Leicestershire Partnership NHS Trust

Public Meeting of the Trust Board
26th October 2021
Microsoft Teams
AGENDA

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

Public Meeting			
Time		**Item**	**Lead**
9.30	1.	Apologies for absence and welcome to meeting: The Trust Board Members – Paper A	Chair
9.35	2.	Patient voice film – Adult Mental Health	Fiona Myers
9.45	3.	Staff voice – Adult Mental Health	
10.00	4.	Patient Voice – Healthwatch Report – Paper B	Mark Farmer
10.05	5.	Declarations of interest in respect of items on the agenda - Verbal	Chair
	6.	Minutes of the Previous Public Meeting: 31st August 2021 – Paper C	Chair
	7.	Action Log & Matters arising – Paper D	Chair
	8.	Chair's Report – Paper E	Chair
	9.	Chief Executive's Report – Paper F	Angela Hillery
Governance and Risk			
10.15	10.	CQC Update – Paper G	Anne Scott
10.20	11.	Organisational Risk Register – Paper H	Chris Oakes
10.30	12.	Documents Signed under Seal Q2 Report – Paper I	Chris Oakes
10.35	13.	Level 1 Committees Annual Reports: • Quality Assurance Committee - Paper Ji • Finance and Performance Committee – Paper Jii • Charitable Funds Committee – Paper Jiii • Audit and Assurance Committee – Paper Jiv	Chris Oakes
10.40	14.	Trust Board Dates 2022 – Paper K	Chair
10.45	15.	Break	
Strategy and System Working			
10.55	16.	Service Presentation – Community Enhanced Rehabilitation Team – Paper L	Fiona Myers
11.15	17.	People Plan Progress Report – M	Sarah Willis
Quality Improvement and Compliance			
11.25	18.	Quality Assurance Committee Highlight Report 28th September 2021 – Paper N	Moira Ingham

11.30	19.	Patient Safety Incident and Serious Incident Learning Assurance Report – Paper O	Anne Scott
11.35	20.	Safe Staffing Monthly Reports • August 2021 – Paper Pi • September 2021– Paper Pii	Anne Scott
11.40	21.	Annual Flu Plan – Paper Q	Anne Scott
11.45	22.	Safeguarding Annual Report – Paper R	Anne Scott
11.50	23.	Patient and Carer Experience and Involvement Annual Report - Paper S	Anne Scott
11.55	24.	Complaints Annual Report - T	Anne Scott
12.00	25.	Gender Pay Gap Annual Report – Paper U	Sarah Willis
Performance and Assurance			
12.10	26.	Finance and Performance Committee Highlight Report – 28th September 2021 – Paper V	Faisal Hussain
12.15	27.	Finance Monthly Report Month 6 – Paper W	Sharon Murphy
12.25	28.	Performance Report Month 6 – Paper X	Sharon Murphy
12.35	29.	Charitable Funds Committee Highlight Report 14th September 2021 – Paper Y	Cathy Ellis
12.40	30.	Charitable Funds Annual Report – Paper Z	Cathy Ellis
12.45	31.	Audit and Assurance Committee Highlight Report 3rd September 2021 – Paper AAA	Darren Hickman
12.50	32.	Review of risk – any further risks as a result of board discussion?	Chair
	33.	Any other urgent business	Chair
	34.	Papers/updates not received in line with the work plan: • Modern Slavery Act and Human Trafficking Statement (Annual)	Chair
12.55	35.	Public questions on agenda items	Chair
1.00	36.	**Date of next public meeting:** **21st December 2021**	Chair

A

Our Trust Board

As of October 2021

Leicestershire Partnership NHS Trust

*Indicates joint role with Northamptonshire Healthcare NHS Foundation Trust (NHFT) as part of group model arrangement

Cathy Ellis
Chair

Angela Hillery
Chief Executive

Mark Powell
Deputy Chief Executive

Faisal Hussain
Non-Executive Director and Deputy Chair

Moira Ingham
Non-Executive Director

Vipal Karavadra
Non-Executive Director

Prof. Kevin Harris
Non-Executive Director

Ruth Marchington
Non-Executive Director

Darren Hickman
Non-Executive Director and Senior Independent Director

Richard Wheeler
Chief Finance Officer*

Sharon Murphy
Acting Director of Finance

Samantha Leak
Director of community health services

Fiona Myers
Interim director of adult mental health

Helen Thompson
Director of families, young people and children's services and 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
Medical Director

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

B

Report from Mark Farmer

Chair of The People's Council and Healthwatch Leicester and Leicestershire Board member

The People's Council

In November the Council will have been in existence for one year. At the last Board meeting, I updated Board to say that we are engaging with an external reviewer to look at how the Council is operating and what the Council can better do to meet its original aims and objectives.

I am also pleased to report that we have had over five applications in for people wanting to join the Council who will be interviewing shortly.

We are planning to use the joint development session with Trust Board in November to talk about our priorities and what the Board and Council would like to get from them. I would also want us to consider the role of the Council in the implementation phase of Step Up to Great for Mental Health and what we can do to strengthen the role of the Council in the co-production of strategies, plans and service developments across LPT.

The Council has also commented on the Step Up to Great strategy refresh. We want to see a greater focus on LPT tackling health inequality and for the patient part of the brick to better reflect the amazing work that has gone into transforming LPT's approach to patient and carer involvement.

We were also of the view that moving forward that we would want to see plan refreshes like these done in a co-produced way with patients and carers helping to develop the Trust's priorities. We therefore welcome the commitment made by LPT's Head of Strategy to involve the Council

in the development of the delivery plans that will sit beneath the Step Up To Great Strategy.

We are in the process of improving the ways in which members of the public can contact the Council, with members of the public able to call us. There will a leaflet distributed across LPT's estate explaining the role of the Council and we plan to do a presentation on the introduction to involvement course and plan to create a video for the induction for new LPT staff.

Two members of the Council's leadership team and I are working with Alison Kirk to help develop the Trust's approach to the creation of lived experience roles and looking at the possibility of a Patient Director who has lived experience as recommended by NICE in its guidance on shared decision making.

Healthwatch Leicester and Leicestershire

The Healthwatch staff lead for mental health (one of our community engagement officers) is leaving Healthwatch and a new one will be appointed shortly. We have recently recruited two new members to our Board, one of whom will be leading on learning disability. We will link her up to learning disability leads at LPT. The Healthwatch contract comes to an end in March 2022, but there is the possibility of it being extended by a further year.

We are about to restart our enter and view programme, using the statutory powers that we have. The focus initially will be on GP surgeries and we are currently conducting a review on access to those GP services as most complaints are about this. We continue to receive comments from service users and carers about long waits in getting support from mental health services across all parts of the system. We are planning to do Enter and Views of LPT facilities next year.

I continue to Co-Chair the All-Age Mental Health Design Group with Fiona Myers, Acting Director of Mental Health and will continue to do so until we have agreed a new model for how Mental Health will be led within the Integrated Care System. There will be an engagement and involvement lead managed by LPT and reporting into the Design Group to ensure that we have a better understanding and insight to what patients and carers want from mental health services. We have recently created a performance sub-group and it will be their role to deep dive into areas of concern, escalating matters to the Design Group if it needs

system leadership involvement. The impact of massive demand on mental health services is having a significant effect on performance, with the IAPT provider, VITA receiving over 600 referrals a week and it still taking many years before someone starts personality disorder treatment.

I continue my national work as an Expert Advisor to NHS England on Adult Mental Health and will be part of the national group working on community mental health services and the group working on the financial value of personality disorder services as NHS England are looking to fund mental health services in a different way. I am also on the Community Mental Health services outcomes Task and Finish Group. I am pleased to report that Tasha Suratwala, a Council Vice-Chair has also been appointed as an Expert Advisor to NHS England on Adult Mental Health, and Al Richardson, Chair of the Council's Communication Sub Group has been elected as a Governor of Northamptonshire Healthcare NHS Foundation Trust.

C

Leicestershire Partnership NHS Trust

Minutes of the Public Meeting of the Trust Board
31st August 2021 - Microsoft Teams Live Stream

Present:
Ms Cathy Ellis Chair
Mr Faisal Hussain Non-Executive Director/Deputy Chair
Mr Darren Hickman Non-Executive Director
Ms Ruth Marchington Non-Executive Director
Ms Moira Ingham Non-Executive Director
Professor Kevin Harris Non-Executive Director
Mr Vipal Karavadra Non-Executive Director
Ms Angela Hillery Chief Executive
Mr Mark Powell Deputy Chief Executive
Ms Sharon Murphy Interim Director of Finance
Dr Avinash Hiremath Medical Director
Dr Anne Scott Director of Nursing AHPs and Quality

In Attendance:

Mr Richard Wheeler Chief Finance Officer
Ms Samantha Leak 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 Governance and Risk
Mr David Williams Director of Strategy and Business Development
Mr Mark Farmer Healthwatch and Independent Chair of the LPT People's Council
Ms Kate Dyer Deputy Director of Governance and Risk
Mrs Kay Rippin Corporate Affairs Manager (Minutes)

TB/21/096	Apologies for absence and welcome to meeting - The Trust Board Members are introduced in Paper A. No apologies were received for the meeting. Welcome Sam Leak and Vipal Karavadra to their first Trust Board meetings and welcome to Kamy Basra Associate Director of Communications, Eric Waweru and Iza Kunciewicz who are observing today. All papers are taken as read and only key changes since the paper was written or changes to the risk profiles will be discussed. During the covid pandemic the Trust Board remains focused on the six priorities at the top of the agenda. The theme of today's meeting is Families, Young People and Learning Disabilities (FYPC LD) with a particular focus on Special Educational Needs and Disability (SEND).
TB/21/097	Patient Voice film – FYPC Special Educational Needs and Disability – Verbal A video was shared detailing the experience of a parent-carer of a young person accessing the occupational therapy (OT) support services during the pandemic. It was a positive experience both in terms of access and support, with both digital and face to face contact. The parent had found the videos particularly helpful in supporting their child. Helen Thompson commented that the balance between face to face and digital needs to be right and be based on feedback from our service users. Angela Hillery asked what adjustments and alternatives are available if methods aren't suitable for

