

## Public Trust Board Meeting – 27 April 2021

### CEO Trust Board Report

#### Purpose of the report

This paper provides an update on recent national policy updates, and key regional, system and local developments since the last Trust Board meeting on the 2 March 2021.

#### Analysis of the issue

##### National Developments

###### Coronavirus COVID-19

On 22 February 2021, the Prime Minister announced the Government's roadmap to cautiously ease lockdown restrictions in England. Consisting of four steps, spaced a minimum of five weeks apart, the road map will be used by the Government in conjunction with four tests (on the pace of vaccine deployment; efficacy of vaccines in reducing hospitalisations and deaths; infection rates; and new Variants of Concern). The Prime Minister announced a provisional timeline for each of the four steps (no earlier than: 8 March for step one; 12 April for step two, 17 May for step three and 21 June for step four). Vaccination and regular testing are two of the key elements of the Government's road map.

###### COVID-19 Vaccination Programme

During February and March, the Government confirmed it would continue to prioritise COVID-19 vaccination according to age in order to meet its objective to further reduce mortality, morbidity, and hospitalisations. In addition, the Secretary of State for Health and Social Care announced that everyone on the Learning Disability Register should be invited for vaccination as part of cohort six. By 5 March 2021, two fifths of the entire adult population of the UK had been vaccinated.

On 4 March 2021, the Medicines and Healthcare products Regulatory Agency (MHRA) announced that authorised COVID-19 vaccines that are modified in response to new variants will not need a brand new approval or lengthy clinical studies.

Working with partners across the local health and care economy, LPT is making good progress in vaccinating both patients and frontline healthcare workers via the designated vaccination centres.

###### Health & Safety Executive Hospital Inspection Report

The Health & Safety Executive (HSE) Britain's regulator for workplace health & safety has included in its 2020/21 work programme, COVID-19 spot inspections in work environments to ensure that COVID-19 arrangements are as robust as they can be. It has produced a summary of findings from 17 acute hospitals visited during December 2020 & January 2021 and based on common trends and themes identified examples of good practice and of where improvement was required.

LPT has taken the opportunity to undertake a benchmarking exercise to attain assurance of where we can evidence good practice and to identify any actions that would enhance or build on our existing COVID-19 management arrangements. We found good compliance overall, and consider it prudent to put a check and balance in place, to ensure that we can evidence through action cards, risk assessments

and audits how we comply in practice; for this reason there are a number of actions aimed at further enhancing current COVID -19 arrangements in place.

### **Establishment of the UK Health Security Agency**

Guidance has been released regarding the establishment of the UK Health Security Agency (previously given the working name NIHP) and how this agency will develop over the coming months. In August last year PHE and NHS Test and Trace were brought together under new leadership arrangements, including joint executive level appointments. Work to maximise the benefits of this collaboration will continue through the formal establishment of UKHSA which will bring together cutting-edge capabilities in analytics with growing testing and tracing capability alongside the spectrum of health protection knowledge and science in PHE. Together, these capabilities will form a permanent part of our national defences.

The Government's policy paper on the UK Health Security Agency was published on 25 March 2021. More information can be found in the [speech](#) from Matt Hancock, the [press release](#) and the [policy paper](#) on the DHSC website.

Alongside the development of UKHSA leading on health security, a new Office for Health Promotion is being created in the Department of Health and Social Care to oversee policy development, expert advice and implementation, to promote good health and narrow health inequalities. With Chief Medical Officer Professor Chris Whitty providing professional leadership for the work of the office, it will build on the skills and achievements of both PHE and DHSC and will continue to offer evidence-based advice and challenge to Government.

The new policy paper [Transforming the Public Health System: Reforming the Public Health System for the challenges of our times](#) describes different elements of the new system, including healthcare public health, health improvement and health protection and how they will work together, using the collective resources and strengths of the local system, the NHS, local authorities, the voluntary sector and others to truly tackle health inequalities and improve the health of the nation.

### **Workforce Race Equality Standard Annual Report**

NHS England and Improvement (NHSE/I) published its annual report for the Workforce Race Equality Standard (WRES) last month, which provides comprehensive data on racial inequalities in the NHS workforce nationally. This year's report showed progress against some measures but deterioration in other measures of racial equality for staff.

Across the country as a whole, representation of BAME staff at Board level has improved slightly – 7.1% in 2016 compared to 10% in 2020. Similarly, the proportion of BAME staff at Very Senior Manager level within the NHS has increased significantly between 2016 and 2020 (albeit from a very low base). Some of the most concerning findings regarding staff diversity indicate that the relative likelihood of white candidates being appointed from shortlisting, compared to BAME staff, is at its highest point since 2016, at a ratio of 1.61:1. Considering its target of achieving above 19% representation of BAME staff at each pay band in the NHS nationally, the NHS is still seeing under-representation between bands 7 and Very Senior Manager level nationally.

