audits taking place. A Covid Outbreak Policy has been developed and a paper on the Flu Campaign will be presented to the next QAC meeting. Safeguarding contacts remain as an increase and noted increase in complexity. The Safeguarding Team are supporting the Quality Improvement work within the Agnes Unit and the CAMHS Inpatient Unit . Recruitment to the People's Council and Leadership Training Programme continues. Quality Accreditation was on hold during Covid but a reduced virtual programme is now underway. The Buddy Forum is meeting next week and work-streams are underway.	1, 2, 3, 4, 9, 47
Medical Director Update (<i>Verbal</i>)	High	Suicide numbers are being monitored and whilst very sad do not seem to be statistically significant.. The Clinical Strategy which was paused during Covid will be refreshed to reflect LPT as a learning and culturally intelligent organization . This first draft will come to QAC in November.	1, 2, 3, 4, 9, 47
CQC Update (<i>Paper G</i>)	High	Focus Groups have taken place with the CQC with good attendance and positive feedback from the CQC. Areas of focus have robust plans in place. New actions continue to come onto the Surveillance Tracker and the FFGPC continue to meet weekly to monitor. Work continues with Julie Rubenzer and staff.	5
QI Update (<i>Verbal</i>)	High	A PowerPoint presentation was delivered and circulated to QAC members post meeting. This was an update from the new AD for QI, Lyn Williams on the Trust wide QI Programme which was launched on 22 nd November 2019, paused through Covid and has just been reinstated.	25

Report	Assurance level	Committee escalation	ORR Risk Reference
Safer Staffing Report (<i>Paper H</i>)	High	The report detailed Right Staff – 8 inpatient areas to note and 5 community areas to note. Whilst there were workforce challenges the recruitment plan offers assurance in this regard. Right Skills – appraisals are green and clinical supervision is now at 87.5% Trust wide. Right Place – 3 Covid wards continue to operate. Zones in wards have been located to support vulnerable staff's return to work. An increase in harm from falls is evident due to work to capture this follow through information. The falls group now meets monthly. Overall the Trust has safe staffing levels in place.	3, 4
Cumberlege Review July 2020 (<i>Paper I</i>)	Medium	A review of the Cumberlege Report was presented which had been commissioned by the DON from the Head of Patient Safety, the Head of Patient Experience and the Head of Pharmacy to identify any learning and gaps for LPT. The learning identified that patients are still not always being listened to. A just culture approach is required to ensure that people stop, pause and look at things. For LPT this report means listening to patients; having a just culture and having a process to stop, look and know that this is the right thing to do. Also collecting data on outcomes that matter to patients. This ties in with the No Blame priority in Our Future, Our Way.	3, 12
R&D Quarterly Awareness Programme (<i>Paper J</i>)	High	The update confirmed that whilst there had been a Covid impact there was still activity. Raising Health had supported some applications, however as more Nursing and AHP staff apply for grants and funding or for courses the quality of applications increases and this is making it harder for staff to get accepted. It was confirmed that LPT are in talks with UHL around possible vaccine/antibody studies.	25
Agnes Unit and Bosworth Ward Update (<i>Verbal</i>)	Medium	An update was given since the last report received by QAC. An external consultant is currently working with the CAMHS unit and the draft report has been received identifying very clear goals and improvement work which is now with the DMT. Once approved this plan will be shared further with QAC. The DON has requested an external review by NHFT for the Agnes Unit and the TOR have been set aligning to the 5 CQC domains and the Head of Nursing is liaising with NHFT to set a plan in place to commence the review.	1, 2, 3, 4, 25, 43, 47
Performance Report	Medium	An SPC chart can now be completed in relation to the 52 week waits and this work will be linked	All

Report	Assurance level	Committee escalation	ORR Risk Reference
(including hospital acquired Covid-19 data) (<i>Paper K</i>)		to the waiting times and harm review work. An additional report was also submitted detailing hospital acquired Covid. QAC analysed the quality and safety metrics during the meeting and raised a number of inconsistencies both in relation to data and narrative. This will be addressed by the Information Team and resolved for next meeting.	
Health & Safety 9 th July Highlight Report (<i>Paper L</i>)	High	Reported as BAU for the team. Risk assessments are now reinstated and robust plans in place to get back on target. 58 Covid secure risk assessments were completed by 7 th July – the number has since doubled. All assessments have been signed off. The emergency lighting survey has been conducted and will be reported to QAC via the next H&S committee report.	9, 10, 11, 47
Quality Forum 6 th August Highlight Report (<i>Paper Mi</i>)	Medium	The Quality Forum continues to be well attended and cover a large remit. There is an ongoing survey of service users and good work around responsiveness to complaints. There was a patient transfer concern and this is being looked into currently. It was noted that there was no update from the Medicine Management Group and the frequency of their meetings is being confirmed to ensure regular updates are received.	1, 2, 3, 4, 5, 9, 12, 25, 47
Appendices: (1) Learning From Deaths Quarterly Report Q1 (Mii)	High	QAC received the Learning From Deaths Quarterly Report Q1 as an appendix to the Quality forum Highlight Report. It was agreed that the paper contained more useful data offering more understanding.	1, 2, 3
(2) SUTG High Standards, Quality Improvement & Patient Involvement Bricks (Miii)	High	QAC received the SUTG High Standards, Quality Improvement & Patient Involvement Bricks as an appendix to the Quality forum Highlight Report. The report's future frequency to QAC will be decided at the next QAC meeting.	5, 25
(3) Positive & Safe Q1 Report (Miiii)	High	QAC received the Positive & Safe Q1 Report as an appendix to the Quality forum Highlight Report. It was suggested that correlation between this report and the Performance Report's indicators was important.	1, 2, 3, 47
(4) Managing a Covid-19 Increased incidence/Outbr	NA	QAC received the Managing a Covid-19 Increased incidence/Outbreak/Cluster within LPT (Patients and Staff) Policy as an appendix to the Quality forum Highlight Report. QAC confirmed	NA

Report	Assurance level	Committee escalation	ORR Risk Reference
Peak/Cluster within LPT (Patients and Staff) Policy (Mv)		that this Policy will need to be submitted to the Policy Group.	
Violence and Aggression – update	NA	This item was withdrawn from the agenda and a Deep Dive will take place on 29th September 2020.	NA
Revisit ORR and action log	NA	No other risks identified	All
QAC ToR and Work plan for approval (<i>Paper N</i>)	NA	The QAC updated TOR was approved by the committee. The QAC Work plan was presented. As the Trust Board Work Plan was also currently being reviewed this document was approved as a working document.	NA
Any Other Urgent Business	NA	No other business was raised.	NA
Papers/updates not received in line with the work plan:	NA	<ul style="list-style-type: none"> Strategic Workforce Committee HR – No meeting held Policy Committee HR – No meeting held Clinical Strategy AH – Deferred until November Meeting Patient Safety Incident and SI Learning Report (QF appendix – QF did not receive due to timing) Sexual Safety Annual Report (Verbal Report delivered) 	NA

Chair	Liz Rowbotham
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Meeting Name and date	Trust Board 1 st September 2020
Paper number	I
Name of Report: - Director of Nursing Quality Update	

For approval		For assurance		For information	✓
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Presented by	Dr Anne Scott Acting Director of Nursing AHP's and Quality	Author (s)	Dr Anne Scott Acting Director of Nursing AHP's and Quality
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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
QAC	18 th August 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

Major incident procedures continue to be coordinated and we continue to respond to the COVID-19 pandemic. Our main consideration is to deliver safe effective quality care to all our patients, whilst 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 services, supporting recovery and enabling the Trust to safely staff and respond proactively to demand. Our approach also embraces transformation and sustainability of standards of care to align with the CQC Key Lines of Enquiry.

Quality Summary

CQUINS and the Quality Schedule/ CQRG

Work has recommenced to finalise the outstanding quality schedule indicators these include Infection Prevention and Control and the Transforming care agenda. A joint meeting between LPT and the CCG has also been held to re-design the future of the Commissioner Quality Visits programme. The focus will be on collaboration and will include key quality themes such as slips, trips and falls, suicide, self-harm risk and the new Central Access Point. A plan is currently being devised and will be shared with Quality Forum and QAC for comments.

Infection Prevention Control

The majority of the work for the Infection Prevention and Control (IPC) team continues to be in relation to COVID-19 and the requirements to support and protect patients and staff. The number of completed Hand hygiene and Bare Below Elbows audits is further improving and being monitored within the Infection Prevention and Control Group meeting and subsequently reported into the Quality Forum.

The updated self-assessment against the revised NHSE & I IPC Board Assurance Framework (BAF) and the subsequent action plan has been accepted at Board will be monitored through the IPC meetings and Quality Forum. All actions have been added to the CQC action tracker for monitoring. We have also met with the CQC and presented the IPC BAF and after reviewing the information we shared with them, they have subsequently confirmed and recorded that they are assured with our IPC systems, processes and frameworks.

Processes for swabbing, track and trace and zoning for patient admissions is in place and under constant review within the ICC and the Clinical Reference Group. Regionally, surveillance of any hospital acquired COVID-19 and reporting of COVID-19 outbreaks has been requested by NHSI and work has been progressed to accurately report and monitor internally. In response to this, we have developed a policy to support the management of any Covid-19 increased incidences/Outbreaks/Clusters, aligned to the requirements by Public Health England.

In July 2020 there were no Probable or Definite HCA COVID patient cases. On 7 July 2020, a staff outbreak was reported within the Mental Health Triage Unit to PHE, there were two members of staff within the same team positive, all other staff members had negative test results and no new cases developed. PHE closed the outbreak in conjunction with the IPC team on 24 July 2020.

The overarching Trust strategic flu vaccination action plan is progressing with the first Flu Group meeting in August. This will also reflect and align to the National Flu immunisation programme 2020/21 recently published. Materials from the national campaign are on order and a robust monthly communications plan has been identified. The delivery of the flu vaccination for staff is being led and managed in the same format as the programme for antibody testing, which has been very successful.

A call for peer vaccinators is out this month and training for vaccinators is being developed in line with the National Flu immunisation requirements recently published. An electronic database system has been procured to record the vaccination campaign which will support managers in accessing real-time figures for the uptake of the vaccine for their staff.

The recruitment plan to increase capacity within the team is ongoing and we have started to recruit to the Band 7 and Band 6 posts. Interviews were held for the Band 7 posts on 29 July 2020 with one successful candidate promoted internally from a band 6. To go back out to advert for the remaining band 7 posts. Interviews for the band 6 posts take place on 13 August 2020.

Safeguarding

The safeguarding focus within LPT continues to support working across the LLR system to encourage the consideration of Covid as a factor in multi-agency reviews, which is also being monitored through the LLR Safeguarding Board work.

The Extraordinary LEG meeting accepted papers regarding the implications for Liberty Protection Safeguards (LPS), and the Business Case paper to support this, and this will be further discussed during LEG in August. The government have confirmed a delay in the introduction of LPS, pushing it back to April 2022, and we see this delay as an opportunity to be better prepared for its implementation.

One of the greatest emerging challenges faced for the safeguarding agenda is regarding the introduction of the single EPR process. Unfortunately, there will not be a 'Safeguarding Unit' ready for the go live date in November 2020. This poses a significant risk regarding information sharing and will be further escalated with further detail to Executive/Board and be reflected within the corporate risk register.

As described in earlier reports, during COVID-19, there has been a continued increase in contact, complexity and duration of contact by LPT staff to the safeguarding advice line. It is however positive that staff are actively seeking safeguarding support and the team have taken steps to ensure they are able to prioritise concerns and respond to these supportively.

Data, both internally and externally continues to be monitored regarding the different metrics and trends that Covid has unleashed on the safeguarding agenda. This work is being extended to link in with the Patient Safety Team regarding incident analysis and thematic learning. The Safeguarding Team are also fully engaged in the process of Quality Improvement as a part of their own 'Step Up To Great' programme. This has aligned the progress on the actions from the external review into safeguarding across the trust, as well as looking at additional system and team developments.

There has been a noted increase in Safeguarding adult referrals to all three local authorities within LLR. LPT have delegated responsibility under the Care Act (2014) to undertake s42, Safeguarding Enquiries, for inpatient services and there has also noted an increase in the number of s42 enquiries. This is being monitored within LLR Safeguarding Board work.

As part of a focused Quality Improvement plan, within the Agnes Unit, there are fortnightly Safeguarding Strategy meetings supported by our Safeguarding Lead Practitioners and our Head of Safeguarding to oversee and support specific focused pieces of work on safeguarding supervision, practices and processes.

Within the Child Safeguarding arena there has been a continued increase in the number of strategy calls across LLR and the safeguarding leads are working closely with our system partners. There is also a targeted piece of Quality Improvement work ongoing within the CAMHS inpatient unit, Bosworth Ward. This includes fortnightly Patient Safety and Safeguarding meetings, chaired by our Head of Patient Safety and supported by our Child Safeguarding Lead Practitioner and Head of Safeguarding, to oversee and support focused pieces of work on practices and processes, working with the ward staff to ensure safeguarding is considered, processes are adhered to and safeguarding supervision is robust.

Complaints

All complaints are being progressed through our normal complaints process and complaints are being managed well. Between 1 and 24 July 11 new complaints have been received. Of this 11, 10 related to the Directorate of Adult Mental Health and 1 related to Community Health Services with no complaints received for Families, Young People and Children's and Learning Disabilities Services.

The current complaints status per directorate is as follows:

DAMH – 29 live complaints including 12 complaints which have breached their completion date

CHSA - 11 live complaints including 4 complaints which have breached their completion date

FYPC & LD - 3 live complaints with no complaints breached.

Work to address the issues with complaints management within the Directorate of Adult Mental Health continues. A new status reporting process has been established with the Heads of Service and is providing improved oversight of complaints. A multidisciplinary meeting took place earlier in July with Heads of Service to review all breached complaints and to agree action plans to bring these complaint investigations to a close. In addition, the Directorate have commissioned a review of the current systems and processes in relation to the management of complaints, which will result in the development of revised operational processes and systems. This work will complete in September 2020.

The Complaints Annual Report was presented to the Quality Assurance Committee and accepted in July and will now go to Trust Board and Clinical Quality Review Group.

PALS

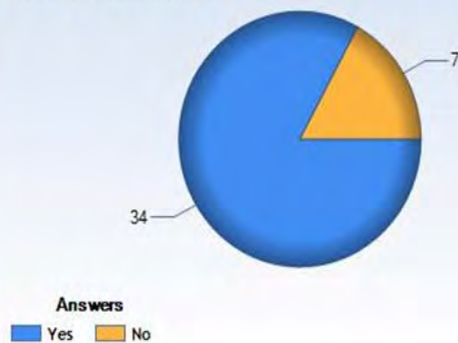
The PALS team continue to support the collection of patient experience in relation to those services and systems that have been implemented in response to the Covid-19 pandemic.

In June we commenced a survey to understand the experience of patients who have had either a telephone or video consultation. The survey is being offered from across a number of services who wish to understand the patient experience of using online appointments. As at 24th July, 60 telephone surveys have been completed. The survey will continue as online appointments and consultations come online and will be used to provide services with feedback from patients on how they felt the technology worked and to understand the therapeutic impact of appointments. Feedback so far has been encouraging with a majority of participants saying the telephone and online consultations were helpful and made an impact, below are a few graphs and comments from the feedback so far:

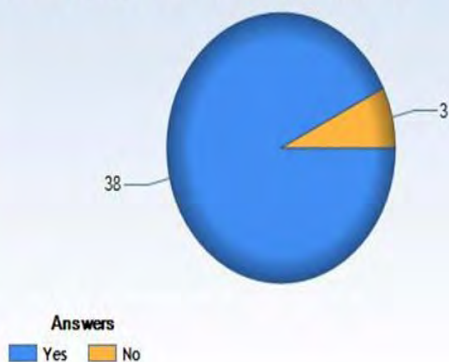
10 Did you feel that you got what you wanted from the phone/video call?



11 Did you find the appointment the phone/video call as useful as the sessions you have face-to-face with your health professional?



12 Did you feel that you could talk about the same things with the health professional on the phone/video as you would during a face to face appointment?



"I found it better to have phone calls as I was able to continue with my day to day activities and not having to wait to be called in the room or attend hospital etc."

"When you go to a face-face appointment you can forget what you have been told, because there is so much information to take in. At home you seem to remember more."

"For the older generation it might be good to send things via email as they do not have the understanding of technology".

Patient Involvement

Work with our patient and carer involvement network progresses through our virtual involvement cafes. We are currently recruiting expressions of interest for both the People's Council and the Patient Leadership Training Programme which commences in September 2020.

The Annual Patient Experience and Involvement report was presented to the Quality Assurance Committee in July and will now be shared with Healthwatch and our Service Users and Carers Involvement Network.

Patient Safety

The Patient Safety Team continues to support the scrutiny of Serious Incidents for the Directorates in response to COVID-19. However, there has been deterioration in compliance with the 60 day timescale, in part due to capacity and partly due to some complex incidents and the need for extensive review of the reports in order that they are fit for purpose. A proposal to develop specialist investigator roles is being considered to ensure consistent approach with robust human factors methodology to work alongside clinical teams to really understand where system change is required to ensure learning.

The Patient Safety Team are also supporting the FYPC Directorate with quality improvement work in relation to patient safety; and as noted above, the Head of Patient Safety is chairing a fortnightly Patient Safety and Safeguarding meeting for the CAMHS inpatients unit, focusing on Patient Safety and Safeguarding using a Quality Summit approach and a quality improvement philosophy.

The Patient Safety Team are also supporting complex complaints to ensure that these are investigated and lessons identified to improve and they are also working on a number of Step up to Great priorities, including falls, pressure ulcers and care of the deteriorating patient.

There is a focus on strengthening and developing links with the LLR transferring care safely group to ensure that lessons are learned across all LLR organisations to improve patient safety. This is being approached from a Clinical Leadership focus with good evidence base to ensure that this is considered in relation to learning.

Learning Lessons

The Learning Lessons Exchange Group met in July to plan to develop a Community of Practice (COP) approach to learning across the organisation with particular focus on how we function as a Learning Organisation and how we are learning, essentially the 'so what' question; adopting a Quality Improvement methodology.

A Community of Practice is described by Wenger-Trayner as:

'A group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly. This definition reflects the fundamentally social nature of human learning. It is very broad. It applies to a street gang, whose members learn how to survive in a hostile world, as well as a group of engineers who learn how to design better devices or a group of civil servants who seek to improve service to citizens'.

Traditionally a COP will have a shared desire to learn about something. This COP has a shared desire to learn together and find ways to expand learning across LPT. The group has initially focused on setting clear expectations and considered the definition of 'what is learning' and what good will look like within LPT. There is plenty of empirical evidence that

suggests learning is an output not a process; the sharing of learning is not a guarantee that behaviour change has occurred or safety improved. This can then create a false economy of assurance. So, the group have adopted a human factors approach, noting the importance of identifying and closing the gaps we naturally work and there is a plan in place to develop a 'master class' to consider the Community of practice, theory and practice and System thinking/Human Factors. This session will be shared widely to allow maximum spread of this concept and following this those who feel they want to be part of this 'learning lessons' COP they will be asked to commit to the community

Learning from Deaths and Suicide and Self Harm prevention Group

The Learning from Deaths Group and the Suicide Prevention group continues virtually and our Suicide Prevention and Learning from Deaths Lead Practitioner is now in post and helping to shape and formalise further both of these agenda's. She has been in post eight weeks now and much of this time has been spent familiarising herself with the National Requirement in relation to Learning From Deaths and mapping this against our local policy and strengthening as required. When this early preparatory work is complete she will begin to attend Directorate learning from deaths meetings and using her human factors and system thinking support teams to really explore what is the learning from the themes they are identifying.

Suicides

We are still experiencing an increase in the number of suicides both under the care of LPT and wider LLR. It is too early to relate this to COVID-19 however the focus has and continues to be around rapid learning from both national reports and local data.

A clinical review of all of our suicides since lockdown has been taking place to ensure rapid learning and the outputs have been shared through the Trust Suicide Prevention Group. Themes recognised so far relate to patients with a diagnosis of Personality Disorder and the direct impact of COVID-19 on the reduction and change in the approach for support sessions. There is work underway to continue these sessions using digital platforms and discussion around learning in relation to a possible response to a second wave of COVID-19.

Dual diagnosis, including substance misuse, has been identified as a common theme and the DMH DMT are working on actions in relation to this; the patient safety team are linking with the Nurse Consultant for substance misuse to ensure there is input when there has been an SI to ensure that actions are appropriate.

Involvement of patient's families in their care has been also identified as a theme and the DMH's Lead Nurse for Suicide Prevention is developing an approach to support staff and patients and their relatives. A 'common sense confidentiality' model is being used as a foundation for this. The DMH Lead Nurse for Suicide Prevention is also working closely with LLR partners including the police, to understand real time surveillance (RTS) for suicide.

Buddy Forum

In February 2019 LPT/NHFT entered into a partnership for improvement across both organisations. Workstreams that were undertaken within the first year have been successful and work continues to take place throughout both Trusts. The key focus areas for this partnership are outlined in the Memorandum of Understanding (MoU).

The Buddy Forum meets on a monthly basis and the workstreams have been updated in April 2020 to include: OD/Development and Governance, Quality Support building on

Confirm and Challenge of CQC, Quality & Safety, and Communications support. This update reflects that some of the original workstreams have now become 'business as usual'. NHS E&I have provided financial resources to support the project for 2020/21, with LPT agreeing to support the remaining needs.

Clinical reviews will continue to take place when required and will be focused pieces of work as part of the collaboration between organisations. Infection, Prevention Contract and Flu Vaccination will also continue to be key areas of work and partnership working with the Freedom to Speak up Leads. A Buddy-Up newsletter is in development. This will highlight the joined up positive work that has been happening across both Trusts, with a view to being issued on a quarterly basis going forward.

Quality Accreditation

At the start of the pandemic, Quality Accreditation (QA) was put on hold to allow focus to be directed at managing Covid-19, and to reduce footfall to the in-patient areas. In order to maintain focus on accreditation during this time, CHS inpatients quickly developed a reduced and virtual response, which has meant that all CHS wards have been virtually assessed by shielded staff working from home, accessing electronic data.

Work has continued behind the scenes to develop the QA inpatient tool for use across LPT. The tool was tested in a reduced form at the Bradgate Unit in May (2 clinical staff entered the ward / 2 worked virtually looking at data), which allowed useful learning on the process, feedback on the experience for staff & the experience of the assessing team and experience on giving feedback. The Standard Operating Procedure and Governance processes are also drafted, ahead of a LPT wide governance meeting due in August to ensure consistency / standardisation. Work has started on a n LPT community version of the tool, with all directorates contributing and work is in progress to put the QA inpatient tool onto AMaT and the QI Hub. The tool is currently being reviewed by key partners i.e. Patient Experience, Patient Safety, Learning from Deaths Lead.

It is hoped that if Covid-19 restrictions allow, the QA programme for inpatients will restart during September / October 2020, and for the community teams shortly afterwards.

Conclusion

The Trust continues to respond well to the COVID-19 pandemic, proactively supporting recovery and 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.

Meeting Name and date	Trust Board 1 st September 2020
Paper number	J

Name of Report: **LPT Update on the LLR LeDeR Programme and Response to the LLR Annual Report**

For approval		For assurance	✓	For information	
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Presented by	Avinash Hiremath	Author (s)	Michelle Churchard-Smith, Head of Nursing
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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 assurance does this report provide in respect of the Organisational Risk Register?	Links to ORR risk numbers
Report for information	All

Recommendations of the report
<ul style="list-style-type: none"> The Trust Board is assured that the LPT is an active member of the LLR LeDeR Steering Group and is supporting the LLR LeDeR Programme, specifically hosting the LLR bank reviewers. The Trust Board receives a quarterly update on the progress of the LLR LeDeR Learning into Action Group commencing in Quarter 3 identifying specific work within the Trust.

LPT Update on the LLR LeDeR Programme and Response to the LLR Annual Report

1. Introduction

This report is presented to the Trust Board as assurance of the Leicestershire Partnership Trust's (LPT) active participation in the Leicester, Leicestershire and Rutland (LLR) Learning Disabilities Mortality Review (LeDeR) Steering Group and Programme. The LLR LeDeR Annual Report (June 2020) (Appendix 1) has just been published and this report also outlines actions taken on a local level to review the deaths of those living with a learning disability during the last year and includes the early part of the COVID-19 pandemic. 91% of people with a learning disability had a Do Not Resuscitate Order (DNACPR) in place when they died. The report also details areas for improvement to be taken forward by a Learning into Action Group.

Since June 2019, the National LeDeR Programme has separated the reporting of review progress for child deaths from those of adults. Rather than being subject to a full LeDeR review, child deaths are reviewed by local Child Death Overview Panels (CDOP) with input from a LeDeR reviewer or local area contact (LAC).

2. General figures

Implementing the LeDeR programme supports addressing the health inequality for individuals living with a learning disability; the median age of death for people with a learning disability across LLR is 59 years old. According to the most recent England LeDeR Annual Report this is 23 years younger than the national median for men and 27 for women. It is crucial for LPT to continue to collaborate and contribute to the LLR LeDeR Programme to enhance the health and wellbeing of those living with a learning disability and include their families and carers (Table 2 and 3 , p5/6).

In LLR LeDeR 17% of referrals are for people who are BAME. This is above the national position (which is 10%), but lower than would be expected for LLR, this is a focus area for the Programme's engagement strategy in 20/21.

Over quarter 1 2020/21 the following numbers of adult and child deaths were notified to LeDeR IN LLR:

Summary of Adult deaths

Total notifications to date: 157

Notifications not yet assigned to a reviewer: 19

Completed reviews to date: 53

Completed reviews this quarter: 11

Summary of Child deaths

Total notifications to date: 21

Completed reviews to date: 10

Completed reviews this quarter: 0

Nationally the causes for learning disability deaths are related to diseases of the respiratory system (20%), diseases of the circulatory system (15%) and congenital and chromosomal abnormalities (14%). The individual medical conditions most frequently cited on death certificates were pneumonia and aspiration pneumonia, this is also reflected in LLR. (National LeDeR Annual Report for 2019)

3. Aims

This report shares the overarching aims of the LeDeR programme and the improvements made over the year:

- To support improvements in the quality of health and social care service delivery for people with learning disabilities.
- To help reduce premature mortality and health inequalities for people with learning disabilities.

Specific aims of this report are:

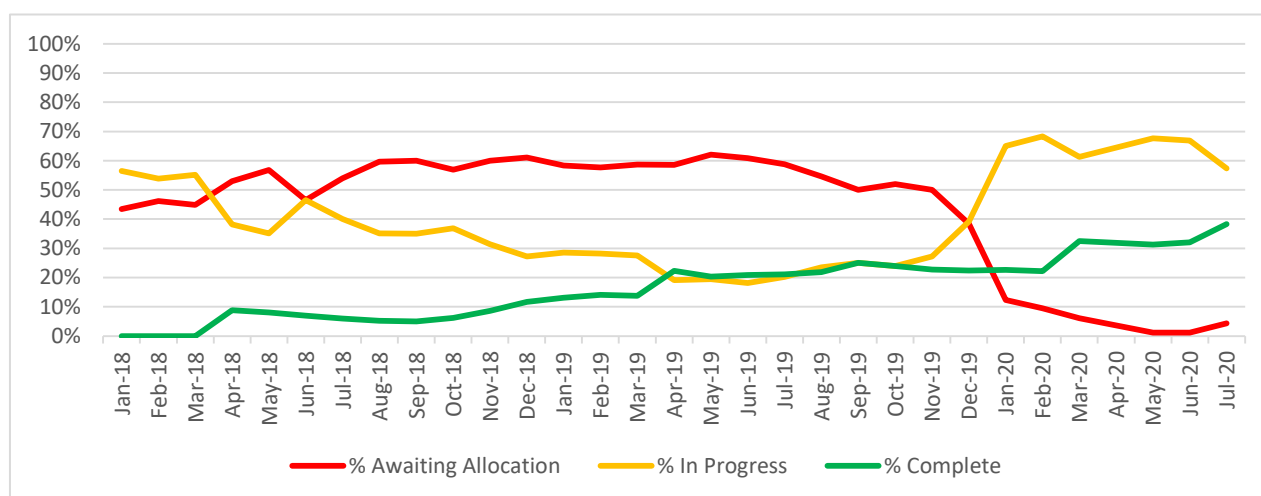
- To update on LLR's ambition of implementing learning from LeDeR to improve the lives of people with a learning disability.
- To outline how LPT aligns and supports with LLRs review process
- To update on how the LLR Steering Group plan to support agencies to put "Learning into Action" and how this will look in LPT.

4. Supporting the LLR LeDeR Programme

LPT has a representative on the LLR LeDeR Steering Group, this is currently the Head of Nursing for MH (LD previously) but due to role changes this will move to the Head of Nursing for FYPC/LD in September 2020. The steering group have been working on the following over the last year:

4.1 Revised Leadership on the Steering Group and Reducing the Back Log of LeDeR Reviews: To support addressing the work programme and a back log of reviews dating back from 2018 the steering group was re-launched with a Commissioner Lead as chair and funding for a Clinical Lead, second Local Area Lead and administrator. The coordinated approach, additional reviewers, support by the Central Support Unit and the agreement to fund an external agency to complete reviews has reduced the number of outstanding reviews waiting for allocation and completion. There have been some issues with the external reviews at quality checking not fulfilling the required standard due to supporting records not being available and this has been addressed with the leads.

