

Trust Board 29 June 2021

Chief Executive's Report

Purpose of the Report

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 England/Improvement, Health Education England, NHS Providers, and the Care Quality Commission (CQC).

Analysis of the Issue

National Developments

Coronavirus COVID-19

Since my last report, we as a nation have completed 'step 1' of the Government's 'roadmap out of lockdown', which included the resumption of face-to-face learning, people meeting outdoors and outdoor sports facilities. We have also now completed steps 2 and 3 which have seen the re-opening of most businesses, the resumption of larger events (e.g. weddings and funerals) and updated guidance on social distancing.

The Prime Minister's statement at the coronavirus press conference on the 14 June confirmed that from 21 June, there will be a four week pause at step 3 of the roadmap. After two weeks, the Government will review the data to see if the risks have reduced. It is expected that England will move to step 4 on the 19 July 2021. Meanwhile, step 3 restrictions remain in place. According to Public Health England, the Delta variant of the virus accounts for the majority of new cases which have been increasing steadily over the past few weeks within the UK. This has not yet been accompanied by a correspondingly high rate of hospitalisations. The data suggests that the vaccination programme is mitigating the impact of this variant, particularly in the population which has received two doses of the vaccine.

Work on our local vaccination programme continues both in Leicester City's vaccination centre at the Peepul Centre and Loughborough Hospital and within designated primary care sites across the county and Rutland.

In parallel with the management of the pandemic, work continues on the Trust's recovery programme, which aims to support staff and services to decompress and recover. During April and May I was pleased to participate in a number of discussions with staff across the Trust as part of our 'Big Conversation'. The high level themes resulting from these discussions include the following;

- Maintain health and wellbeing support and ensure it is accessible to all
- Preference for a blended / flexible approach to working from home/working at work.
- Ensuring estate and IT is fit for purpose in the new world.
- Having the right space to meet and work; making sure we use it effectively
- Build in breaks from MS Teams/emails and ensure breaks enabled in clinical areas
- Keep what's worked well for patients in terms of remote consultations but restore face to face where needed
- Continue to embed leadership behaviours – Trust staff working from home

I am looking forward to seeing the outputs of further work around these key areas as we take our next steps together towards recovery.

Care Quality Commission's (CQC's) regulatory approach

In a recent statement, the CQC announced changes to its approach to regulation to coincide with the spring and the focus on recovery from the COVID-19 pandemic. Having previously consulted on its new strategy and on more flexible regulation, the CQC is now seeking to regulate in a more dynamic and flexible way – moving away from using comprehensive on-site inspection as the main way of updating ratings. Although on-site inspection will remain as a core part of the CQC's approach, the CQC will develop tools to inspect quality and risk proportionately which, coupled with change and improvement across the CQC, it expects to make it much easier for the public and service providers.

Mental health trusts and independent mental health providers can expect some core service and well-led inspections, as is the case with LPT at this time (see below for further detail). Mental health act monitoring visits will be maintained, and infection prevention and control inspections will be undertaken where there are concerns about a provider's oversight of infection risk.

The CQC's programme of provider collaboration reviews will continue, exploring how health and care services have worked together as a system throughout the pandemic to deliver positive outcomes and experiences for people using their services. Having started with reviews of care for older people, the programme moved to consider urgent and emergency care services and will now progress to examination of the experiences of people with a learning disability; people who have used cancer care services and people with a mental health condition.

For more information on the CQC's new approach see here: <https://www.cqc.org.uk/news/stories/update-cqcs-regulatory-approach>

CQC core service and well led inspection

A CQC unannounced core service inspection started in LPT on the 25 May 2021. The CQC has visited a number of sites across our mental health services and our Well Led inspection will be undertaken between the 29 June 2021 and the 1 July 2021.

It is great to see how teams have embraced this opportunity to shine about all their work to Step up to Great. We are responding to any issues identified from early feedback and we will be receiving formal feedback from the CQC in due course.

The Queen's Speech

On 11 May 2021 the Queen delivered a speech setting out the Government's priorities for 2021/22, which included information on the anticipated Health and Care Bill to deliver a national recovery from the pandemic. Alongside the bill were announcements regarding prevention, improving mental health, continuing the COVID-19 vaccination programme, additional funding to the NHS for the COVID-19 response/recovery and proposals on social care reform.