Despite some positive results, this report is a clear indication that significant further work is needed. LPT remains committed to tackling racism within the organisation. The Board received the LPT annual workforce equality report 2019/20 at the March 2021 meeting, and has committed to specific actions over the coming year.

On 17 March 2021, I was pleased to participate in a panel discussion at a national event organised by the WRES team within NHSE/I's People Directorate through which I was able to share some of the work we are doing as a Trust and to learn from the work of others.

### **New funding for children and young people's mental health**

On 5 March, the Department of Health and Social Care announced an extra £79 million for 2021/22 to support the expansion of mental health services and teams in schools so that millions more children and

young people can get the support they need. Funding will be used to:

- Accelerate access to mental health care for children and young people, including through increasing the number of Mental Health Support Teams in schools;
- Expand access to community mental health services, giving 22,500 more children and young people access to help and support by 2021/22 - including talking therapies and Cognitive Behavioural Therapy; and
- Eating disorder services will also be accessible to an additional 2,000 children and young people in the community.

For more information please see here: <https://www.gov.uk/government/news/79-million-to-boost-mental-health-support-for-children-and-young-people>.

### **Childhood Commission**

The Children's Commissioner for England has launched the [Childhood Commission](#), a once-in-a-generation review of the future of childhood. This review will identify the barriers preventing children from reaching their full potential, put forward solutions and set ambitious goals for the country to achieve. LPT will be contributing to a consultation this month called 'The Big Ask', to support how this can reach as many children as possible by sharing information throughout our Trust and the Beacon Unit, and across our networks. We will support the Children's Commissioner in ensuring that every child knows about the survey and has the opportunity and support to complete it.

### **Online Training – Children and Young People's Psychological First Aid**

Public Health England (PHE) has launched a new Psychological First Aid training course to help support children and young people affected by COVID-19. The free online course, already used by over 20,000 people in its first week, teaches people how to provide practical and emotional support to children and young people affected by COVID-19 and related issues such as lockdown, bereavement, or isolation. The course is aimed at parents, caregivers, teachers, health and social workers, charity and community volunteers and anyone who regularly comes into contact with children and young people aged between zero and 25. It is free, takes up to two hours to complete (split into three sessions that the learner can complete at their own pace and no previous qualifications are required).

This follows the training course launched last summer for adults - Psychological First Aid in Emergencies - for frontline staff and volunteers to equip them to provide support and recognise people at risk of distress.

For more information please see here: <https://www.gov.uk/government/news/psychological-first-aid-in-emergencies-training-for-frontline-staff-and-volunteers>

### **NHS workforce wellbeing guardian**

Protecting the health and wellbeing of staff is vital. As decisions made at board level can often impact staff, it's important to have a member of the board whose role is to ensure any significant changes improve the wellbeing of staff.

In 2019, Health Education England (HEE) published a [Mental Wellbeing Commission Report](#) that introduced the idea of a wellbeing guardian. The report highlighted the importance of having a board member that is solely responsible for questioning decisions that could be detrimental to the mental wellbeing of staff.

NHS England and Improvement (NHSEI) echoed this in the 2020-21 [NHS People Plan](#) that stated that every NHS employer should introduce a [wellbeing guardian](#) into their organisation. On 28 January 2021, NHSEI launched [NHSEI wellbeing guardian resources](#), detailing the roles, principles of wellbeing guardians, as well as an implementation guide. LPT has appointed its Chair as its workforce wellbeing guardian and has committed to delivering against the nine NHS workforce wellbeing guardian principles. In this role, our Wellbeing Guardian will actively encourage a dispersed model of wellbeing leadership which engages ownership and advocacy across the organisation, valuing and building upon existing internal resource. As this becomes routine practice for the Board, the requirement for the Wellbeing

Guardian to fulfil this role should reduce over time.

### **Independent Review of NHS Hospital Food**

A report following an independent review of NHS hospital food was published by the Government in October 2020; [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/929234/independent-review-of-nhs-hospital-food-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929234/independent-review-of-nhs-hospital-food-report.pdf)

This was part of the response to an outbreak of listeriosis in 2019 in which 7 people died after eating hospital sandwiches contaminated with listeria monocytogenes. Matt Hancock announced a 'root and branch' review of food served and sold in hospitals and the review includes elements of safety, nutrition, quality and production methods of food for patients, staff and visitors in NHS hospitals. The report makes eight recommendations for system level change and a checklist for chief executives and catering managers to action.