The progress is shown in the graph below as at end July 2020.



The aim over the next year is to ensure there are minimal reviews waiting for allocation and the numbers in progress are becoming closer to the numbers completed.

4.2 Increase LeDeR reviewers and establish a bank pool: To meet the ongoing review requirements and ensure the numbers of reviews are allocated fairly across LLR organisations the steering group identified funding to pay for bank reviewers to complete reviews. LPT was asked to facilitate this via our bank service. LPT currently have substantive staff reviewers and 7 bank reviewers. LPT support the LLR Programme by ensuring reviewers are supported, have a laptop to access patient records and write reports and a telephone to contact professionals and family's to arrange meetings/ discussion. Reviewers are paid a set amount per review to ensure equality as the length of time a review takes is dependent on access to records, availability of family/ carers/ professionals and complexity of health issues. The support from bank reviewers has dramatically supported the reduction in reviews waiting for allocation and completion over the last 6 months.

4.3 Establishing a feedback and learning for individual organisations and system improvement: Over the last year there has been minimal learning feedback for individual organisations with the focus being on generic themes identification. From autumn 2020 a new 'Learning into Action' approach is being taken which will involve feedback to the reviewer, feedback to family/ carers, feedback to individual organisations involved in the care of the person and themes identified to support strategic review and planning for service improvements or reasonable adjustments. This process will move to a co-produced process with people with a learning disability and family representatives taking part in learning workshops.

Table 1 showing Leicestershire - assessment of care received(completed reviews of adult deaths)

	Last 12 months (Jul '19 -Jun '20)	Quarter1 2020/21
This was excellent care (it exceeded current good practice).	2	0
This was good care (it met current good practice in all areas).	14	4
This was satisfactory care (it fell short of current good practice in minor areas, and no significant learning would result from a fuller review of the death).	18	6
Care fell short of current best practice in one or more significant areas, but this is not considered to have had the potential for adverse impact on the person and no significant learning would result from a fuller review of the death.	4	1
Care fell short of current best practice in one or more significant areas, although this is not considered to have had the potential for adverse impact on the person, some learning could result from a fuller review of the death.	1	0
Care fell short of current best practice in one or more significant areas resulting in the potential for, or actual, adverse impact on the person.	0	0
Total	39	11

4.4 Rapid clinical review for COVID-19: From March 2020 when a death of an individual occurred within LLR a rapid case review was carried out by the LLR LeDeR Clinical Lead to identify if there is a relationship to Coronavirus and any key themes for immediate learning and feedback to LLR Health or Social Care Services. There have been 7 rapid reviews completed up to the end of June 2020, 3 were confirmed to have Coronavirus, 1 was suspected and 3 on review found no relationship to Coronavirus. There were no themes identified as cases were different; these have since all had full LeDeR reviews. NHSE did a review of all people with a learning disability admitted to Intensive Care Units, in LLR 15 people with a learning disability were admitted to hospital and 8 recovered; of those that sadly died they all had co-morbidities or were elderly. This represented a better survival rate than the general public and was lower than the national average.

5. Taking Forward Learning and Good Practice at LPT

The LLR LeDeR Steering Group is currently planning the 'Learning into Action' process and developing a group to map learning to existing areas of work in LLR new groups and setting improvement objectives. Areas of learning are shown in Table 1 and the current position of existing work in LPT in these areas.

Table 2: LPT Position in response to LLR quantitative evidence based learning

Quantitative learning	LPT response
Prevent overmedicating: -Implement STOMP and STAMP programmes. <i>15% of people with a learning disability were prescribed anti-psychotic medication with no recorded attempt of a withdrawal; 18% anti-depressant medication with no recorded attempt.</i>	The LLR group is led by the LD Service Associate Medical Director and CCG LD GP Lead. The group has a work programme already developed to reduce the use of antipsychotic medication in people with a learning disability. LPT have representation from adult and child services.
Annual Health checks: -Ensure people with learning disabilities have a quality annual check. <i>At least 21% of people with a learning disability did not have a recorded annual health check during the last year of their life.</i>	In LLR the CCG's employ 3 Primary Care Liaison Nurses to support GP Practices deliver the Annual Health Check, train practice staff and monitor quality. (Note: the PCLN Service is hosted in LPT sitting with the HoN for MH/LD – there is a separate service specification and the work plan for the staff is decided each year with the LD CCG representatives) LPT staff working with a person with a learning Disability will check they have received an Annual Health Check and support them to access this with their GP if not.
Review quality of healthcare reviews: -In the patients last year of death.	This is part of the LeDeR review and is an area for the Task and Finish group to develop.
Ensure correct application of DNACPR*: -Followed and completed correctly <i>91% of people with a learning disability had a Do Not Resuscitate Order (DNACPR) in place when they died.</i>	Those patients receiving an inpatient service in LPT identified as requiring a DNACPR follow the guidance with the Trust Policy for establishing the DNACPR and there is Matron support to facilitate this to ensure compliance with practice guidance. Community Staff often advocate and advise Primary Care staff/GP's on DNACPR considering capacity, quality of life, family involvement and ensure the correct forms are completed and logged. The LD Services have representation on the LPT End of Life Group.

Abbreviations

DNACPR: Do Not Attempt CardioPulmonary Resuscitation; **STAMP:** Directorate of Mental Health **STAMP:** Support Treatment and Appropriate Medication in Paediatrics

Areas of learning in response to qualitative evidenced based learning are shown in Table 3 and the current position of existing work in LPT.

Table 3: LPT Position in response to LLR qualitative evidence based learning

Qualitative learning	LPT response
Advanced Care Planning & End of Life Care e.g.: -Application of advanced care planning throughout -Promoting use of palliative care.	The Trust is part of the LLR End of Life Care Group and the Learning Disability services are represented on the LPT group. This ensures the LLR pathway and practices to support end of life care are consistent. There is a learning disability group reviewing the pathway and guidance for staff and family's to support end of life planning and this has involved closer working with LOROS (palliative care hospice) to support access for people with a learning disability.
Communication and care coordination e.g.: -Enhance communication in diagnosis, case management, and reasonable adjustments throughout care journey. -Ensure succinct Care co-ordination for all children.	The Trust uses Care co-ordination approaches in children's and adult services for people with a learning disability and Autism, including the Care Programme Approach (CPA). Further work via the Single Electronic Patient Record Group is establishing how Learning Disability and Autism is flagged on the record and reasonable adjustments required highlighted to support a good patient experience.
Application of the Mental Capacity Act and Best Interest decision making e.g.: -Training all clinicians to have good understanding of their responsibilities under the Mental Capacity Act in all care settings. -The clear recording of Mental Capacity Assessments and Best Interest decision making.	The Trust has role specific training for all clinical staff on the Mental Capacity Act (MCA), this includes the process to complete an assessment of capacity and the importance of recording in patients records. SystmOne and RiO have specific areas for recording MCA assessments.
Diagnostic overshadowing e.g.: -Mandatory learning disability and autism training for all health and social care staff.	LPT has e-learning modules for Learning Disability Awareness and Autism Awareness on ULearn available for all Trust staff.
Role of carers in diagnosis and case management e.g.: -Recognise benefits of family and carers supporting people with a learning disability in hospital settings. Implementation of the new 'Helping me in hospital' resource to support communication.	Although this area is focused on Acute Hospital provision, the Learning Disability Service ensures that all people they work with have information resources detailing their needs if admitted to hospital – Communication Passport, Emergency Grab Sheets, Health Passports. In LPT inpatient wards families and carers are involved in the person centred Collaborative Care Planning approach (this is a Trust Quality Improvement Programme) to ensure the person with a learning disability's is able to co-produce their care plans and/or this is co-produced with their family or circle of support.

6. Recommendations

The Trust Board is assured that the LPT is an active member of the LLR LeDeR Steering Group and is supporting the LLR LeDeR Programme, specifically hosting the LLR bank reviewers.

The Trust Board receives a quarterly update on the progress of the LLR LeDeR Learning into Action Group commencing in Quarter 3 identifying specific work within the Trust.



Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group



Rutland
County Council



Leicestershire Partnership
NHS Trust



University Hospitals of Leicester
NHS Trust



Leicestershire
County Council

Leicester, Leicestershire and Rutland LeDeR Annual Report

June 2020



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Foreword

We must do more to ensure that people with a learning disability do not experience health inequality. There has been no clearer reminder of this than the awful abuse exposed at Whorlton Hall Hospital in County Durham.¹

This is why the LeDeR programme is so important. It represents a real opportunity to improve the lives of people with learning disabilities. Implementation in Leicester, Leicestershire and Rutland has been difficult, but much progress has been made. It means that we are now in a position to make evidence-based recommendations as to how the quality of health and social care services for people with learning disabilities can be improved.

There are two sets of people that deserve special recognition. The first are our LeDeR reviewers. Without their expertise, experience and passion we would not be where we are. The second are the families, friends, carers and health and social care professionals who have provided critical contributions to each LeDeR review. Their support has been invaluable.

We must not rest upon the contents of this report. Instead all partners across the Leicester, Leicestershire and Rutland health and social care sector must embrace the initial findings of this report' everyone has a role to play. Only then will we ensure that every person with a learning disability receives the high quality of care that they deserve. Only then will we address health inequality.

Caroline Trevithick, Chief Nurse & Executive Director, West Leicestershire CCG
Peter Davis, Assistant Director (Adults & Communities), Leicestershire County Council
David Williams, Director of Strategy and Business Development, Leicestershire Partnership NHS Trust

60	The average number of learning disability deaths across LLR referred to the LeDeR programme per year since October 2017.
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¹ <https://www.bbc.co.uk/news/health-48367071>

1. Executive Summary

1.1 This is the first Leicester, Leicestershire and Rutland Learning Disability Mortality Review (LeDeR) Annual Report. Unless stated otherwise it covers the period October 1st 2017 – March 31st 2020.

1.2 **The median age of death for people with a learning disability in Leicester, Leicestershire and Rutland (LLR) is 59 years old.** According to the most recent England LeDeR Annual Report this is 23 years younger than the national median for men; 27 for women. The LeDeR programme aims to address this health inequality.

1.3 Since LeDeR was launched in LLR on October 1st 2017, health and social care partners have been working hard to ensure its successful implementation. Much progress has been made, especially in the last 12 months. **This means the question can turn from ‘how can we implement LeDeR in LLR?’ to ‘how can we use LeDeR to improve the lives of people with a learning disability?’**

1.4 The LLR LeDeR programme has identified many examples of excellent person-centred care. However, it has also highlighted several areas where improvements are required. Most of these improvements fall under the broad themes of:

- Advanced Care Planning and End of Life Care
- Communication & care coordination
- The application of the Mental Capacity Act and Best Interest decision making
- Diagnostic overshadowing
- The role of carers in diagnosis and case management

1.5 How the local health and social care system can replicate good - and address poor - practices will be covered in an additional LLR LeDeR Report published within the next 12 months. This is called ‘Learning into Action’.

1.6 Significant and sustained system-wide change can only be achieved through collaboration. **The LLR LeDeR Steering Group therefore not only thanks partners for their help in delivering the programme to date, but also challenges them to implement the improvements needed to address the health inequalities that people with a learning disability face.**

1.7 Sadly, over the past few months several people with a learning disability in LLR have died because of the COVID-19 global pandemic. These deaths do not fall into the remit of this report. That being said, the LLR LeDeR Steering Group want to assure partners and the public that any learnings from these deaths are being addressed at pace through the system’s COVID-19 response. This is achieved through a COVID-19 specific ‘rapid response’ LeDeR Review. At time of writing every COVID-19 death that has been referred to the LeDeR programme has been reviewed through this approach.

59	Median age of death for people with a learning disability in LLR. This is the same as the national median, but not what we aspire to. Our aim is to reduce the mortality gap for all people with a learning disability in LLR.
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10%	A person with a learning disability is 10% more likely than those without to be admitted to a hospital ward from the Emergency Department.
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2. Introduction to the LeDeR programme

2.1 The aims of the LeDeR programme are:

- To support improvements in the quality of health and social care service delivery for people with learning disabilities
- To help reduce premature mortality and health inequalities for people with learning disabilities

The programme is funded by NHS England but delivered through local partnerships like LLR.

2.2 The LeDeR process is summarised below:

1. Anyone with a diagnosed learning disability who has died over the age of 4 years old since October 1st 2017 can and should be referred to the programme. The more people who are referred the stronger an evidence base for change can be developed.
2. Each LeDeR referral is allocated to a local LeDeR Reviewer. In LLR these are trained health and social care professionals experienced in working with people with learning disabilities. As much as possible LeDeR Reviewers are not asked to review care for individuals in which their 'home' organisation was a substantial part of service delivery. This is not always possible. However, the LeDeR Steering Group is assured that where this is the case, Reviewers are impartial in their consideration.
3. The purpose of the 'Initial Review' is to identify key learnings and recommendations to improve local health and social care services. To do this the LeDeR Reviewer will consider relevant case records and speak to family, friends and carers to form a 'pen portrait' of the individual and coherent narrative of their care in the lead up to their death.
4. Where there were significant concerns about the person's health and social care service delivery further information can be gathered through a Multi-Agency Review (MAR).
5. Before each Initial Review is approved it undergoes a quality assurance process. LLR has set high standards that every Review must meet.
6. Learnings and recommendations from every completed LeDeR Review is fed into national and local 'Learning into Action'.
7. Deaths for children with a learning disability are reviewed as part of the Child Death Overview Panel (CDOP) process. In LLR this is achieved through 'themed' panels where the exclusive focus is on learning disability deaths. The learnings and recommendations are then fed into LLR LeDeR 'Learning into Action'.

2.3 Each LeDeR Steering Group is required to publish an Annual Report; this is the first for LLR. This is supplemented by a national LeDeR Report. Each report typically includes:

- Progress to date in the allocation and completion of local LeDeR Reviews.
- Learnings and recommendations that have been identified.
- How these form 'Learning into Action'.

This report will focus on the first of these; the other two only touched on in brief. Instead they will be the focus of a further 'Learning into Action' report published within the next 12 months.

3. LLR statement of Purpose

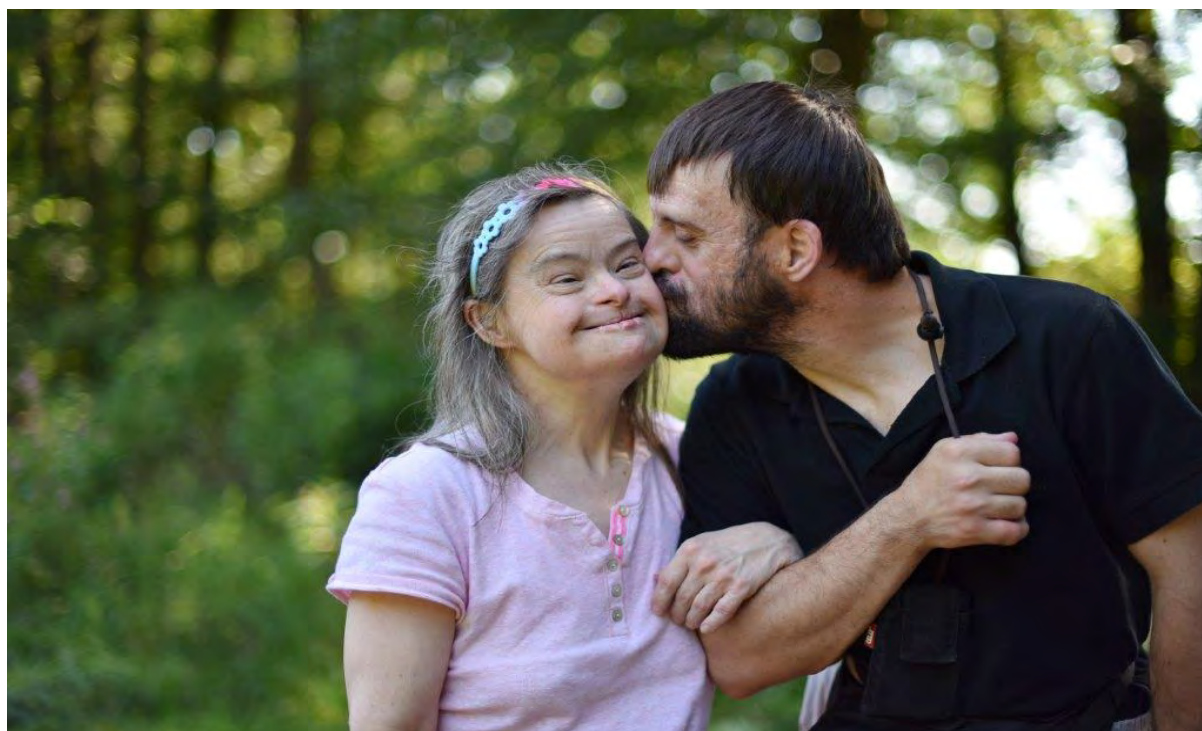
3.1 The LLR Learning Disability and Autism Partnership are committed to the ongoing delivery of the LeDeR Programme. This means:

1. That LeDeR Reviews are allocated and completed to a high standard within the stipulated programme timescales.
2. That identified learnings and recommendations become 'Learning into Action'.
3. That 'Learning into Action' improves the quality of health and social care services and reduces the health inequality faced by people with learning disabilities.
4. That all stakeholders, including people with learning disabilities and their family, friends and carers, feel an equal partner in the LeDeR programme.

These ambitions sit within the broader LLR system-wide Person-Centred Leadership Framework.

'His care was just perfect for him, it was a lovely home. They were really caring people and it really made a difference to him and his life. That's important for family to be able to walk away knowing he was safe and happy. This was the third care home he'd been in since 2000 but it was the best of all, we would leave knowing we had left him happy in his real home. If ever he went into hospital the staff would choose to stay with him so he wasn't frightened, they would just forget their shift had ended. We miss him a lot and we are glad he was so happy in the last years of his life'.

Feedback from a family member included in a LLR LeDeR Review. This is the kind of care and support that all people with a learning disability in LLR should receive.



4. How the programme is delivered in LLR

- 4.1 The day to day management of the LeDeR Programme is undertaken by the three Local Area Contacts (LACs). Each focuses on a different aspect of the programme: administration, clinical quality, and performance and business intelligence. Further support is provided by a locally funded Clinical Quality Lead who is responsible for ensuring the quality and speed of local LeDeR Reviews. Alongside the Steering Group Chair this forms the LLR LeDeR Leadership Team.
- 4.2 The LLR LeDeR Programme is overseen by a Steering Group. Each LLR local authority, Clinical Commissioning Group (CCG) and NHS Trust is a member. It is chaired by Leicester City CCG's Deputy Director of Nursing and Quality. The ambition is to expand membership so that other key stakeholders, including people with a learning disability, are represented.
- 4.3 The LLR LeDeR Steering Group provides periodic updates to LLR Learning Disability & Autism Executive Board, LLR Safeguarding Boards and other stakeholders. This includes reporting on behalf of local CCGs to NHSE/I.
- 4.4 Lastly, during the next 12 months the LeDeR Steering Group will be prioritising engaging with people with learning disabilities, their families, carers and wider communities. This includes ensuring we meet our responsibilities under the Equalities Act to consider the views of different age groups, cultures and other socio-demographics. This is the basis by which we will integrate people with a learning disability into the LeDeR programme, whether directly or indirectly through established voluntary, community and faith organisations.

17% Of LLR LeDeR referrals are for people who are BAME. This is above the national position (which is 10%), but lower than would be expected for LLR. Engagement with BAME people with a learning disability, their family, carers and those who represent them is the foundation by which the LLR LeDeR programme will address this disparity.



5. Indicative learnings & our initial response

- 5.1 This Annual Report will be supplemented within the next 12 months by another dedicated to 'Learning into Action'. However, evidence gathered from completed LLR LeDeR Reviews to date provide some initial learnings and an early indication of what the priority areas of focus will be to improve the lives of people with learning disabilities. These learnings have been separated into those informed by qualitative and quantitative evidence.

Quantitative

- 5.2 15% of people with a learning disability were prescribed anti-psychotic medication with no recorded attempt of a withdrawal; 18% anti-depressant medication with no recorded attempt. This is critical evidence to feed into the LLR 'Stop the Over Medication of People with a learning disability, autism or both' (STOMP) and 'Support Treatment and Appropriate Medication in Paediatrics' (STAMP) programmes.
- 5.3 At least 21% of people with a learning disability did not have a recorded annual health check during the last year of their life. Leicester City CCG will be presenting findings from a review conducted last year into the quality of annual health checks to the LeDeR Steering Group. Working together the objective is to ensure that all people with a learning disability have a high-quality health check each year.
- 5.4 91% of people with a learning disability had a Do Not Resuscitate Order (DNACPR) in place when they died. The LeDeR Steering Group and other stakeholders must be assured that DNACPRs are applied appropriately. It is intolerable that any DNACPR is put in place for a person where having a 'learning disability' is the stated justification.
- 5.5 12% of those DNACPRs were either not followed or completed correctly. The LeDeR Steering Group, through our approach to 'Learning into Action' will feedback to any organisation where this poor and dangerous practice has been identified.

Qualitative

- 5.6 The first theme is Advanced Care Planning & End of Life Care. This means:
- The consistent application of Advanced Care Planning where it is needed, regardless of the care setting.
 - Ensuring that GPs, Primary Care and Hospital teams use RESPECT forms.
 - Promoting the use of Palliative Care Teams to help recognise people who are deteriorating and may need End of Life Care.
- 5.7 The second theme is communication and care coordination. This means:
- Improving communication and the role that it plays in diagnosis and case management across all health and social care services.

- The implementation of an electronic referral system in UHL to refer patients with a learning disability to the Acute Liaison Team.
- Information sharing between partners to ensure that reasonable adjustments are being applied regardless of the care setting.
- Care co-ordination for all children with a learning disability with complex care needs is led by a named lead clinician.

5.8 The third theme is the Application of the Mental Capacity Act and Best Interest decision making. This means:

- Training all clinicians so that they have a good understanding of their responsibilities under the Mental Capacity Act in all care settings.
- Using Independent Mental Capacity Advocates (IMCAs) to ensure the voice of the person with a learning disability is heard in decision making. A focused session has already been delivered by the Acute Liaison Nurse team to geriatric clinicians working in University Hospitals of Leicester NHS Trust.
- The use of RESPECT forms as part of the new approach to end of life care.
- The clear recording of Mental Capacity Assessments and Best Interest decision making.

5.9 The fourth theme is diagnostic overshadowing. This means:

- Mandatory learning disability and autism training for all health and social care staff.
- That someone having a learning disability or cerebral palsy is never the recorded rationale for a DNACPR. This has happened in LLR but was quickly addressed by the Acute Liaison Nurse team.

5.10 The fifth and final theme is the role of carers in diagnosis and case management. This means:

- Recognising the benefits of family and carers supporting people with a learning disability in hospital settings.
- That the voices of families and carers are an integral part of the diagnostic process and approach to case management.
- The implementation of the new 'Helping me in hospital' resource to support communication between carers and hospital staff.

"Very clear documentation. Dad was supported with lengthy discussion and support. DNACPR put into place following best interest discussion. Lots of compassion shown within the notes. Palliative care team involved, X was placed on midazolam and morphine infusion. X passed away at 20:35 with all of his family by his side. All religious and cultural support offered following X's death with family."

An extract from an LLR LeDeR Review. This encapsulates the successful application of several of the themes outlined in Section 5 'Indicative learnings and our initial response'.

6. LLR Performance against the LeDeR Key Performance Indicators

6.1 There are four statements regarding the LeDeR programme that NHS England require each CCG or CCG partnership to report against. LLR performance against each of these statements is outlined below.

1. Clinical Commissioning Groups are a member of a LeDeR Steering Group and have a named person with lead responsibility.

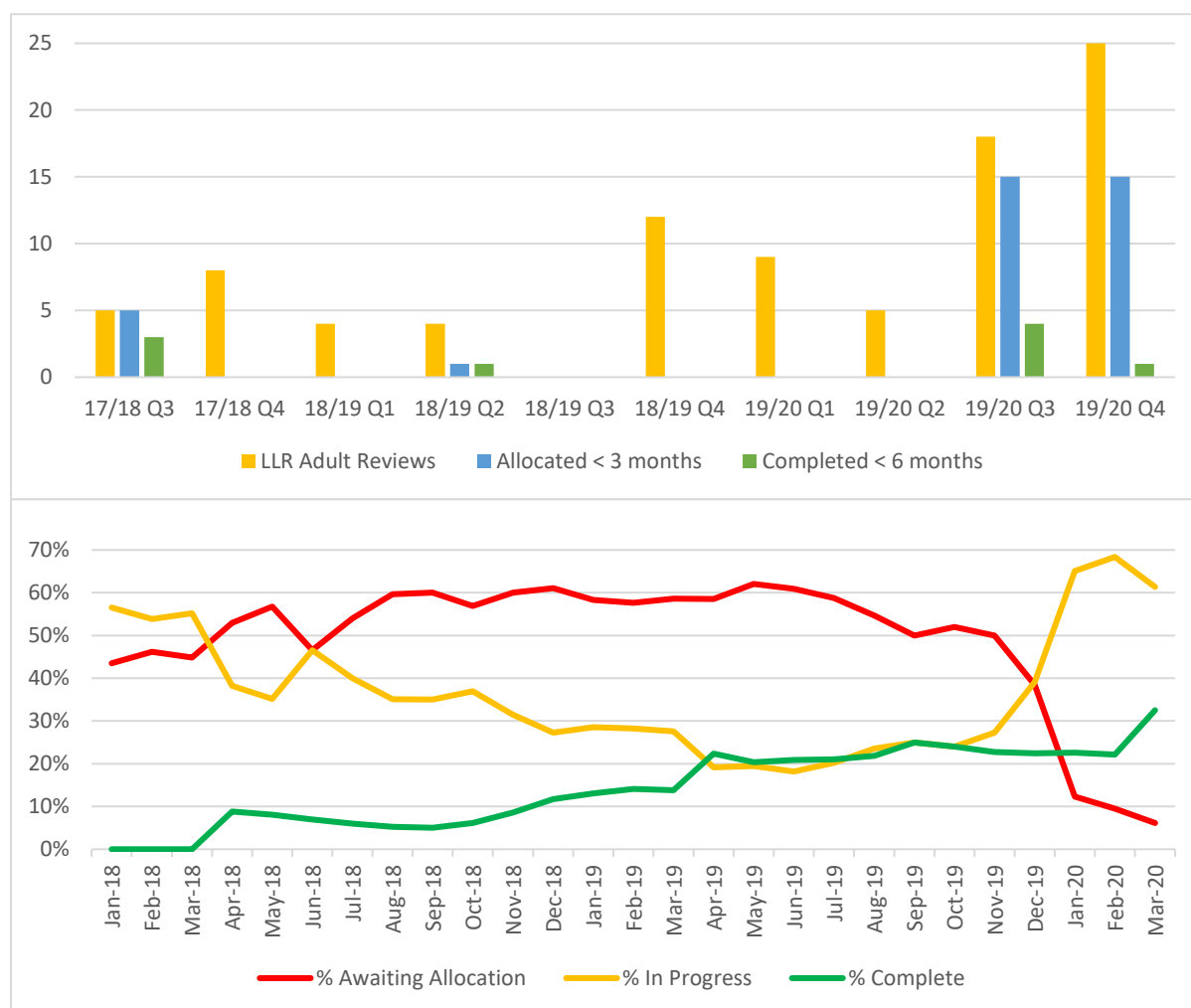


Fay Bayliss, Deputy Chief Nurse, is the Clinical Commissioning Group named person with lead responsibility.

2. There is a robust CCG plan in place to ensure that LeDeR reviews are undertaken within 6 months of the notification of death to the local area.



As indicated in the charts below there has been a significant improvement in performance since Quarter 3 2019/20. This has been the result of greater investment in the programme; investment that LLR has recommitted for the next financial year. It should be noted that performance for each quarter can only be confirmed six months from its final day. It is therefore anticipated that performance will continue to improve throughout the year.



3. Each CCG has systems in place to analyse and address the themes and recommendations from completed LeDeR Reviews



LLR has a Local Area Contact which focuses on Clinical Quality. In addition to the 'Indicative learnings and our response' included in this report LLR will roll out its approach to 'Learning into Action' over the next 12 months. This includes the publication of a 'Learning into Action' report.

4. An annual report is submitted to the appropriate board/committee for all statutory partners demonstrating action taken and outcomes from LeDeR reviews.