The Health and Care Bill will:

- Lay the foundations for a more integrated, efficient, and accountable health and care system; and
- Give the NHS and Local Authorities the tools they need to level up health and care outcomes across the country, enabling healthier, longer, and more independent lives.

The main features of the Bill as announced were:

- Driving integration of health and care through the delivery of an Integrated Care System in every part of the country.

- Ensuring NHS England, in a new combined form, is accountable to government, Parliament and taxpayers while maintaining the NHS' clinical and day-to-day operational independence.
- Banning junk food adverts pre-9pm watershed on TV and a total ban online.
- Putting the Healthcare Safety Investigation Branch on a statutory footing to deliver a fully independent national body to investigate healthcare incidents, with the right powers to investigate the most serious patient safety risks to support system learning.

For more information on the Queen's speech, and briefing document, please see here: [Queen's Speech 2021 - GOV.UK \(www.gov.uk\)](#) and [Queen's speech briefing document](#)

NHS England/Improvement Chief Executive

Sir Simon Stevens is to step down as Chief Executive of NHS England and Improvement at the end of July 2021 after seven years in the job and having originally joined the NHS in 1988. Sir Simon has overseen a significant period within the history of the NHS, taking on the role of NHSE/I Chief Executive shortly after the Health and Social Care Act of 2012 came into force and leaving the role having led the NHS through what the Secretary of State has described as 'this most testing period in NHS history' during the COVID-19 pandemic. He leaves on the day that coincides with the target for every adult having been offered the first dose of the COVID-19 vaccine.

In a recent tribute to staff right across the NHS, Sir Simon commends the hard work, extraordinary skill and commitment staff have shown in the NHS' response to the COVID-19 pandemic with speed and agility. He points to the forthcoming introduction of Integrated Care Systems (ICS) as a signal of the joined-up care that people want and that has long been an aim within the NHS.

Sir Simon has made a significant contribution to the NHS and leaves us well-positioned for the next stage in our journey towards improving care for patients, improving population health, and making most efficient use of NHS resources. We wish Sir Simon the best of luck as he takes up his new role as a life peer in the House of Lords on stepping down from the NHS.

Protect, respect, connect – decisions about living and dying well during COVID-19

In October 2020, the Department of Health and Social Care commissioned the CQC to conduct a review of concerns that 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions were being made without involving people, or their families and/or carers and were being applied to groups of people, rather than taking into account each person's individual circumstances.

Having completed its review, the CQC recently published the findings together with 11 recommendations in three key areas: information, training, and support; a consistent national approach to advance care planning; and improved oversight and assurance. The review found that, when done well, DNACPR decisions are an important aspect of advance care planning, and people should be fully involved in discussions about their care.

For more information about the CQC's findings and recommendations please see here: <https://www.cqc.org.uk/publications/themed-work/protect-respect-connect-decisions-about-living-dying-well-during-covid-19>

Duty of Candour

The CQC has recently updated its guidance for providers on 'Regulation 20 – the duty of candour' in a bid to make it clear what providers must do to meet the requirements of the regulation and the circumstances in which it must be applied. The regulation puts a legal duty on all health and social care providers to be open and transparent with

people using services (and their families) in relation to their treatment and care, whether or not something has gone wrong.

The guidance seeks to support providers in all sectors to fully understand the duty and know what they have to do in order to have a positive impact on people using those services. It points out that a crucial part of the duty of candour is the apology. Apologising is not an admission of liability.

In many cases it is the lack of timely apology that pushes people to take legal action. To fulfil the duty of candour, providers must apologise for the harm caused, regardless of fault, as well as being open and transparent about what has happened. According to the guidance, saying sorry is:

- always the right thing to do
- not an admission of liability
- acknowledges that something could have gone better
- the first step to learning from what happened and preventing it recurring.