	service users and it was confirmed that telephone calls can be used instead of videos, interpreters are used also.
TB/21/098	Staff voice - FYPC Special Educational Needs and Disability – Verbal Welcome: Rebecca Wallen – Occupational Therapist, Alice Templeman- Speech and Language Therapist, Emily Robertshaw- Governance Manager, Patient Involvement and Experience. The team confirmed that opportunities to think and work differently have been used throughout the pandemic. Digital improvements and enhancements have led to increased communication with parents. The telephone and video calls to the young person's home have been very helpful and there are plans to offer this post pandemic. Some parents found it helpful to talk to staff and share their concerns without the child being present. Parent workshops have moved on line and their success continues to be monitored, overall it is felt that there has been increased contact with parents which allows reviews to focus on school and home life rather than just through school. Teenagers with ADHD or ASD often prefer to engage via video as it reduces the stress of attending a clinic setting. Covid has had an impact on speech and language with schools reporting that the September 2020 intake of reception children required more support with communication than in previous years. This has led to an increase in referrals to Speech and Language Therapy (SALT). The Youth Advisory Board (YAB) moving on line has been of great benefit allowing more young people to engage from all around the city and county and a blend of online and in person meetings are planned moving forward. The YAB had engaged and helped co-produce on line workshops and video support materials and had designed surveys. Darren Hickman asked if there is a waiting list to access these services and how is this managed. Alice Templeman confirmed that the 18 week referral to treatment target is largely met and the team is mindful of the waits post first appointment – different ways of working including neighbourhood clusters and shared case-loads and a focus on high priority cases are used to mitigate this. Ruth Marchington asked if there was any data around the families who the service is not reaching to consider health inequalities and it was confirmed that the team collect feedback to understand barriers to access and they have clear, simple, motivating communications to help address the health inequalities. Ruth Marchington asked how the team is looking after their own health and well-being and the team confirmed that whilst it may be difficult to join in the wellbeing events offered during the working day by LPT, the team support each other with WhatsApp groups, frequent Teams meetings, 30 minutes protected time for lunch breaks, taking annual leave and supportive line managers. Angela Hillery commented that the co-production work is valuable and learning from the YAB will be taken into Northamptonshire Healthcare Foundation Trust (NHFT). Angela Hillery asked is there anything that could be done differently to support staff through periods of change. The team confirmed that knowing why the change was needed was helpful when implementing difficult changes – and for this to be communicated via a number of platforms so that it is easily accessible and understood by all affected.
TB/21/099	People's Council & HealthWatch Report – Paper B Mark Farmer, Healthwatch presented paper B confirming that the People's Council's first priority – Step Up To Great Mental Health (SUTG MH) continues to be focussed upon and a comprehensive response has been provided to the public consultation led by the Clinical commissioning Groups (CCGs). Healthwatch conducted a review of urgent access (the report is attached as part of paper B) and this has been to the design group and included in the consultation. There is a statutory requirement to provide a response to Healthwatch and this will be included as part of the decision from the SUTG MH consultation. A review of the People's Council is due at its 1 year anniversary and a joint board session to be

	held shortly will focus on the next 2 priorities – equity, diversity and inclusion and the personalisation of the care agenda. The People's Council had also looked at the leadership development strategy for LPT and was impressed by the breadth and depth of the offer. They had seen the LPT strengthen the engagement with patients. Sam Leak confirmed that Community Health Services (CHS) were keen to engage with the People's Council and she had a 1:1 meeting arranged with Mark Farmer to shape this. The Chair confirmed that the Trust Board continue to be supportive of the work of the People's Council and HealthWatch.
TB/21/100	Declarations of interest in respect of items on the agenda – no declarations were received.
TB/21/101	Minutes of the previous public meeting: 29th June 2021 – Paper C **Resolved: The Trust Board approved the minutes as an accurate record of the meeting.**
TB/21/102	Action Log & Matters arising – Paper D **Resolved: The Trust Board agreed all matters were complete and should be closed.**
TB/21/103	Chair's Report – Paper E The Chair presented the report confirming that the recent patient involvement induction sessions have been a positive success and it is great to see this work progressing and get this valuable insight from people who have experienced our services. The LPT Covid Heroes Awards shortlisting and judging had taken place and the award ceremony will be on 1st October 2021 and the highlights will be shared at the next Trust Board meeting. The Chair attended the events for the South Heritage Month and continues meeting with her Reverse Mentor learning about living and working with a disability, including a review of the Workforce Disability Equality Standard (WDES) action plan. There is a health and well-being festival planned for the Autumn which all staff are welcome to attend. Staff health and well-being remains a priority and the team have looked at improving access to our events to make this part of the working day.
TB/21/104	Chief Executive's Report – Paper F Angela Hillery thanked all staff for their continued hard work, vigilance and for putting safety first. David Sissling has been appointed as Chair of the ICS and the ICS CEO is to be recruited in the Autumn. The urgent and emergency care pathway is currently under a lot of pressure and LPT are supporting partners. The East Midlands CAMHS collaborative are currently accessing additional national money to support alternatives to hospital admission. Gordon King is retiring at the end of September; he has made a significant difference to both the NHS and LPT and will be missed. Angela thanked all those who have contributed to the SUTG MH consultation including the public whose response and sharing of their stories have made such a difference. The Annual General Meeting (AGM) will be held virtually on 14th September 2021.
TB/21/105	Organisational Risk Register – Paper G Chris Oakes presented the paper. Risk 6 for SUTG MH has mitigation in place and now that consultation is closed it will be progressing to implementation and de-escalation should be considered. There are plans to de-escalate the LD and Autism transformation risk 8 as leadership is now in place. Increases in demand and waiting times for Children and Young People are included within risk 28 and are being managed in the directorate. Ruth Marchington asked with regards to risk 6 – are there risks around implementing SUTG MH and Chris Oakes confirmed that this will continue to be reviewed and would be a different risk once we move into implementation – the ORR is dynamic and risks can be brought back as necessary. Ruth Marchington asked with regards to risk 26 and the recruitment and workforce supply – are there enough actions around medical consultants and the capacity concerns? Also with regards to the sickness and turnover of Healthcare Support

	Worker (HCSW) – are there any actions relating to this? Sarah Willis confirmed that risk 26 requires further update following a paper on medical workforce which has gone to the previous Strategic Executive Board (SEB). Avinash Hiremath confirmed that with regards to the consultant shortage, trainee schemes are being tapped into and long term locums are filing the vacancies. The Chair asked with regards to risk 54 on the current year financial position – the residual risk is above the target risk appetite – are mitigations in place? Sharon Murphy confirmed that this was in relation to uncertainty due to the H2 guidance not yet being released, this is anticipated within the next 6 weeks and LPT are planning for this. The chair asked with regards to risk 2 – safeguarding having an amber assurance rating – what is needed to make this green? Anne Scott confirmed that this risk is reviewed monthly and this is a cautious realistic review in light of covid and the risks the ongoing pandemic presents. The Chair asked with regards to risk 3 – lessons have been learned and shared – are there any further actions to improve our internal insurance on this? Anne Scott confirmed that this is in progress and it is anticipated that this will be green soon. All Quality Improvement (QI) programmes look at how we learn lessons across LPT. **Action: Sarah Willis to update risk 26 to reflect recent changes and include narrative around HCSW risk.** **Resolved: The Trust Board agreed to close risk 6 on the ORR.**
TB/21/106	CQC Update Including Registration– Paper H Anne Scott presented confirming that the formal Care Quality Commission (CQC) report is expected in September and the factual accuracy process is in place with an action and improvement plan approach. The Quality Improvement tracker continues to capture improvement areas and progress well. The Chair commented that it was good to see the accreditation process restarting and asked if there were plans to move this into other services. Anne Scott confirmed that this was the plan for the future. Angela Hillery commented that the Well Led Inspection had given some good, high level feedback including that patient safety was a priority. Actions are being taken on improvement areas and there is a clear implementation plan for the elimination of the dormitory accommodation. The CQC commented that there are some privacy and dignity improvements to be made and these are progressing. Call bells were raised as an issue with some inability to access – improvements around this are planned. Faisal Hussain asked if the Learning Lessons Group and Foundations For Great Patient Care group will continue to encourage staff to share their experiences and Anne Scott confirmed that this was the plan with a focus on the CQC Report, actions and QI actions. Resolved: The Trust Board received the report for assurance.
TB/21/107	Fit and Proper Person (FPP) Requirement for Directors Annual Declaration – Paper I The chair presented paper I confirming that FPP checks were completed in October 2020 and then refreshed for today. This included new starters who have checks undertaken upon appointment. 16 out of the 19 FPP responses have been received due to staff returning from annual leave today. There will be confirmation to the next Trust Board that the remaining 3 have been completed. **Action: Complete the remaining 3 FPP checks and report complete through the action log at the 26th October Trust Board meeting.** **Resolved: The Trust Board approved the position for 2021**
TB/21/108	Service Presentation –FYPC Special Educational Needs and Disability (SEND)– Verbal Welcome Janet Harrison - Head of Service in FYPC.LD who presented a

	PowerPoint which will be shared after the meeting and uploaded to the website for information. The presentation covered the legal framework, working together with partners, what we are good at, what will be next. Each of the 3 areas: Leicester, Leicestershire and Rutland have a "local offer"to support children and young people with SEND and in May a virtual event was held including workshops and support networks. This was well received by parents who help to shape our services. There are 9,000 young people with an Education, Health and Care plan (EHCP) and LPT has a 100% performance of meeting the 6 week target for returing health contributions. There are 150 new referrals every month and the emphasis is on ensuring that EHCPs are high quality, accessible and reflect the voice of the child. Darren Hickman asked if the performance is benchmarked with other areas – particularly the success of the Early Years work. Janet Harrison confirmed that benchmarking is against the national readiness for school data – readiness for school is a real key area featured in the 1001 Critical Days Agenda and there has been system wide working on this for some time. There is health inequalities work ongoing with Leicester City Council and the Public Health Team. Benchmarking can assist in informing priorities for the preventative agenda. Ruth Marchington asked if the community and voluntary sector feature in the integrated system working and Janet Harrison confirmed that they do.The Parent Carer Forums are a body to encapsulate all sectors and there continues to be good involvement from local support groups. Faisal Hussain asked about cultural sensitivity and if the reach into the diverse communities needed further improvement and Janet Harrison confirmed that the parent and young people champions and the Youth Advisory Board (YAB) are the vehicle to ensure that all people's experiences are shared, stories are shared across cultures. There is also staff training available on ULearn which had been developed with the LPT equalities team. Angela Hillery thanked the Team and Janet Harrison for her positive leadership commenting that partnership is a golden thread evident throughout. Angela Hillery asked if the team were confident that they were able to retain and recruit staff to meet the increasing pressures and Janet Harrison confirmed that they were confident although we were yet to see the impact post pandemic. Investment in future staff needs to be at an early stage in their career development through school work experience, apprentices and student placements.
TB/21/109	Step Up To Great Progress/Milestones/KPIs – Paper J David Williams presented the paper confirming that the SUTG strategy continues to be progressed with work on High Standards having positive feedback from staff who have confirmed that the infection prevention and control (IPC) measures have made a real difference. Transformation work is ongoing to support urgent care – Community Health Services are working with partners to support discharges. The other bricks including : estates, patient involvement, equalities, single patient record and data improvement work are supporting the development of high quality services. The SUTG strategy is well governed with good leadership for each of the bricks evident. The strategy refresh will be presented back to the trust Board on October 26th 2021. Ruth Marchington asked if the feedback on the time taken to answer Central Access Point (CAP) calls has led to improvements. David Williams confirmed that improvements are evident including the SystmOne implementation and Gordon King added that the CAP receives between 4000-6000 calls a month. Turning Point are partners and there are new ambitious targets being set for call monitoring. Ruth Marchington asked if the People's Council will be consulted on the SUTG strategic priorities and David Williams confirmed the new Head of Strategy Sam Wood will be doing this. Angela Hillery added thanks to the whole Trust – all teams at LPT have contributed