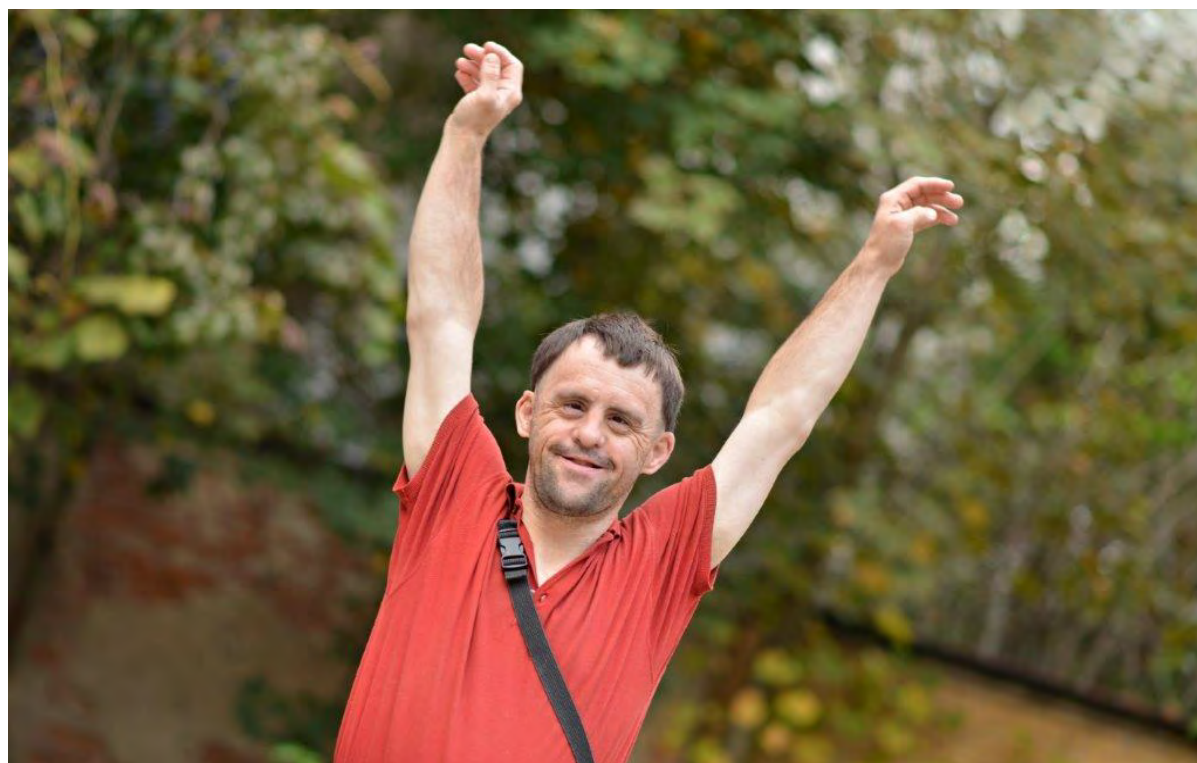


This report represents the first step in meeting this commitment. The second is the publication of the first LLR 'Learning into Action Report' within the next 12 months.

Could D have received better care? Yes, certainly. He would have benefited from additional mental stimulation and social interaction during the early part of the care process. D became a 'ward' of the social care process. We all know that this is fundamentally flawed - not the least of these being financial constraints that impact upon the availability of services and resources at every level.

Did this have an effect on D? Most certainly. D was a prisoner of his physical and mental condition and in order to 'fit' into the care programme he inevitably became institutionalised. That is not meant to be a criticism. It is just a fact."

Feedback from a family member included in a LLR LeDeR Review. These are the some of challenges that LLR needs to address in order to improve the lives of people with a learning disability.



7. Local achievements and areas for improvement

- 7.1 Outside the LeDeR Key Performance Indicators the following represents some of our local successes that should be recognised.
- 7.2 The quality of completed LLR LeDeR reviews is high. Each is a coherent narrative of the person in the final episode of their life; extensive in scope and considered in analysis. This not only means that justified learnings and recommendations can be identified but, critically, that it does justice to the person, their family and friends. This is driven by the experience and expertise of local reviews and the continued implementation of local quality standards.
- 7.3 Local partners have developed processes to aid the LeDeR programme. This includes ensuring that people with learning disabilities who pass away are referred; and that local reviewers have quick and efficient access to the appropriate information required to complete reviews.
- 7.4 Compared to other LeDeR footprints there has been significantly more engagement from the local authorities. This includes the nomination of LeDeR Reviewers, Steering Group Chairs and, uniquely for the East Midlands, a Local Area Contact.
- 7.5 The local position against NHS England KPIs has greatly improved in the final six months of the 2019/20 financial year. Without the support of local partners this would not have been possible.
- 7.6 The Steering Group has recently sought to recruit LeDeR Reviewers from outside the typical pool. This includes approaching Clinical Specialists and a local University Professor who has experience in learning disability services.
- 7.7 However, there are also several aspects of the delivery of the LeDeR programme in LLR that requires improvement. These are summarised below.
- 7.8 Whilst the speed at which LeDeR Reviews are being completed has improved, more can still be done. Too often progress is inhibited by the information reviewers need not being readily available. Bringing on board administrative support and recent engagement with the three LLR CCG Clinical Chairs should go some way to addressing this issue.
- 7.9 Learnings and recommendations have been identified for every completed LeDeR Review. However, the LLR approach to 'Learning into Action' is still in development.
- 7.10 All stakeholders should be an equal partner in the delivery of LeDeR in LLR. This includes people with learning disabilities and their families and carers. This will be an area of significant focus for the coming twelve months.

10%	Of LLR LeDeR referrals to date are for people with a learning disability who died during childhood. These children often have significant life limiting conditions. That being said their quality of life should be no different to any adult with a learning disability. This is why a close relationship between the Child Death Overview Panel and the LeDeR programme is so important.
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8. Priorities for the next 12 months

- 8.1 In March the LLR LeDeR Leadership Team & Steering Group identified the following priorities for the 2020/21 financial year. These were separated into those that needed to be delivered immediately (April – June) and those which would take longer to achieve.

Immediate (April - June)

- 8.2 Establishing the LLR approach to LeDeR during the COVID-19 pandemic. This not only includes the completion of the COVID-19 ‘rapid response’ reviews but also how non COVID-19 related LeDeR reviews can continue to be progressed despite some limited access to case records.
- 8.3 Implementing a local, sustainable approach to Quality Assurance to meet increasing demand.
- 8.4 Continuing to collate learnings and recommendations from completed Reviews, including from the first learning disability themed CDOP panel.

Longer term (April – March 2021)

- 8.5 Engaging with partners across the health and social care system about this Annual Report and the initial findings within it. This will drive local conversations about and more importantly the changes needed to improve the quality of services for people with a learning disability.
- 8.6 The publication of the first LLR LeDeR ‘Learning into Action’ LeDeR Report. This will be supplemented by a further approach to feeding back to organisations specific actions identified for them by LeDeR Reviewers.
- 8.7 Strengthening the LLR approach to LeDeR Reviewer peer support. This includes committing to the delivery of four LeDeR Reviewer development sessions over the next 12 months. It is anticipated that this will be led by the LLR LeDeR Clinical Lead.
- 8.8 Ensuring that part of this peer support is that LeDeR Reviewers fully understand the scope and application of annual health checks, national screening programmes, Stomp & Stamp and any other identified ‘gaps’ in knowledge. This will ensure that LeDeR Review findings are accurate and that the LLR LeDeR programme contributes to the ongoing personal development of local health and social care staff.
- 8.9 Working in partnership with all stakeholders. This will be achieved through an LLR LeDeR Engagement Strategy. Family and carer input is already an integral component of each LeDeR Review. Our ambition is to build upon this by making all key learning disability stakeholders an equal partner in LeDeR programme delivery. This includes the approach to ‘Learning into Action’.

Meeting Name and date	Trust Board 1 st September 2020
Paper number	K

Name of Report: Learning from Deaths Q1 Report

For approval		For assurance	✓	For information	
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Presented by	Professor Al-Uzri	Author (s)	Saydia Razak Tracy Ward
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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
Quality Forum	6th August 2020
QAC	18 th August 2020
Assurance: What assurance does this report provide in respect of the Organisational Risk Register?	Links to ORR risk numbers
	1,3

Recommendations of the report
<p>We recommend that the Trust Board is assured that the LPT LfD Process is in line with NQB guidance and note steps have been taken:</p> <ul style="list-style-type: none"> To ensure the sustainability of robust data comparable across all Directorates. To provide clear understanding of our current situation. To establish systems for gathering active learning.

1. Introduction

This report is presented to the Trust Board as assurance of the efficacy of the Learning from Deaths (LfD), Child Death Overview Panel (CDOP), Learning Disabilities Mortality Review (LeDeR), and Serious Incident (SI) processes in adherence to the National Quality Board (NQB) guidance on Learning from Deaths (2017) and NHS Improvement (NHS/I) Framework (2017). The NQB mandates NHS Trusts to collect and publish specified information on deaths on a quarterly basis. This report presents the data from April to July 2020 inclusive, as well as data reviewed from Q4 to represent the expected time lag. This report is additionally presented as evidence that the Leicestershire Partnership Trust (LPT) is improving and streamlining its LfD process (Appendix 1, p. 6).

2. Aims

- To provide the Trust Board confirmation with assurance that there is thorough implementation of NQB Learning from Deaths guidance within the Trust.

3. Demographics

Knowing the demographics of our patients allows the identification of concerns and pre-disposing factors which affect specific populations, resulting in better informed interventions. Currently, demographic information is obtained manually by Directorates (Table 1). The LfD group is currently discussing means of collecting this information in a more robust way.

Table 1: Gender & Age for Q1

Gender	Age Bands										
	1-28 (D)	Up to 12 (M)	1-10 (Y)	11-18	19-24	25-44	45-64	65-79	80+	Unknown	Total
Female	1	0	1	1	0	2	8	20	23	0	56
Male	1	2	1	3	1	9	7	13	25	0	62
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	2	2	2	4	1	11	15	33	48	0	118

Future reports will include Disability, Religious orientation, Sexual orientation, and Ethnicity.

4. Mortality Data

In adherence with NHS/I (2017) recommendations the percentage of deaths reviewed and completed for Q4 are shown in Table 2:

Table 2: Time lag in reviewing of deaths by Directorate

Mortality data Q4 2019/2020						
Directorate	Total number of deaths	In-scope		Out of scope	% of deaths subject mSJR* Case record review	% of deaths subject to an SI investigation
		mSJR	SI			
					% completed	% completed
CHS	77	67		10	99%	1%
		66	1		100%	100%
DMH	27	23		4	70%	30%
		16	7		118%*	43%
FYPC	6	6		0	67%	33%
		4	2		100%	50%
Total	110	96		14	90%	10%
		86	10		96%	50%

*DMH included 3 additional mSJR case record reviews

4.1. Examples of good practice in Q4

Learning that has been identified from the review or investigation of deaths concluded in Q4 2020 can be seen in Appendix 2 (p. 7). Implementing a coding and theming method to categorise learning is an update from Q4 (Appendix 3, p. 8) Examples of good practice as a result of learning include:

- **DMH:** In response to the continuation of sudden deaths related to Clozapine, clinical leads encouraged to seek guidance from local/national experts, and disseminate at mortality review meetings.
- **CHS:** Propose an educational programme through End of Life (EOL) champions. This was delayed due to COVID-19 and will resume in Q1-Q2. A recommendation suggested by the LfD group is to have a theme based on Quality Improvement consisting of quality interventions that are staff led projects for full engagement.
- **FYPC:** Signed off CCG reports will be shared with staff to support Learning from Deaths in practice.
- Progressing from Q4, family support following bereavement has been embedded in the data extraction process. Directorates are now asked to include the numbers information on the contact made with bereaved relatives.

4.2. Number of deaths reported during Q1

Table 3 shows the number of deaths reported by each Directorate for Q1. Formal investigations consist of Serious Incident (SI) investigations and modified Structured Judgement Reviews (mSJR). The number of reviews completed is also presented.

- There were of 118 In-scope deaths for the Q1.
- There were 9 CDOP deaths which are distributed under “F”, and are included in the total number of deaths in Table 3.
- There was 1 death in Q1 which was more likely than not to have been due to problems in the care provided.

Table 3: Number of deaths

KEY

C: Community Health Services; **D:** Directorate of Mental Health **F:** Families Young Persons and Children

Q1 Mortality Data 2020										
	April			May			June			Total
	C	D	F	C	D	F	C	D	F	
In-scope deaths	15	19	3	12	35	4	15	13	2	118
Out of scope deaths	0	0	0	0	0	0	0	0	0	0
Consideration for formal investigation										
	C	D	F [†]	C	D	F [†]	C	D	F [†]	
Serious Incident	0	6	1	0	6	0	0	5	0	18
Number completed	0	2	1	0	0	0	0	0	0	3
mSJR* Case record review	15	13	2	12	29	4	15	8	2	100
Number completed	3	0	2	0	0	4	0	0	2	11
Number of deaths reviewed/investigated and as a result considered more likely than not to be due to problems in care	0	0	1	0	0	0	0	0	0	1

*LPT implements a modified mSJR to review all deaths In-scope. In-scope and Out of scope deaths are defined in Section 4.0 of the Learning from Deaths Policy.

[†] FYPC case review all deaths and are included in the mSJR case record review total count.

5. Recommendations

We recommend that the Trust Board is assured that the LPT LfD Process is in line with NQB guidance and note steps have been taken:

- To ensure the sustainability of robust data comparable across all Directorates.
- To provide clear understanding of our current situation.
- To establish systems for gathering active learning.

6. Discussion

The LfD process is undergoing review. The LfD group is prioritising the following key areas:

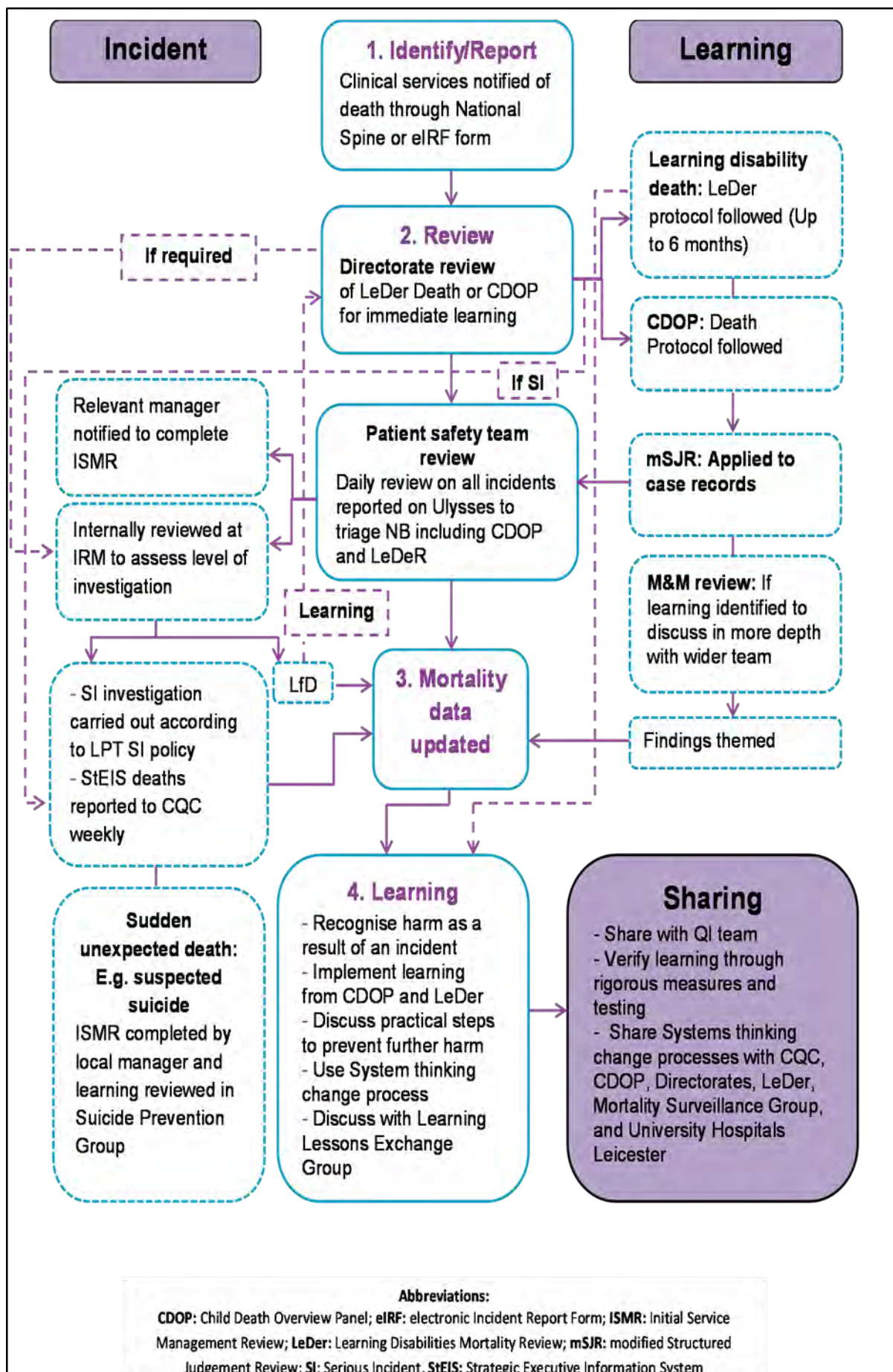
- Improved reporting of mortality data.
- Transparency in report and review time lag.
- Establish a robust LfD process, which considers variation in practice amongst Directorates.

Collaborative working between the Patient Safety Team, Directorates, and their administration teams has introduced opportunities to embed the LPT *“Step up to Great”* ethos.

7. Conclusion

This quarter has presented the beginning of transitionary period for the LfD process at LPT. The transition is a result of a review of the LfD process and a change in personnel. The recognition of variation and challenges associated with collecting and reviewing data have been a positive outcome. The need to place more focus on learning impact and implementing learning actions are our next priority.

Appendix 1. Learning from Deaths Process



Appendix 2. Examples of learning

Learning Code/Theme	Learning Impact	Learning Action
CHS		
E514: End of life care, documentation, clinical documentation within the clinical record	<ul style="list-style-type: none"> -GSF standards for EOL care has dropped off in the last quarter. -Reasoning based on cumbersome paperwork associated with the care standard. -Untimely documentation of EOL and -Adding additional workload to clinical leads. 	<ul style="list-style-type: none"> -A communication has gone out to ward managers to ensure timely GSF entries. -The LfD group have discussed escalating this to the End of Life Group. -Consider adding a QI theme which focuses on interventions to improve care.
DMH		
C412: Clinical care, discharge, discharge planning	<ul style="list-style-type: none"> -Void in communication in physical care follow up. -Patients with substance misuse problem DNA. -Cancelled appointments can result in negative coping mechanisms. 	<ul style="list-style-type: none"> -GP will receive a copy of the correspondence to patients to ensure GP checks on the patient's physical wellbeing. -Create an appointments code/theme to address DNA complications. -Outpatient booking systems needs review -Space needed for urgent reviews
C927: Clinical care, Monitoring, recognition & Escalation/Ceiling of Care, escalation/ceiling of care.	<ul style="list-style-type: none"> -Void amongst support workers in escalating health concerns when patients not compliant with medications (physical and mental health). 	<ul style="list-style-type: none"> -Educating support workers in escalating to medics/senior clinicians when abnormal physical health parameters
C718: Clinical care, multi-disciplinary team working, inter-speciality liaison/continuity of care/ownership	<ul style="list-style-type: none"> - Supporting patients who have substance misuse and mental health problems. 	<ul style="list-style-type: none"> -Share learning across primary and secondary care.
FYPC		
E24: End of Life, communication, patients & relatives, results/management/discharge plan	Supporting families with bereavement.	<ul style="list-style-type: none"> -Reports to be shared with families when signed off by the CCG.
C720: Clinical care, multidisciplinary team working	Supporting staff to learn from deaths.	<ul style="list-style-type: none"> -Reports to be shared with staff when signed off by the CCG.
C1020: Clinical care, transfer & handover	<ul style="list-style-type: none"> - Resulting from an incident based on stepping down of care from CAMHS Crisis team to CAMHS outpatients team. 	<ul style="list-style-type: none"> - Following stepping down care from a crisis, a follow up appointment should be negotiated and appointed as a safeguard. -Require an appointments theme to ensure a review of practice within CAMHS for patients who are not brought to appointments to ensure that practice is in line with policy.

Appendix 3. Themes Guidance

Cat	Th	Th Code	Theme & Sub Themes	Sub Theme Codes	Theming Code Combos
	Ass	1	Assessment, Diagnosis & Plan		
C or E	Ass		Assessment	1	C11 C12 C13 E11 E12 E13
C	Ass		Diagnosis	2	
C or E	Ass		Management plan	3	
	Com	2	Communication – Patients & Relatives		
C or E	Com		Results/Management / Discharge Plan	4	C24 C25 C26 E24 E25 E26
E	Com		Imminence of death, DNACPR, Prognosis	5	
C or E	Com		Reasonable adjustments	6	
	D&C	3	Dignity & Compassion		
C or E	D&C		ADL Assistance/ Reasonable Adjustments	7	C37 C38 C39 E37 E38 E39
C or E	D&C		Compassion / Attitude	8	
C or E	D&C		Environment	9	
	Dis	4	Discharge		
C	Dis		F/up management plan	10	C410 C411 C412 E410 E411 E412
C or E	Dis		Equipment/POC	11	
C or E	Dis		Discharge Planning	12	
	Doc	5	Documentation - Paper & Electronic		
C or E	Doc		Correspondence – with patients, other clinical teams	13	C513 C514 C515 E513 E514 E515
C or E	Doc		Clinician documentation within the clinical record	14	
C or E	Doc		Completion of clinical forms i.e. DNACPR, Consent, Nursing Assessments	15	
	Inv	6	Investigations & Acting on Results		
C	Inv		Investigations	16	C616 C617 E616 E617
C	Inv		Results	17	
	MDT	7	Multi-Disciplinary Team Working		
C or E	Mdt		Inter-speciality liaison/continuity of care/ownership	18	C718 C719 C720 E718 E719 E720
C or E	Mdt		Inter-speciality referrals/review	19	
C or E	Mdt		Inter team issues (within same specialty)	20	
	Med	8	Medication		
C or E	Med		Prescribing	21	C821 C822 C823 C824 E821 E822 E823 E824
C or E	Med		Supply	22	
C or E	Med		Administration	23	
C or E	Med		Review	24	
	Mon	9	Monitoring, Recognition & Escalation/Ceiling of Care		
C or E	Mon		Monitoring	25	C925 C926 C927 E925 E926 E927
C or E	Mon		Recognition	26	
C or E	Mon		Escalation / Ceiling of Care	27	
	Tr	10	Transfer & Handover		
C or E	T&H		Delays to correct speciality/setting	28	C1028 C1029 C1030 E1028 E1029 E1030
C or E	T&H		Inappropriate Outlying / Transfer arrangements incl where pt not clinically fit for transfer, or inappropriate transfer arrangements to take into account level of acuity	29	
C or E	T&H		Omissions/Errors in Handover communication	30	

Abbreviations: **ADL:** Activities of Daily Living; **POC:** Point of Care; **DNACPR:** Do Not Attempt Cardio Pulmonary Resuscitation

Meeting Name and date	Trust Board 01/09/2020
Paper number	L

Name of Report Guardian of Safe Working Hours Quarterly Report (May 2020-July 2020)

For approval		For assurance	✓	For information	
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Presented by	Dr Avinash Hiremath	Author (s)	Dr Amala Jesu Angela Salmen
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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)			

Report previously reviewed by	
Committee / Group	Date

Assurance : What assurance does this report provide in respect of the Organisational Risk Register?	Links to ORR risk numbers
	1; 4; 5; 26; 27; 41

Recommendations of the report
The Board is assured that Doctors in training at LPT are safely rostered and have safe working hours that comply with the Terms and Conditions of Service

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 five exception reports have been raised in this period
- iii) Gives information on staffing levels and rota gaps.

2. Recommendations

The Report is to provide assurance to the Board.

3. Discussion

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.

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.

Five exception reports have been received in this quarter. All relate to the Specialty Registrar rota with rest not achieved overnight. Compensatory rest was given as a result. See section 6 for further information in relation to this rota

Central Duty Rota (CDR) and Evington Rotas

Following consultation, the CDR rota, which covers A&E and the urgent mental health care hub, will change from a non-resident on call rota to a resident full shift from 5th August 2020. This change is being made to address work intensity and to ensure sufficient rest can be achieved during the shift.

The Evington rota will also change from a resident full shift to a non-resident on call rota from 5th August 2020.

Specialty Registrar (StR) Rotas

StRs work across two rotas – East and West. Both rotas are non-resident on call rotas. During a 16 hour weeknight duty (5pm-9am) the duty doctor should have 8 hours rest with at least 5 hours being continuous occurring between 10pm-7am. During a weekend 24 hour on call period there should be 12 hours rest with 5 hours being continuous occurring between 10pm-7am. The contract states that “Where it is expected that the rest requirements may not be met, rostered work on the day following the on-call period must not exceed five hours.” In LPT we ask trainees not to schedule clinics after on calls to allow them the flexibility to take compensatory rest if the required rest is not achieved on the shift before.

Furthermore, where a duty doctor advises that they feel unable to travel home during/following a night time call out due to over tiredness the option is provided for the trainee to stay in a nearby travel lodge / premier inn or request a taxi home. Taxi fares and hotel accommodation will be reimbursed in these circumstances. Where necessary, the return journey to work, either to begin the next shift or, where the doctor has left their personal vehicle at work, to collect the vehicle will be reimbursed.

The Guardian of Safe Working has been working with the StR peer group to enhance engagement and explore options to keep StRs safe whilst continuing the non-resident on call arrangement.

Rota Gaps and re-design

Gaps in the current rotation;

FY2 x2	no cover
CT x2	no cover
StR Adult x7	no cover
StR OA x3	no cover
StR CAMHS x2	no cover
StR LD x1	no cover

StR vacancies have increased from 11 to 13 following the appointment of 2 StRs into Consultant posts in LPT. Each service area is managing the gaps in Junior Doctor placements to meet clinical need.

The next medical trainee rotation takes place on 5th August 2020. The position after the rotation will be as follows:

FY1 x1	no cover
CT x3	no cover
StR Adult x6	no cover (plus 1 trainee on maternity leave)
StR OA x4	no cover
StR CAMHS x1	no cover (plus 2 trainees starting maternity leave)
StR LD x1	no cover

StR vacancies continue due to unsuccessful recruitment through national programmes. The appointment of NHS locums to cover some of the StR vacancies will be investigated.

StR rotas are staffed but there is little flexibility to maintain the rotas if trainees are sick or unexpected vacancies during the rotation occur. Existing StRs are asked to cover any gaps that arise with payment at NHS Locum rates. If this is not possible Consultants are asked to “step-down” with

payment at locally agreed rates.

Engagement

The last Junior Doctor Forum took place on 1st July 2020, via Microsoft Teams and was well attended. The discussion focused on the changes to the CDR and Evington rotas, including supervision.

Guardian fines were also discussed and further guidance is awaited from the Industrial Relations Officer of the British Medical Association.

Appendices

Appendix A Locum Hours – Internal Bank and Agency
 (1st May 2020 – 31st July 2020)

Appendix B 12 month summary data
 Exception reports

Appendix A

Locum Hours (Internal Bank and Agency)

1st May 2020 – 31st July 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	61	61	Nil	
Evington	20	20		
Central Duty Rota	47	47		
StR East	23	23		
StR West	29	29		
Total	180	180		

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 *	80	80	Nil	
Sickness	15	15		
Maternity / Paternity	8	8		
Special Leave	1	1		
COVID19	63	63		
Temporary removal of trainee from rota**	13	13		
Total	180	180		

* includes Less Than Full Time (LTFT)

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

Summary Data**Exception Reports**

Reason for exception report	Aug'19 – Oct'19	Nov'19 – Jan'20	Feb'20 – Apr'20	May'20 – July'20
Working Hours	6	3	6	5
Training issue	0	0	0	0
Other reason	1	0	1	0
Total	7	3	7	5

Meeting Name and date	Trust Board 1 st September 2020
Paper number	M

Name of Report
Patient Safety Incident and Serious Incident Learning Assurance Report for June and July 2020

For approval		For assurance	✓	For information	✓
Presented by	Dr Anne Scott Acting Director of Nursing/AHP's & Quality	Author (s)		Tracy Ward Head of Patient Safety	

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 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	
<p>Review and confirm that the content and presentation of the report of the incident provides assurance around all levels and categories of incidents.</p> <p>Acknowledge that development of reporting is on-going and the presentation of the report may change as this develops.</p> <ul style="list-style-type: none"> • 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 June & July 2020

Introduction

The Recovery phase of COVID19 is well under way and the Corporate Patient Safety Team (CPST) continues to work to monitor the safety of all patients and meet virtually monthly. Serious incidents (SI's) have continued to be investigated and submitted as close to the 60 working day deadline as possible. All SI's declared since COVID-19 has included a terms of reference question asking for the investigation team to consider the impact of COVID-19 on the patient/family and service provision and an additional question has been added since the end of July asking if the patient was on a waiting list in relation to LPT care at the time of the incident in relation to waiting time recovery and harm review plan as part of the COVID19 recovery response.

Purpose of the Report

This document is presented to the Trust Board bi-monthly to provide assurance of the efficacy of the overall 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

Appendix 1 contains all of the Statistical Process Control (SPC) charts utilising the NHSI Toolkit that are shared to support the narrative and analysis below and local speciality incident information.

All incidents reported across LPT in June and July 2020

The use of numbers related to patient incident reporting are not seen as a good indicator of safety, however, these are monitored. Following a fall in reporting March there was a reduction considered to be related to changes in service delivery and staff moving in to 'major incident' mode and other lines of reporting; we have now seen incident reporting gradually returning to the previous 'normal' for what is expected in the Trust.