To access the guidance please see here: <https://www.cqc.org.uk/guidance-providers/all-services/duty-candour-guidance-providers>

National Guardian's Office Annual Report - Making Freedom to Speak Up business as usual

On 19 March 2021, the National Guardian's Office published its Annual Report for 2020, highlighting the progress that has been made in Freedom to Speak Up in health and the impact of the pandemic on speaking up. Throughout the COVID-19 pandemic, Freedom to Speak Up Guardians continued to make themselves available to support workers. The report outlines the pulse surveys the National Guardian's Office undertook with Freedom to Speak Up Guardians to ascertain the impact of the pandemic on speaking up in their organisations.

I was pleased to contribute to the report, which demonstrated a 32% increase in cases brought to Freedom to Speak Up Guardians since last year, an 18% increase in the number of guardians and a 6% increase in the belief of respondents that the role of guardians is making a difference.

Freedom to Speak Up is important to me as part of our 'safety first' culture here at LPT. As a learning organisation, it is imperative that we cultivate a culture of speaking up and that we use the data and information gleaned to explore issues, take action, and drive continuous quality improvement.

To read the report please see here: https://www.nationalguardian.org.uk/wp-content/uploads/2021/03/ngo_ar_2020_digital.pdf

Government's Mental Health Recovery Action Plan

The Government published its COVID-19 mental health and wellbeing recovery action plan on 27 March 2021, which aims to respond to the mental health impacts of the pandemic during 2021/22. The plan describes how the £500m additional funding announced in the recent Spending Review will be allocated to accelerate delivery of the key commitments made in the NHS Long Term Plan; to support workforce growth, to tackle critical care 'backlogs' as a result of the pandemic; and to intervene early to prevent mental ill-health and decrease suicide risk, and reduce consequent pressure on NHS services, including in future years. Some of the headlines include:

- The expansion of Improving Access to Psychological Therapy (IAPT) services to support people with conditions such as anxiety, depression, and Post Traumatic Stress Disorder (PTSD) – £38 million;

- The acceleration of the expansion and transformation of community mental health services for adults and older adults with severe mental illnesses including eating disorders – £58m;
- Support to recover the dementia diagnosis rate and tackle the backlog of appointments – £17m;
- Levelling up mental health and wellbeing across the country through funding initiatives to promote positive mental health in the most deprived local authority areas in England – £15m;
- Support for the mental health of the NHS workforce in the wake of the pandemic – £10m; and
- The expansion of Children and Young People’s mental health services, including for the provision of mental health support teams in schools – £79m; and
- The continuation of enhanced discharge arrangements throughout 21/22 – £87m.

For more information on the mental health recovery action plan, please see here: [COVID-19 mental health and wellbeing recovery action plan \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

The LPT Step up to Great Mental Health public consultation is now live, we are asking people’s views on proposals to make changes in two areas of our adult mental health services. One of the groups we want to hear from is our staff. Please have a look at our [new website](#) and view the video which gives an easy summary of the proposals – and take the survey.

Planning for 2021/22

On 25 March 2021, NHSE/I published its priorities and operational planning guidance for the NHS in the 2021/22 financial year. There are six priority areas for the year ahead:

1. Supporting the health and wellbeing of staff and taking action on recruitment and retention;
2. Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with COVID-19;
3. Building on what we have learned during the pandemic to transform the delivery of services, including maternity, accelerate the restoration of elective and cancer care, and manage the increasing demand on mental health services;
4. Expanding primary care capacity to improve access, local health outcomes and address health inequalities;
5. Transforming community and urgent and emergency care to prevent inappropriate attendance at Emergency Departments (ED), improve timely admission to hospital for ED patients and reduce length of stay; and
6. Working collaboratively across systems to deliver on these priorities.

Within the guidance is a focus on the expansion and improvement of mental health services, services for people with a learning disability and services for people who are autistic. This reflects the expected increase in demand resulting from the COVID-19 pandemic and the ambitions described in the NHS Long Term Plan for Mental Health.