	to the progress of each brick and the CQC commented that staff knew about the SUTG strategy and felt part of it. The SUTG strategy will continue to exist, it provides a good foundation for the refresh and next stage of LPT's development. **Resolved: The Trust Board received the report and noted the progress made.**
TB/21/110	Provider Collaborative – Paper K David Williams presented the paper confirming that the provider collaborative is made up of 6 mental health organisations across the East Midlands and the work they are involved in is highlighted in the report. The development of the next phase is underway and this will reflect on the work completed so far on the demand and capacity model, veterans work and the 3 collaborative services which are operating (forensic, CAMHs and Adult Eating Disorders).. Faisal Hussain commented that he attended the development session for NEDs and found it very useful – are services and service users enthusiastic about its future? David Williams confirmed that they are keen to explore, all CEOs have given a commitment to make it work and this is a real opportunity. There are benefits from Directors working together for example the Directors of HR have met to explore better recruitment and retention. The Chair added that similarly Medical Directors and Directors of Nursing have met to explore joint working opportunities. Mark Farmer Healthwatch asked if patients and carers are linking in to this regional work and if so how this is being fed back to local organisations. David Williams confirmed that all formal providers have an expert by experience supporting the work and all 3 collaboratives have asked the individual providers about the conversations to ensure that service user feedback is triangulated. The Chair confirmed that the governance route for the performance of these 3 collaboratives is through the Strategic Executive Board (SEB), the Quality Assurance Committee (QAC) and the Finance and Performance Committee (FPC) – the commissioning hub produces one common report for all 6 provider boards. **Resolved: The Trust Board received the update**
TB/21/111	Quality Assurance Committee Highlight Report 27th July 2021- Paper L Moira Ingham presented paper L confirming the reasons for the split assurance – on the Director of Nursing's Report – this was a comprehensive report with a high assurance on IPC, complaints, the families and friends test, the ligature group work and the Agnes Unit quality report. However- there were 2 ongoing quality summits (Beaumont Ward and Mill Lodge) and issues around the timely completion of Serious Incident (SI) investigations which were amber. Anne Scott updated the Board that the NHSEI IPC visit was postponed due to the increase in covid cases locally and nationally. The Safe and Effective Staffing paper received at QAC (and also on the Board agenda today) was also given a split assurance. This work had been paused during covid and whilst LPT had responded well to the key priorities set out by NHSE there is still a high level of temporary staff/agency usage. Further updates will be reported back to QAC. There was an excellent deep dive on pressure ulcers showing key actions taken, the next deep dive will be on violence and aggression **Resolved: The Trust Board received the report for assurance.**
TB/21/112	Patient and Carer Experience, Involvement and Complaints Quarter 1 Report – Paper M The paper was presented by Anne Scott who confirmed that the details were in the paper and there had been no changes to report since it was written. Anne Scott highlighted that complaints were higher in Q1 but there was strong clinical oversight and grip and the informal complaints process was working well to address complaints early. The Friends and Family Test (FFT) had achieved the Quality Account target and the use of SMS text messaging had been reviewed and adapted for LD services to ensure improved access. The Chair commented that the complaints across the 3 directorates are mostly

	within community services rather than inpatient settings; and in mental health there was only 58% positive feedback – are there any common themes or learning from this? Anne Scott confirmed that directorate teams review this information and harvest this learning and they will be monitoring and understanding this now. Angela Hillery asked if there was the ability to triangulate complaints and new ways of working during the pandemic and could this be fed back via the next report. Ths is important to take the learning into the recovery phase. Moira Ingham raised the fact that the often complaints relate to communications and could this be looked at more deeply to ensure we know what is causing the problems. Anne Scott confirmed that themes are analysed and platforms of communication has not been a theme to date. Darren Hickman commented that the response rate was 8% and the themes for positive responses almost entirely mirrored the themes for negative responses and was there an identifiable reason for this. Anne Scott confirmed that she would look into this and report back. **Action: Anne Scott to ensure that the triangulating of complaints and new ways of working is covered in the next quarter report.** **Action: Anne Scott to feedback on the reasons that the negative and positive response rates mirror each other in the feedback responses detailed in the report.** **Resolved: The Trust Board received the report for assurance.**
TB/21/113	Patient Safety Incident and Serious Incident Learning Assurance Report - Paper N Anne Scott presented the report covering June and July 2021. The backlog of action plan closures is improving and the reporting details are shown in appendix 1. All information was contained in the report and there had been no changes since the report was written. The patient safety team continued to focus on the quality of SI investigation reports and ensure that there was learning from Sis. The importance of timely closure of action plans was emphasised. Grade 4 pressure ulcers were showing an inconsistent trend, CHS had a robust implementation plan which had been covered at QAC. Falls were being monitored closely by the Falls Group and early learning and action was being taken. Incidents involving violence and aggression had shown an increasing trend and the next QAC meeting would receive a report on the deep dive focusing on the nature and place. The Duty of Candour showed continual improvements both in the quality and timeliness of the letters. Ruth Marchington commented that there was a recurrent theme of a lack of risk assessment reviews and putting in mitigation and asked why this is. Anne Scott confirmed that the patient safety team is looking at the processes and systems that are in place to complete the risk assessments – staff are interviewed after every incident to get their feedback and this forms part of the improvement work being undertaken to make templates on SystmOne easy to complete. Helen Thompson added that it is a challenge for front line staff due to the volume of incidents and frequency of updating risk assessments which need to be manageable and accessible. Staff are clear about the improvement journey that we are on particularly at the Agnes Unit and the Beacon with improvement being evident.. The Chair asked if more resource has been put in to support the overdue SI reports and action plans in the mental health directorate and Anne Scott confirmed that new SI investigators were due to start in September, offering wrap around support for the mental health directorate – improvements will be seen shortly. **Resolved: The Trust Board received assurance from the report**
TB/21/114	Safe Staffing Monthly Reports – June 2021- Paper Oi & July 2021 – Paper Oii Anne Scott presented the papers confirming that since the reports were written Gwendolen Ward has now reopened for covid positive patients. There has been an increase in the use of temporary workers which are mainly from LPT's own bank

	staff. The increased demand and acuity and holiday season has also led to an increase in agency staff usage. Mill Lodge was an area of concern and a quality summit had been held to review the quality and safety of the unit, including a deep dive into falls. The review concluded that Mill Lodge was operating safely and a report had been to QAC. Overall all areas were safely staffed. Faisal Hussain asked if the cancelled visits reported by CAP and Crisis Team had an impact on patient safety and if there was a risk assessment process to underpin this and Anne Scott confirmed that there was a weekly safe staffing review that discussed these matters. Gordon King added that all decisions relating to resource management were risk assessed. **Resolved: The Trust Board received assurance from the report**
TB/21/115	Staffing Capacity and Capability 6m Report (NQB) – Paper P Anne Scott presented the report confirming that it had been through QAC with no gaps identified. This report is the first since the pandemic pause was lifted. All information is detailed in the report and there have been no changes or additions since the report was written. LPT had responded to the national workforce initiative and as part of this 30 international nurses had been recruited. Angela Hillery asked what is being done about the bank staff compliance with mandatory training and Sarah Willis confirmed that there are safeguards in place and if risks are identified the bank staff will cease working. It is ensured that there is a skills mix and training compliance mix and the pay progression for bank staff has been reintroduced which requires training compliance in order to receive pay progression. The Chair suggested that as nursing applications to Universities are currently higher than the number of places available, more strategic work will need to be done to ensure that the long-term future pipeline of nurses is secure. **Resolved: The Trust Board received assurance from the report on staffing capacity.**
TB/21/116	Learning from Deaths Q1 Report – Paper Q Avinash Hiremath presented the report confirming that it contains the data from quarter 1 and the learning from quarter 4. Steps have been taken to enhance the governance around Learning from Deaths. The information on demographics is now included in the report and this will be explored further to support understanding on health inequalities. The Chair noted the improved reporting and level of work undertaken. **Resolved: The Trust Board received assurance from the report.**
TB/21/117	Annual Equality Reports – Workforce Race Equality Standard (WRES) Annual Report – Paper Ri & Workforce Disability Equality Standard (WDES) Annual Report – Paper Rii Sarah Willis presented the reports confirming that they require approval from Trust Board for publication. The NHSEI 6 high impact actions for WRES are woven in to the LPT actions and also integrated work is being carried out across the ICS in this regard. The BME network staff group co-produced the WRES action plan and the MAPLE staff support group co-produced the WDES action plans enabling them to be robust plans. The MAPLE staff network had reviewed the reasonable adjustments policy and created a health passport which allows disabled staff to move easily between roles. There will be an estates and facilities audit of LPT premises to ensure we are supporting our disabled staff. LPT led the Reverse Mentoring programme for LLR including BAME and disabled staff. Faisal Hussain asked why the other protected characteristics are not reported on and published in the same way nationally and Sarah Willis confirmed that there are other LPT staff support networks and groups and they each have their own action plan which they report to. Ruth Marchington asked with regards the WDES report and the access audits –

	are these over and above what is required in the legislation or do we not meet the legislation? Sarah Willis confirmed that the staff networks made a decision to continually assess these matters for suitability beyond legislative requirements. Chris Oakes added that action across all protected characteristics is essential, WRES came first, followed by WDES and these are pilots which can be used for moving forward. **Resolved: The Trust Board approved the action plans and approved the reports for publication.**
TB/21/118	Finance and Performance Committee Highlight Report – 27th July 2021 – Paper S Faisal Hussain presented confirming that the split assurance on the finance report is due to the H2 guidance for the second half of 2021/22 not yet being released. The low assurance on the waiting times is due to FPC being acutely aware of the waiting times and their effect on those waiting. Trajectories are in place and we are monitoring performance to track improvements. **Resolved: The Trust Board received the report for assurance.**
TB/21/119	Finance Monthly Report – Month 4 – Paper T Sharon Murphy presented the report confirming that the month 4 income and expenditure are being delivered to plan. There are small overspends in FYPC, Estates and Enabling. Covid costs are reducing and the cash and capital delivery remain on track. All month 4 changes to the capital plan are outlined in the paper. We are waiting for NHSEI approval to drawdown £2.6m system capital expenditure to support digital working. The Better Payment Practice Code (BPPC) performance dipped slightly in month 4 and action is being taken to address this in one specific area. Whilst the agency costs have increased during month 4 the forecast outturn has slightly reduced – a deep dive has been carried out and a task and finish group has been set up to look at controls on current use of agency. The Chair noted the triangulation between reports on agency costs and safer staffing reports, she noted that the locum consultant costs previously referred to form a large part of this expenditure. **Resolved: The Trust Board received the report for assurance.**
TB/21/120	Performance Report – Month 4 – Paper U Sharon Murphy presented the report confirming that the 2021/22 metrics continue to be added to the report as they become available. The review of metrics and actions taken by directorate teams are included in the report. Work continues on the NHSI System Oversight Framework metrics and this will be reported through SEB in October. Waits for treatment for the personality disorder service will be included in the report moving forward to assist with context around the assessment waits metric. There have been bids to the system to help to address the activity backlogs in FYPC and CHS, DMH backlogs will be addressed through Mental Health Investment Standard funding. The Chair noted that the clinical supervision rate had dropped in July 2021 and Sharon Murphy confirmed that this would be picked up in the next review of the report and in directorate performance management reviews also. **Resolved: The Trust Board received the report for assurance.**
TB/21/121	Charitable Funds Committee Highlight Report – 20th July 2021 – Paper V The Chair presented the report confirming that the charitable funds continue to be used to support patient experience and staff wellbeing initiatives. There remained £50k of NHS Charities Together covid 2nd wave monies which needs to be spent by November 2021 – Sharon Murphy is leading on this.
TB/21/122	Review of risk – any further risks as a result of board discussion? No additional risks were identified as a result of the meeting however the greater use of temporary staff was noted and the staffing risks will be reviewed in the next ORR monthly review.
TB/21/123	Any other urgent business – no other business was raised. The CEO and Chair thanked Gordon King for his work and confirmed that his legacy of partnership and