Review of Patient Safety Related Incidents

1. Pressure Ulcers

Patients affected by pressure ulcers developed whilst in LPT care

In June and July 2020, there were again no 'hospital acquired' grade 4 Pressure Ulcers; those reported were acquired or deteriorated from a lesser grade in the community. The previous reports identified a reduction in patients affected by Grade 4 Pressure Ulcers however; there has been an increase in reporting giving an unpredictable trend in the trajectory. Evidence illustrates that the acuity of patients on district nursing caseloads is increasing due to the shift from inpatient hospital care. In addition, one post COVID-19 symptom, extreme fatigue, is affecting the mobility of some patients and their nutritional status thus increasing their risk of pressure damage as well as families, patients and carer's delaying the request for support from community nurses due to the concerns related to COVID19 with contact with healthcare professionals.

Learning identified:

- There continues to be a delay though in the formulation of these risks into a personalised care plan
- Accuracy and timeliness of Waterlow scoring is not always reflecting all patients' risk factors and therefore not resulting in appropriately targeted preventative measures.
- There are many patients who have not been assessed using the mental capacity assessment tool to be able to tailor explanations for the patient to understand their role in their pressure ulcer care plans.

- A quality improvement plan is being developed to drive improvement in these key areas identified
-

2. Falls

Across the Trust there has been an overall decrease in the number of falls reported, likely related to the acuity of patients. There had been an increase in the number of patients who have fallen multiple times. The falls group continue to meet and monitor all falls and the CPST support this work offering additional scrutiny.

In response to incidents where two patients fell from their bed and bed rails were identified as contributory factor, there has been a review of the bed rails and low bed guidance to ensure joined up assessment of these two key falls prevention risk assessments into one document. The compliance of falls huddles continues to be variable across all specialities and there has been a focus on not only the fall huddle happening but a focus on the conversation around additional interventions.

In addition a wider weekly meeting acts as an intervention for the wider team to review patients who have fallen more than once to provide 'fresh eyes', expertise and challenge. The CPST team are part of the Falls Steering and scrutiny group providing additional analysis and professional challenge for patients who have repeatedly fallen regardless of diagnosis.

In response to feedback from different staff groups, including the CCG we have again revised the falls investigation document (V5) to ensure that the patient and family's view is visible along with terms of reference for investigation to assist in an improved structured report to aid learning.

3. 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. June 2020 has seen a continued rise in self-harm incidents but a decline in 'moderate and above' self-harm incidents in July. Many incident investigations/reporting are continuing to report 'COVID19' as a contributory factor due to change in access/support/isolation. Nationally, this continues to be an area of clinical focus in relation to the impact of COVID19 on patients living with mental health conditions and with new diagnosis not known to mental health services. The suicide and self harm prevention group have a sub group who are looking at a proposal for an organisational model for reducing self harm.

4. 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. It is difficult to consider numbers of suicides in isolation however in June and July there does appear to have been an increase in community suicides of patients both under the care of LPT and not under the care of LPT; some reported sudden unexpected deaths are subject to coroner declaration of cause of death. Again, due to COVID19 affecting ways of working, there has been significant delays in this process detailing the cause of death

5. 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.

The group are aligning their work with the learning from the National Confidential inquiry into suicide and as such are concentrating on collaborative care planning with patients and including families where appropriate to create robust networks for patients. The plan will be governed by the Suicide Prevention Group and monitored against progress by the Learning from Deaths Group. This alignment and process for review continues.

6. Violence, Assault and Aggression (VAA)

There has been an increase in overall VAA across the trust; this category of incident features in all mental health, CAMHS inpatient and all learning disabilities top 5 incidents. The Mental Health Directorate are

developing an multi-faceted Quality Improvement approach to addressing this area and plan to share Trust-wide; the report has been shared with QAC

7. Medication incidents

Medication incidents are reviewed locally and the use of the BESS medication error tool to facilitate learning and a fair approach to supporting and managing staff following medication errors is well established. In May it was identified that over a period of 5 months the CPST recognised an increasing number of insulin related incidents reported in CHS, both near misses and actual incidents. The Directorate have completed undertaking an analysis of these incidents along with best practice and professional drivers and will provide a report to Patient Safety Improvement Group in August 2020.

Directorate Incident Information

Additional slides for information are included within Appendix 1, which detail the top 5 reported Incidents for each Directorate speciality illustrating the level of diversity. Violence and Aggression has been reported in the top 5 reported incidents across 3 specialities, which demonstrates some of the challenges that the clinical teams face across the Trust as they interact and deliver care to our patients.

Queries Raised by Commissioners / Coroner / CQC on SI Reports Submitted

There continues to be some identified time delays between submission and response related to 'non closure', the CPST are working closely with the CCG to facilitate and actively chase feedback following their sign off process; a member of the CPST is now present at their report sign off. Coroner's inquests remain temporarily suspended. The CPST continue to liaise directly with the CQC to respond to queries as they arise; this continues to work well.

Learning Lessons and Action Plan Themes

1. 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 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 along with the CPST and any key identified new issues are also added to the action plan. The action plan is for review in August 2020 at a quality summit to which the CCG are invited.

2. Falls

There continue to be 5 key messages from the Falls Steering Group:

1. **Bed Rails / Low Bed Assessment**
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. This is an area that is yet to be fully embedded and is challenged by the questionnaire for the falls huddle being stored in the Ulysses database with speculation that this needs further work to truly make this a team approach post fall.
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; a focus of the Falls Steering Group. This remains a gap in assessment and is frequently been identified as a lapse in care approach in investigations.

Duty of Candour

There were no declared Duty of Candour breaches for June/July 2020 from Directorates. The CPST continue to monitor the application of duty of candour and support staff to ensure this is compassionately applied. 360 audit are currently auditing our application of Duty of Candour.

Incident Review Process

The CPST continue to embed the weekly incident review meeting process that has been shared with all three directorate governance teams, Safeguarding Team, Health and Safety Team and the Patient Involvement and Experience Team which began in March 2020. The meetings enable incidents or complaints that may meet the criteria for a higher level of investigation following triage. This is a highly successful 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.

There has also been an introduction of a new design to individualised 72hr Templates (ISMR) based on SBAR, human factors, Resuscitation Council/Sepsis Challenge and national suicide enquiry methods for gathering information to support the incident investigation decision. The incident oversight group has been monitoring the completion of serious incident action plans; there continues to be challenges faced by most directorates in relation to compliance. There is regular sustained commitment from the CPST in working to address and embed this change in ensuring robust oversight of action plan ownership and completion.

Safeguarding and patient safety – linking the two teams

Meetings have begun in July to review the link safeguarding enquiry to incident reporting and investigation involvement of the safeguarding team. Triage of potential safeguarding incidents and escalation continues by the CPST.

National Incident development

The new SI framework has been published (Patient Safety Incident Response Framework) which is different to previous frameworks and is encouraging a focus on inquisitive examination of a wider range of patient safety incidents in the spirit of 'reflection and learning' rather than as part of a 'framework of accountability' anchored in the principles of openness, accountability, learning and continuous improvement.

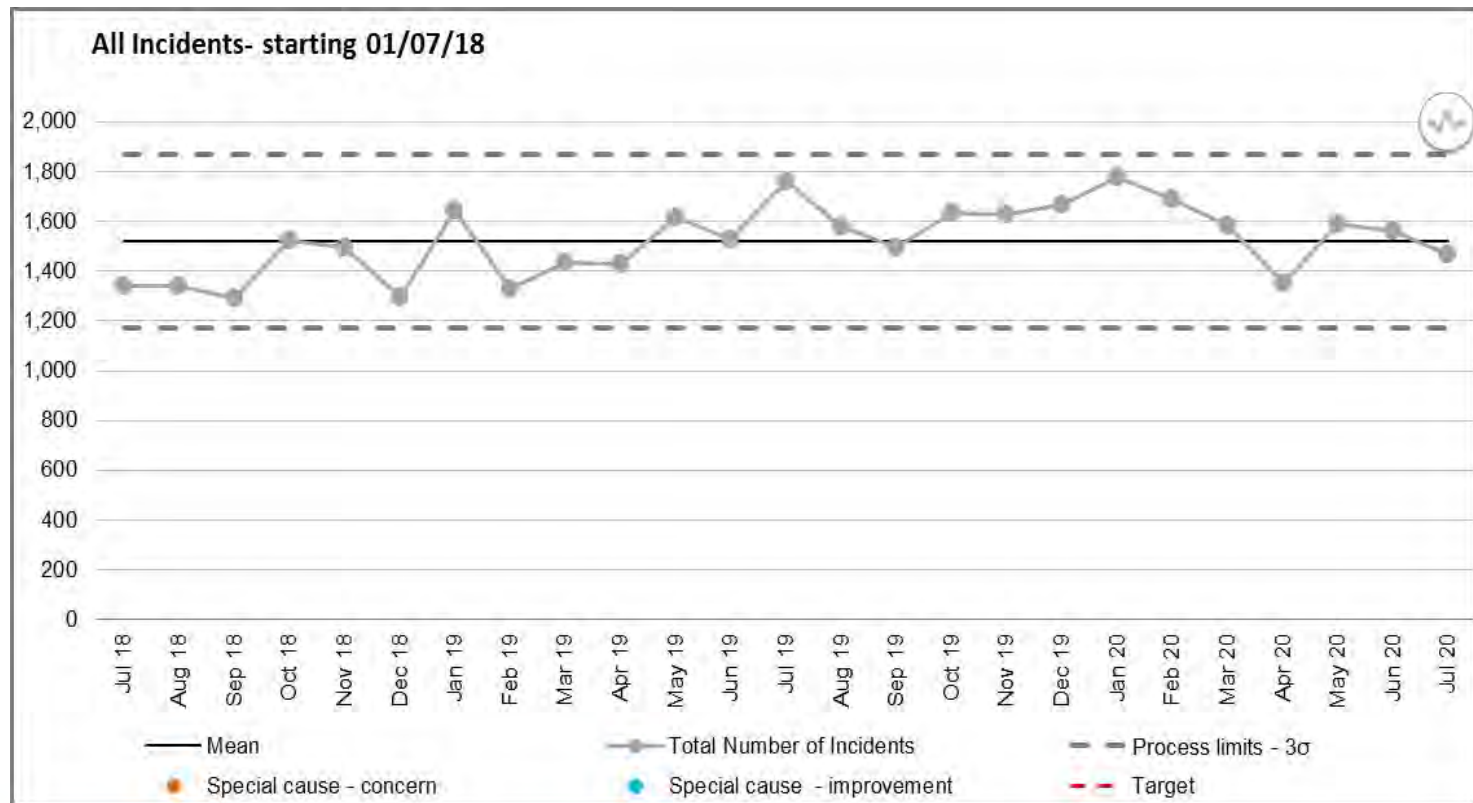
The patient safety team continue working through this guidance and will provide an executive briefing in relation to the key changes in the Autumn. Local adopters include the Chesterfield Royal Hospital NHS Trust and the University of Derby and Burton Hospitals NHS Trust who have started to address the changes around the SI investigation processes with the introduction of corporate lead investigators.

Appendix 1

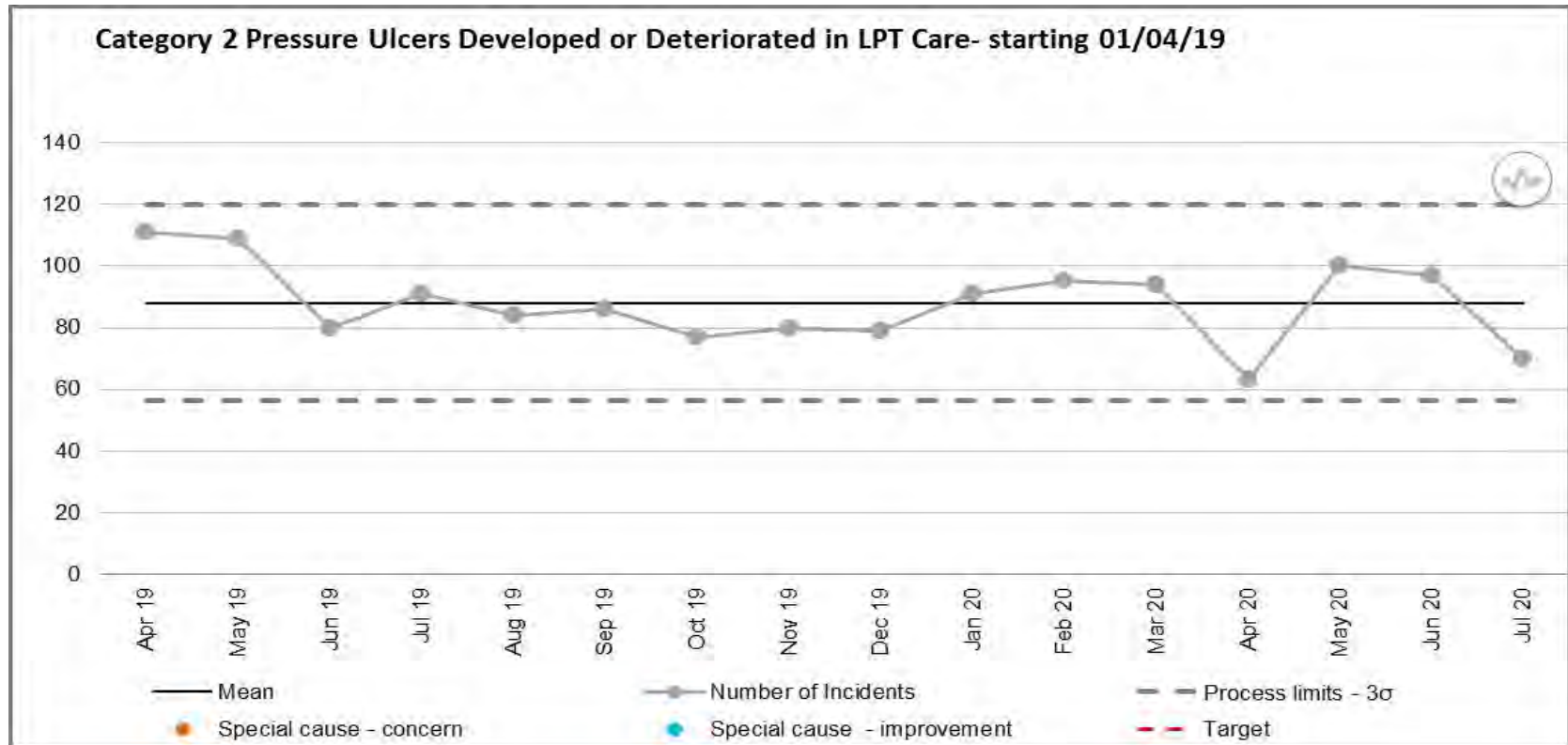
The following slides show Statistical Process Charts of incidents that have been reported by our staff during June & July 2020

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

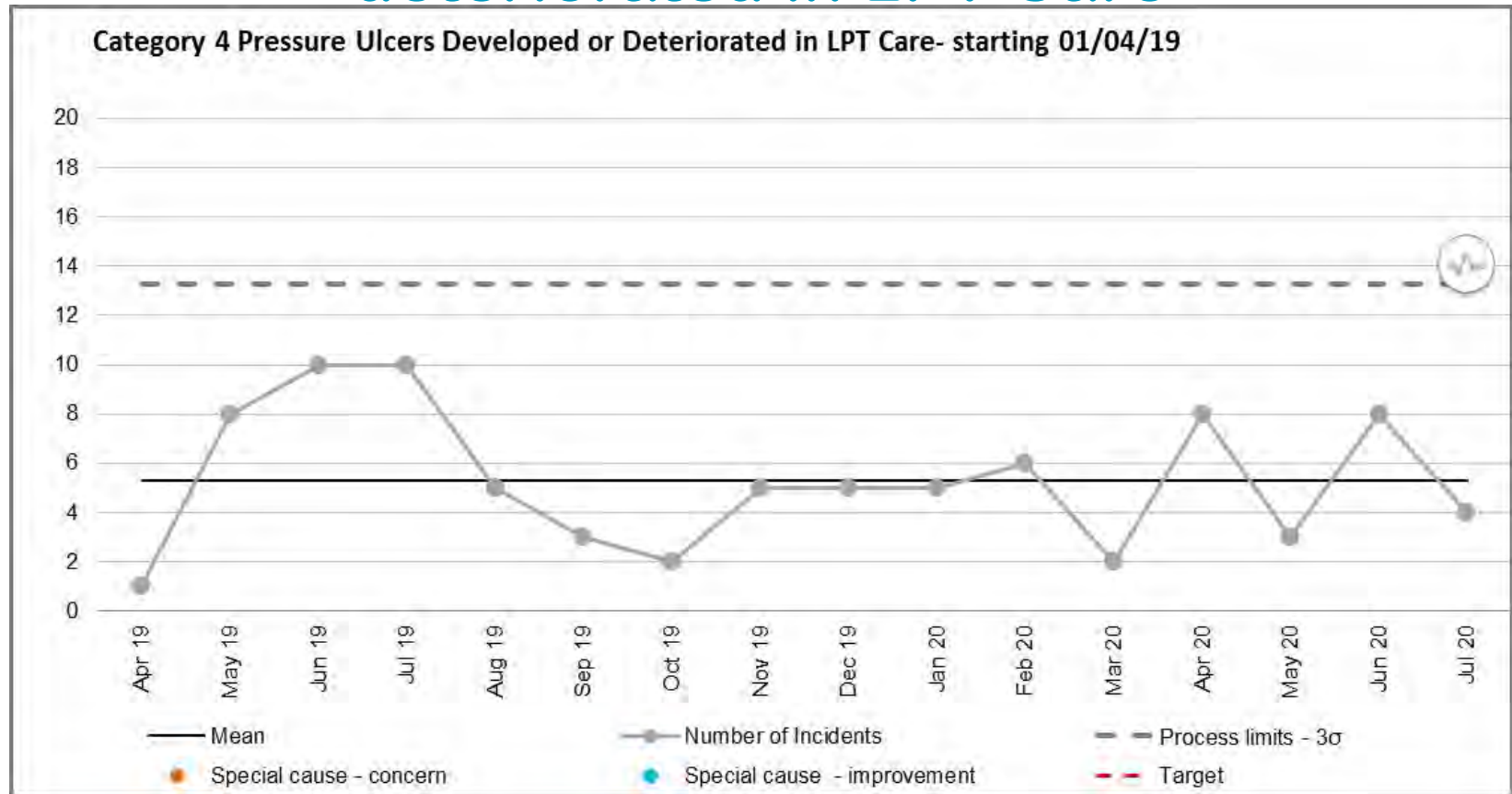
1. All incidents



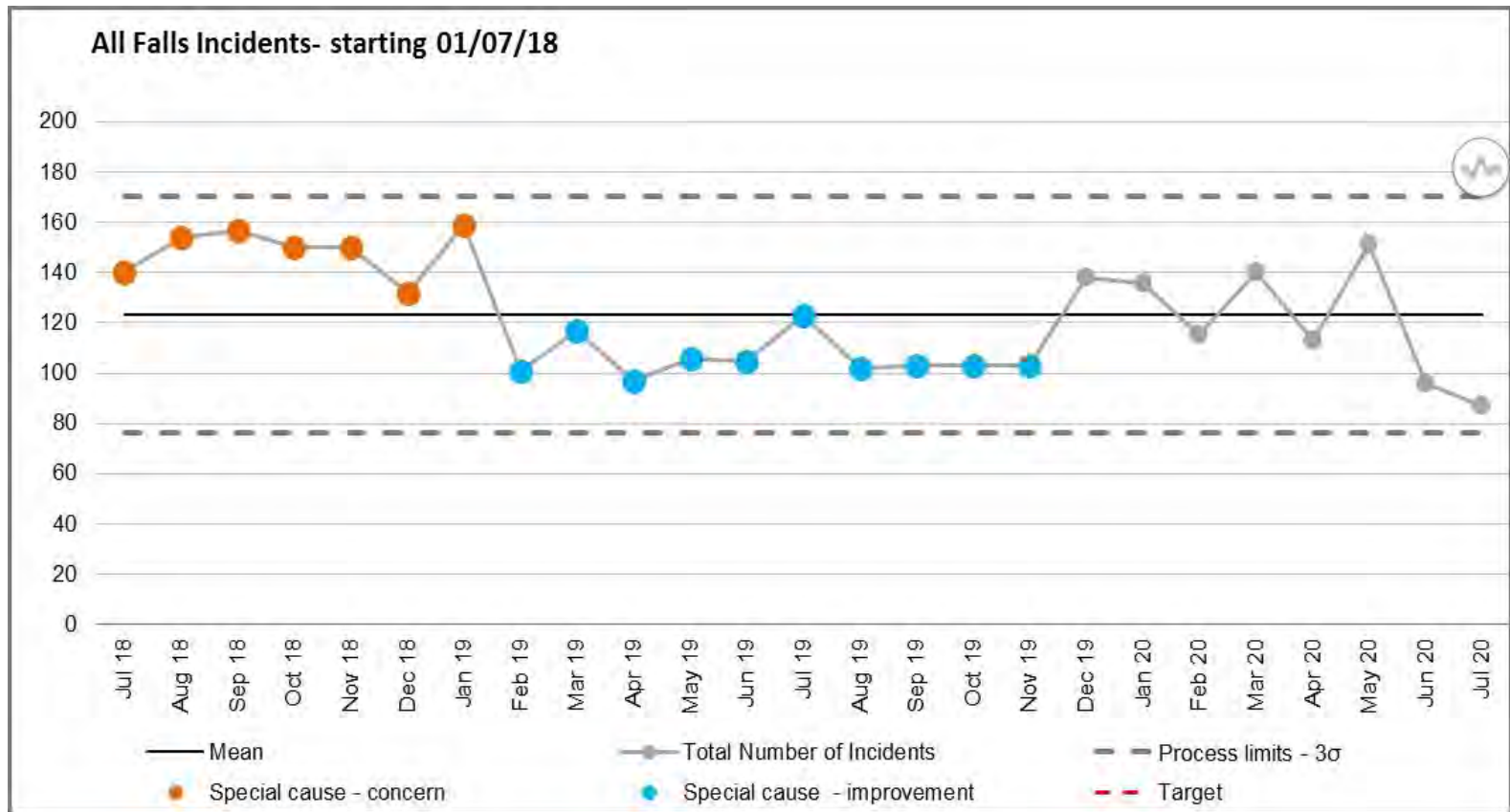
2. Category 2 Pressure Ulcers developed or deteriorated in LPT Care



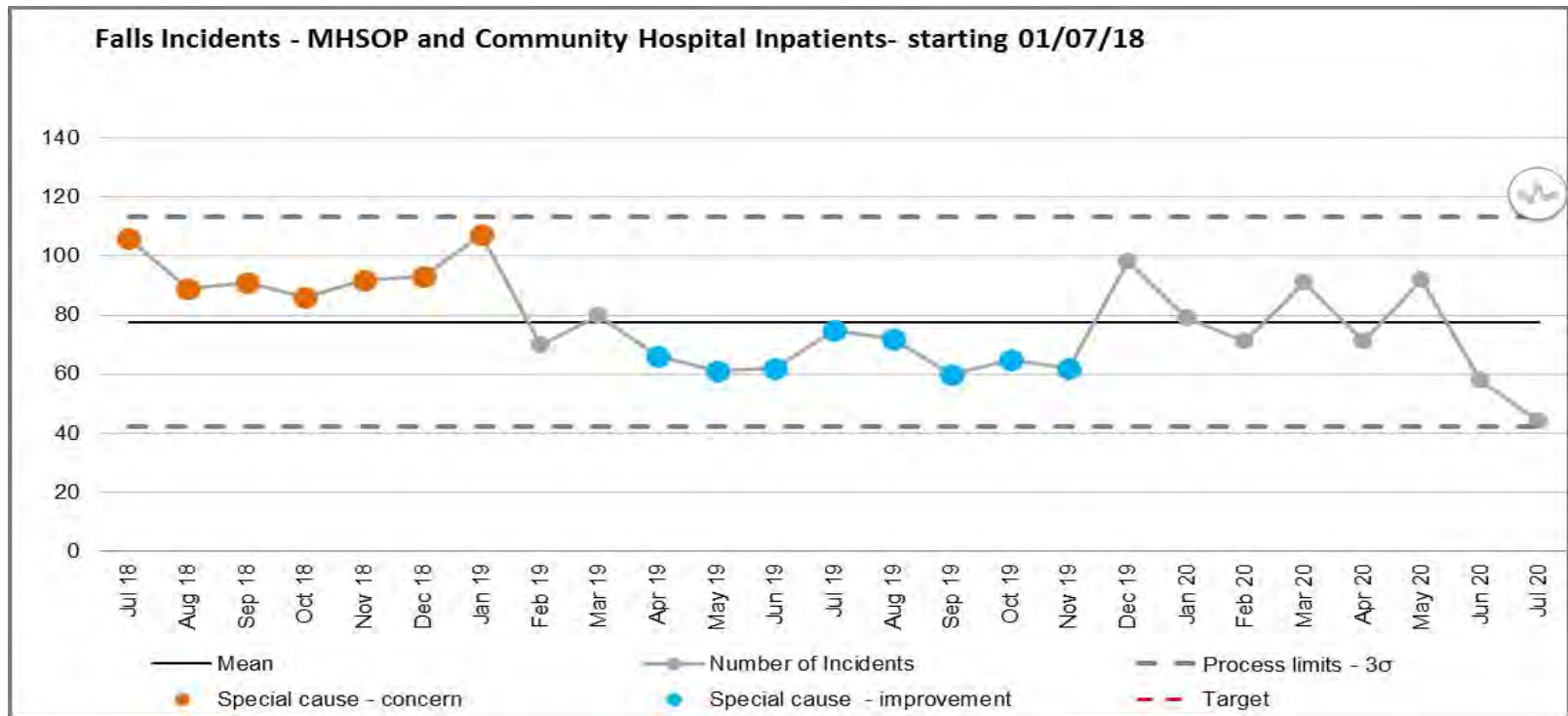
3. Category 4 Pressure Ulcers Developed or deteriorated in LPT Care