In response, the Trust has identified the Director of Nursing, AHPs and Quality as the executive lead for Hospital Food. The report recommendations and actions support many of the trust STEP up to GREAT ambitions and require involvement of facilities and catering, nursing (including infection prevention and control), nutrition & dietetics, patient experiences and health and wellbeing. The checklist for trust catering managers and chief executives provides a benchmark to action positive change and improve quality of food for patients, staff and visitors.

## **Regional and System Developments**

### **LLR Integrated Care System**

On 11 February 2021, the Government published a White Paper entitled Integration and Innovation: working together to improve health and social care for all. This paper sets out new proposals for the NHS, building on the successes experienced in responding to the COVID-19 pandemic, that are designed to bring health and care services closer together to improve care and to tackle health inequalities. These proposals seek to modernise the legal framework and remove unnecessary legislative bureaucracy. Taking account of feedback already received from NHSE/I's consultation, the key measures proposed in the White Paper include amongst other thing, the creation of statutory Integrated Care Systems (ICS) <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>.

The LLR Integrated Care System has gone live this month. We believe that collectively we can develop an outstanding, integrated health and care system that delivers excellent health and wellbeing outcomes for the people of LLR. We are committed to do everything possible to put our population at the heart of everything we do and to enable local communities to have healthy lives.

We are continuing to build on our plans to expand and transform our local integrated models of primary and community mental health services for adults and older adults with severe mental health problems, and continue to take opportunities to enhance our approach to local engagement with LLR communities and stakeholders, by facilitating conversations which will help to refine the detail of the community mental health transformation going forward.

### **East Midlands Alliance for Mental Health and Learning Disabilities**

The Alliance is a group of NHS Mental Health and Learning Disability providers in the East Midlands who provide services to our regional population. The following key areas are currently being progressed within the Alliance:

- Provider Collaboratives (further update below)
- Demand and capacity modelling for mental health

- Research and innovation opportunities
- Reducing Restrictive Practice best practice
- Mental Health Patient Safety Network proposals
- Establishment of a single Provider Collaborative Executive Board for the East Midlands
- COVID response and recovery planning

### Provider Collaboratives

Provider Collaboratives (previously called new care models) are programmes of transformation of particular specialist mental health pathways, taking place on a regional level. As a provider of specialist mental health and community care services, LPT is involved in three provider collaboratives so far in the East Midlands; (1) Forensic, (2) CAMHS and (3) Adult Eating Disorder services.

#### 1. IMPACT

IMPACT is the East Midlands Provider Collaborative for Adult Secure Care led by Nottinghamshire Healthcare NHS Trust. In October 2020, the responsibility for commissioning low and medium secure mental health services and learning disability and autism services in our region transferred from NHS England Specialised Commissioning to the Provider Collaborative. Since then, the Board has met twice and has a clear role in providing strategic oversight and sets the overall direction of the IMPACT work programme. This places focus on the voice of patients, service-users and those with lived experience of Adult Secure Care; at ward level, within the task and finish groups and in forums for strategic decision making. So far, four service users have joined the Partnership Board meetings to share their personal stories of care.

#### 2. CAMHS

The East Midlands CAMHS (Children and Adolescent Mental Health Services) Provider Collaborative is led by NHFT and aims to transform and reshape CAMHS across the region for inpatient services and improve integration with community settings. It will ensure children, young people and their families are empowered and able to make decisions about their care interventions and recovery goals, through the improved care co-ordination and early discharge planning and outcome goals setting. We will deliver improved outcomes for our populations as a result of integrated working between East Midlands providers and system partners.

#### 3. Adult Eating Disorder Services

LPT is the Lead Provider for the East Midlands Provider Collaborative for adult eating disorder services which went live from the 1 April 2021. The Collaborative aims to put service users at the centre of what we do, and provide high-quality, locally accessible adult eating disorder services across the East Midlands that have seamless connections to inpatient care. We will develop a responsive, whole pathway approach and recognise the interdependencies between inpatient and community provision. We will also challenge ourselves to do things differently, to transform services to deliver better outcomes, and ensure that our local population consistently experiences great care wherever they live.

### Health Inequalities Toolkit

The Midlands Health Inequalities Group is a working group of the Midlands Strategic Transformation and Recovery (STaR) Board that aims to support the development of strategies that focus on reducing and preventing inequalities by informing high impact, evidence-based plans tailored to the needs and challenges within each area. This month, the Midlands STaR Board Health Inequalities Working Group launched a second health inequalities toolkit which provides guidance on reducing health inequalities. This is intended as a guide for health and prevention programmes within the Midlands region, to support decision making from initiation (including determination if there is a clear case of the benefits to populations across the Midlands for taking a regional approach), planning, supporting delivery to evaluation and programme completion.