	team working will continue to be built on in the future.
TB/21/124	Papers/updates not received in line with the work plan: • Safeguarding Annual Report (moved to October) • Patient and Carer Experience, Involvement and Complaints Annual Report (moved to October) Level 1 Committees Annual Reports (moved to October)
TB/21/125	Public questions on agenda items – no public questions were received for this meeting.
	Date of next public meeting - 26th October 2021

D

Leicestershire Partnership NHS Trust

TRUST BOARD 26th October 2021

MATTERS ARISING FROM THE PUBLICTRUST BOARD MEETINGS

All actions raised at the Trust Board will be included on this Matters Arising action log. This will be kept and updated 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 date and minute ref	Action/issue	Lead	Due date	Outcome/evidence actions are not considered complete without evidence)
941	TB/21/105	Update risk 26 in the ORR to reflect recent changes and also include narrative around HCSW risk.	Sarah Willis	18.10.21	Risk updated and full review undertaken Item closed.
942	TB/21/107	Complete the remaining 3 FPP checks and report as complete through the action long at the 26th October Trust Board meeting.	Cathy Ellis	18.10.21	Complete – all FPP checks complete.
943	TB/21/112	Ensure that the triangulating of complaints and new ways of working is covered in the next	Anne Scott	18.10.21	Complete

Action No	Meeting date and minute ref	Action/issue	Lead	Due date	Outcome/evidence actions are not considered complete without evidence)
		Patient and Carer Experience, Involvement and Complaints report.			
944	TB/21/112	Feedback on the reasons that the negative and positive response rates mirror each other in the feedback responses detailed in the Patient and Carer Experience, Involvement and Complaints report.	Anne Scott	18.10.21	Complete
945					

E

Leicestershire Partnership NHS Trust

Trust Board – 26th October 2021

Chair's Report

Purpose of the report

Chairs report for information and accountability, summarising activities and key events
From 31st August 2021 to 26th October 2021

Raising Health
LeicesterShire and Rutland's Community and Mental Health Charity

Thank you to all LPT staff who continue to step up to great in 2021

Hearing the patient and staff voice	• During the pandemic, Chair and Non-Execs Boardwalks were postponed but are now restarting with visits to GREEN areas and appropriate infection and prevention controls in place. We continue to connect with staff and patients through virtual events.
Connecting for Quality improvement	• Attended the East Midlands Construction Industry Awards where the Beacon Unit was shortlisted for 2 awards • We held our LPT Covid Heroes awards ceremony on 1st October to celebrate the outstanding achievements of our staff during the pandemic. This was a period when innovative ways of working were developed by our teams.
Promoting Equality Leadership & Culture	• Joined the LPT/NHFT launch of Black History Month and the John Ameci Masterclass event, thank you to the BAME staff networks for creating such inspiring sessions • LLR Reverse Mentoring scheme – final meeting with my mentor to discuss living and working with a disability. We have compiled a joint case study with our reflections on the programme. • On 13th October we held our Autumn Health & Wellbeing Festival for staff, over 350 staff engaged in the session on the day and these are now available on Staffnet for "any time access". The Bradgate Unit streamed the event live in the involvement centre where over 60 staff made wellbeing pledges. • I continue to promote Wellbeing Wednesdays with my weekly Health & Wellbeing Guardian blog and Wednesday lunchtime activities for staff • NHSEI Aspirant Chair programme – final mentoring session with my mentee and I conducted two mock interviews for Aspirant Chairs with feedback given on the day.

Building strong Stakeholder relationships	• Focus on Covid19, vaccination delivery and waiting times recovery through NHSEI Regional Director calls with Midlands Chairs • Attended LLR ICS Partnership Board and LLR Integrated Care Board (NHS) meetings to focus on development of the ICS and priorities for operational and strategic transformation • Chaired the LLR ICS Finance Committee focusing on future trajectories, transformation and key risks. • Chaired the joint board development session of the 6 East Midlands Alliance organisations which highlighted the achievements to date of the mental health provider collaborative, connecting 33 senior leaders. • Chaired the Leicestershire Academic Health Partners Board. We received a presentation from the Academic Health Sciences Network and updates on covid screening, health inequalities and data for research. • Attended the Leicester City Health & Wellbeing Board development session which examined the role of the Board in the ICS and the development of PLACE. • Attended University of Leicester Council and Finance committee meetings • 1:1 stakeholder meetings with John MacDonald Chair of UHL, David Sissling Chair of LLR ICS, Councillor Vi Dempster Chair of the City Health & Wellbeing Board
Good Governance	• Hosted our public Annual General Meeting on 14th September with a review of our year and a focus on our quality account and financial accounts. • Board development session held on 21st September which focused on: the LLR ICS development, Triple R (Reflect, Reset and Rebuild), the LPT clinical plan, shaping the LPT estates/facilities management plan and the LPT financial plan for the second half year of 2021/22. • Board development workshop on 22nd October to examine our risk appetite and Organisational Risk Register to coincide with the refresh of our Step Up To Great strategic objectives • Observed the LPT Audit & Assurance Committee and Quality Assurance Committee with verbal feedback given to the Chairs. • Conducted 1:1 mid-year reviews with all Non-Executive Directors
Raising Health (LPT charity)	• Chaired the Charitable Funds committee – please refer to the highlight report in the Board papers. We continue to support patient experience and staff wellbeing initiatives that provide "extras" above the core NHS offer.

Abbreviations used:

LLR = Leicester, Leicestershire & Rutland; **NHSEI** = NHS England & Improvement **CQC** = Care Quality Commission **UHL** = University Hospitals of Leicester **CCGs** = Clinical Commissioning Groups **NHFT** = Northamptonshire Healthcare Foundation Trust **ICS =** Integrated Care System

Governance table

For Board and Board Committees:	Trust Board 26TH October 2021	
Paper sponsored by:	Cathy Ellis	
Paper authored by:	Cathy Ellis	
Date submitted:	15 October 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):	N/A	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	N/A	
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	Reported every public board meeting	
STEP up to GREAT strategic alignment*:	High **S**tandards	X
	Transformation	X
	Environments	
	Patient Involvement	X
	Well **G**overned	X
	Single Patient **R**ecord	
	Equality, Leadership, Culture	X
	Access to Services	
	Trust Wide Quality Improvement	X
Organisational Risk Register considerations:	List risk number and title of risk	N/A
Is the decision required consistent with LPT's risk appetite:	N/A	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	Yes reflects the role of our staff networks and personal commitment to inclusion	

F

Leicestershire Partnership NHS Trust

Public Trust Board – 26 October 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, the NHS Confederation and the Care Quality Commission (CQC).

Analysis of the Issue

National Developments

Coronavirus COVID-19

On 14 September 2021, the Government announced its Autumn and Winter Plan 2021 for managing COVID-19. Built around two scenarios ('plan a' and 'plan b'), the premise of the plan is that the country is learning to live with COVID-19, and the main line of defence is now vaccination rather than lockdown. The plan confirms that the Government intends to manage the pandemic over the winter period by building defences through pharmaceutical interventions; identifying and isolating positive cases to limit transmission; supporting the NHS and social care; advising people on how to protect themselves and others; and pursuing an international approach. Having considered the advice of the UK Chief Medical Offers and the Joint Committee on Vaccination and Immunisation (JVCI), the Government's plan confirms that the NHS will offer those 12-15 year olds not covered by previous advice with a first dose of the Pfizer vaccine against COVID-19.

On 10 September 2021, the Secretary of State for Health and Social Care issued a notice under regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002, requiring organisations to process confidential patient information as described in the notice to support the Secretary of State's response to COVID-19. The notice provides a clear description of the purpose of the information being shared, together with its basis in law and sets the date of expiry as 31 March 2022 unless a further notice is issued. We shall need to review our own information governance arrangements to ensure we remain compliant.

On 16 September 2021, the UK Health Security Agency published guidance on the COVID-19 booster vaccination in which it confirmed that people aged 50 years and over, health and social care workers and younger people at risk will be offered a booster dose of coronavirus (COVID-19) vaccine. Eligible people will be contacted by the NHS when it is their turn for a vaccination.

On 6 September 2021, the Government announced an additional £5.4bn funding for the NHS to support its COVID-19 response over the next six months. £1bn of this funding is targeting backlogs caused by the pandemic, £2.8bn is to cover related costs such as enhanced infection control measures and £478m will support the continuation of the hospital discharge programme to free up hospital beds. This funding is in addition to the £3bn announced for the NHS as part of the Comprehensive Spending Review 2020.

Build Back Better – Government's plans for the NHS and Social Care

The Government has published its plan for health and social care "Building Back Better: Our Plan for Health and Social Care" in which it notes that the shift in focus to respond to the pandemic has had a significant impact on delivery of other forms of treatment within the NHS. The plan describes a very significant backlog in elective care, where patients need non-emergency tests or treatment. The impact of the pandemic has been profound and

addressing the backlog will take longer than the next few weeks or months. In addition to elective care, the plan also highlights the impact the pandemic has had on primary care, A&E, mental health services and dental services.

Concerning the NHS, building back better involves three things: (1) tackling the electives backlog; (2) putting the NHS back on a sustainable footing; and (3) increasing the focus on prevention. The plan describes how additional investment will be made to increase elective care capacity, improve productivity and catalyse innovation. Investment will be targeted to those services that matter most to people's lives. The Government will establish a new Office for Health Improvement and Disparities, the new UK Health Security Agency and will consider the potential to turn the NHS Health Check programme into a National Prevention Service. New requirements will be placed on NHS England and Improvement to introduce a yearly prevention spend, outcome and trajectory reporting criteria, including an assessment of the 10-year spend and outcome trajectories of the major preventable diseases such as diabetes.