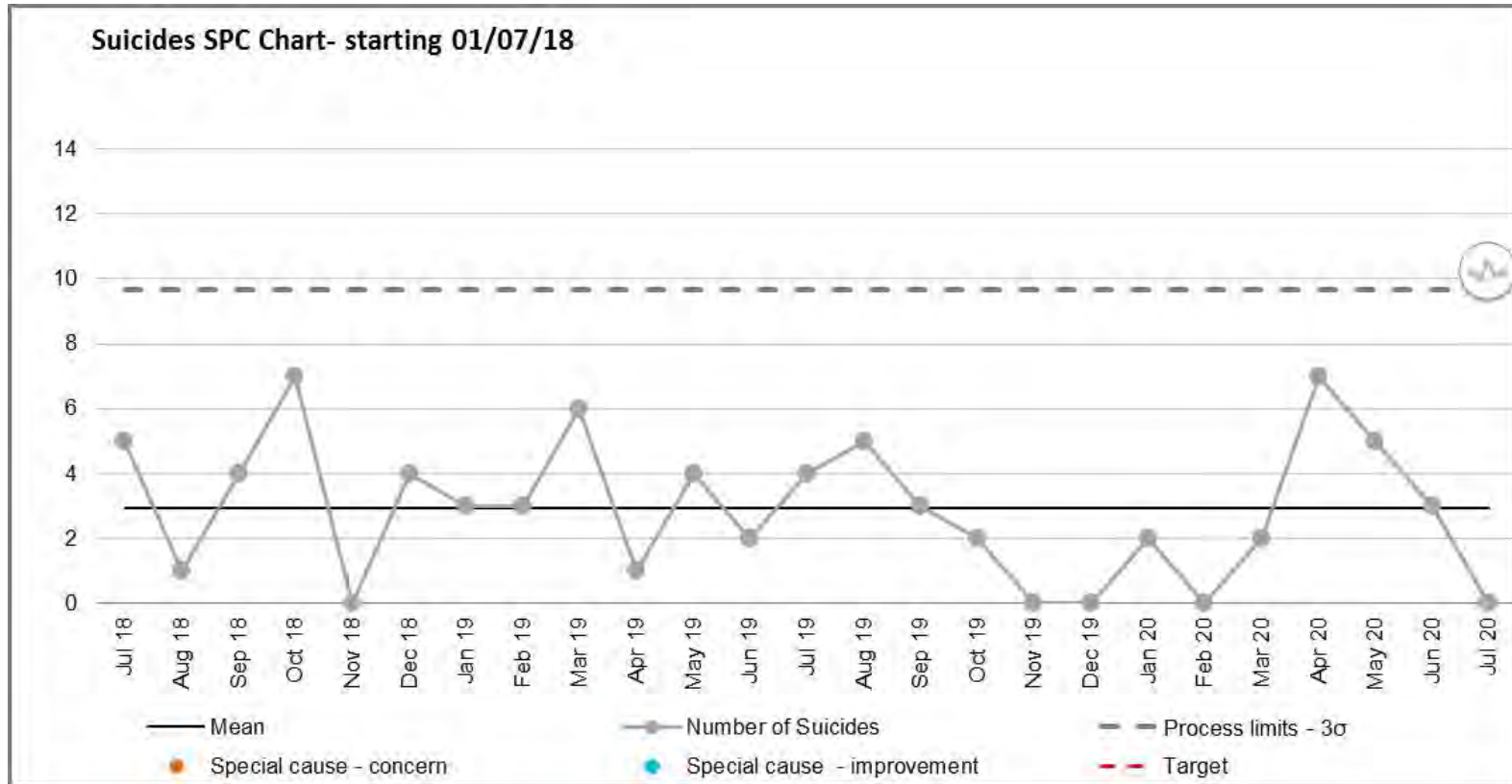
4. All falls incidents reported



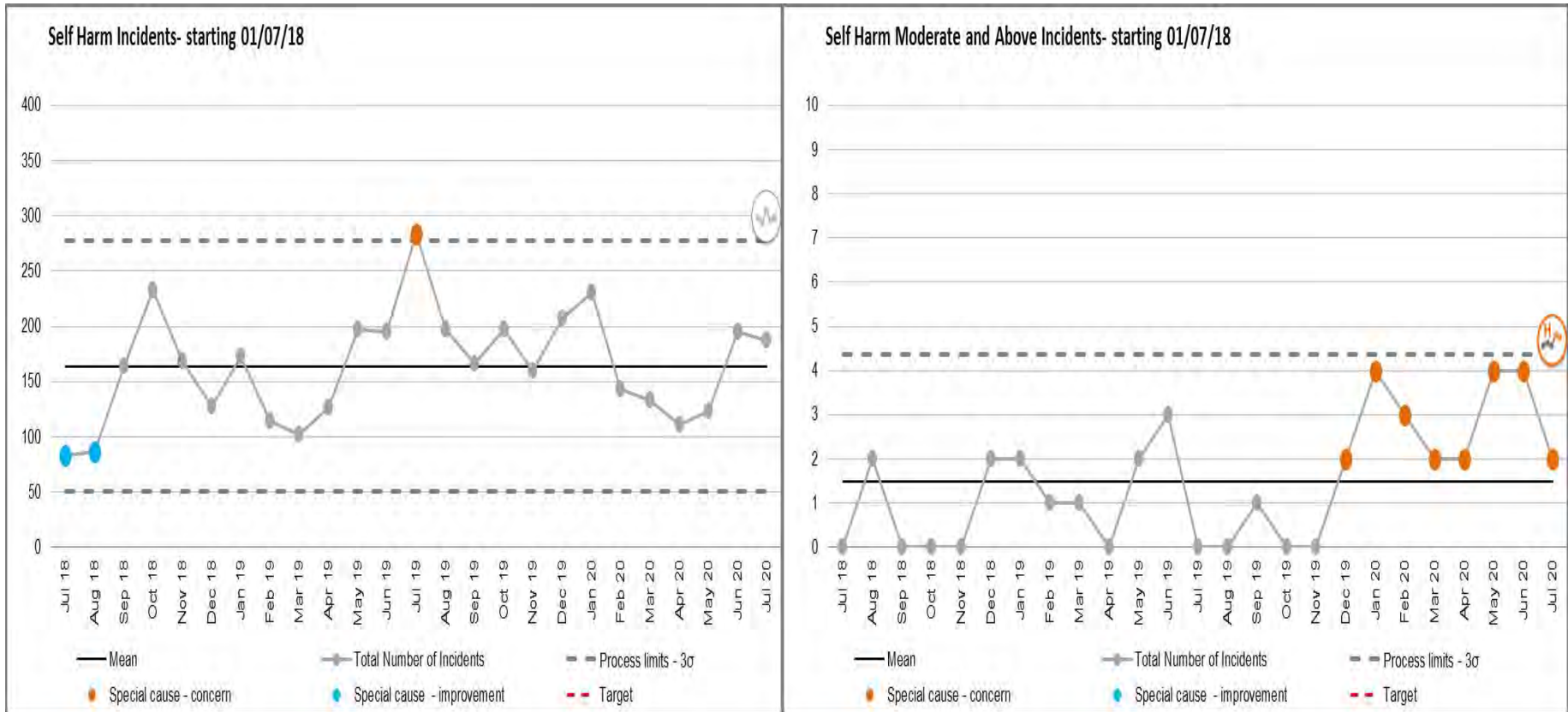
5. Falls incidents reported – MHSOP and Community Inpatients



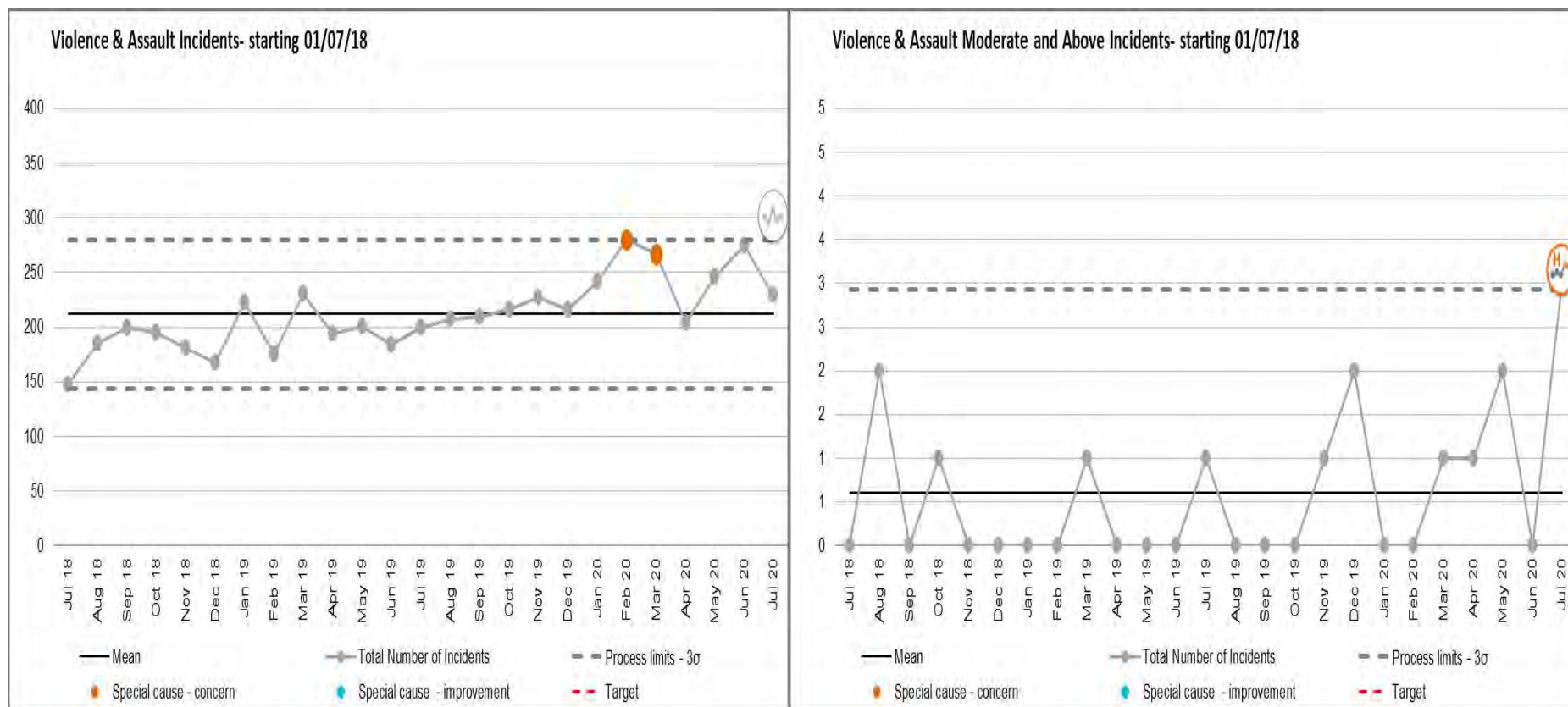
6. All reported suspected Suicides



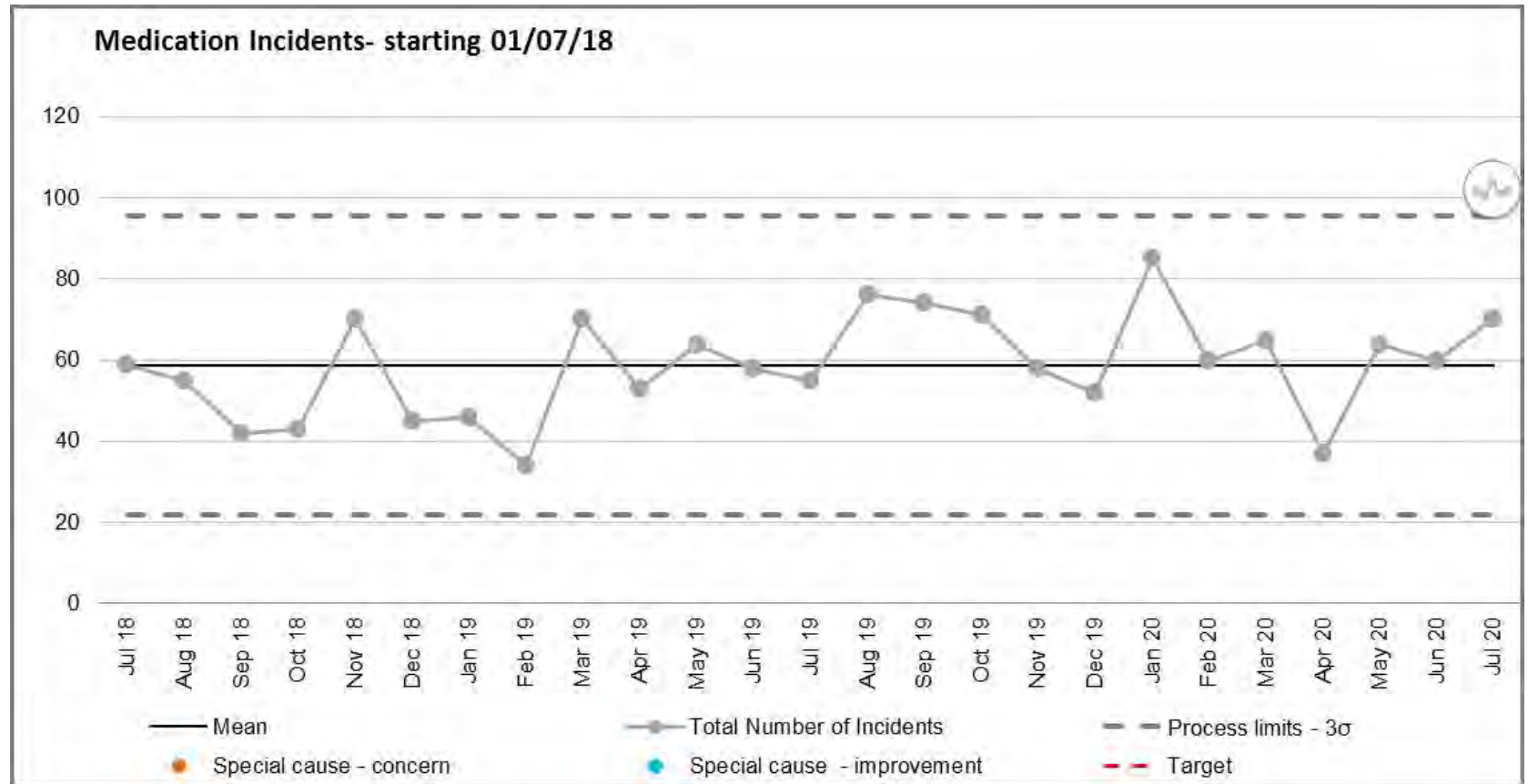
7. Self Harm reported Incidents



8. All Violence & Assaults reported Incidents



9. All Medication Incidents reported



Directorate Specialities describing Top 5 Incidents

Table 1: Mental Health: Inpatients

Top 5 themes June 2020	Number of incidents	Top 5 themes July 2020	Number of incidents
Violence /Assault	151	Violence /Assault	114
Patient Falls, Slips, And Trips	59	Self- Harm	58
Self- Harm	53	Patient Falls, Slips, And Trips	54
Clinical Condition	19	Clinical Condition	31
Missing Patient	18	Security	25

Table 2: Mental Health Community

Top 5 themes June 2020	Number of incidents	Top 5 themes July 2020	Number of incidents
Self- Harm	57	Self- Harm	37
Violence/Assault	16	Patient Death	16
Patient Death	12	Violence/ Assault	13
Communication	6	Communication	12
Confidentiality	6	Confidentiality	9

Directorate Specialities describing Top 5 Incidents

Table 3: Learning Disability – In-Patient

Top 5 themes June 2020	Number of incidents	Top 5 themes June 2020	Number of incidents
Violence/Assault	56	Violence/Assault	68
Accident	2	Unsafe Environment	6
Clinical Condition	2	Non-Medical Equipment	4
Hate/PREVENT Incident	2	Self- Harm	4
Medical Equipment	2	Infection Control	3

Table 4: Learning Disability – Community

Top 5 themes June 2020	Number of incidents	Top 5 themes July 2020	Number of incidents
Safeguarding (Adults)	15	Violence/Assault	15
Violence/Assault	13	Safeguarding (Adults)	12
Self- Harm	6	Self- Harm	10
Clinical Condition	2	Medication	3
Patient Death	2	Allegations Against Staff	2
Security	2	Patient Death	2

Directorate Specialities describing Top 5 Incidents

Table5: FYPC CAMHS

Themes in June2020	Number of incidents	Themes in July 2020	Number of incidents
Self- Harm	73	Self-Harm	76
Violence/Assault	40	Violence/Assault	27
Staffing	3	Infection Control	3
Confidentiality	2	Access, Admission, Appts, transfer, Discharge	2
Case Notes & Records	1	Case Notes & Records	2

Table6: FYPC service (non CAMHS/LD)

Top 5 themes June 2020	Number of incidents	Top 5 Themes July 2020	Number of incidents
Communication	11	Communication	14
IT Equipment / Systems	10	Medical Equipment	12
Safeguarding (Children)	10	Case Notes & Records	7
Confidentiality	6	Safeguarding (Children)	6
Case Notes & Records	5	Self- Harm	6

Directorate Specialities describing Top 5 Incidents

Table 7: CHS In-patient

Top 5 themes June2020	No. of incidents	Top 5 Themes July 2020	No.of incidents
Patient Falls, Slips, And Trips	31	Tissue Viability	35
Tissue Viability	28	Patient Falls, Slips, And Trips	27
Infection Control	12	Case Notes & Records	26
Medication	9	Patient Death	9
Patient Death	6	Medication	8

Table 8: CHS Community

Top 5 themes June 2020	No. of incidents	Top 5 themes July 2020	No. of incidents
Tissue Viability	406	Tissue Viability	348
Medication	25	Medication	30
Safeguarding (Adults)	10	Access, Admission, Appts, transfer, Discharge	7
Violence/Assault	7	Medical Equipment	6
Access, Admission, Appts, Xfer, Discharge	6	Case Notes & Records	5

11a. StEIS Reported Serious Incidents (SI's)

		StEIS Notificati	SI INVESTIGATIONS							Internal Root Cause Analysis Investigations				
		Downgrade & removal requests	SIs declared AMH/LD	SIs declared PYPC	SIs declared CHS	Signed off within month	Within original deadline	SI Downgrade requests	Confirmed DoC breaches	AMH/L D	PYPC	CHS	Signed off within month	Within original deadline
2019/20 Q1	April	0	3	0	0	3	*	0	0	3	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	3	0	4	7		0	0					
	September	0	3	1	22		31%	2	0					
2019/20 Q3	October	0	2	2	4	5		0	0	0	0	0		
	November	1	10	3	4	9		3	0	0	0	0		
	December	1	4	6	1	9		1	0	1	0	1		
2019/20 Q4	January	0	3	2	10	8	32%	0	0	2	2	1		
	February	0	5	2	10	2		0	0	0	1	1		
	March	6	3	0	5	27		0	0	2	0	2		
YTD		8	51	15	85	70		4	0	20	13	6	0	WON/0!
2020/21 Q1	April	7	6	3	0	0		0	0	6	0	2		
	May	0	8	3	9	7		0	0	3	1	2		
	June	1	5	4	4	2		0	0	9	0	2		
2020/21 Q2	July	0	5	2	16	9		1	0	9	3	0		
	August													
2020/21 Q3	September													
	October													
	November													
2020/21 Q4	December													
	January													
	February													
2020/21 Q4	March													
YTD		8	24	12	29	18	0.0%	0	0	27	4	0	0	WON/0!

11b. Trust Wide Overall Si's Action Plan Status 2019/20 to date

	LPT Action plan status 2020/2021						
	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
Apr-20	7	1	0	0	14.29%	14.29%	19.23%
May-20	7	1	0	0	14.29%	14.29%	
Jun-20	12	3	0	0	25.00%	19.23%	
Jul-20	5	4	0	0	80.00%	29.03%	80.00%
Aug-20	0	0	0	0	-	29.03%	
Sep-20	0	0	0	0	-	29.03%	
Oct-20	0	0	0	0	-	29.03%	#DIV/0!
Nov-20	0	0	0	0	-	29.03%	
Dec-20	0	0	0	0	-	29.03%	
Jan-21	0	0	0	0	-	29.03%	#DIV/0!
Feb-21	0	0	0	0	-	29.03%	
Mar-21	0	0	0	0	-	29.03%	
Total YTD:	31	9	0	0	29.03%	29.03%	.

12. Lessons Learned/Learning

With the changes completed in the directorate speciality changes we have seen changes to top incident themes as expected

Pressure Ulcers themes in the investigation of these category 4 incidents includes (these meet StEIS criteria):

- Lack of timely holistic patient assessments
- Low consideration for mental capacity assessments on initial admission to caseloads

Falls themes in the investigation of those that meet StEIS criteria:

- Inconsistent timeliness of Falls Risk assessments
- Inconsistent application of the findings of the falls risk assessments i.e. supervision of the patients

12. continued – what we know.....

Violence & aggression

- Mental health, CAMHS & Learning Disability inpatient areas have the highest reports of violence and aggression culminating in a number of SI's/internal investigations being undertaken
- Mental Health Directorate have shared a paper with QAC outlining a plan

Meeting Name and date	Trust Board – 1 September 2020.
Paper number	N

Name of Report - SAFE STAFFING - JULY 2020 REVIEW
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For approval		For assurance	✓	For information	
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Presented by	Anne Scott	Author (s)	Emma Wallis
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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. National trust data collection for safe staffing resumed in August 2020, fill rates against planned staffing and CHPPD to be presented next month.	1,4,26
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 – 1 SEPTEMBER 2020

SAFE STAFFING – JULY 2020 REVIEW

Introduction/Background

- 1 This report provides an overview of nursing safe staffing during the month of July 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 July 2020

Right Staff

- Temporary worker utilisation rate increased slightly this month; 1.5% reported at 17.52% overall. Trust wide agency usage increased this month by 0.93% to 3.05% overall. The decreased bank and agency utilisation over the past months reflects the reduced bed occupancy and flexed staffing levels to meet patient needs and response to COVID-19.
- This month Griffin, Coleman, Beaumont, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff, this is linked to high acuity and levels of observation. The reduction in the number of wards utilising over 6% agency staff reflects the reduced overall temporary worker and agency use across the Trust.
- 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. Two emerging areas to note include Coleman Ward & Langley due to high agency use and Ward 3, St Luke's previously an area to note due to vacancies now escalated as an area under review for quality and patient safety with an improvement plan.

- There are five community team 'areas to note', no changes from the previous month. 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

- Correct to 1 August 2020 Trust wide;
 - Appraisal at 83.3% GREEN
 - Clinical supervision improved at 88.4% GREEN

Right Place

- The Covid-19 risk managed wards are East, Beaumont, Bosworth, Langley, Agnes Unit and Gwendolen Ward. Risk managed is to mean that the ward is caring for patients on the emergency admission COVID pathway as per the national safe staffing descriptors and care pathways. This maintains separation between possible and confirmed COVID-19 patients and supports patient and staff cohorting.
- Due to the low numbers of COVID-19 positive patients requiring a community hospital admission, North Ward continues to be temporarily suspended to admissions.
- Feilding Palmer Hospital (FPH) continues to be temporarily closed to admission in response to national COVID-19: infection, prevention and control guidance and to ensure patient and/or staff safety is not compromised. This continues to be regularly reviewed.

Staff leave data

- The table below shows absence captured by the HR isolation sheet as at 31 July 2020, the data now includes Test and Trace notification;

Self-Isolation - Household Carer	5
Self-Isolation - Household WFH	5
Self-Isolation - Symptomatic	39
Self-Isolation - Vulnerable Group	176
Undefined	2
Test and Trace Notification	1
Covid related absence	228
General Absence	242
Total Workforce	5329
Covid related absence	4.28%
General Absence	4.54%
Total Absence	8.82%

Table 1 – Trust COVID-19 and general absence – 31 July 2020

- In comparison to the previous month as reported on 30 June 2020, overall absence has increased 0.41% and COVID-19 related absence has increased by 0.06%.

	AMH	Bank	CHS	Enabling	FYPC	Hosted	LD	MHSOP	Grand total
Self-isolation – Household carer	0	0	2	1	1	0	1	0	5
Self-isolation – Household WFH	0	0	3	0	1	0	1	0	5
Self-isolation – Symptomatic	4	10	14	2	4	0	3	2	39
Self-isolation – Vulnerable Group	42	3	73	8	26	2	12	10	176
Undefined	1	0	1	0	0	0	0	0	2
Test and Trace Notification	0	0	1	0	0	0	0	0	1
Totals	47	13	94	11	32	2	17	12	228

Table 2 – COVID-19 absence by Directorate – 31 July 2020

In-patient Staffing

- 4 Summary of inpatient staffing areas to note;

Wards	May 2020	June 2020	July 2020
Hinckley and Bosworth - East Ward	X	X	X
Hinckley and Bosworth – North Ward			
Beechwood	X		
Clarendon	X		
Feilding Palmer			
St Lukes Ward 1		X	
St Lukes Ward 3	X	X	X
Coalville Ward 2			
Rutland	X		
Coleman			X
Gwendolen	X	X	X
Beaumont	X	X	X
Belvoir	X	X	X
Griffin	X	X	X
Agnes Unit		X	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 risk managed wards are also identified as areas to note; East Ward Hinckley, Beaumont, Bosworth, Langley, Agnes Unit and Gwendolen Wards. Risk managed is to

mean that the ward is caring for patients on the emergency admission COVID pathway as per the national safe staffing descriptors and care pathways.

An emerging area to note is ward 3 St Lukes Hospital, this has previously been identified as an area to note due to staff vacancies; a deep dive has been undertaken looking into the key metrics including complaints, service concerns, PALs concerns, Serious Incidents and HR investigations over the past year. The ward has also had one Serious Incident and one internal investigation both of these are in relation to a patient that has fallen. A quality improvement plan is being developed with the ward leadership team and senior team.

6 Both the Agnes Unit and CAMHS Bosworth are identified as 'areas to note' due to a combination of factors; high percentage of temporary worker/agency utilisation, concerns relating to; increased acuity, high risk and vulnerable patients, safeguarding and safety incidents and impact to safe and effective care. Both areas are being supported with quality improvement plans, with oversight to the Trust Quality Assurance Committee, a high level summary of interventions for the Agnes Unit include;

- Two weekly safeguarding multi-disciplinary strategy meetings.
- A task and finish group to undertake detailed analysis of the reported incident data to understand themes and trends, supported by the Patient Safety Team.
- Review of the current MAPA training and staff feedback regarding technique
- Changes to the rota to increase oversight and ensure there is a senior professional visible within the unit at all times
- Creation and circulation of specific staff communications to provide information on staff support, forums/ access to the Freedom to Speak up Guardian and safeguarding oversight.
- Safer staffing review and increased registered nurse and leadership presence in Pods and bank and agency use and to ensure safe staffing on shifts. .
- Greater rotation of staff across the unit with current staffing requirements for the 3 shifts throughout the 24 hour period set to a planned level of 17 staff members- with 3 registered nurses working across 4 pods with equitable skills to manage current patient dependency and acuity to respond to clear safe staffing requirements including break cover, response team and level 2 observations.
- The Learning Disability Optimal Staffing Tool is being revisited to measure patient acuity and dependency, data collection commenced Monday 20th July 2020 for a 20 day period.

It is important to note that The Agnes Unit is commissioned for three pods supporting four patients in each. At present, due to patient acuity and increased need for Long Term Segregation five areas at the Agnes Unit are now in use which has impacted on staffing. The short breaks team are mostly working at the Agnes Unit having been redeployed however, this is being reviewed and will imminently change.

A quality summit has taken place for Bosworth Ward with an external facilitator and will support a positive, safe and proactive long term forum to support practice improvement. The initial sessions took place on 20 and 24 July 2020. The draft report from the sessions has been received and will be reviewed in the Quality and Safety Directorate Management Team (DMT) to agree how best to proceed and support the unit. Acuity and dependency data collection using the Mental Health Optimal Staffing Tool (MHOST) commenced Monday 27 July 2020 for a 20 day data collection period.

- 7 This month Griffin, Coleman, Beaumont, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff, this is linked to high acuity and levels of observation. The reduction in the number of wards utilising over 6% agency staff reflects the reduced overall temporary worker and agency use across the Trust.
- 8 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 inpatient area by service and directorate in Annex 2.

Community Teams

- 9 Summary of community 'areas to note';

Community team	May 2020	June 2020	July 2020
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East Central Hub – Community Nursing	X		
Hinckley and Bosworth – Community Nursing			
Healthy Together – City (School Nursing only)	X	X	X
Healthy Together – East			
Health Together - West	X		
CAMHS County - FYPC	X	X	X
Diana service	X	X	X

Table 4 – Community areas to note

- 10 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.
- 11 CAMHS County, Healthy Together City (School Nursing only) and Diana teams are rated to be at Amber escalation level due to only 70% of the established team being available to work. Risks continue to be monitored within the Directorate on a weekly basis.
- 12 There remain a number of vacancies across community planned care nursing hubs with City West and City East carrying the largest number and key 'areas to note'. Due to the numbers of vacancies, vacancies continue to be covered generally with long term blocked booked agency staff.

An advert is open for Band 5 nursing posts in the City with a recruitment and retention premia attached. This has been revamped with the support of the LPT jobs team and we are offering a wide range of flexible hours in order to increase recruitment of substantive staff. All final year students due to qualify in September 2020 have been placed but unfortunately three of the students have decided to stay with UHL, they were placed at UHL as aspirant nurses during COVID-19 and have opted to remain there once qualified.

For the ageing well agenda posts; staff have been recruited for all hubs apart from Hinckley. The advert is open for this with a closing date of 9th August 2020.

- 13 There are no 'areas to note' in MH in July 2020. There were no reported community team staffing hotspots for July, however, the Central Access Point (CAP) continues to experience staffing shortages and this is resulting in increased pressure on the community mental health teams and the crisis resolution and home treatment team to provide cover. This is on the risk register and a plan is in place to address the shortages.

The impact of Covid-19 and local lockdown measures within Leicester City has continued to affect the community teams throughout July 2020. Face-to-face contacts remain suspended wherever possible, and telephone and video appointments are now offered. A pilot of Attend Anywhere video consultation has been successful and is being rolled out across teams. The exception to this approach is where face-to-face contacts are unavoidable, for example depot administration, Mental Health Act assessments and safeguarding issues etc. Services that had paused clinical work to support core services have now resumed, for example psychological therapy services and the Recovery College.

Conclusion

- 14 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 notwithstanding 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	95.5%	21.52%	1.46%	20.06%	1↑	1↑	0
Aston	91.3%	12.17%	1.23%	10.94%	0↓	3↓	0
Beaumont	63.5%	16.07%	6.04%	10.03%	4↑	5↑	0
Belvoir Unit	82.3%	18.88%	1.60%	16.28%	3↑	4↑	0
Heather	92.3%	14.68%	2.12%	12.56%	1→	10↑	0
Thornton	96.1%	24.85%	0.42%	24.43%	0→	0↓	0
Watermead	87.7%	11.3%	0.65%	10.65%	1→	1↓	0
Griffin F PICU	91.9%	38.16%	8.62%	29.54%	0→	0↓	0
TOTALS					10↑	24↑	0

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 matron has identified through analysis a key theme in relation to following process of storage and recording of controlled drugs and the e-CD register within the medication errors. Matron is working with the Ward Sisters/Charge Nurses to review errors on their wards, lessons to be learned and actions to improve the process for controlled drug storage and management.

Falls are reviewed by the physical health care matron with the teams; the mental health wards are seeing an increase in physically unwell patients and patients with behavioural factors with a number of patients who repeatedly put themselves on the floor. The service are looking to pilot a Post Fall huddle on one of the wards as a quality improvement initiative supporting patient safety.

Learning Disabilities (LD) Services

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Agnes Unit	50.00%(Pod 1) 94.4%(Pod 2) 69.4%(Pod 3)	33.43%	8.78%	24.65%	1→	0→	0
The Gillivers							
The Grange							

Table 6 - Learning disabilities safe staffing

No data for short breaks as temporarily closed.

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. The Agnes Unit is supported with a quality improvement plan as detailed on page 5 of this report.

Low Secure Services – Herschel Prins

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
HP Phoenix	93%	6.54%	0.16%	6.38%	1↑	0→	0→

Table 7- Low secure safe staffing

There were no patient falls or complaints in July 2020. There was one medication error analysis has not identified any staffing impact on the quality and safety of patient care/outcomes.