For more information on the priorities for 2021/22 and the operational planning guidance, please see here: [2021/22 priorities and operational planning guidance](#)

NHS System Oversight Framework

NHSE/I has launched a consultation on a new approach to oversight that reinforces system-led delivery of integrated care. The purpose of the NHS System Oversight Framework is to:

- align the priorities of ICSs and the NHS organisations within them
- identify where ICSs and organisations may benefit from or require support to meet the standards required of them in a sustainable way, and deliver the overall objectives for the sector in line with the priorities set out in the 2021/22 Operational Planning Guidance, the NHS Long Term Plan and the NHS People Plan

- provide an objective basis for decisions about when and how NHS England and NHS Improvement will intervene in cases where there are serious problems or risks to the quality of care

The approach to its use is based on the following key principles:

- working with and through ICSs, wherever possible, to tackle problems
- a greater emphasis on system performance and quality of care outcomes, alongside the contributions of individual healthcare providers and commissioners to system goals
- matching accountability for results with improvement support, as appropriate
- greater autonomy for ICSs and organisations with evidence of collective working and a track record of successful delivery of NHS priorities, including tackling inequality, health outcomes and access
- compassionate leadership behaviours, that underpin all oversight interactions.

There are six themes to the framework: quality of care, access, and outcomes; preventing ill-health and reducing inequalities; finance and use of resources; people; leadership and capability; local strategic priorities. The information reviewed will include annual plans and reports, regular financial and operational information; quality insight, risks, and issues; and other exceptional or significant data, including relevant third-party material. Depending on the type of information, data might be reviewed in year (using monthly or quarterly collections), annually (using annual submissions) or by exception (where material events occur). The new framework retains the familiar four segments (1-4) but sets out ICS, CCG and Trust descriptions for each segment.

Following consultation, the new NHS System Oversight Framework for 2021/22 will be issued at the end of June. NHSE/I will adopt a phased and risk-based approach to implementation focussed on segments 3 and 4. For more information on the framework please see here: [System Oversight Framework 2021/22 Consultation - NHS England - Citizen Space](#).

NHS Complaints Standards

The Parliamentary and Health Service Ombudsman (PHSO) has published a model complaint handling procedure and guidance for organisations handling complaints – NHS Complaint Standards. The procedure and guidance applies to NHS organisations in England and independent healthcare providers who deliver NHS-funded care.

The standards aim to support organisations in providing a quicker, simpler, and more streamlined complaint handling service, with a strong focus on early resolution by empowered and well-trained staff. They also place a strong emphasis on senior leaders regularly reviewing what learning can be taken from complaints, and how this learning should be used to improve services. The standards are being tested in pilot sites in 2021 and will be refined and introduced across the NHS in 2022.

For more information on NHS Complaints Standards, please see here: <https://www.ombudsman.org.uk/complaint-standards>

Saving and improving lives: the future of UK clinical research delivery

The Department for Health and Social Care has recently released a vision for clinical research delivery – Saving and improving lives: the future of UK clinical research delivery. It references the strong role clinical research has played in tackling COVID-19 and sets out how lessons learned have informed the ambition for faster, more efficient, and more innovative approaches, to help tackle health inequalities, bolster economic recovery, and improve lives.

The NHS will be encouraged to put a focus on delivery of research as an essential part of effective patient care, with NHS trusts in all settings expected to foster a culture positive about research, and where staff feel empowered and

supported to take part in delivery as part of their job. Further information is expected from the Department of Health and Social Care later this year.

The Department's vision splits into five themes:

- clinical research embedded in the NHS;
- patient-centred research;
- streamlined, efficient and innovative research;
- research enabled by data and digital tools; and
- a sustainable and supported research workforce.

For more information on the vision for clinical research delivery, please see

here: <https://www.gov.uk/government/publications/the-future-of-uk-clinical-research-delivery>

National Quality Board's shared commitment to quality

In April 2021, the National Quality Board (NQB) refreshed its Shared Commitment to Quality to support those working in health and care systems. The publication provides a nationally-agreed definition of quality and a vision for how quality can be effectively delivered through ICSs. The refresh has been developed in collaboration with systems and people with lived experience and has a stronger focus on population health and health inequalities.

The accompanying position statement aims to support integrated care systems (ICSs) in embedding quality in their design, planning and decision-making. It sets out some key requirements that ICSs are expected to put in place during 2021-22. These include:

- a designated executive clinical lead for quality (including safety) in the ICS
- a system quality group (that is, a refreshed quality surveillance group) to engage and share intelligence on quality in the ICS
- an agreed way to measure quality, using key quality indicators triangulated with intelligence and professional insight. Also available is a series of FAQs and case studies that detail how a number of ICSs are approaching delivering quality.