The Government's plans for adult social care in England are also included within the document. These plans reflect the Government's commitment to creating a sustainable adult social care system that is fit for the future. Such a system will offer choice, control and independence to care users; provide an outstanding quality of care and be fair and accessible to all who need it, when they need it. To achieve its vision for adult social care, the Government's plan will introduce a cap on personal care costs; provide financial assistance to those without substantial assets; deliver wider support for the social care system and improve the integration of health and social care systems.

To fund its plan the Government has decided to raise taxes via a new Health and Social Care Levy, which it expects will raise c£12bn per year on average for health and care services across the UK. The 1.25% levy will be based on National Insurance Contributions and will be ringfenced to fund the investment in health and social care described in its plan.

In October, the Government will facilitate a consultation on its adult social care charging reforms. Later this year, it will also publish the funding settlement for NHS England and Improvement, the delivery plan for tackling the electives backlog, the White Paper for reforming adult social care and the plan for integration. The Health and Social Care Levy will increase rates of dividend tax from April 2022 and new social care charging reforms will be introduced from October 2023.

For more information on the Government's plan to build back better, please visit the Government website: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015736/Build_Back_Better-_Our_Plan_for_Health_and_Social_Care.pdf

Integrated Care System Implementation Guidance

As part of ongoing work in preparation for the new legislation proposed to Parliament in the Health and Care Bill, NHS England and Improvement have published a range of guidance designed to support system leaders to establish Integrated Care Boards (ICBs) by 1 April 2022. Since the new legislation is in draft, it is worth noting that this guidance will need to respond to changes that come about as the Bill progresses through the legislative process.

The purpose of the guidance is to provide Integrated Care System (ICS) leadership teams with as much information as possible to assist them in establishing their local arrangements. It builds on the Integrated Care Systems: design framework that was published in June 2021.

Interim guidance on the functions and governance of the integrated care board sets expectations on statutory functions to be conferred on ICBs; the delegation of direct commissioning functions; decision making within an ICB;

the composition, membership and remuneration of the ICB; ICB committees; and supporting information on providers, provider collaboratives, and place-based partnerships.

An HR framework for developing integrated care boards has also been published to support the successful transition of people into ICBs. It sets a clear national change approach and principles for the handling of the transition, which includes establishing ICBs in a way that minimises uncertainty and limits employment changes. It endorses a 'one NHS Workforce' approach.

Guidance on the ICS people function building strong integrated care systems everywhere sets expectations of NHS leaders and organisations to work together to deliver ten outcomes-based functions with their partners in the ICS from April 2022 to make the local area a better place to live and work for their people. This guidance builds on the ICS Design Framework and the priorities set out in the NHS People Plan. By the end of the current financial year, system leaders are asked to agree formal governance and accountability arrangements for the people and workforce functions of the ICS; agree how and where specific people responsibilities are delivered within the ICS, review and refresh the ICS People Board; and assess the ICS' readiness, capacity and capability to deliver the people function.

Other guidance published includes the ICB readiness to operate statement (ROS) and checklist and implementation guidance on the due diligence, transfer of people and property from CCGs to ICBs and CCG close down.

For further information on this guidance, please see the NHS England website: https://www.england.nhs.uk/publication/integrated-care-systems-guidance/

Reform for people: a joint vision for integrating care

The Richmond Group of Charities, Age UK, the King's Fund and National Voices have joined together, with input from a range of health, local government and voluntary sector partners, to produce a shared vision of what the new reforms could achieve. This joint vision, 'Reform for people', aims to lay out a shared ambition of what integrated care and improved ways of working could mean for people and communities; patients service users and carers and people working in health and care services.

The vision recognises the impact that the wider determinants of health have on our health and wellbeing and urges ICS leaders to prioritise prevention, early intervention and tackling the causes of health inequalities. It emphasises the need to value and use assets already in place locally including local people themselves, sharing data and intelligence effectively to ensure a targeted approach. Ensuring there are enough people with the right skills is another element of the vision, which seeks commitment from ICS leaders to proactively work with local communities and Voluntary, Community and Social Enterprise organisations.

For more information on the vision, please visit the Richmond Group's website: https://richmondgroupofcharities.org.uk/sites/default/files/reform_for_people_-_a_joint_vision_for_integrating_care_2.pdf

Flexible working

In March 2021, the NHS Staff Council agreed a change to the NHS terms and conditions of service handbook concerning the framework for agreeing local flexible working policies (Section 33: balancing work and personal life). The key changes that came into force from 13 September 2021 were:

- New enhanced day one contractual right to request flexible working;
- Revised structure which is aimed at supporting managers to be more explorative in reaching mutually workable outcomes; and

- A re-emphasis on the importance of monitoring flexible working requests at an organisational level, to ensure greater consistency of access to flexible working.

These changes are consistent with the NHS People Promise, which includes flexibility as one of its seven strands:

> **We work flexibly**
> We do not have to sacrifice our family, our friends or our interests for work.
> We have predictable and flexible working patterns – and, if we do need to take time off, we are supported to do so.

At LPT we have a flexible working policy that allows staff to request flexible working. Since the pandemic, an agile working policy has been developed to promote new ways of working, which supported efficient ways of working whilst delivery effective patient care. Our special leave policy ensures staff have several options when time needs to be taken to provide support to loved ones, or in times of bereavement.

Children and young people's mental health

On 25 August 2021, the Mental Health Network of the NHS Confederation published a report that considered the impact the pandemic has had on children and young people's mental health, the services that support them and how local systems are working in new ways to confront the issues before them.

The report's title 'Reaching the Tipping Point' reflects the mounting concern that the mental health system for children and young people is reaching tipping point with the COVID-19 pandemic having exacerbated existing challenges, including mental health inequalities.

The report found significant increases in demand for mental health support for children and young people across all services, but particularly for eating disorder services. It suggests that further funding and solutions to workforce challenges are required to address this increase in demand and to continue the transformation of services/support for children and young people.

Advocating for a greater focus on early intervention and the social determinants of mental health, the report encourages ICS leaders to consider children and young people's mental health services as a priority.

For more information on this report, please visit the NHS Confederation website: https://www.nhsconfed.org/sites/default/files/2021-08/Reaching the tipping point Final.pdf

Primary care networks: two years on

On 2 August 2021, the NHS Confederation published a report on the progress made by primary care networks (PCNs) and the challenges they have faced two years since their creation. The report 'Primary care networks: two years on' found that despite being in their infancy PCNs have played a leading role in the response to COVID-19. There are high levels of enthusiasm for PCNs remaining with growing awareness of the services they offer; strengthened relationships with local partners; increased capacity, capability and retention of workforce; and creative ways to reach underserved communities, tackle health inequalities and manage population health.

Workload within PCNs remains an issue, new service specifications have caused confusion over the purpose of PCNs, and a lack of consistent infrastructure was seen as hindering progress. The principles of PCNs having autonomy over their resources/influence over policies; a flexible approach to development; and the shift towards ICS' being accompanied by streamlined processes for PCNs have informed national ICS policy. Further findings are expected to follow in the autumn following a period of further engagement with PCN managers.

For more information on this report, please visit the NHS Confederation website: https://www.nhsconfed.org/sites/default/files/2021-08/Primary-care-networks-two-years-on-01.pdf

NHS mental health access standards

On Thursday 22 July 2021, NHS England and Improvement announced another major step towards improving patient access to mental health services with the proposal to introduce five new waiting time guarantees. Under these plans, people of all ages will be able to access mental health services in their communities and close to home within four weeks.

The proposals could also ensure that patients requiring urgent care will be seen by community mental health crisis teams within 24 hours of referral, with the most urgent getting help within four hours. Mental health liaison services for those who end up in A&E departments would also be rolled out to remaining sites across the country and should see patients who present to A&E within one hour from referral.

For more information on the proposed access standards, please see the NHS England website: https://www.england.nhs.uk/2021/07/nhs-england-proposes-new-mental-health-access-standards/

Reforming the Mental Health Act: Government Response to Consultation

On 15 July 2021, the Government published its response to the public consultation on the proposed reforms to the Mental Health Act, set out in the White Paper published earlier this year.

The report is based on more than 1,700 written responses to the consultation and 19 policy development workshops. It sets out stakeholders' views on each of the key themes of the MHA Review and represents a significant milestone on the road to reform. There has been overwhelming support for the majority of proposals, many of which will give people more choice and control over their care and treatment.

The Government will now work closely with stakeholders to build on the feedback from the consultation, and to further develop and refine policy proposals. This will include continued engagement with service users, carers, individuals with lived experience of detention, and groups disproportionately subject to the Act.

The Government intend to bring forward a Mental Health Bill, which will give effect to many of the changes set out in the White Paper. The consultation also highlighted that legislative reform is only part of the solution and that, in particular, the implementation of the NHS Long Term Plan and especially the expansion of community and crisis mental health services for adults and older adults, is a critical part of delivering on all aspects of the reform agenda.

For more information on the outcomes of the consultation, please visit the Government's website: https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act

NHSX 'What good looks like' framework

On 31 August 2021, NHSX published its What Good Looks Like Framework, which sets out best practice on digital transformation for NHS leaders. The guidance sets national standards for digitally enabled care across seven success measures: well led, ensure smart foundations, safe practice, support people, empower citizens, improve care and healthy populations. An NHSX support offer to aid implementation is under development and will include frontline, online resources and peer-to-peer support.

For more information on the framework, please see the NHSX website: https://www.nhsx.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication/

National Director of Learning Disability and Autism

On 9 September 2021, NHS England announced the appointment of Tom Cahill as the national director for learning disability and autism. A former mental health nurse and Chief Executive of Hertfordshire Partnership University NHS Foundation Trust, Tom joins NHS England to build on progress already made in providing people with a learning disability or autism with care in the community rather than in inpatient settings. He starts his role at NHS England and Improvement on a part time basis in October 2021.

Major drive to boost the NHS workforce

To coincide with students receiving their exam results in August, the Chief Executive of NHS England announced a £15 million package to bring in 5,000 more healthcare support workers for those considering leaving full time education. Requiring no formal health background, healthcare support workers assist nurses, midwives and other healthcare professionals to carry out health checks, update patient records, help patients wash, dress and move around, and care for women and families in maternity services.

Improving non-emergency patient transport services

On 2 August 2021, NHS England published a report on non-emergency patient transport services (NEPTS) in which it sets out a strategic framework to enable local improvement. From April 2022, subject to legislation, NHS Integrated Care System (ICS) bodies would assume responsibility for overseeing NEPTS and transport support more widely. The report confirms NHS England's expectations that ICS bodies should implement the five components of the national framework (described in the report); appoint a lead officer for NEPTS; make sure that transport forms an integrated part of wider pathway improvements; ensure that Oversight and budget management should look at NEPTS delivery, reimbursement, the Healthcare Travel Costs Scheme and wider transport facilitation in the round; and consider coordinating with other system-level and regional partners.