Rehabilitation Services

Ward	Occupied beds	Temp Workers %	Agency %	Bank %	Medication errors	Falls	Complaints
Skye Wing	82.4%	18.73%	0.29%	18.44%	1	8↑	0
Willows Unit	94.8% (Sycamore) 90.3% (Acacia)	9.08%	0.22%	8.86%	0	1↑	0
Mill Lodge	83.4%	28.49%	1.24%	27.25%	1	5↓	0
TOTALS					2↓	14↓	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 were seven incidences detailing eight falls, an increase compared to May and June 2020. Analysis of the falls has shown that one patient fall was related to balance and engaging in activities. Seven of the falls were related to one female patient, who is a known high risk of falls and

puts herself to the floor if feels as if she will fall. These occurrences are linked to deterioration in the patient's mental health and times of relapse.

Analysis of the falls on Mill Lodge has shown this is a significant decrease from the last few months averaging 16 falls. The previous month's increased falls were attributed to one patient who has sadly passed away in July 2020.

Community Health Services (CHS)

Community Hospitals

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
FP General							
MM Dalglish	68.3%	6.48%	1.23%	5.25%	1↑	0↓	0
Rutland	71.2%	14.72%	1.91%	12.81%	0→	0↓	0
SL Ward 1	61.9%	8.73%	1.37%	7.36%	1↑	3→	0
SL Ward 3	75.2%	12.98%	2.86%	10.12%	2↑	2→	0
CV Ellistown 2	68.1%	7.09%	1.88%	5.21%	1↑	8↑	0
CV Snibston 1	65%	7.02%	2.10%	4.92%	1↑	3↑	0
HB East Ward	10.3%	0.19%	0.00%	0.19%	0→	2↓	0
HB North Ward	-	0.93%	0.00%	0.93%	0→	0↓	0
Swithland	70.5%	3.92%	0.62%	3.30%	1↑	5→	0
CB Beechwood	76.3%	7.64%	1.65%	5.99%	0→	3↑	0
CB Clarendon	51.5%	6.19%	1.39%	4.80%	1↓	1↓	0
TOTALS					8	27↓	0↓

Table 9 - Community hospital safe staffing

East Ward at Hinckley and Bosworth Community Hospital site has been identified as the COVID-19 risk site for positive symptomatic patients. North ward has been identified as the second ward which ensures that this site remains a 'red' risk managed site and reduces risk of transmission. Due to the low numbers of COVID 19 positive patients requiring a community hospital bed, North Ward continues to be temporarily suspended to admissions.

Feilding Palmer Hospital (FPH) continues to be temporarily closed to admission in response to national COVID-19: infection, prevention and control guidance and to ensure patient and/or staff safety is not compromised and safety is prioritised.

There continues to be an overall reduction in the use of temporary staff, impacted by the reduced bed occupancy and review of staffing requirements on a shift by shift basis.

A review of the NSIs for the community hospital wards has identified that there was a slight decrease overall in falls incidents from June to July 2020 from 37 to 27. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. However, within these falls there has been one fall with moderate harm on Swithland Ward, this is currently a serious investigation, early analysis has not identified that staffing was a contributing factor.

The number of medication incidents for July 2020 has reduced to 8 for the inpatient wards. A review of these incidents has not identified any direct correlation with staffing, the matrons for the

wards are conducting a review with the ward sisters to further analyse and identify themes and learning.

An emerging area to note is ward 3 St Lukes Hospital; a deep dive has been undertaken looking into the key metrics including complaints, service concerns, PALs concerns, Serious Incidents and HR investigations over the past year. The ward has also had one Serious Incident and one internal investigation both of these are in relation to a patient that has fallen. A quality improvement plan is being developed with the ward leadership team and senior team.

Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
BC Kirby	81.9%	23.78%	3.78%	20.00%	6↑	5↓	0
BC Welford	88.3%	20.5%	1.37%	19.13%	0→	5↓	0
Coleman	43.5%	45.03%	7.38%	37.65%	0→	5→	0
Gwendolen	33.9	5.31%	2.36%	2.95%	2↑	2→	0
TOTALS					8↑	17↓	0→

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

Coleman ward has seen an increase in agency staff deployment this month due to movement of substantive staff across other wards including Wakerley to ensure good skill mix and balance of substantive and temporary staff. In order to cover shortfalls and existing vacancies the service continues to block book registered bank and agency staff.

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

Matron has reviewed the increased medication incidents on Kirby Ward, analysis has shown there were no themes around staffing and importantly no harm to patients, three of the six incidents were generated to provide an audit trail for the correcting of the e-CD register none of these were as a result of a medication error or an issue that directly affected patient care, this has all now been amended. Analysis of patient falls has not identified any direct link between staffing and falls. The teams review staffing daily in light of patient risk profile and acuity on the ward.

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

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
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Langley	86%	37.77%	3.51%	34.26%	2↑	0	0
CAMHS	80.9%	47.95%	14.93%	33.02%	0	0	0
TOTALS					2↑	0→	0→

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

The increased temporary worker utilisation for both Langley and CAMHS is reflective of deployment of temporary staff to meet vacancies and acuity that in the previous months had been covered by staff redeployed due to COVID. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. CAMHS Bosworth ward is supported with a quality improvement plan as detailed on page 5 of this report.

Meeting Name and date	Trust Board meeting, 1 st September 2020
Paper Reference	O

Name of Report:	Month 4 Trust Finance Report
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For approval		For assurance	✓	For information	✓
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Presented by	Danielle Cecchini, Director of Finance	Author (s)	Chris Poyser, Head of Corporate Finance; Jackie Moore, Financial Controller
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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	G – Well-Governed
	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	18 August 2020
Executive Team meeting	21 August 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.

Finance Report for the period ended **31 July 2020**

For presentation at the
Trust Board
1 September 2020

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Appendices

- A. Statement of Comprehensive Income**
- B. Monthly BPPC performance**
- C. Agency staff expenditure**
- D. Detailed cashflow forecast**
- E. Identified Covid-19 expenditure breakdown**
- F. Trust underlying position**
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Executive Summary and overall performance against targets

Introduction

1. This report presents the financial position for the period ended 31 July 2020 (month 4). The report shows a year to date income and expenditure break-even for Trust budgets as a whole. In line with the temporary financial regime during the Covid pandemic, Trusts are required to break even on a monthly basis, and additional financial support is provided by NHSE/I to enable Trusts to achieve this.
2. Within the Trust's overall M4 break-even position, operational baseline budgets are currently overspending by £1,146k. Central funding (which include the temporary national financial 'retrospective top-up' income accrual) are offsetting the operational overspend in order to achieve the overall break-even position.
3. Estates services report the largest overspend, standing at £1,270k. Other overspends include Enabling Services (£550k), Hosted Services (£301k), and Learning Disabilities (£207k). CHS are reporting an underspend of £778k, AMH an underspend of £265k and FYPC an underspend of £139k.
4. Closing cash for July stood at £37.6m. This equates to 47.4 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 July 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	Capital spend for July is £3.54m, 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 £37.6m 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 d ays. Cumulatively the Trust achieved 3 of the 4 BPPC targets in July.
6. Achieve Cost Improvement Programme (CIP) targets.	n/a	n/a	As a result of the Covid-19 Financial arrangements, formal CIP reporting is currently suspended.
7. Deliver financial plan surplus	n/a	n/a	As a result of Covid-19 financial arrangements there is currently no control total surplus requirement. 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 f or year-to-date performance. Whilst Trusts are responding to Covid it is not clear whether this target will be formally monitored by NHSI/E.
9. Achieve retained cash balances in line with plan	G	G	A cash balance of £37.6m was achieved at the end of July 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 £3.54m at the end of month 4 [See 'Capital Programme 2020/21']

Temporary financial regime during Covid-19 pandemic

Nationally, the NHS response to the Covid-19 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. Any shortfalls in the fixed NHSE/I calculated income levels during this temporary period are topped-up via the national 'retrospective top-up' process.

The latest guidance extends the current arrangements at least up to the end of September. Beyond that, the indications are that the retrospective top-up process will cease (possibly w/e/f 1st October), and the NHSE/I calculated fixed income will be adjusted correspondingly to ensure that the Trust has sufficient funds to support expected costs to the end of financial year 2020/21.

An in-year planning collection has been requested by NHSE/I to cover the second half of the financial year. It is likely that the financial plan will be used to inform the fixed income levels, however, the exact process has not yet been confirmed.

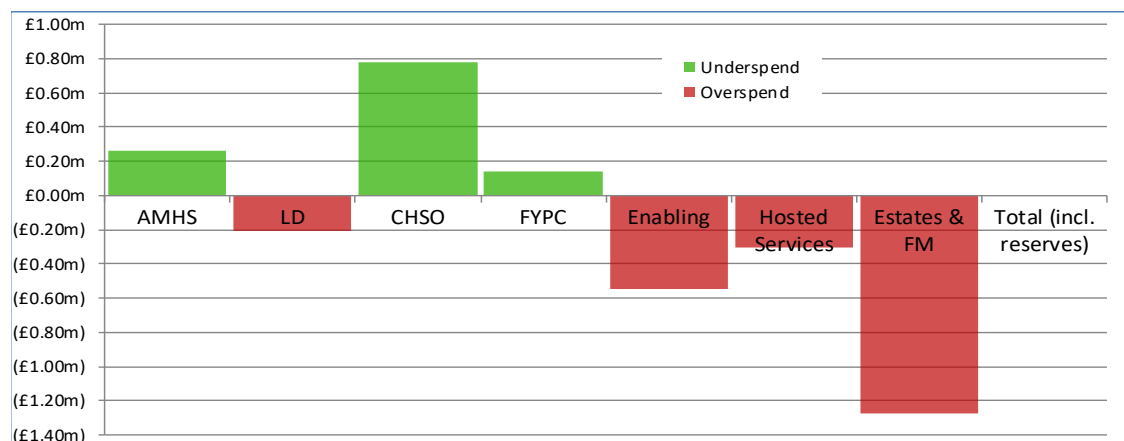
It is imperative that all expected costs are properly factored into the planning assumptions, and work is currently ongoing at directorate level to collect this information in readiness for the planning submissions. The planning work is being undertaken in conjunction with the wider STP planning team.

Further updates will be provided once the detailed financial planning guidance has been published.

Income and Expenditure position

The month 4 position includes an operational overspend against underlying budgets that is currently offset by underspends and additional NHSE/I income. 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 04 year to date operational income and expenditure budget variances by service



Estates services are reporting an adverse variance of £1,270k in month 4. This overspend includes the recurrent underlying shortfall carried forward from last year plus inflationary price increases on larger contracts from 1st April. In addition, from month 4, higher UHL Estates & FM SLA costs have been reflected in the position following the work undertaken between UHL and LPT to understand the costs being incurred.

The Enabling 20/21 position continues to overspend significantly, due to additional costs relating to the Executive Team and a significant reduction in SIFT income (for which the total Trust budget sits within Enabling) compared to previous levels.

CHS budgets show an increasing underspend. Bank and agency costs continue to run at levels much lower than the previous year, as do travel costs. The cost reductions earmarked for future CIPs also benefit the overall CHS position.

Overall, the position continues to be balanced through the application of the retrospective top-up income. As well as funding direct Covid costs, the top-up income covers the net operational overspend, and shortfalls on the fixed block income.

Covid-19 expenditure and 'retrospective top-up'

The financial cost of the Trust's response to Covid-19 is recorded in order to provide accurate and timely monitoring of expenditure (both locally and nationally), and also to support the cost reclaim process.

The reclaiming of Covid-19 costs is part of the wider monthly retrospective top-up process. This mechanism has been put in place by NHSE/I to support Trusts through the wider Covid-19 phase and ensure that any cost pressures are fully offset by temporary support funding.

Covid-19 costs incurred in July amounted to £866k (down from the £1,112k reported for June). PPE costs reduced considerably during the month, as did costs relating to office equipment and furniture & fittings. Within pay, bank and agency costs have also reduced this month. **Appendix E** provides further information in respect of Covid costs.

In addition to the reclaiming of Covid costs, the retrospective top-up process allows Trusts to claim additional funding to cover any other net cost pressures that would otherwise prevent the achievement of an I&E break-even each month. For LPT, these additional pressures include income losses indirectly caused by the impact of Covid on the wider economy, as well as operational costs that would otherwise have been mitigated through the normal planning round (i.e through CIPs or the allocation of growth and investment funding).

The total retrospective top-up claims (Covid costs plus all other cost pressures) for April, May and June were £983k, £1,229k and £1,381k respectively. The overall top-up claim for July is £1,698k. Whilst the Covid element of the claim has reduced this month (as explained above), additional costs not covered by the current level of fixed monthly income are now being incurred. These include the first month of costs relating to the transfer in to the Trust of Mental Health Facilitators from Nottingham, and also initial costs relating to Mental Health Investment Standard schemes. Also, during the month, an exercise to examine historic NHS debt still carried on the Trust balance sheet identified significant CCG debt that is deemed unrecoverable. The cancelling of these invoices results in a charge to this year's I&E position, and so triggers a further call on the top-up. Other old debt is now being re-analysed, and this could result in a further top-up requirement next month.

Statement of Financial Position (SoFP)

PERIOD: July 2020	2019/20 31/03/20 Audited £'000's	2020/21 31/07/20 July £'000's
NON CURRENT ASSETS		
Property, Plant and Equipment	179,832	180,907
Intangible assets	2,473	2,363
Trade and other receivables	1,037	1,037
Total Non Current Assets	183,342	184,307
CURRENT ASSETS		
Inventories	433	360
Trade and other receivables	12,162	15,599
Cash and Cash Equivalents	15,433	37,616
Total Current Assets	28,028	53,575
Non current assets held for sale	0	0
TOTAL ASSETS	211,370	237,882
CURRENT LIABILITIES		
Trade and other payables	(19,785)	(45,031)
Borrowings	(263)	(263)
Capital Investment Loan - Current	(189)	(189)
Provisions	(1,183)	(1,067)
Total Current Liabilities	(21,420)	(46,550)
NET CURRENT ASSETS (LIABILITIES)	6,608	7,025
NON CURRENT LIABILITIES		
Borrowings	(7,761)	(7,761)
Capital Investment Loan - Non Current	(3,347)	(3,266)
Provisions	(647)	(621)
Total Non Current Liabilities	(11,755)	(11,648)
TOTAL ASSETS EMPLOYED	178,195	179,685
TAXPAYERS' EQUITY		
Public Dividend Capital	89,452	90,942
Retained Earnings	39,230	39,230
Revaluation reserve	49,513	49,513
TOTAL TAXPAYERS EQUITY	178,195	179,685

Non-current assets

- Property, plant and equipment (PPE) amounts to £180.9m. This includes capital additions of £3.54m.

Current assets

- Current assets of £53.6m include cash of £37.6m and receivables of £15.6m.

Current Liabilities

- Current liabilities amount to £46.6m and mainly relate to payables of £45.0m.
- Net current assets / (liabilities) show net assets of £7m.

Working capital

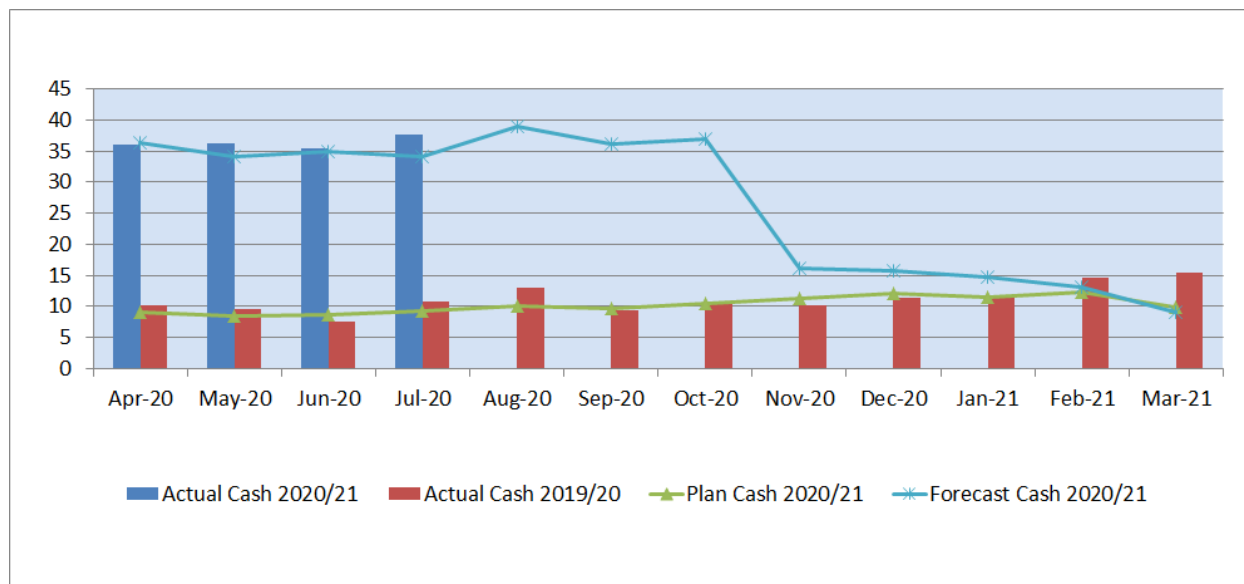
- Cash and changes in working capital are reviewed on the following pages.

Taxpayers' Equity

- Public Dividend Capital increased by £1.5m in July. PDC was received to support CAMHS construction costs for the first quarter of the year.
- July's break-even position is reflected within retained earnings.

Cash and Working Capital

12 Months Cash Analysis Apr 20 to Mar 21



Cash – Key Points

The closing cash balance at the end of July was £37.6m, an increase of £2.1m during the month. £1.5m of this increase relates to the receipt of public dividend capital to support the CAMHS construction costs for the first quarter of the year.

To assist provider organisations' cash-flow positions during the COVID-19 crisis, the Department of Health continues to issue block contract income payments one month in advance. This has resulted in the receipt of August's block contract payments in July, 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 has reduced by c£1m since the start of the year due to the payment of year end creditors and new year capital costs.

A summarised cash-flow forecast is included at **Appendix D**. A year end closing cash balance of £9m is currently forecast. This assumes:

- 2019/20 year end creditors will be fully paid
- 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 updated capital programme of £12.7m will be delivered by the end of the financial year. The capital plan is £11.8m; however the inclusion of PDC funded Covid capital claims takes the current forecast outturn to £12.7m.

Receivables

Current receivables (debtors) total £15.6m.

Receivables	Current Month (July 2020)					
	NHS	Non NHS	Emp's	Total	% Total	% Sales Ledger
	£'000	£'000	£'000	£'000		
Sales Ledger						
30 days or less	699	1,845	4	2,548	16.0%	39.2%
31 - 60 days	313	703	2	1,018	6.4%	15.6%
61 - 90 days	87	78	(1)	164	1.0%	2.5%
Over 90 days	1,826	759	192	2,777	17.4%	42.7%
	2,925	3,385	197	6,507	40.8%	100.0%
Non sales ledger	5,401	3,691	0	9,092	57.0%	
Total receivables current	8,326	7,076	197	15,599	97.7%	
Total receivables non current		360		360	2.3%	
Total	8,326	7,436	197	15,959	100.0%	0.0%

Debt greater than 90 days decreased by £504k since June and now stands at £2.8m. Receivables over 90 days should not account for more than 5% of the overall total receivables balance. The proportion at Month 4 is 17.4% (last month: 20.9%).

Due to the temporary arrangements put in place to simplify transactions with commissioners, the number of invoices raised to NHS customers has reduced significantly since the start of the year, hence the lower value of '30 days or less' NHS debt.

Formal debt chasing with Non-NHS organisations has been paused in light of the COVID-19 situation. Last month's bad debt review identified £60k of Non-NHS debt to be written off (54 invoices) – these were all fully provided for resulting in no impact on the financial position.

NHS aged debt greater than 90 days amounts to £1.8m. This month's debt review has highlighted that we have 4 NHS customers which owe in excess of £100k: Work is ongoing with West Lincolnshire CCG (£386k), South Lincolnshire CCG (£151k) and NHS Property Services (£226k) to resolve all outstanding debts. These mostly relate to CCG Out-of-Area patient recharges and NHS Property reimbursements for Virgin Media charges. This month's review has identified that credit notes totalling £374k need raising to cancel the debts we have with Derby and Derbyshire CCG. These debts relate to non-contract patient activity. Via the invoice dispute process it has been identified that the patients were actually Leicestershire patients and billing should not have taken place.

Payables

The current payables position in Month 4 is £45.0m; an increase of £1.4m since the previous month. The advanced block contract payment of £23m is reported as deferred income within the overall payables balance. Excluding this amount the payables balance has increased by c£2m since the start of the year. This increase relates to accrued expenditure for the dividend payment to the Department of Health (payable in September) and capital accruals of £1m for the new CAMHS unit construction costs.

Payables	Current Month July 2020				
	NHS	Non NHS	Total	% Total	% Purchase Ledger
	£'000	£'000	£'000		
Purchase Ledger					
30 days or less	2,438	1,350	3,788	8.4%	57.7%
31 - 60 days	0	28	28	0.1%	0.4%
61 - 90 days	15	62	77	0.2%	1.2%
Over 90 days	2,540	129	2,669	5.9%	40.7%
	4,993	1,569	6,562	14.6%	100.0%
Non purchase ledger	24,746	13,724	38,470	85.4%	
Total Payables Current	29,739	15,293	45,032	100.0%	
Total Payables Non Current	0	0	0		
Total	29,739	15,293	45,032	100.0%	

£2m of payables greater than 90 days relate to invoice disputes with NHS Property Services. Incorrect property information has been used for old-year invoice recharges. Work is ongoing to resolve these discrepancies.

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 July. The cumulative target not achieved in the month related to the number of NHS invoices paid within 30 days (94.81%). Of the 289 NHS invoices paid in the first four months of the year only 15 were outside of the target period. The achievement of the target has a very slim tolerance threshold due to the low number of NHS invoices actually paid each month.

Since the start of the year a total of 8,301 NHS and Non-NHS invoices totalling c£53m have been paid. Of these:

- 60% (4,967 invoices) were paid within 7 days
- 38% (3,176 invoices) were paid between 8 and 30 days
- 2% (158 invoices) were paid after 30 days

Further details are shown in **Appendix B**.

Capital Programme 2020/21

Capital expenditure totals £3.54m at the end of month 4 and mainly relates to CAMHS construction costs (£2m) and capital staffing recharges.

The Trust is still waiting for formal confirmation from NHSI that internally generated cash of £1.7m can be used to fund this year's programme. The Capital Committee will be prioritising/rephrasing this year's plan at its August meeting to mitigate against any risk of non-approval, however based on previous years' timings, NHSI usually approve capital resource limits in the latter 6 months of the year.

Three claims totalling £750k have so far been submitted to NHSI for all capital works relating to COVID. Due to the high volume of funding requests, regional approval has only been granted for the first claim of £390k. National approval is still required for this claim and both regional and national approval is outstanding for claims 2 and 3. If funding is not approved the Trust will need to cover the additional £750k from its existing allocation.

In-month changes to the capital programme include an additional £361k COVID support; £125k to upgrade the CCTV on the Agnes Unit and £230k slippage into next year relating to the IM&T System 1 observations project.

	Annual Plan Original	Annual Plan Adjts	Annual Plan Updated	July Actual Exp	Year End Forecast	Revision to Plan
Sources of Funds	£'000	£'000	£'000	£'000	£'000	£'000
Depreciation	7,200	(21)	7,179	1,509	7,179	0
STP capital for CAMHS (PDC)	2,898	0	2,898	2,033	2,898	0
PFI Agnes Unit capital lifecycle replacement	100	0	100	0	225	125
Cash utilisation of previous years' surpluses	100	1,574	1,674	0	1,674	0
Asset Sales	250	(250)	0	0	0	0
COVID-19 Central allocation - TBC	0	0	0	0	751	751
Total Capital funds	10,548	1,303	11,851	3,542	12,727	876
Application of Funds	£'000	£'000	£'000	£'000	£'000	£'000
Estates & Innovation						
Service Improvements	(3,618)	0	(3,618)	(2,033)	(3,618)	0
Backlog (inc £302k contingency)	(1,785)	0	(1,785)	(158)	(1,917)	(132)
Rolling programme & other projects	(1,349)	0	(1,349)	(146)	(1,242)	107
Medical devices	(213)	0	(213)	0	(213)	0
COVID-19 (inc IT)	0	0	0	(333)	(751)	(751)
Sub-total:	(6,965)	0	(6,965)	(2,670)	(7,741)	(776)
IT Programme						
Rolling programmes	(2,030)	0	(2,030)	(711)	(2,230)	(200)
Other projects (inc £50k contingency)	(1,553)	0	(1,553)	(161)	(1,453)	100
	(3,583)	0	(3,583)	(872)	(3,683)	(100)
New funding - to be allocated	0	(1,303)	(1,303)	0	(1,303)	0
Total Capital Expenditure	(10,548)	(1,303)	(11,851)	(3,542)	(12,727)	(876)
(Over)/underspend against resource available	0	0	0	0	0	0

APPENDIX A - Statement of Comprehensive Income (SoCI)

Statement of Comprehensive Income for the period ended 31 July 2020	YTD Actual M04 £000	YTD Budget M04 £000	YTD Var. M4 £000
Revenue			
Total income	98,370	93,964	4,405
Operating expenses	(95,658)	(91,282)	(4,375)
Operating surplus (deficit)	2,712	2,682	30
Investment revenue	(29)	0	(29)
Other gains and (losses)	0	0	0
Finance costs	0	0	0
Surplus/(deficit) for the period	2,682	2,682	0
Public dividend capital dividends payable	(2,682)	(2,682)	(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	4,563	4,533	30
Trust EBITDA margin %	4.6%	4.8%	-0.2%

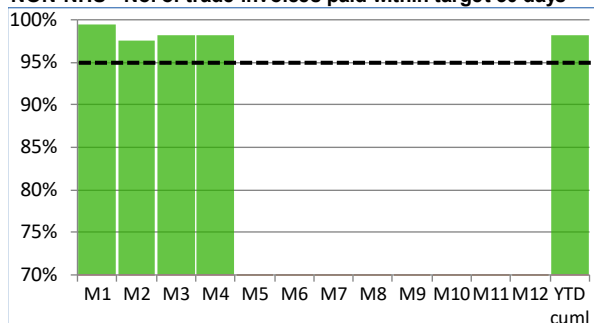
APPENDIX B – BPPC performance

Trust performance – current month (cumulative) v previous

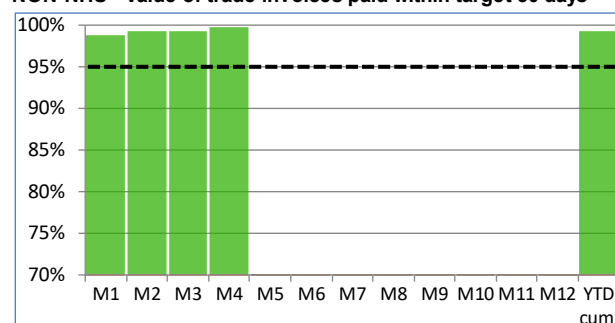
Better Payment Practice Code	July (Cumulative)		June (Cumulative)	
	Number	£000's	Number	£000's
Total Non-NHS trade invoices paid in the year	8,012	33,190	6,213	24,807
Total Non-NHS trade invoices paid within target	7,869	32,970	6,103	24,605
% of Non-NHS trade invoices paid within target	98.2%	99.3%	98.2%	99.2%
Total NHS trade invoices paid in the year	289	19,914	189	14,182
Total NHS trade invoices paid within target	274	19,829	175	14,101
% of NHS trade invoices paid within target	94.8%	99.6%	92.6%	99.4%
Grand total trade invoices paid in the year	8,301	53,104	6,402	38,989
Grand total trade invoices paid within target	8,143	52,799	6,278	38,706
% of total trade invoices paid within target	98.1%	99.4%	98.1%	99.3%

Trust performance – run-rate by all months and cumulative year-to-date

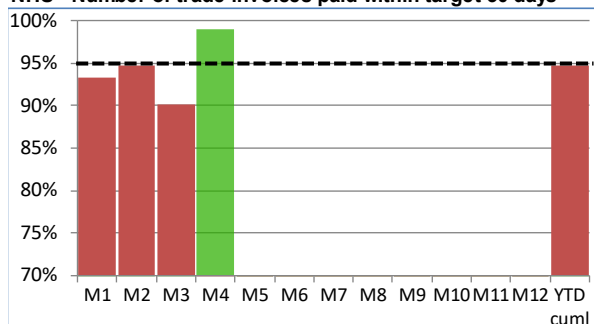
NON-NHS - No. of trade invoices paid within target 30 days



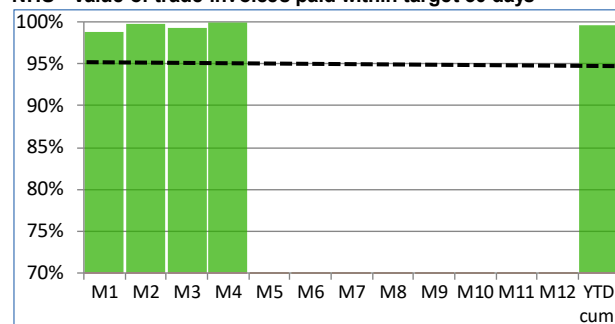
NON-NHS - Value of trade invoices paid within target 30 days