For more information on the Shared Commitment to Quality and Position statement, please see here: [Shared Commitment to Quality](#) and [Position Statement](#).

Local Developments

Appointment of new Director of CHS

I am pleased to announce that after a rigorous external recruitment process, we have appointed Sam Leak to the role of Director of Community Health Services (CHS). Sam will be taking over from Fiona Myers, who is currently acting as interim director of CHS, from August this year. We look forward to welcoming Sam to our LPT family, and I am sure she will be an excellent addition to our executive team.

New Deputy Chair for LPT

I am pleased to announce that Faisal Hussain has been formally appointed as the new Deputy Chair for LPT. Faisal is an existing member of the Non-Executive team and has been with LPT since 2017 and will be a great support for our Chair further through this role, and will continue to work with everyone to champion our vision of creating high quality, compassionate care and wellbeing for all.

Priorities for LPT’s independent Patient, Carer and Voluntary & Community Sector

LPT’s independent Patient, Carer and Voluntary & Community Sector led People’s Council has set its priorities for the year ahead and its plans for how it will raise awareness of its work. Our priorities include,

- A review of the Step Up To Great for Mental Health plans
- LPT’s refreshed approach to Equality, Diversity and Inclusion
- The personalisation of care and how care is wrapped around a patient’s needs and wants and what support a person’s care network needs to provide the best possible care

We welcome the People’s Council support for LPT in our shaping of how we plan service improvements in each of these areas.

Accreditation for the Clinical Document Scanning Team

The British Standards Institute (BSI) recently undertook the Year 1 assessment in January 2021 to review the Trust’s Clinical Document Scanning management for continued accreditation to British Standard (BS) 10008 Evidential Weight and Legal Admissibility of information stored electronically that the Trust achieved in 2019. This was delayed from 2020 and the Year 2 assessment also took place this year as planned on 23 April 2021. Despite the challenging circumstances we continue to face, we are pleased to secure this recommendation to continue certification. This is a fantastic achievement and huge congratulations to the teams involved in the assessment – the Clinical Document Scanning Team and the Community Paediatric Team who enable the Trust to maintain accreditation to the British Standard.

Chief Executive and Deputy Chief Executive external meetings

May 2021	June 2021
NHS Midlands STaRboard	20/21 Q4 Midlands Regional & National MH Deep Dive
British Indian Nurses Association – Multi faith prayer	NHS Briefing MP
East Midlands Alliance - shadow Board meeting	NHS Providers
East Midlands Alliance CEO meetings	20/21 Q4 Midlands Regional & National LD & Autism
Mental Health Trusts CEO Meeting – national	Deep Dive
Strategic Gold with NHFT	NHS Midlands Leaders Update
Exec to Exec- Joint meeting with CCG,UHL and LPT	LLR CCG Member Briefing
CYP Mental Health Deep Dive – LLR	LLR ICS NHS Board
LLR QSRM - Q4	Strategic Gold with NHFT
LLR ICS NHS Board	East Midlands Alliance - shadow Board meeting
NHS Providers Quality and Governance Conference 2021	East Midlands Alliance CEO meeting
CE Working group session	LLR CEOs and Strategy Directors
ICS Development Workshop 3 - LLR ICS Health and Care Partnership(AH)	LLR Health and Care Partnership Board
University of Leicester – Pro Vice Chancellor, Head of College and Dean of Medicine	Public Consultations Step Up to Great Mental Health Consultation
Strategic Coordinating Group	

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

For Board and Board Committees:	Trust Board 29 June 2021	
Paper sponsored by:	Angela Hillery, Chief Executive	
Paper authored by:	Kate Dyer, Deputy Director of Governance and Risk	
Date submitted:	21 June 2021	
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):	None	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
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	Report provided at each Trust Board	
STEP up to GREAT strategic alignment*:	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
Organisational Risk Register considerations:	All	
Is the decision required consistent with LPT’s risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed	
Equality considerations:	None	