To access a copy of the report, please visit the NHS England website: https://www.england.nhs.uk/wp-content/uploads/2021/08/B0682-fnal-report-of-the-non-emergency-patient-transport-review.pdf.

Local Developments

Awards

Our recovery cafes project was a runner up in the national patient experience awards, which is a fantastic achievement and a credit to what they do. We were shortlisted for two national communications awards – for our exemplary digital engagement with young people through Covid, and for our use of data to inform our vaccinations campaign – both great pieces of work. We've also been shortlisted for a BMJ award for our physical health register innovation with mental health patients – again fantastic work that others could learn from. And finally our bespoke vaccination sessions for people with learning disabilities has been shortlisted for a Nursing Times award. I emphasize all of these because people are doing incredible things and you are pioneering out there, you're really doing the best for our populations and people are recognising it so a real credit to everyone involved.

AGM

We held our AGM on 14 September which was attended by around 100 people. Here we launched our Annual Report and year in review film. You can watch Year in Review film here, featuring highlights of our last year.
A summary version of our Annual Report has been circulated to all staff and printed copies will be available in our receptions and staff rooms.

Autumn Health and Wellbeing Festival

We held our staff health and wellbeing festival on 13 October, offering a range of taster sessions for Tai-Chi to being Time Smart throughout the day. All sessions were shared via the staff Closed Facebook group too and recorded for staff to revisit at a time convenient to them. We are also working with our system partners to undertake a further wellbeing and collaboration event for all staff across health and social care in November. This will also feature world renowned guest speakers at quality improvement seminars.

AHPs Day – 14 October

On the 14th of October, the 14 allied health professions (AHPs) celebrated the 4th annual AHPs' Day, as the third largest clinical workforce in the NHS. We are extremely proud of our AHP workforce. Here in LPT we have over 650 AHPs from 5 of the 14 allied health professions, and recognise the unique contribution they bring to patient care and population health across Leicester, Leicestershire and Rutland. A programme of virtual events were available to staff working across Leicester, Leicestershire and Rutland during the week, to recognise their contribution and share learning across the system.

Black History Month

October is Black History Month in the UK and it's been celebrated nationwide every year for nearly 40 years. This month was originally founded to recognise the contributions that people of African and Caribbean backgrounds have made to this country over many generations. Now, Black History Month has expanded to include the history of not just African-Caribbean black people but all black people in general. We have teamed up with NHFT to offer all our staff a range of awareness raising and celebration sessions throughout October.

Staff campaigns

Well engaged staff lead to higher motivation and better quality of care for our patients. We are currently asking all of our staff to complete the annual NHS staff survey, building on the positive progress made last year – where staff feedback was that more of them would recommend LPT as a place to work, they felt more engaged and felt safer to raise concerns. October is Freedom to Speak Up month so the campaign is being supported by daily social messages on speaking up by our FTSU guardian.

We are also encouraging all of our staff to have their Covid-19 booster jabs and their flu jabs. Safety is our key priority, and it is important our staff are protected, for themselves, their colleagues and those we care for. This is an important part of our winter resilience plan.

Relevant External Meetings attended, and Service Visits undertaken 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 Microsoft Teams, recorded videos, the staff briefing and Twitter.

Chief Executive and Deputy Chief Executive external meetings (as at 18 October 2021)

September	October
East Midlands CEO Weekly Meeting	East Midlands CEO Fortnightly Meeting
System Exec Meeting	System Exec Meeting
CQC Ad hoc meetings	CQC ad hoc meetings
BAME Network Meeting	BAME Network Meeting
Midlands Star Board	Covid Heroes Awards
NHS Providers Roundtable	Reverse Mentoring Evaluation with BAME

September	October
LLR ICS Board	NHS Providers Board
East Midlands Alliance	East Midlands Alliance Board
Regional Roadshow - Midlands & East with NHSE/I CEO and COO	CEO – St Andrews
CEO-CCG-LA - Leaders Discussion Meetings	CEO – NHS Nene CCG
Covid Heroes – Recording in studio	MH Trusts CEO meeting
Step up to Great Public Consultation	Midlands and East CEO workshops - Inspiring Hope
LLR QSRM	Buddy Trust Forum
CYP Transformation	East Midlands Alliance for Mental Health and Learning Disabilities - Board Development Session - 2
NHS Chief Executive Informal Meeting	NHS Midlands Leaders Update: Provider CEOs/CCG AOs/STP Leads, RD NHS Midlands
3 CEO Exec Team Meeting	Black History Month – Various
ICS Provider Collaboratives	ICS Provider Collaboratives
Chair, Leicester Council of Faiths	LLP ICS CEO Interviews
LLR Joint Health Scrutiny Committee	
LLR CCGs	
Triage Team - Keyham Lane Police Station	
Leics County Council HWB Development Session	
SCG Fuel Supply meeting	

Service Visits by Directors

September/October
City Community Nursing Team, Braunstone health and social care centre Hinkley and Bosworth hospital Beacon Unit Evington Centre BMHU Mill Lodge The Willows

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 26 October 2021
Paper sponsored by:	Angela Hillery, Chief Executive
Paper authored by:	Kate Dyer, Deputy Director of Governance and Risk
Date submitted:	18 October 2021
State which Board Committee or other forum within the Trust's governance structure, if any, have	None

previously considered the report/this issue and the date of the relevant meeting(s):		
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	One off	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	Yes
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	n/a
Is the decision required consistent with LPT's risk appetite:	n/a	
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	

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Leicestershire Partnership NHS Trust

Public Trust Board – 26th October 2021

Care Quality Commission Update

The Trust continues to prioritise quality improvement, patient care and compliance with the Care Quality Commission (CQC) fundamental standards in all care delivery.

Purpose of the report

This report provides assurance on our compliance with the CQC fundamental standards and an update on the CQC inspection of the Trust over May/ June/ July 2021.

Analysis of the issue

CQC Core and Well Led Inspection

Over the months of May, June and July 2021 the CQC carried out core and well led inspections of the trust. The inspection was well received and the trust was provided with positive feedback on being patient safety focused, values driven with good governance and leadership and having fostered partnership working.

The trust has since received a draft report for factual accuracy checking on the 6th September and the final report is now anticipated.

Once received, the trust will enter the action planning phase, to address any areas of concern highlighted within the report.

Quality Surveillance Tracker (QST)

The QST continues to capture emergent trust quality issues and intelligence to ensure there is oversight, grip and pace on improvement. Progress is monitored by the compliance team, a weekly report is provided to the Executive Team with highlighted concerns and successes.

Foundations for Great Patient Care

The Foundations for Great Patient Care meeting continues to meet on a monthly basis and throughout July, August and September 2021 have covered topics in relation to:

- Action planning and providing good evidence.
- Administration Staff – developing and valuing our staff
- CQC brief guide on call bells and how the trust is responding to ensure compliance.
- Responsiveness to CQC enquiries and concerns

Focus Groups

Following a brief and temporary suspension of Focus Group meetings, due to the period of inspection, the meetings re-commenced in September 2021. The compliance team have planned in a schedule of these.

15 Steps Challenge - quality from a patient's perspective

The Trust is commencing a period of carrying out unannounced 15 Steps Challenge visits to inpatient wards over October, November and December 2021. As the trust is committed to improving the quality of care, involving patients is pivotal to this process.

This approach was originally the idea of a mother whose daughter was a patient and required frequent visits to hospital. She identified that she was aware of what kind of care her daughter would receive within 15 steps of walking onto a ward, highlighting how important it is to understand what good quality care looks and feels like from a patient and carer's perspective. This was then further developed into The 15 Steps Challenge toolkits in 2012 by the NHS Institute of Innovation and Improvement. The approach uses observational methods to understand what service users and carers experience when they first arrive in a healthcare setting. They are aligned to the CQC fundamental standards of care.

There are 8 visits planned to wards across the trust between October and December 2021. The observational tool will be used and feedback given to the wards directly following the exercise.

Proposal

- Continued weekly governance of the Quality Surveillance Tracker.
- Continue Focus group activity and engagement meetings whilst awaiting the CQC inspection report.
- Compliance team engagement with ward quality initiatives.
- Preparation for the receipt of the report and developing an action and improvement plan.

Decision required

- For information.

Governance table

For Board and Board Committees:	Public Trust Board 26th October 21	
Paper sponsored by:	Anne Scott, Director of Nursing, AHP's and Quality	
Paper authored by:	Jane Howden Head of Quality, Compliance and Regulation	
Date submitted:	5th October 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	Each meeting	
STEP up to GREAT strategic alignment*:	High **S**tandards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well **G**overned	Yes
	Single Patient **R**ecord	Yes
	Equality, Leadership, Culture	Yes
	Access to Services	Yes
	Trust wide Quality Improvement	Yes
Organisational Risk Register considerations:	List risk number and title of risk	Risk 5
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	

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Leicestershire Partnership NHS Trust

Public Trust Board – 26 October 2021

Organisational Risk Register

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.

Purpose of the report

This report provides assurance that risk is being managed effectively.

Analysis of the issue

A refresh of the organisational risk register and the Trust's risk appetite has been scheduled for 22 October 2021 in line with the draft Step Up to Great strategy refresh; this will incorporate horizon scanning for new risk.

The presentation of the ORR for this month has been maintained on the current risk profile as at 18 October 2021.

Overall there are 19 risks on the ORR.

- Risks 8 (transformation for people with LD and/or autism) and 52 (student placement capacity) were closed by the level 1 committees in September 2021
- Each risk has been reviewed and updated this month, there are no changes to current risk scores.

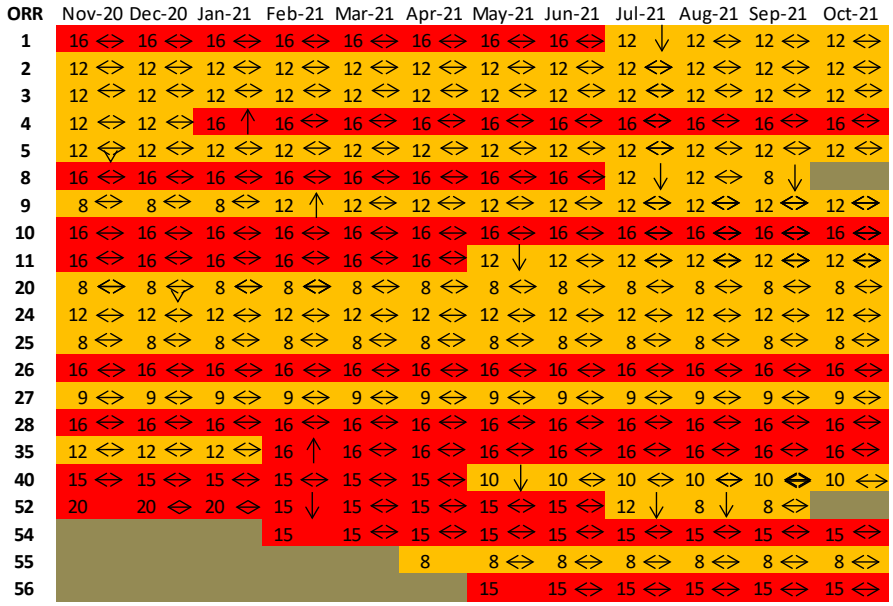
Summary list of risks and scores October 2021

There continue to be seven risks with a high current score (15+).