Underpinning this work are the following key health inequalities objectives for the NHS and partners:

- Reducing variation in health and wellbeing outcomes.
- Effective use of health equity assessments.
- Being a good anchor institution in the context of the place-based approach led by local government.
- Mitigate against exacerbating inequalities through recovery and re-set actions.
- Promotion of health and prevention of ill health, improving access to services and addressing the wider determinants of health in partnership with local government and voluntary sector.
- Take appropriate steps to improve the health of the people who live in their areas.

### LLR Mental Health and Wellbeing Hub

With the unprecedented challenge of COVID-19, the mental health and wellbeing of all our staff working across health and social care is of paramount importance. We have come together as an LLR system to ensure that everyone in our valued workforce has the support they need, when they need it, through an enhanced staff support offer.

The LLR Staff Mental Health and Wellbeing Hub has been set up to support the entire Health and Social Care workforce of Leicester, Leicestershire and Rutland. The Hub is run by experienced clinicians, offering anonymous and confidential psychological support, counselling and emotional advice, to staff that assess themselves to be, in any way (personally or professionally) affected by Covid-19.

We do so by signposting to appropriate organisational services or refer you directly to a dedicated clinical team of counsellors and therapists.

This month, the hub has launched a website for staff and will soon be introducing a number of new features including listening booths and a self-assessment tool. In March 2021 we held a system senior management virtual workshop event, and a hub staff engagement event.

### Local Developments

I would like to extend a warm welcome to Mark Powell, Deputy Chief Executive Officer and Fiona Myers, Interim Director of Community Services, both have joined the Trust this month. Recruitment for the substantive Director of Community Services is underway.

### A year of lockdown

In March 2021 we marked a year since the NHS moved into high alert to fight the Covid pandemic. It has been the greatest crisis many of us have ever faced in our careers and impacted all of us in multiple ways. We took this opportunity to thank our staff for all the courage, compassion and commitment they have shown to supporting our patients, service users and colleagues.

It is only right too though, that we remember and pay tribute to all those who have lost their lives throughout this pandemic and those who continue to be affected by the virus. We keep them in our thoughts always, including those we have lost from our NHS family. We joined the nation on a day of reflection on the 23 March with a minute's silence, and encouraged our staff to share their story in a photograph which we shared on social media.

### LPT Health and Wellbeing Festival

LPT's 'Spring into Health' Festival takes place on 20 April 2021. There is a full day's agenda of health and wellbeing events for our staff to enjoy including

- Laughter yoga, boxfit, and Tai Chi
- Staff support groups and the mental health and wellbeing hub
- Guest speaks on a range of subjects including 'the pandemic of aches and pains', 'the art and science of resilience', 'toxic heorism', 'look good feel better' and 'lets talk about menopause'.
- There will also be a session on the National health and wellbeing offer (NHSEI).

### The Big Conversation

We will be launching 'the Big Conversation' this month; we will be holding virtual conversations across



both LPT and NHFT to co-produce with staff the next phase for recovery.

### **NHS Staff Survey 2020**

I would like to thank our staff for taking time out to complete the annual NHS staff survey between October and November 2021. We had an excellent response rate with 52.4% of our staff (that's 2,777 staff) sharing their views with us through the survey (compared to a national average response rate of 49%). The results are an important way for us to hear views from our staff on how it feels to work in LPT, what they think works well and what they think needs to improve.

I am pleased that, compared to last year, staff have reported a more positive experience of working in LPT across all the indicators, with significant improvements in your view of staff engagement, morale and a safety culture at LPT. Also important for this year is that more of our staff have felt safe, listened to and supported by their managers.

Other areas where feedback has been particularly positive include: receiving feedback from their managers, feeling that they can contribute to improvements at work, the effectiveness of communication between senior management and staff and senior managers involving staff in important decisions and acting on staff feedback.

As a Trust we improved in all areas compared to last year, however there is still more work to do to ensure we continue on our journey to step up to great and improve LPT's position compared to the national average of trusts similar to us.

### **Stakeholder Perception Audit November 2020: Summary**

LPT commissioned BakerBaird Communications to conduct a second independent stakeholder perceptions audit, following on from its first successful audit in 2016. The project was undertaken between September and November 2020. The survey was positively welcomed and respondents placed value on being contacted proactively for their views.