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	2020/21 M2 £000s Actual	2020/21 M3 £000s Actual	2020/21 M4 £000s Actual	2020/21 M5 £000s FCast	2020/21 M6 £000s FCast	2020/21 M7 £000s FCast	2020/21 M8 £000s FCast	2020/21 M9 £000s FCast	2020/21 M10 £000s FCast	2020/21 M11 £000s FCast	2020/21 M12 £000s FCast	2021 YTD £000s Actual	2021 Year End £000s FCast
AMH (19/20 includes LD)																
Agency Consultant Costs	-1,008	-84	-109	-145	-125	-139	-145	-145	-135	-135	-135	-135	-135	-135	-518	-1,618
Agency Nursing	-1,797	-150	-143	-122	-113	-151	-140	-130	-126	-126	-126	-140	-130	-126	-529	-1,572
Agency Scient, Therap. & Tech	-213	-18	-6	-11	-10	-13	-13	-13	-10	-10	-10	-10	-10	-10	-40	-123
Agency Non clinical staff costs	-241	-20	-5	-6	-5	-6	-5	-6	-5	-5	-5	-5	-5	-5	-22	-60
Sub-total	-3,259	-272	-263	-284	-252	-310	-303	-294	-275	-275	-275	-289	-279	-275	-1,109	-3,374
LEARNING DISABILITIES (from 20/21)																
Agency Consultant Costs	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Nursing	-	-	-7	-7	-7	-45	-30	-20	-10	-10	-5	-5	-5	-5	-65	-155
Agency Scient, Therap. & Tech	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Non clinical staff costs	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total	0	0	-7	-7	-7	-45	-30	-20	-10	-10	-5	-5	-5	-5	-65	-155
CHS																
Agency Consultant Costs	-107	-9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Nursing	-3,710	-309	-234	-249	-242	-163	-210	-230	-230	-250	-250	-270	-275	-275	-888	-2,878
Agency Scient, Therap. & Tech	-517	-43	-31	-25	-31	-27	-30	-30	-30	-30	-30	-30	-30	-30	-113	-353
Agency Non clinical staff costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total	-4,334	-361	-265	-273	-273	-190	-240	-260	-260	-280	-280	-300	-305	-305	-1,001	-3,231
FYPC																
Agency Consultant Costs	-440	-37	-52	-57	-60	-73	-65	-65	-65	-65	-65	-65	-65	-65	-243	-763
Agency Nursing	-1,467	-122	-120	-136	-142	-195	-180	-160	-160	-130	-130	-120	-120	-120	-593	-1,713
Agency Scient, Therap. & Tech	-70	-6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Non clinical staff costs	-82	-7	0	1	0	0	0	0	0	0	0	0	0	0	1	1
Sub-total	-2,059	-172	-173	-192	-203	-268	-245	-225	-225	-195	-195	-185	-185	-185	-836	-2,476
Enabling, Hosted & reserves																
Agency Consultant Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Nursing	26	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Scient, Therap. & Tech	-142	-12	-8	0	-2	0	-1	-1	-1	-1	-1	-1	-1	-1	-11	-16
Agency Non clinical staff costs	-425	-35	-38	-41	-37	-84	45	45	45	45	45	45	45	45	-200	160
Sub-total	-541	-45	-47	-41	-39	-84	44	44	44	44	44	44	44	44	-211	143
TOTAL TRUST																
Agency Consultant Costs	-1,555	-130	-162	-202	-186	-212	-210	-210	-200	-200	-200	-200	-200	-200	-761	-2,381
Agency Nursing	-6,948	-579	-503	-513	-505	-554	-560	-540	-526	-516	-511	-535	-530	-526	-2,075	-6,319
Agency Scient, Therap. & Tech	-943	-79	-46	-36	-42	-40	-44	-44	-40	-40	-40	-40	-40	-40	-164	-493
Agency Non clinical staff costs	-747	-62	-43	-46	-42	-90	40	39	40	40	40	40	40	40	-222	100
Total	-10,193	-850	-754	-797	-775	-897	-773	-755	-726	-716	-711	-735	-730	-726	-3,222	-9,093
Direct Covid-19 costs	0	0	27	50	154	57										
Total excluding Covid-19 costs	-10,193	-850	-727	-747	-621	-840										

APPENDIX D – Cash flow forecast

2020/21 CASH-FLOW FORECAST	JULY	JULY	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	2021
	FORECAST	ACTUAL	VARIANCE	FORECAST	FORECAST	FORECAST	FORECAST	FORECAST	FORECAST	FORECAST	FORECAST	ACTUAL	FORECAST
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING BALANCE	35,515	35,515	0	37,616	38,995	36,211	36,879	16,114	15,620	14,663	13,170	15,433	15,433
INCOME													
CCG block contracts	20,028	20,028	0	20,028	20,028	20,028	81	18,860	18,860	18,860	18,779	100,141	235,665
CCG block contracts - top-up payment	1,229	1,229	0	1,381	1,381	1,000	1,000	1,000	0	0	0	2,952	8,714
Local Authorities block contracts	1,404	0	(1,404)	2,808	1,404	1,404	1,404	1,404	1,404	1,404	1,404	3,528	16,164
Specialised commissioning	0	0	0	0	0	0	0	639	639	639	639	0	2,558
UHL contract	621	640	19	213	213	213	213	213	213	213	213	640	2,344
MADL	930	843	(87)	1,929	0	0	641	643	643	643	643	3,679	8,821
Out of County recharges	0	0	0	0	0	0	0	332	332	332	1,332	0	2,328
HIS income	100	122	22	100	100	100	100	400	400	400	400	151	2,151
360 Assurance income	100	199	99	100	100	100	100	200	200	200	200	315	1,515
UHL rental income	0	0	0	0	635	127	127	127	127	127	127	0	1,397
Previous year's income	500	1,301	801	100	100	100	0	0	0	0	0	5,433	5,733
VAT	266	349	84	440	266	266	266	266	266	266	266	1,071	3,370
Property sales	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC for capital investment	0	1,490	1,490	0	0	1,408	0	0	0	0	0	1,490	2,898
Other income	407	564	157	407	407	407	407	407	407	407	1,257	1,799	5,905
Total Receipts	25,585	26,765	1,181	27,506	24,634	25,153	4,339	24,490	23,491	23,491	25,260	121,199	299,560
PAYMENTS													
Payroll	17,540	17,632	92	17,640	17,640	17,640	17,640	17,640	17,640	17,640	17,640	69,961	211,081
Capital	800	216	(584)	800	800	500	1,000	1,000	463	1,000	1,642	1,522	8,727
Non pay general expenditure	4,500	3,833	(667)	4,500	4,000	4,000	4,000	4,000	4,000	4,000	4,988	22,329	55,817
UHL - Estates & FM Services	1,687	827	(860)	860	860	860	860	860	860	860	860	1,654	8,534
UHL - Other contracts	543	0	(543)	724	181	181	181	181	181	181	362	0	2,172
NHS Property Services rents	481	946	465	316	316	316	316	316	316	316	316	946	3,474
Community Health Partnerships rents	336	448	112	112	112	112	112	112	112	112	112	448	1,344
HCL Agency Nursing Costs	575	588	13	575	575	575	575	575	575	575	575	1,814	6,414
Out of Area (OOA) costs for patients placed in private hospitals	600	174	(426)	600	300	300	300	300	300	300	300	225	2,925
Public dividend capital payment (PDC)	0	0	0	0	2,634	0	0	0	0	0	2,634	0	5,268
Other finance costs (inc loan interest and principal repayments)	0	0	0	0	0	0	120	0	0	0	0	117	237
Total Payments	27,062	24,664	(2,398)	26,127	27,418	24,484	25,104	24,984	24,447	24,984	29,429	99,016	305,993
CLOSING CASH BOOK BALANCE	34,038	37,616	3,579	38,995	36,211	36,879	16,114	15,620	14,663	13,170	9,000	37,616	9,000

APPENDIX E – Identified Covid-19 expenditure, July 2020

MONTH 4 YTD 2020/21 IDENTIFIED COVID SPEND	AMH	CHS	LD	FYPC	ESTS	HOST	ENAB	TOTAL M4 Cuml YTD	M1 run-rate	M2 run-rate	M3 run-rate	M4 run-rate
	£	£	£	£	£	£	£	£	£	£	£	£
PAY												
Substantive staff	327,210	52,616	357	138,596			241,191	759,969	37,051	172,849	286,829	263,240
Bank staff	430,139	192,144	80,031	51,841			285,509	1,039,664	137,061	115,608	405,998	380,997
Agency staff	69,456	178,359		38,490		2,089	0	288,394	26,849	50,220	154,123	57,202
TOTAL PAY	826,805	423,119	80,388	228,927	0	2,089	526,700	2,088,028	200,961	338,677	846,950	701,440
NON-PAY												
PPE		0					157,660	157,660	37,593	55,295	64,772	0
Medical Oxygen Supplies / Gases		0					95,897	95,897	90,000	5,897	0	0
Other med/surgical equipment	1,139	3,483		14,815			28,607	48,044	1,761	7,510	14,643	24,131
Cleaning services / materials		0			19,216		15,374	34,591	1,742	6,977	7,905	17,966
Staff uniforms & clothing	705	0					146,189	146,894	41,107	47,173	29,088	29,526
Staff accommodation	280	0					0	280	0	0	280	0
Room hire		0					53,518	53,518	18,338	5,808	14,246	15,126
Catering / provisions / hospitality	12,392	0		237			6,807	19,436	0	6,026	12,124	1,286
IT Network security		0					94,831	94,831	34,014	42,056	0	18,761
Other IT / Communications	11,272	2,824		9,152			89,976	113,224	29,064	58,108	4,011	22,041
Furniture, fittings, office equip	7,629	687					221,495	229,811	78,876	36,242	103,993	10,700
Revenue estates costs	577	0			48,755		42,913	92,244	22,937	31,128	22,308	15,871
Travel/Transportation costs	8,931	0					12,634	21,565	1,136	7,905	7,438	5,086
Removal expenses		0			1,134		4,626	5,760	1,346	3,647	767	0
Drugs		1,863					2,468	4,331	2,166	2,165	0	0
Dressings		1,636					0	1,636	818	818	0	0
Other	191	1		2,630			20,362	23,184	777	2,089	15,987	4,331
TOTAL NON-PAY	43,116	10,495	0	26,834	69,105	0	993,358	1,142,907	361,675	318,844	297,563	164,825
TOTAL IDENTIFIED COVID COSTS	869,921	433,614	80,388	255,761	69,105	2,089	1,520,057	3,230,935	562,636	657,521	1,144,513	866,265

Note: only includes costs coded to specific Covid-19 cost codes. Does not include estimate for unclaimed overtime.

APPENDIX F – Underlying financial position

In order to assess the Trust's underlying financial position, a 'normalisation' analysis has been undertaken in respect of the M4 position.

This is summarised in the table below. The actual reported M4 year to date position is initially shown for each directorate. This shows the current bottom line I&E break-even position. The effects of the normalising adjustments have then been applied to the figures on the right of the table, and so these show an estimated underlying M4 YTD financial position. An underlying monthly run-rate is also included.

		REPORTED YEAR-TO-DATE POSITION				UNDERLYING YEAR-TO-DATE POSITION				U/L RUN-RATE			
Directorate	Net YTD budget / CT £000	Income £000	Exp. £000	Net I&E £000	Variance £000	Income £000	Exp. £000	Net I&E £000	U/L variance £000	M1 £000	M2 £000	M3 £000	M3 £000
AMH	5,178	31,056	-25,613	5,443	265	29,384	-24,733	4,651	-527	-104	-104	-205	-115
CHS	6,288	28,736	-21,669	7,067	779	27,782	-21,106	6,676	388	-14	-14	328	87
LD	1,435	4,551	-3,322	1,229	-206	4,471	-3,242	1,229	-206	-46	-46	-12	-102
FYPC	1,935	18,369	-16,295	2,074	139	18,113	-15,506	2,607	672	126	126	186	234
Estates	-9,054	1,028	-11,352	-10,324	-1,270	959	-11,283	-10,324	-1,270	-241	-241	-251	-538
Hosted	37	4,782	-5,046	-264	-301	4,562	-5,046	-484	-521	-111	-111	-187	-113
Enabling	-6,797	5,456	-12,803	-7,347	-550	3,940	-11,286	-7,346	-549	-80	-80	-276	-113
Reserves	978	4,392	-2,270	2,122	1,144	3,013	-2,086	927	-51	0	0	-12	-39
TOTAL TRUST:	0	98,370	-98,370	0	0	92,224	-94,287	-2,063	-2,063	-468	-468	-429	-698

The detailed analysis of the movements between reported and underlying position is shown at Appendix G.

Appendix G – Detailed normalised position as at month 4

Reported YTD position:	AMH			CHS			LD			FYPC			Ests			Host			Enab			Rsvs			Tot		
	Income £000	Exp. £000	Net £000	Income £000	Exp. £000	Net £000	Income £000	Exp. £000	Net £000	Income £000	Exp. £000	Net £000	Income £000	Exp. £000	Net £000	Income £000	Exp. £000	Net £000	Income £000	Exp. £000	Net £000	Income £000	Exp. £000	Net £000	Income £000	Exp. £000	Net £000
	31,056	-25,613	5,443	28,736	-21,669	7,067	4,551	-3,322	1,229	18,369	-16,295	2,074	1,028	-11,352	-10,324	4,782	-5,046	-264	5,456	-12,803	-7,347	4,392	-2,270	2,122	98,370	-98,370	0
<u>Normalising adjustments</u>																											
Exclude Covid-19 costs and equivalent income	-880	880	0	-434	434	0	-80	80	0	-256	256	0	-69	69	0	0	0	0	-1,198	1,198	0	-1	1	0	-2,918	2,918	0
Exclude non-recurrent investment	-210	0	-210	-188	129	-59	0	0	0	0	533	533	0	0	0	0	0	0	0	0	0	0	0	0	-398	662	264
Exclude non-recurrent unfunded cost pressures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	15	0	183	183	0	198	198
Exclude non-recurrent income over-recovery	-582	0	-582	0	0	0	0	0	0	0	0	0	0	0	0	-220	0	-220	0	0	0	-1,378	0	-1,378	-2,180	0	-2,180
Exclude non-rec. prior year reserves release (-) / (+)	0	0	0	-332	0	-332	0	0	0	0	0	0	0	0	0	0	0	0	-318	318	0	0	0	0	-650	318	-332
Misc. other non-recurrent costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	2	2
Temporary vacancy saving	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-16	-16	0	0	0	0	-16	-16
YTD underlying / normalised position:	29,384	-24,733	4,651	27,782	-21,106	6,676	4,471	-3,242	1,229	18,113	-15,506	2,607	959	-11,283	-10,324	4,562	-5,046	-484	3,940	-11,286	-7,346	3,013	-2,086	927	92,224	-94,287	-2,063
YTD Directorate net budget			5,178			6,288			1,435			1,935			-9,054			37			-6,797			978			0
YTD Underlying net budget surplus / (deficit)			-527			388			-206			672			-1,270			-521			-549			-51			-2,063

Normalising adjustments

The key normalising adjustments include:

- The exclusion of all Covid-19 costs and supporting top-up income (neutral I&E impact)
- The exclusion of other retrospective top-up income
- The exclusion of any one-off gains/losses due to the release of 19/20 reserves
- The exclusion of CAMHS investment costs on the basis that these are being treated as non-recurrent (provisionally shown as a gain to FYPC due to reducing expenditure, in lieu of a transfer of budget back to central reserves)
- The exclusion of any other non-recurrent exceptional gains or losses

Meeting Name and date	Trust Board - 1st September 2020
Paper Reference	P

Name of Report	Month 04 Trust Performance Report
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For approval		For assurance		For information	✓
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Presented by	Danielle Cecchini - Director of Finance	Author(s)	Prakash Patel - Acting Head of Information
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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	✓	G – Well-Governed	✓
		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/ Strategic Executive Board	15/06/2020

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
<p>The Exec Team are recommended to receive the report and comment on the following:</p> <ul style="list-style-type: none"> • performance against targets (SPC) • performance against plan (RAG)

Leicestershire Partnership NHS Trust

Performance Report (Month 04)

**Trust Board
1 September 2020**

Performance headlines – July 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

- C** Length of stay - Community Services
Normalised Workforce Turnover rate

Key standards being delivered but deteriorating

- C** 6-week wait for diagnostic procedures
Core Mandatory Training Compliance for Substantive Staff
Staff with a Completed Annual Appraisal

Key standards being delivered inconsistently

- 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)
- CAMHS Eating Disorder – four weeks - (complete pathway)
- Children and Young People's Access – four weeks (incomplete pathway)
- Children and Young People's Access – 13 weeks (incomplete pathway)
- Adult CMHT Access five day urgent (incomplete)
- C** Occupancy rate – mental health beds (excluding leave)
- C** Length of stay (excluding leave) from Bradgate acute wards (SPC due March 2020)
Delayed transfer of care (DToc)
Gatekeeping
CPA 7 day
C Diff
- STEIS action plans completed within timescales
Agency Cost

Key standards not being delivered but improving

- Mental Health data submission - % clients in employment
- Data quality maturity index
- Vacancy rate
- Sickness Absence
- % of staff from a BME background
- % of staff who have undertaken clinical supervision within the last 3 months

Key standards not being delivered but deteriorating/ not improving

- Mental Health data submission - % clients in settled accommodation
- CAMHS ED one week (complete)
- C** Adult CMHT Access six week routine (incomplete)
- NEW** 52 Week Waits
- C** Occupancy rate – community beds (excluding leave)
CPA 12 month
Safe Staffing

Key standard we are unable to assess using SPC

- Patient experience of mental health services
- Readmissions with 28 days
- Patient safety incidents
- Patient safety incidents resulting in severe harm or death
- Serious incidents (no target)
- Quality indicators (no targets)
- Cardio-metabolic assessment and treatment for people with psychosis
- Admissions to adult facilities of patients under 16 years old

Performance headlines – July 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: Directorate performances reviews recommenced in May 2020. The reviews focussed on the introduction of the Trust's Restoration Framework; and discussion of how services may be required to adapt to new ways of working in the short, medium and long term. Harm review triangulation work is underway through the Harm Reduction Group. This will compare complaints, Serious Incidents and waiting times.

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 **occupancy 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: Following the initial the COVID-19 emergency response, the Trust is now adapting towards COVID-19 recovery. To support this, a COVID-19 Recovery Co-ordinating Group and supporting COVID-19 Recovery Network Group and COVID-19 Data Cell has been set up to support the development of plans in relation to service restoration and recovery in line with the Trust's Restoration Framework currently under development.

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.

Improvement Plans

- The Recovery Co-ordinating Group will be overseeing a programme of work to understand the impact of COVID-19 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(s) (above)
- see COVID-19 update(s) (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:





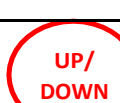

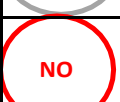




- **Red** – a target that is not being delivered
- **Amber** – a target that is not being delivered but has an approved recovery plan with trajectory that is being met or there is a query about delivery
- **Green** – a target that is being delivered

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	Icon	Trend Description
	The system is expected to consistently fail the target		Special cause variation – cause for concern (indicator where high is a concern)
	The system is expected to consistently pass the target		Special cause variation – cause for concern (indicator where low is a concern)
	The system may achieve or fail the target subject to random variation		Common cause variation
			Special cause variation – improvement (indicator where high is good)
			Special cause variation – improvement (indicator where low is good)

Useful icon combinations to understand performance:

Performance	Trend	Description
	 or 	Key standards are being consistently delivered and are improving/ maintaining performance
		Key standards are being delivered but are deteriorating
	Any trend icon	Key standards are being delivered inconsistently
		Key standards are not being delivered but are improving
	 or 	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. Quality Account

The following standards form the measures for the 2020/21 Quality Account

Standard	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20			
	95.9%	96.4%	97.4%	96.6%	100.0%	100.0%		Key standards are being consistently delivered and are improving/ maintaining performance	
The percentage of patients on CPA (care programme approach) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Data quality improvements have been made by way of regular reporting and reminder to staff responsible for follow-ups		
	97.0%	96.3%	98.3%	100.0%	94.3%	98.4%		Key standards are being delivered inconsistently	
	Awaiting national guidance on methodology for CPA 72hrs. This will be reflected in future reports.								
The Trusts “Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period		2017/18	2018/19	2019/20				n/a	n/a
		7.4	6.4	7.1				Not applicable for SPC as reported infrequently	
The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Age 0-15							n/a	n/a
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20			
	66.7%	0.0%	0.0%	25.0%	33.3%	0.0%		SPC due October 2020	
	Age 16 or over								
	36.8%	38.0%	32.9%	31.0%	32.1%	32.5%			
The number and, where available rate of patient safety incidents reported within the Trust during the reporting period	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		n/a	n/a
	1041	988	799	1026	1063	1017			
	61.6%	62.3%	59.1%	63.7%	67.2%	66.8%		SPC due November 2020	

1. Quality Account











The following standards form the measures for the 2020/21 Quality Account

Standard	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
The number and percentage of such patient safety incidents that resulted in severe harm or death	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		n/a	n/a
	1	6	10	11	6	5		SPC due November 2020	
	0.1%	0.6%	1.3%	1.1%	0.6%	0.5%			
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Reducing service support to high risk psychosis. Prioritised: Depot and assessment, urgent clinical reviews. Routine work by telephone		
	81.8%	63.2%	80.0%	95.8%	95.8%	90.5%		Key standards are being consistently delivered inconsistently	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) Inpatient Wards b) EIP Services c) Community Mental Health Services (people on care programme approach)	Reported Bi-annually							n/a	n/a
	Inpatient Wards								
	Mar-20		Sep-20					Not applicable for SPC as reported infrequently	
	60.0%								
	EIP Services								
	Mar-20		Sep-20						
	93.0%								
	Community Mental Health Services on CPA (arrears)								
	Mar-20		Sep-20						
	-								
Admissions to adult facilities of patients under 16 years old	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		n/a	n/a
	0	0	0	0	0	0		SPC under development	
Inappropriate out-of-area placements for adult mental health services- (bed days)	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	The Trust continues to meet the reduction trajectory.		
	380	213	15	0	0	0		From April 2020, the number of progress beds reported will be	Key standards are being consistently delivered inconsistently

zero.

2. 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%		Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Reducing service support to High risk psychosis. Prioritised: Depot and assessment, urgent clinical reviews. Routine work by telephone		
		81.8%	63.2%	80.0%	95.8%	95.8%	90.5%		Key standards are being delivered inconsistently	
Inappropriate Out of Area bed days for Adult Mental Health Services Target is 0 by end March 2021		Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	The Trust continues to meet the reduction trajectory. From April 2020, the number of progress beds reported will be zero.		
	Total Inappropriate OAPs bed days Total Inappropriate OAPs bed days (excl progress beds)	380 141	213 18	15 n/a	0 n/a	0 n/a	0 n/a		Key standards are being delivered inconsistently	
Mental Health data submission to NHS Digital: % clients in employment Target is >=85%		2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	Improvements are expected to follow the SystmOne go live - date TBC as a result of COVID-19 pandemic		
		1%	0%	2%	3%	4%	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 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	Improvements are expected to follow the SystmOne go live - date TBC as a result of COVID-19 pandemic		
		38%	37%	36%	37%	39%	39%		Key standards are not being delivered and are deteriorating/ not improving	
6-week wait for diagnostic procedures (incomplete) Target is >=99%		Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-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		
	This data refers to the Audiology Service only	97.8%	93.0%	36.5%	20.7%	19.0%	18.0%		Key standards are being delivered but are deteriorating	

3. 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%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Due to COVID-19 response, high risk cases seen face to face. Routine appts completed by telephone		
	100.0%	75.0%	100.0%	100.0%	66.7%	100.0%			
	R	V	T	C	A	Rv			
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	As above. A funded interim improvement plan is on track to deliver the agreed trajectory.		
	100.0%	91.7%	100.0%	100.0%	83.3%	100.0%			
	R	V	T	C	A	Rv			
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Due to COVID-19 response, high Risk patients' Neurodevelopmental (ND) assessments temporarily reduced with priority for urgent ND assessments		
	88.1%	80.0%	72.7%	80.0%	100.0%	100.0%			
	R	V	T	C	A	Rv			
Children and Young People's Access – 13 weeks (incomplete pathway) Target is 92%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Due to COVID-19 response, high Risk patients' Neurodevelopmental (ND) assessments temporarily reduced with priority for urgent ND assessments		
	96.8%	85.4%	96.3%	100.0%	96.5%	100.0%			
	R	V	T	C	A	Rv			
Adult CMHT Access Five day urgent (incomplete pathway) Target is 95%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Service offered via telephone/video support. Priority will be given to high risk patients during COVID-19		
	75.0%	50.0%	23.8%	38.5%	18.2%	50.0%			
	R	V	T	C	A	Rv			
	'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%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Service offered via telephone/video support. Priority will be given to high risk patients during COVID-19. Expected deterioration due to COVID-19		
	50.9%	43.1%	24.3%	27.9%	34.8%	39.8%			
	R	V	T	C	A	Rv			

4. 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)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	105 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.	<div>NO</div>	<div>UP</div>
	105	111	118	139	122	122				
Liaison Psychiatry (13 weeks)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	97 weeks	Service will be subsumed into new Core 24 service. This service has been decommissioned from 1st April 2020	<div>NO</div>	<div>UP</div>
	14	11	5	8	10	25				
	R	V	T	C	A	Rv				
Cognitive Behavioural Therapy (13 weeks)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	106 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.	<div>NO</div>	<div>UP</div>
	35	34	41	43	52	61				
Dynamic Psychotherapy (13 weeks)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	125 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.	<div>NO</div>	<div>UP</div>
	40	46	47	62	59	62				
Personality Disorder (13 weeks)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	192 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.	<div>NO</div>	<div>UP</div>
	93	79	65	89	70	90				
Medical/ Neuropsychology (18 weeks)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	89 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.	<div>NO</div>	<div>UP</div>
	40	39	39	43	54	52				
CAMHS (13 weeks)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	73 weeks	Due to COVID-19 response the service has prioritised high risk patients for assessment. Significant improvement being delivered in line with improvement plan.	<div>NO</div>	<div>UP</div>
	6	6	7	39	77	122				

5. 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)	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-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		
	87.8%	84.2%	72.2%	76.9%	77.5%	78.0%			
Target is <=85%									Key standards are being delivered inconsistently
Occupancy Rate - Community Beds (excluding leave)	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Fluctuating vacancy rates will be attributed to ward changes as a result of implementing social distancing as part of the COVID-19 response		
	87.5%	83.4%	54.9%	57.4%	50.8%	56.5%			
Target is >=93%									Key standards are not being delivered and are deteriorating/ not improving
Average Length of stay (excluding leave) from acute Bradgate wards	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Fluctuating LoS will be attributed to changes in discharge protocol as a result of the COVID-19 response		
	35.5	44.6	44.5	46.6	32.8	24.2			
Target is <=33 days (national benchmark)									Key standards are being delivered inconsistently
Average Length of stay	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Fluctuating LoS will be attributed to changes in discharge protocol as a result of the COVID-19 response		
Community hospitals	18.1	18.5	16	14.5	15.6	14.2			
National benchmark is 25 days.									Key standards are being consistently delivered and are improving/ maintaining performance
Delayed Transfers of Care	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-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		
	4.0%	3.9%	3.1%	1.5%	1.6%	2.2%			
Target is <=3.5% across LLR	R	V	I	C	A	Rv			Key standards are being delivered inconsistently
Gatekeeping	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20			
	95.9%	96.4%	97.4%	96.6%	100.0%	100.0%			
Target is >=95%	R	V	T	C	A	Rv			Key standards are being delivered inconsistently
Care Programme Approach – 7-day follow up (reported 1 month in arrears)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Data quality improvements have been made by way of regular reporting and reminder to staff responsible for follow-ups		
	97.0%	96.3%	98.3%	100.0%	94.3%	98.4%			
Target is 95%	R	V	T	C	A	Rv			Key standards are being delivered inconsistently
Care Programme Approach 12-month standard	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Data quality improvements have been made by way of regular reporting and reminder to staff responsible for reviews		
	93.6%	91.1%	89.3%	89.3%	88.7%	85.9%			
Target is 95%									Key standards are not being delivered and are deteriorating/ not improving

6. 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	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Trust is below ceiling year to date with 1 case(s) year to date		
	1	0	0	1	0	0	0		Key standards are being delivered inconsistently	
Serious incidents	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20			N/A	
	13	5	20	17	11	24			Key standards are not improving	
STEIS - SI action plans implemented within timescales (in arrears) Target = 100%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		Awaiting validated data to assess achievement of measure		
	40.0%	40.0%	14.3%	14.3%	25.0%	80.0%			Key standards are being delivered inconsistently	
Safe staffing No. of wards not meeting >80% fill rate for RNs Target 0	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-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	n/a	n/a	n/a	n/a	n/a		AS AT FEB 2020 Key standards are not being delivered and are not improving SPC based on day shift	
No. of episodes of seclusions >2hrs Target decreasing trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20			N/A	NO CHANGE
	34	35	37	35	12	23			Key standard has no target; however performance is consistent	
No. of episodes of supine restraint Target decreasing trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20			N/A	NO CHANGE
	16	14	14	7	15	9			Key standard has no target; however performance is consistent	
No. of episodes of side-line restraint Target decreasing trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20			N/A	NO CHANGE
	29	21	17	19	27	18			Key standard has no target; however performance is consistent	
No. of episodes of prone (unsupported) restraint Target decreasing trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20			N/A	NO CHANGE
	0	0	1	0	0	0			Key standard has no target; however performance is consistent	
No. of episodes of prone (supported) restraint Target decreasing trend	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20			N/A	NO CHANGE
	2	6	4	17	11	1			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 (RAG based on commissioner trajectory)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20		SPC graphs show the system is stable and within control limits. The variation is normal and predictable and is due to random or chance causes	N/A	NO CHANGE
	Category 2	91	95	94	63	100	97		N/A	NO CHANGE
No. of repeat falls Target decreasing trend	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20			N/A	NO CHANGE
	49	45	58	54	76	47			Key standard has no target; however performance is consistent	

Additional quality measures

- The new Quality KPI improvements will be reviewed at the end of 2020/21 quarter two.