No.	Title	SU2G	Initial risk	Current risk	Residual Risk	Target (Appetite)
1	The Trust's clinical systems and processes may not consistently deliver harm free care.	High Standards	16	12	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	12	8	8
4	Services are unable to meet safe staffing requirements	High Standards	12	16	12	8
5	Capacity and capability to deliver regulator standards	High Standards	12	12	8	8
9	Inability to maintain the level of cleanliness required within the Hygiene Standards	Environment / High Standards	12	12	8	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	12	8	8
20	Performance management framework is not fit for purpose	Well Governed	20	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 leadership	Equality, Leadership and Culture	16	8	8	4
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	8	8

35	The quality and availability of data reporting is not sufficiently mature to inform quality decision making	Well Governed	16	16	12	12
40	The ability of the Trust to deliver high quality care may be affected during a Coronavirus COVID-19 pandemic	High Standards	20	10	10	10
54	We are unable to deliver the LPT 2021/22 financial plan, LPT operational plans or LLR system plans.	Well Governed	15	15	10	6
55	The Leicester/Leicestershire / Rutland system does not deliver the transformation needed to deliver a successful ICS	Well Governed	8	8	6	6
56	Delivery of service recovery and workforce restoration will not safeguard the health and wellbeing of our staff and service users	High Standards	15	15	10	10

Summary trend of risk scores for all live risks (rolling year) as at 18 October 2021



Proposal

- On-going business rhythm of monthly ORR review and maintenance
- To continue to horizon scan

Decision required

- To confirm a level of assurance over the management of strategic risk on the ORR.

Governance table

For Board and Board Committees:	Trust Board 26 October 2021	
Paper sponsored by:	Chris Oakes, Director of Governance and Risk	
Paper authored by:	Kate Dyer, Deputy Director of Governance and Risk	
Date submitted:	18 October 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):	Regular ORR reports to level 1 Committees and the Trust Board. This October 2021 version has not been to any other forum.	
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	Each meeting	
STEP up to GREAT strategic alignment*:	High **S**tandards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well **G**overned	Yes
	Single Patient **R**ecord	Yes

	Equality, Leadership, Culture	Yes
	Access to Services	Yes
	Trust wide Quality Improvement	Yes
Organisational Risk Register considerations:	List risk number and title of risk	Yes
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	

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.			Current Risk	4	3	12
Director risk owner:	Director of Nursing, AHPs and Quality and Medical Director	Date Last Reviewed:	08/10/21	Residual Risk	4	2	8
Governance / review:	PSIG, Quality Forum, QAC / Board - monthly review			Risk Appetite / Target Risk			8

Controls

Description:

- Staff Safety Huddles and Debrief
- Thematic reviews of patient safety incidents and QI approach adopted by the Trust
- Infection Prevention & Control policies & the monitoring of- BAF report to Trust Board
- Step up to Great Strategy / High Standards work streams - Pressure ulcers, Falls (moved to BAU) Deteriorating Patient (added Sepsis work stream), Positive and Safe, non fixed ligatures and Accreditation
- Patient Safety Plan - aligned to the National Patient Safety Strategy / Patient Safety Improvement Group (PSIG)
- Nutrition Group – now reporting to QF
- Learning Lessons Exchange Group including learning from thematic reviews
- Falls Group – monitoring of incidents, themes, and national aligning to best practice
- Suicide Reduction Plan in keeping with National Confidential Enquires Report
- Close linkage with Freedom to Speak Up Guardian and partners
- High Standards work stream –'Deteriorating Patient including sepsis' / 'Quality Accreditation' including Accreditation Matron in post and accreditation process being embedded
- 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 including new Investigation Leads
- Weekly meeting between patient safety and safeguarding teams
- Joint Director of HR/OD and Head of Patient Safety workshop to promote Just and Learning Culture
- Coordinated approach to SI and complaint investigations

Gaps:

- Implemented model for clinical and quality governance
- Capacity for quality improvement projects (such as pressure ulcer prevention)

Assurances

Internal:	• QAC Chair attendance at Quality Forum • Quality Forum / Quality Assurance Committee / Strategic Workforce Committee • Quality Accreditation • 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 • Performance Report: Serious Incidents (number of) • Deep dives at QAC • Directorate risk registers • Triangulation with Claims, Safeguarding and Complaints • reporting flow in place and oversight infrastructure including the embedding of SI assurance reporting to QAC / Board – on track	Evidence: • QAC observations of Quality Forum • QAC and Quality Forum annual committee reviews • Learning from deaths report to Trust Board • Performance dashboard to FPC and Trust Board • QAC / Board assurance reporting • Update on progress of local Quality Accreditation • Harm review paper • SI reports • Concerns / complaints • Quality metrics	Assurance Rating Green
External:	• NHFT Chief Nurse and CCG observation of Quality Forum • Regular reporting of patient safety related information to the CQC under the TRA • CQC attendance at events and CQC focus groups • Patient/family and staff FFT / PALS feedback • 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: • NHFT Chief Nurse observations of Quality Forum • Patient experience report to QAC • CQC feedback – assurance report to QAC	Assurance Rating Green
Gaps:			

Actions

Date:	Actions:	Action Owner:	Progress:	Status:
Dec 21	Delivery of revised clinical and quality governance infrastructure.	Deanne Rennie	In progress - framework designed	Amber

					Consequence	Likelihood	Combined
Risk No: 2	High Standards	Date included:	01.10.19				
Risk Title:	The Trust's safeguarding systems do not fully safeguard patients and support frontline staff and services.			Current Risk	4	3	12
Director risk owner:	Director of Nursing, AHPs and Quality	Date Last Reviewed:	06/10/2021	Residual Risk	4	2	8
Governance / Review:	Safeguarding Committee / QAC / Board - Monthly Review			Risk Appetite / Target Risk			8

Controls	Description	• Safeguarding Team disseminate lessons learnt from investigations and reviews, Section 42 enquiries Care Act (2014) and through participation in multi-agency statutory safeguarding reviews. processes namely Child Safeguarding Practice Review [CSPR], Safeguarding Adult Review (SAR), Domestic Homicide Review (DHR) and Multi-Agency Public Protection (MAPPA) reviews. • Legislative Committee oversight under new Quality Governance Framework which has separated out the safeguarding work from the LEG. • Identified Safeguarding Lead Nurses & Practitioners -Child Lead, Adult Lead) and named Doctor for safeguarding children. • Independent Consultant working 15 hours a week to provide consultation & oversight of 2019 review and other high priority areas. • Internal governance structure to manage safeguarding in place via Directorate oversight. • Member of four local Safeguarding Boards, two Community Safety Partnerships and the Safeguarding Vulnerabilities group. • Adult and Children's Safeguarding Team in place. • New level 2 Safeguarding Committee • Advice line and use of incident reporting system to raise high priority safeguarding issues for specialist oversight by safeguarding team.
	Gaps:	• Lack of consistent approach to how lessons are learnt and how they are disseminated across the Clinical Directorates through to front line staff. • The safeguarding training offer is not fully compliant with national standards and guidelines.

Assurances	Internal:	Source: • Legislative Committee and Safeguarding Committee • QAC provides oversight and challenge to the Safeguarding and Legislative Committee. • Annual Quality Account. • External review commissioned regarding safeguarding structures within LPT outlined 30 recommendations • The identified Safeguarding Lead Nurses access safeguarding supervision external to the organisation. • Annual Safeguarding Report.	Evidence: • Safeguarding report presented to Trust Board upon request and there are regular updates from the DoN to QAC/TB • Key Performance Indicators for the Legislative Committee and SG Committee • Progress and update reports regarding the external review action plan. • New collaborative Safeguarding new assurance templates for CCG, and the 4 safeguarding boards has been instigated to make the assurance meaningful and delivered in a timely , responsive manner.	Assurance Rating Amber
	External:	Source: • 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 Group • External review completed and report accepted by the Trust.	Evidence: • External review of safeguarding structures report • CQC report • Local Safeguarding Board reports and minutes	Assurance Rating Green
	Gaps:	• Training figures		

	Date:	Actions:	Action Owner:	Progress:	Status:
Actions	Dec 21	• 2021 -2023 work programme to be developed and approved by safeguarding and legislative committees to drive forward safeguarding, public protection and capacity / competency	Safeguarding Dept	• The 2021 – 2023 work programme is a comprehensive document which describes the plan, actions to complete this and progress against this with risk rating for each action	Amber
	Dec 21	• Implement and embed the 32 recommendations from the external review.	Safeguarding Dept	• Action plan mainly delivered [NK outstanding items]. Redesigned Team. Invested in increasing capacity, new posts in place.	
	Dec 21	• Training capacity and offer to be reviewed	Safeguarding Dept	• Training is ongoing as part of consistent and constant team development.	