There was recognition of the hard work and progress that has been made, as well as the challenges faced by the Trust to meet the demands on its services, particularly around its mental health services. Consistent across all one to one interviews was the feeling that there has been "A noted a concerted step-change at LPT, particularly in the last 18 months."

In the main, responses were positive, recognising both the national and regional constraints, and the current pandemic LPT is working under. Feedback from interviews identified many positive mentions of the commitment of the executive and senior leadership team and its keenness to work together to support and move progress a new integrated care system across its localities. A 'whole system approach' was also highlighted, and not necessarily just down to the imperatives driven by COVID. Where concerns were raised, for instance with delayed access to our CAMHS services, recommendations have been made and the Trust is committed to learning from all of the feedback contained within the full report.

### **NHFT/LPT Joint Consultant Meeting**

On 16 March, I was pleased to join a virtual event with around 80 Consultants from LPT and NHFT, which was organised by two Clinical Directors; Dr Shahid Latif from NHFT and Dr Girish Kunigiri from LPT. In addition to presentations on particular clinical topics, such as morbidity and mortality reviews, we spent some time considering medical workforce planning, support for complex clinical cases and the development of the relationship between the two organisations in the coming year.

The event closed with a session led by Medical Directors from both Trusts who set out the top three priorities for the development of the partnership between the two Trust's medical directorates: improving the wellbeing of doctors including effective workforce planning; increasing collaboration on research and innovation; and quality improvement/service development.

This event was an invaluable learning opportunity for both organisations and an important commitment from medical leaders to the development of the relationship between NHFT and LPT into the future. I

am grateful both for an invitation to join the event and that so many doctors gave up their time to be involved. I look forward to the opportunity to participate in future sessions like this.

## External Meetings

### Key external meetings attended since last Trust Board meeting

Whilst formal service visits have been suspended throughout this time for Infection Prevention and Control reasons, we are ensuring that leadership is visible across the Trust through a range of digital solutions including MS Teams, recorded videos, the staff briefing and Twitter.

February	March
Regional Covid 19 vaccination update call NHS Providers Board Check In Health and Care Executive Steering Group meetings Keith Willetts Webinar – focus on vaccinations East Midlands Alliance CEO meetings Mental Health Trusts CEO Meeting – national Strategic Gold with NHFT People Recovery Taskforce – National CE Working Group Session – national (MH) Health and Care Executive Steering Group Strategic Coordinating Group Meeting System Finance Meeting Regional COVID-19 Vaccination update call Strategic Gold	Health and Care Executive Steering Group East Midlands Alliance CEO meetings NHS Midlands Leaders update Regional Covid19 Vaccination Updates The New NHS – ICS Series NHS Midlands STaR Board Minister of State for patient safety, suicide prevention and Mental Health meeting Health and Wellbeing Scrutiny Committee Strategic Gold with NHFT Children and Young People’s Transformation Board Mental Health Trusts CEO Meeting – National 20/21 Q3 Midlands Regional/National MH Deep dive Learning Disability and Autism deep dive Q3 NHS Providers Board meeting East Midlands Alliance CEO/Chair quarterly meeting Health Anchors Learning Network Launch Event NHSE/I CEO Advisory group NHSP Chair and CEO event WRES Data Webinar- national Midlands STaR Safe Restoration HSJ awards MH & LD CEO Meeting (Midlands & East) Health and Care Executive Steering Group Strategic Coordinating Group Meeting LLR ICS NHS Board meetings Health and Wellbeing scrutiny commission BAME Network LLR SABs Independent Chair LLR NHS System Executive Group Leicestershire Academic Health Partners Board LLR Mental Health Pathway

## Proposal

It is proposed that the Board considers this report and seeks any clarification or further information pertaining to it as required.

## Decision required



The Board is asked to consider this report and to decide whether it requires any clarification or further information on the content.

## Governance table

<b>For Board and Board Committees:</b>	Public Trust Board 27 April 2021	
<b>Paper sponsored by:</b>	Angela Hillery, Chief Executive	
<b>Paper authored by:</b>	Kate Dyer, Deputy Director of Governance and Risk	
<b>Date submitted:</b>		
<b>State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):</b>	None	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>		
<b>State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning</b>	Report provided at each Trust Board	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	
	Transformation	Yes
	Environments	
	Patient Involvement	
	Well Governed	Yes
	Single Patient Record	
	Equality, Leadership, Culture	Yes
	Access to Services	
	Trust wide Quality Improvement	Yes
<b>Organisational Risk Register considerations:</b>	All	
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Confirmed	
<b>Equality considerations:</b>	None	