7. 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	Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
MH Data quality Maturity Index Target >=95%	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	The Trust is failing to deliver the 95% target. Improvement plan required.	<div>NO</div>	<div>UP</div>
	92.4%	91.5%	92.0%	92.6%	92.3%	92.6%			
								Key standards are not being delivered but are improving	

8. Workforce/HR

Target	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
Normalised Workforce Turnover rate (Rolling previous 12 months) Target is <=10%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	The Trust is below the ceiling set for turnover.	<div>YES</div>	<div>DOWN</div>
	8.6%	9.1%	9.3%	9.4%	9.1%	9.0%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		<div>NO</div>	<div>DOWN</div>
	8.7%	9.1%	10.5%	11.5%	8.3%	7.9%		Key standards are not being delivered but are improving	
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	The impact of COVID-19 has seen a significant increase in reported sickness absence during April and May	<div>NO</div>	<div>DOWN</div>
	5.5%	5.3%	5.4%	5.6%	5.1%	4.5%		Key standards are not being delivered but are improving	
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20		n/a	n/a
	-	-	-	£727,410	£677,149	£593,502		SPC to be included once 13 data points have been provided	
Health and Well-being Sickness Absence YTD (1 month in arrears) Target is <=4.5%	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20		n/a	n/a
	-	-	-	5.6%	5.3%	5.0%		Not applicable for SPC as measuring cumulative data	
Agency Costs Target is <=£641,666 (NHSI national target)	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		<div>?</div>	<div>UP</div>
	£867,533	£852,247	£757,082	£803,747	£774,912	£896,744		Key standards are being delivered inconsistently	
Core Mandatory Training Compliance for substantive staff Target is >=85%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		<div>YES</div>	<div>DOWN</div>
	95.2%	98.0%	97.9%	97.8%	97.2%	90.0%		Key standards are being delivered but are deteriorating	
Staff with a Completed Annual Appraisal Target is >=80%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		<div>YES</div>	<div>DOWN</div>
	93.5%	93.0%	91.3%	87.5%	84.8%	83.3%		Key standards are being delivered but are deteriorating	
% of staff from a BME background Target is >= 22.5%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		<div>NO</div>	<div>UP</div>
	22.9%	22.9%	23.0%	22.9%	23.0%	23.2%		Key standards are not being delivered but are improving	
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20		<div>NO</div>	<div>UP</div>
	83.9%	79.4%	67.4%	72.8%	84.2%	88.4%		Key standards are not being delivered but are improving	

FINANCE AND PERFORMANCE COMMITTEE – 21st July 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
Matters Arising not on the Action Log:	NA	The committee continues to focus on the 6 priority Covid-19 areas. The meetings agreed to consider going bi-monthly after August 18 th meeting. In September a joint QAC and FPC workshop will be held. The Chairs of FPC/QAC will draft the agenda for approval at both meetings in August.	NA
Action log (Paper B)	NA	The Covid-19 paused actions will be addressed at the pre-meet discussion for FPC to agree at its next meeting.	NA
DoF's Update Report including Strategic Initiatives summary report (Verbal)	NA	<p>NHSI Financial planning guidance for beyond 31.07.20 is awaited. Webinars have been held around the potential direction of travel and Directors of finance, CEOs and Directors of Strategy have met for to discuss an LPT system approach</p> <p>The LLR Incident Control Centre for COVID-10 have agreed to step down the hours to align with regional and national ICCs.</p> <p>A review of the Dormitory Business Case is being undertaken as a result of additional capital being made available.</p> <p>The committee where updated on the system Directors of Finance, CEOs and Directors of Strategy ongoing work. The discussions included the challenges resulting from COVID and wider strategic opportunities.</p> <p>It was agreed that the update on progress covering 'business pipeline' provided to the executive team would now also be brought to the FPC bi-monthly meetings.</p>	40, 46, 48
Additional Paper – Microsoft Suite Deal:	High	The business case presents 8 different options from which 3 options were prioritized. The move to NHS email addresses will allow for improved interagency working and having the shared tenancy offers the best value for money. This option is recommended by the executive team. Progress will be monitored through the IMT Committee reporting through to FPC.	22

Report	Assurance level*	Committee escalation	ORR/Risk Reference
		The committee approved the recommended proposal go to Trust Board on 4th August 2020	
Review of Organisational Risk Register (Paper C)	High	<p>It was noted, as agreed at the last meeting, that all of the Covid-19 text from the red boxes have now been incorporated into the main risks.</p> <p>As a result Risk 48 is a new financial risk relating to the 20/21 Financial position. The committee discussed and recognised it as ongoing risk requiring further adjustment once clarity was received on NHSI funding principles for the second half year. Consideration will then be made to a further financial risk around the resetting of the budget.</p> <p>Risk 22 Cyber security. As the residual scores are decreasing it was approved for de-escalation and for ongoing monitoring by the Data Security Group.</p> <p>FPC now have 8 high risks and 3 risks where the appetite is lower than the residual risk. More action will be added to the risk to mitigate this and reviewed at the next meeting.</p> <p>The committee welcomed the addition to the ORR to show, as a summary, the trend of risk scores. It was agreed key themes and lessons learnt would be include going forward.</p>	All
Finance and Performance – principles for assurance (Paper D)	Medium	<p>An update on the principles and approach adopted during COVID-19 were outlined. Phases 1 and 2 are based on ‘block arrangements’ using 2019/20 budgets with central top ups. Months 1 to 4 were therefore assuming break even. The current arrangement is in place until the end of August/September 2020. Planning guidance for phase 3 Response/recovery from October 2020 onwards are still to be confirmed. Indications given thus far are:</p> <ul style="list-style-type: none"> • Mental Health Investment Standard will be maintained • Ageing Well funding protected • Covid-19 costs – planned amount for the system to achieve break-even will be agreed <p>As part of this process performance review meetings have restarted and discussions around finances, restoration and recovery are now underway.</p> <p>The committee received medium assurance due to the continued uncertainty around the approach to budgeting the second half year position.</p>	46, 48
Finance Report including revenue, CIP, capital, contract monitoring & cash (Paper Ei) Directorate Reports (Papers Eii)	Medium	<p>The overall projected position is breakeven. Month 3 baseline overspend was £787,000 with some enabling and estates overspends being off-set by underspends in directorates and pre Covid CIP programs. It was confirmed initial Covid-19 top up claim reimbursements were being processed and approval for proposed capital expenditure was following a regional and national process.</p> <p>The response/recovery budget setting review process is now underway within the Trust.</p> <p>The committee was updated on the UHL financial position.</p> <p>The committee received medium assurance due to the continued uncertainty around the approach to budgeting the second half year position.</p>	4, 6, 10, 11, 16, 46, 48

Report	Assurance level*	Committee escalation	ORR/Risk Reference
360 Assurance Business Plan (Paper F)	High	The 360 Assurance 20/21 Business plan was reviewed. It highlighted the hosted services had a very active management board and a consortium of clients and partners. Moving forward they are planning to expand the variety of services they offer and are also setting up a number of events together with the S.Yorks Consortium. 360 lost a 25% ability to undertake audits during Covid-19. The team had given operational support to members. On this basis all consortium members had agreed to pay the full annual costs. The Trust FD confirmed that she continued to meet with the management team on a quarterly basis to review progress against the plan.	5, 20
Performance Report Month 2 (Paper G)	Low	The report had been to Trust Board on 7 th July 2020. The committee confirmed that the report format had developed well. Performance was showing a marked deterioration due to Covid-19. The NHSI/E review principles were being adopted under a restoration and recovery plan. It was confirmed that a proposed plan for each of the services would be delivered by the recovery coordinating group and within ICC meetings. The performance data would then be adjusted accordingly. The committee agreed a low level of assurance as although the quality of the report and the information contained within the report has improved there is limited evidence to assure the committee concerning 'how' or 'when' improvement in performance will be achieved or supported.	All
Waiting Times Report (Paper H)	Medium	The committee focused on assurance in managing the deteriorating performance due to COVID-19. Particular areas of concern were highlighted as 52 week waits, Adult ADHD, CAMHs Crisis and ED. The Waiting Times and Harm Review Committee have looked at prioritised services and these have been reviewed. Three services have been identified as priorities – neurodevelopmental, community paediatric (County work taken on from 1 st April 2020) and new stroke service (with CHS as a particular priority) Since March 2020 progress includes; Changes highlighted include the appointment of the Medical Director as the Chair; a new consistent approach to monitor and mitigate harm being introduced and prioritisation tools used for services including risk stratifying caseloads. Caseload monitoring will ensure that the risk of harm is captured in these cases. Moving forward a clear plan of what is being done at service level will be presented to FPC and Trust Board. It was agreed to bring to September FPC and QAC proposals for service waiting times following completion of the restoration, recovery planning process in August. A medium level of assurance was agreed due to the mitigations being implemented and restoration, recovery planning that is now underway.	1, 28, 44, 46
Estates Committee Highlight Report (Paper I)	Medium	The Beacon CAMHs unit remained on schedule. FM underperformance was highlighted. A review of the business case and an interim FM recovery plan would be presented at the QAC/FPC meeting in September. A bid to enable acceleration of the Dormitory program has now been submitted and plans were being put into place to accelerate some of the year 2 and 3 plans The committee asked for an update on the internal audit	10, 11, 40

Report	Assurance level*	Committee escalation	ORR/Risk Reference
		actions. Work around the 3 high level risks outlined by the 360 audit had been paused due to Covid-19. The committee requested that it receive a further update on these matters at its next meeting. The committee agreed a medium level of assurance due to the continued performance issues with FM services	
Transformation Committee Update (Verbal) •including EPR timeframe verbal update – DW	NA - The committee agreed to review assurance at its next meeting once the paper had been received.	The committee chair confirmed it was now moving into its rhythm and reports were starting to flow through as anticipated. It was evident that clear progress was now being made in line with plans. There had not been a meeting since the last FPC and so no report was due. A verbal update on the EPR program was received. The program was on plan to meet its revised critical path and go live date of 03/11/20. A written report will be circulated post meeting to be formally received in the 18 th August FPC. The committee agreed to review assurance at its next meeting once the paper had been received.	NA
Capital Committee Highlight Report (Paper J)	High	The committee agreed that high (green) assurance was received from this report.	46, 48
Strategic Waiting Times and Harm Review Committee Highlight Report (Paper Ki) including Strategic Waiting Times and Harm Review Committee TOR (Paper Kii)	Medium	The Trust medical Director was confirmed as the new chair of the meeting. The matters concerning performance had been covered in the earlier discussions (FPC/20/153) Strategic Waiting Times and Harm Review Committee TOR (Paper Kii) The committee asked for a clinician to be required for the committee to be quorate Resolved: The Committee approved the ToR subject to the above amendment regarding clinician/quoracy. The committee agreed a medium level of assurance as it was recognized a number of issues remained around development of recovery action plans.	1, 28, 44, 46
Data Privacy Committee Highlight Report (Paper L)	High	The committee agreed that high (green) assurance was received from this report.	22
Revisit ORR and action log – additional risks as a result of the meeting?	NA	No further risks identified. It was agreed to close the 10 actions highlighted.	All
Chair	Geoff Rowbotham, Non-Executive Director		

FINANCE AND PERFORMANCE COMMITTEE – 18th August 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
Minutes of the previous meeting held on 21 st July 2020 (<i>Paper A</i>)	NA	The Committee agreed the minutes of 21st July 2020 meeting.	NA
Matters Arising not on Action Log	NA	The committee continues to focus on the 6 priority Covid-19 area. It formally accepted and adopted a bi-monthly meeting schedule from September 2020. The next meetings will be held on 29 th September and 24 th November 2020. QAC/FPC 15 th September workshop agenda (<i>Paper B</i>) was shared and agreed. It was agreed that other workshops will be scheduled as required.	NA
Action log (<i>Paper C</i>)	NA	The action log updates were agreed and the action log updated with today's agenda items. Paused action logs, due to COVID, were reviewed and actions agreed to now incorporate them within the regular action log review process.	NA
DoF's and DoS&B Update Report including Strategic Initiatives summary report (<i>Verbal</i>)	NA	A joint brief was given by DoF and DoS&B. It was agreed this would continue as a verbal update to enable the most up to date information to be shared. The main focus currently is phase 3 recovery planning both internally and in the LLR system. The draft plan deadline is 11 st September 2020 and the final plan deadline 21 st September 2020. Timeframes around the FM transfer dates are to be discussed at a meeting with UHL next week. An update on next steps will be given at the next FPC meeting. Meetings have taken place across LLR with the 3 CEOs, the 3 Directors of Finance and the 3 Directors	5, 6, 33, 46, 48

Report	Assurance level	Committee escalation	ORR Risk Reference
		of Strategy. There is a shared focus on delivering better equity across partners and on improving health inequalities across LLR. The IAPT procurement went live on 17 th August	
Organisational Risk Register (<i>Paper D</i>)	High	It was agreed to add 2 new risks – patient engagement and Ageing Well and following the July meeting additional assurance on actions for three Risks 6,9,16 was supported. Discussions were held around the difficulty of getting assurances around risks that were not in LPT's control and relied on 3 rd parties and presented a risk of damage to reputation. As well as risks highlighted within the new trend summary where the score was unchanged. It was agreed themes and learnings would be developed further within the report. It was noted that several actions were due in August and agreed changes will be reviewed in the September meeting.	All
Information Governance six monthly review (<i>Paper E</i>)	High	The 19/20 DS&P toolkit submission was made on 19 th June 2020 with a 'standards met' position. The trust web site has been updated with new COVID-19 IG regulations introduced until March 2021 The Data Security Committee plan its next deep dive into security and cyber security in October 2020.	22, 35
2020 /21 Planning (<i>Paper F</i>)	Medium	Phase 3 Response and Recovery timetable. An update on progress was received. NHSEI latest guidance was received on 7 th August. Key priorities focused on accelerating return to pre covid provision, winter preparation and maximizing benefits of lessons learnt. The LPT recovery cell work was progressing and focused on both a Trust and LLR system response. Further detailed guidance was awaited for finance planning for the second half year. A detailed timetable was being followed to achieve a submission to NHSIE on the 21 st September. It was agreed an update would be provided to FPC/QAC in September. The Trust Board approval process would be agreed at the meeting on 1 st Sept. The committee received medium assurance due to the further national guidance that is awaited.	46, 48
Finance Report including revenue, CIP, capital, contract monitoring & cash (<i>Paper Gi</i>) & Directorate Report (<i>Paper Gii</i>)	Medium	The trusts overall month 4 position was reported as breakeven. The baseline analysis of costs and historic NHS debt has now been completed. Key areas of overspend highlighted were Estates, Enabling & Hosted services, learning disability and Agency. Operational baseline budgets are overspent by £1.146m against assumed 'block budgets' based on 19/20 costs offset by service underspends and NHSE/I Covid 'costs' and 'top up' support. M4 direct Covid costs reduced whilst areas of 'top up' support increased due to commencement of 20/21 scheduled investments.	48

Report	Assurance level	Committee escalation	ORR Risk Reference
		<p>Capital spend requests to NHSE/I for Covid and planned internal expenditure were awaiting approval. Re phasing of the program was planned to mitigate any risk</p> <p>Assurance was received that a key part of the Response, recovery work is using this baseline analysis to scenario plan the most appropriate budget plan to maintain a breakeven position. It was agreed the approach to historic NHS debt would be highlighted to the Audit Committee.</p> <p>The committee received medium assurance due to the uncertainty around receiving, applying and agreeing NHS financial guidelines for the second half of 20/21.</p>	
Performance Report (<i>Paper H</i>)	Medium	<p>It was noted that this data continues to be measured against pre-Covid targets. Patient flow, Access and 52 week target performance continued to show a deteriorating position.</p> <p>FPC recognized the Response, recovery process (paper F) outlined a process including timescales to recover performance. Aligned to both local and national priorities and with the Trusts Harm review process. It was on schedule to submit approval plans in September.</p> <p>The committee agreed a medium level of assurance as a process and timescales for establishing the recovery plans for the areas showing a deteriorating level of performance was in place.</p>	All
Waiting Times Report (<i>Paper I</i>)	Medium	<p>The committee noted the inclusion of a Harm review update within the report. The deterioration in performance and the proposals within the Response ,recovery program reviewed by FPC. It was confirmed that for FPC in September a new set of priorities and recovery plans will be in place and will focus on accelerating recovery by prioritizing recovery plans, winter planning and lessons learnt particularly around inequality and prevention. A proposed focus on clinically urgent patients, 52-week waiters and increasing non face to face appointments and follow ups. Operational considerations include the fall in referrals to 2/3rd of pre-Covid levels, systems being unable to stop the clock with a virtual/digital contact and ensuring the appropriate level of investment and clinical support required is in place.</p> <p>The Harm review update confirmed that through risk stratification patients were being contacted and kept up to date with pause and restart plans and alternative support options.</p> <p>A medium level of assurance was agreed due to the mitigations being implemented and the response, recovery program</p>	5, 26, 28, 40, 44, 46

Report	Assurance level	Committee escalation	ORR Risk Reference
Estates and Facilities Management update Including CQC actions, Internal Audit action points including Dormitory Update (<i>Verbal Update</i>)	Medium	A verbal update was received by the committee. The dormitory accommodation acceleration bid was awaiting national approval. On receipt a revised business case would be developed The facilities management transfer discussions continue with UHL. Interim recovery plans for FM services will be outlined at the Sept QAC/FPC workshop. Internal Audit 3 Limited assurance risks update was received an ongoing update would be included in the monthly report until complete The committee agreed a medium level of assurance due to the continued performance issues with FM services and the outstanding internal audit risks	10, 11, 40
IM&T Committee 17 th July Highlight Report (<i>Paper J</i>)	High	The lack of progress in resolving the 4 IT issues for digital flow of information between UHL and LPT and actions proposed was noted by the committee The committee asked for regular updates	22, 23
Estates Committee 22nd July Highlight Report (<i>Paper K</i>)	Medium	CAMHS Beacon project remains 10 weeks behind program due to COVID Bradgate Emergency lighting report received. Potential cost circa £750k. Interim mitigations remain in place. Options appraisal discussions commenced.	10, 11, 40
Transformation Committee 31 st July 2020 Highlight Report (<i>Paper Li</i>) EPR Update on Progress (<i>Paper Lii</i>) EPR paper circulated post 21 st July Meeting (<i>Paper Liii</i>)	High	The EPR program critical path was reviewed and is progressing on schedule. Go live date 3 rd November 2020	8, 23
Waiting Times and Harm Review Committee 28 th July Highlight Report (<i>Paper M</i>)	Medium	The committee Chair reported the establishment of an integrated Waiting Times and Harm review Committee was now being established. Following the completion of the program of work planned during September he would be in a position to give FPC updated assurance of the committee being in a position to meet fully its remit.	5, 26, 28, 40, 44, 46

Report	Assurance level	Committee escalation	ORR Risk Reference
Data Privacy Committee 17 th July Highlight Report (<i>Paper N</i>)	High	The committee highlighted a report that identified a level of risks around scanning errors of patient records. A number of actions have been put in place based on a risk assessment for directorates covering trends analysis, improvement planning and escalation.	22, 35
FPC Work plan and ToR for approval (<i>Paper O</i>)	NA	The FPC updated TOR was approved by the committee. The FPC Work plan for 20/21 was presented. As the Trust Board Work Plan was also currently being reviewed this document was approved as a working document.	NA
Revisit ORR and action log	NA	No additional risks identified as a result of the meeting. The draft action log detailing FPC priorities in 20/21 was received	NA
Any other urgent business	NA	No other business was raised.	NA
Papers/updates not received in line with the work plan	NA	<ul style="list-style-type: none"> Capital Committee Highlight Report – no meeting held 	NA

Chair	Geoff Rowbotham, Non-Executive Director
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CHARITABLE FUNDS COMMITTEE– DATE 23rd JULY 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
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High	Green – there are no gaps in assurance and there are adequate action plans/controls

Report	Assurance level*	Committee escalation	Risk Reference
Review of Risk Register	High	The risk register had been assessed against the checklist in the Healthcare Financial Management Association (HFMA) NHS Charitable funds practical guide – 5 th edition. The committee was content that the Raising Health risk register addressed the requirements and agreed to build in an annual review against the checklist in to the work plan.	1911, 4367, 4466
Strategic aims for 2020/21		The strategic aims for the charity for 20/21 were reviewed in light of the significant donations we have received this year. It was agreed that the paper would be updated to include discussions at the committee meeting and any further NHS Charities Together (NHSCT) announcements. The priority areas were agreed by the committee.	1911,4466
Promoting Charitable Funds and delivering the strategy - update	High	The outgoing fundraising manager had prepared a handover document which included the status of fundraising appeals. The new fundraising manager confirmed that she will be making contact with all of the services listed, updating the document, and will present the updated version at the September committee meeting. There was agreement that the Beacon unit appeal could be more ambitious moving forwards and that the opening of the unit was a good opportunity to raise the profile of the appeal.	1911, 4466

Report	Assurance level*	Committee escalation	Risk Reference
New bids approved	High	<p>Bids were approved by the committee:</p> <ul style="list-style-type: none"> • Foxes Fund It was confirmed that part of the Foxes Fund will be used for the CAMHS AstroTurf and activity wall. Other ideas are being generated for staff and community projects. • NHSCT Phase 1 (2nd distribution) £30k allocated for staff rooms. The Trust was funding works for 4 staffrooms from NHS capital. Charitable funds would be used for non-core additional purchases for these rooms. A separate meeting would be held to discuss how to ensure all staff rooms could benefit from the NHSCT funding. • NHSCT Phase 1 (3rd distribution) up to £50k available – following consultation with staff, a list of projects was agreed including an autumn health & well being festival (£6k), treats for staff (£9k), thank you letters for staff and volunteers (£8k), staff rooms (£15k) and boredom busters for patients (£8k). • NHSCT Phase 2 – A meeting with UHL and LPT charity representatives would agree the priorities for this community support funding. 	1911,4466
Update on Carlton Hayes Grant	High	<ul style="list-style-type: none"> • Against the £55k grant available, a bid of £28k had been received from the Mental Health Directorate, which had been approved in principle. Some items within this bid are over the £3k individual approval limit and so required approval from the committee: • CAMHS sports equipment plus sessions from trainer - £5k • Bradgate Unit Sensory trolley - £5k • Bradgate Unit cultural celebrations £500 per ward total £4k <p>The chair and fundraising manager agreed to meet to discuss how to utilise the remaining funds.</p> <p>The fundraising manager would follow up with the LD directorate to support the submission of their bids.</p> <p>The committee agreed that administrative support from the charity might help directorates bid for and spend funds. The potential for this sort of role would be assessed in the future.</p>	1911
New funds created	High	<p>The creation of a new fund was approved:</p> <ul style="list-style-type: none"> • The Foxes Fund 	
Work plan	High	The work plan was reviewed and amendments were agreed to ensure timing of items was appropriate.	
Review of risk	High	It was agreed that the capacity to spend the	1911,4367,

Report	Assurance level*	Committee escalation	Risk Reference
register		material donations that the charity had received to date in 2020 could be considered to be a current risk. The risk register will be updated to reflect this risk and mitigations in place.	4466
AOB		Impact of Covid19 on Charitable Funds - The Committee reviewed the HFMA Checklist for accepting gifts or donations. Raising Health's processes will be reviewed against the checklist and a paper will be brought to the next committee meeting.	4466

Chair	Cathy Ellis, Trust Chair & Raising Health Trustee Chair
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TRUST BOARD –1 September 2020

AUDIT AND ASSURANCE COMMITTEE held 3 July 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
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High	Green – there are no gaps in assurance and there are adequate action plans/controls

Report	Assurance level*	Committee escalation	ORR Risk Reference
Risk Assurance including review of the Organisational Risk Register (ORR)	HIGH	<p>Overview given by Kate Dyer on movements in ORR and showed COVID-19 risks captured.</p> <p>Risks also considered in context of ICC Risk Log eg surge planning. Constant updates and staff accessing information on shared governance drive. Acknowledged reporting to Level 1 Committees needs to improve in clarity for residual risk scoring.</p> <p>Risk process is embedded but how to maximize usage and value added are next steps.</p>	All
Feedback from Chairs of FPC and QAC on risk	HIGH	<p>FPC and QAC focus had been on 6 COVID-19 priorities eg Seclusion at this time, and then moving to business as usual with meeting bimonthly from September 2020.</p> <p>Integration of quality and performance metrics is key area.</p> <p>Clear line of sight over last few months on risk and illustrating embeddedness of risk management process.</p>	All
Internal Audit Progress Report	LOW	<p>Update on four reports issued since last meeting with assurance levels achieved.</p> <p>Follow-up actions were now being followed-up when due rather than a whole review. The</p>	ALL

Report	Assurance level*	Committee escalation	ORR Risk Reference
		<p>criteria for 75% significant opinion for 2020/21 was under review to allow for impact of COVID-19.</p> <p>COVID-19 impact discussed and implementation dates extended when lead managers have been affected by COVID. Assessments looked at individually with Kate Dyer working with Internal Audit. This support was welcomed but High Risk actions need to be carefully considered ahead of any extensions. The latter would have flow through QAC and FPC as needed for complete picture and being sighted.</p> <p>A revised 2020/21 plan had been produced in the light of COVID-19 and had been reviewed by the Executive team. The Plan was approved by the Committee but it was noted that the 360 Assurance Management Board for Internal Audit clients had agreed that 2020/21 work programmes would now be set at 75% of planned assignments for the time now available but at the same whole year fee. 77 days would now have to be removed. This would have to be through a risk based view with Kate Dyer and Chair. Additional days for HoIA opinion process changing as a result of COVID-19 would also be needed from contingency.</p> <p>The committee decided that this reduction warranted a red level of assurance until the detail of the reduction was worked through and other potential mitigators to improve level of assurance over internal controls were considered.</p> <p>Other concerns discussed were: Change of Follow-ups process; Change of Head of Internal Audit Opinion; Higher risk based environment in 2020/21 due to COVID-19.</p>	
<p>External Audit Annual Audit Letter</p> <p>ISA 260</p>	HIGH	Reports received and assurance received.	--
<p>Counter Fraud Progress Report</p> <p>Counter Fraud Annual Report</p> <p>Establishment of Fraud Risk Group</p>	HIGH	<p>Progress report was received and assurance received. No changes to the 2020/21 plan were proposed in terms of what can be delivered.</p> <p>Report noted and outcome of Self-Review Tool. It was noted that the one red submission related to risk. It was confirmed that this was already being addressed by the ORR process becoming more embedded and the formation of the new Fraud Risk Group formation (management</p>	ALL

Report	Assurance level*	Committee escalation	ORR Risk Reference
		group) to give richer understanding and engagement in LPT about fraud risk. Briefing note for clarity was to be developed Kate Dyer, Dani Cecchini, and Matt Curtis.	
Legal Update	HIGH	Kate Dyer updated on a high profile case under criminal investigation, and the work of the legal team for COVID-19 impact and Inquests case loads.	--
Financial Waivers	MEDIUM	Financial Waivers document needed to be re-circulated annotating which were COVID-19 related or not. Dani Cecchini raised no concerns for process around waivers and the work of the ICC in reviewing such bids.	ORR 48
Level 1 Annual Committees' reports: Finance and Performance Committee (FPC) Quality and Assurance Committee (QAC) Remuneration Committee (Remcom) Charitable Funds (CF) Audit and Assurance Committee (AAC)	HIGH	Chairs of the Committees gave overviews of the annual reports. Highly assured on the reports. The reporting year had seen much change to committees in function and scope for FPC and QAC in particular. A focus on level 2 committees for QAC and FPC in supporting the agenda of level 1 committees was a noted priority going forward. Remcom meetings sometimes have email correspondence for decisions that need to clearly recorded as a distinct activity. Positive and great achievements of Charitable Funds again captured. A new CF manager had been appointed and a replacement Trustee for Frank Lusk was needed. AAC outcome of third party evidence for assurances needed to have visibility going forward, and amending the report to reflect the focus on looking at control/governance issues that might arise from major transformation programmes eg WRES.	--
Deep Dive - COVID-19 Compliance with CQC Registration	HIGH	Kate Dyer gave a comprehensive overview of work of Trust and Compliance team with CQC Registration status, Statement of Purpose, CQC staff and LPT staff. Governance and action tracker arrangements were also covered. The committee members appreciated the helpful oversight by Kate and more developmental work clearly sighted and underway. Being advised of service changes (clinical,	ORR 5

Report	Assurance level*	Committee escalation	ORR Risk Reference
Next deep dive topics		physical) was a constant challenge. Materiality of change was key and getting ownership of fundamental standards to committee is a consideration. Governance on a Page for committees could help. Review of Internal Audit functions – October 20. Review of External Audit functions – January 21	

Chair	Darren Hickman, Non-Executive Director
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