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.			Current Risk	4	3	12
Director risk owner:	Director of Nursing, AHPs and Quality	Date Last Reviewed:	08.10.21	Residual Risk	4	2	8
Governance / Review:	PSIG, Quality Forum, QAC / Board - Monthly Review			Risk Appetite / Target Risk			8

Controls	Description:	• Centralised process for identifying, processing, investigating, scrutiny and identifying Learning through the Serious Incident Process • Complaints process and PALs team • Patient and Staff Safety Incident review via triage and directorate responsibility • Outcomes from Clinical Audit & service evaluation • Learning from Deaths Group using a human factors approach • Learning lessons Exchange Group operating as a community of practice to embed a learning culture using a human factors approach • Patient Safety Improvement Group aligning with national patient safety strategy using a human factors approach • Appropriate groups for sharing learning in place and to follow up on progress against actions • Centralised SI reporting and oversight process • Recruited additional SI investigators		
	Gaps:	• Ensuring cross governance working to identify risk and share learning • Timely SI investigations		
Assurances	Internal:	Source: • Learning from deaths report • Patient safety bi monthly report • Highlight report from Patient safety group • Highlight report from the Learning Lessons Exchange • Foundation for Great Patient Care • Escalation from Quality Forum to QAC • Incident review group meet weekly to review potential SI's and all COVID19 incidents and escalate to ICC • SUTG: High Standards Work streams • Performance Report: STEIS SI action plans completed within timescales. • Triangulation with Claims, Safeguarding, Complaints and F2SU Guardian	Evidence: • Monthly SI performance report for Quality Forum and QAC • Bi monthly patient safety report to Board • Highlight information and escalation processes • Reduction in harm and incidents • Reduction in concerns and complaints • Improved staff feedback • Performance Report • Internal reviews of learning	Assurance Rating Amber
	External:	Source: • Feedback from patients/families • CQC statutory inspection framework • Quality and Serious Incident oversight by Commissioners & specialist commissioning • Coroner feedback • National Confidential Enquiries • Solicitor feedback learning points • Internal Audit report – Duty of Candour	Evidence: • Patient experience report to QAC • CQC report / verbal feedback	Assurance Rating Green
	Gaps:	• Internal assurance / evidence to demonstrate the learning		

Actions	Date:	Actions:	Action Owner:	Progress:	Status:
	Dec 21	Implementation of re-designed clinical and quality governance framework to enable the sharing of learning – see also risk 1.	Deanne Rennie	See risk 1	Amber
	Dec 21	Dedicated SI investigators to develop a robust process for timely investigations.		4 in post, 4 additional in November 2021	

Risk No: 4	High Standards	Date included:	01.10.19
Risk Title:	Services are unable to meet 'safe staffing' requirements		
Director risk owner:	Director of HR / Director of Nursing, AHP's and Quality	Date Last Reviewed:	10.10.21
Governance / Review:	Learning and OD Group, Quality Forum, QAC / Board - Monthly Review		

	Consequence	Likelihood	Combined
Current Risk	4	4	16
Residual Risk	4	3	12
Risk Appetite / Target Risk			8

Controls

Description:

Descriptor – this refers to the operational staffing of services to keep patients safe. See risk 26 for the central resourcing, supply, recruitment and retention of staff

- 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 indicators.
- 6 monthly establishment reviews include workforce planning, with an Annual reset new and developing roles and recruitment and retention
- All reviews are in line with the NQB guidance for safe sustainable and productive staffing and the NHSI Developing Workforce Safeguards policy.
- Areas to note 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 dependency measurement
- National safe staffing return recommenced
- Bame and general staff Covid-19 risk assessments in place
- Process in place for non registered LPT staff who hold a nursing registration oversees to complete application for programme to achieve NMC registration
- Recruited 'new to healthcare' staff in non-registered roles with a bespoke induction package
- QIA for new roles for example nursing associates and medicines administration technicians
- Recruited to a new workforce and safe staffing matron
- Recruited to the international recruitment matron post
- Where risks associated with staffing continue or increase and mitigations prove insufficient, actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams,.
- Directorate safe staffing SOPs in place for business continuity, escalation and management including deployment of bank and agency staffing
- Covid—19 incentive for bank staff
- Trust retention and attraction schemes
- E-Roster KPIs; 6 week roster approval , TOIL and annual leave – business as usual
- Winter roster up to February 2022 to block book temporary staff across service lines in preparation for the winter

Gaps:

- National workforce shortages – particularly in LD, mental health and community nursing.

Assurances

	Source:	Evidence:	
Internal:	• Weekly staffing meeting to review staffing risks, escalate areas to note, and actions to address any staffing shortfalls. • Workforce Planning capacity - funded establishments and 6 monthly reviews • Analysis of NSIs, outcomes and patient experience feedback • Analysis of CHPPD and fill rates • Analysis of temporary worker utilisation • Detailed 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 streams • Performance Report: Safe Staffing • Weekly inpatient safe staffing meetings chaired by Ass Nursing Director	• Trust Workforce Plan • Performance Report with updated KPIs • Monthly and 6 monthly safe staffing reviews • Analysis of the CHPPD has not identified variation at service level, indicating that staff are being deployed productively across services. • Analysis of Nurse Sensitive Indicators has not identified correlation between staffing and impact to quality, safety and patient outcomes	Assurance Rating Amber
External:	Source: • NHSE Safe staffing trends – monthly submission • The Department of Health and Social Care's group annual governance statement – NHSI	Evidence: • Unify and Health roster data • SOF / AGS	Assurance Rating Green

Gaps:

- National tools to measure therapy staffing for patient acuity and dependency

Actions

Date:	Actions:	Action Owner:	Progress:	Status:
Nov 21 Oct 21 Dec 21 Dec 21 Nov 21	• Trust preparedness for redeployed enabling staff • Looking to Joint community and I/P therapy recruitment – to consider if feasible • Embed 30 international nurses following recruitment timeline by end December 2021 – on track • Ward establishment reviews – started, see progress notes • Review of agency worker checklist, expected competencies	Emma Wallis Deanne Rennie Asha Day Elaine Curtin Elaine Curtin &	All actions are being progressed. The patient acuity and dependency data collection has commenced across inpatient services and will be completed by end October 2021 – this will contribute to the ward establishment reviews.	Amber

Risk No: 5	High Standards	Date included:	01.10.19		Consequence	Likelihood	Combined
Risk Title:	Capacity and capability to deliver regulator standards			Current Risk	4	3	12
Director risk owner:	Director of Nursing, AHPs and Quality	Date Last Reviewed:	18/10/21	Residual Risk	4	2	8
Governance / Review:	Foundation for GPC, Quality Forum, QAC / Board - Monthly Review			Risk Appetite / Target Risk			8

Controls

Description:

- Quality Improvement work programme / Quality accreditation
- Foundation for Great Patient Care with KLOEs driving the agenda
- Quality Surveillance Tracker
- Core standards training / 3 phased methodology
- Revised Governance structure – plus COVID-19 governance arrangements
- Step up to great strategy
- Senior Leadership and Extended Senior Leadership Team Meetings / Board development sessions
- IPC inspection and action plan
- Risk management strategy and ORR
- Action cards
- Approval of new AMAT database CQC module
- Reading room available on MS Teams
- Time to shine sessions – with targeted and 1:1 training in some areas
- CQC inspection preparation checklist available in Time to Shine Booklet
- Sight of the new key lines of enquiry emerging from the 2020 focus groups
- Ongoing fortnightly position statement against warning notice actions
- Well Led information pack
- Self assessment of current performance against warning notice areas

Gaps:

- Capacity and resource to maximise Ulysses functionality for data reporting
- Development of second phase of clinical and quality governance improvement work

Assurances

Internal:

- Medical Devices Group oversight – reporting into PSIG
- Audit and Quality Accreditation programmes
- Self assessment checklist
- Quality surveillance tracker
- Quality forum
- AMAT tool – tracker including areas identified for further support showing closures
- Foundation for Great Patient Care
- SUTG: High Standards Work streams
- Self assessment against all areas previously rated as inadequate

Evidence:

- Monthly assurance report to QAC / Board
- Monthly report to Strategic Exec Team
- Foundation for Great Patient Care highlight report to Quality Forum
- Deep dives at the Foundation for Great Patient Care
- Information provided to the CQC under the TMA

Assurance Rating Green

External:

- Proactive design of information flow to CQC to inform the TMA with ongoing feedback
- Ongoing focus groups, drop in sessions and invites for CQC to attend events
- CQC inspection and engagement meetings / focus group outcomes
- Third line assurance over compliance (outside of the CQC)
- Quality and Performance system meetings – discussions with Commissioners
- Regulator inspections including HSE, NHSEI/IPC
- KPMG value for money conclusion

Evidence:

- TMA feedback from the CQC
- Internal re-rating including buddy trust peer review
- Feedback from focus groups
- Minutes of CQC engagement meeting
- 3rd party assurance reports (HSE, IPC, NHFT buddy visits)

Assurance Rating Green

Gaps:

Current CQC rating - latest inspection date May-June (core service) July (well led) 2021 awaiting findings

Actions

Date:	Actions:	Action Owner:	Progress:	Status:
Nov 21	Approve and deliver CQC action and improvement plan governance process for oversight and assurance	Deanne Rennie	In progress	Rating Green
Nov 21?	Development and approval of revised CQC action and improvement plan following publication of next inspection report	Deanne Rennie/Jane Howden	In progress – timescale to be confirmed	
Nov 21	Redesign Foundation for Great Patient Care to ensure cross Trust learning of actions arising from the CQC action plan.		In progress	

					Consequence	Likelihood	Combined
Risk No: 9	Environment / High Standards	Date Included on ORR	01.10.19				
Risk Title:	Inability to maintain the level of cleanliness required within the Hygiene Standards			Current Risk	4	3	12
Director risk owner:	Director of Nursing, AHP's and Quality and Chief Finance Officer	Date Last Reviewed:	10.10.21	Residual Risk	4	2	8
Governance / Review:	IPCC, QAC and FPC / Board - Monthly Review			Risk Appetite / Target Risk			8

Controls

Description:

- PLACE Audits
- Contract 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 standards
- Appropriately trained estates team in place
- Backlog maintenance controls
- Estates rep sits on/reports into IPC Group (cleaning/water/waste/decontamination)
- Infection control team / IPC quarterly report and annual report / PLACE Audit action plan
- SOPs in place to describe key responsibilities
- Audit programme includes Cleaners rooms and trolleys / Clear and agreed reporting mechanism against the Hygiene code
- 20/21 FM SLA and performance KPIs
- Revised cleaning spec/scope (zoned wards) and allocation of cleaning responsibilities (FM staff/Ward staff)
- On outbreak wards staff aligned to task for whole shift. System in operation and working.
- Appointment of x6 additional rapid response staff due 1/4/2021
- KPIs from UHL now available
- LPT participation in NHSEI cleaning with confidence (CwC) campaign – training programme added to Ulearn
- Rapid response team funded to support outbreak management and increase clearing where there are increased incidents of infection
- Service spec updated to introduce a third daily clean to IP areas
- Inpatient ward matron cleaning roles and responsibility meetings with the Director of Infection, Prevention and Control

Gaps:

- Outstanding maintenance work following the environmental audits

Assurances

	Source:		
Internal:	• Cleaning report to the Estates Committee • UHL and NHSPS contractual cleaning audits and confirmation that cleaning specifications meet covid IPC requirements. Daily SitRep received from UHL • PLACE audit action plan • Finance and Performance Committee • IPC Group to QAC • Bi-monthly contractual cleaning forum (estates/IPC/NHS PS/UHL) - this goes to estates committee and FPC. • Reporting against the delivery of the Estates Strategy • Regular cleaning audits and KPI score monitoring • IPC Bi-Annual report to Trust Board	DMTs • Monthly reports to FPC (Estates) and QAC - (IPC) • Environmental audit • PLACE scores and report for 2019 • Contractual cleaning audit findings – showing majority green reporting • Regular performance reports against hygiene standards and regular review at IPC	Assurance Rating Amber
External:	Source: • NHSI IPC audit • CQC inspections • PLACE audits	Evidence: • PLNational Guidance on cleaning for COVID-19 • Premises Assurance Model • CQC IPC summary inspection report • Daily SitRep reports received from UHL • Additional spot check by UHL Facilities and LPT IPC team following the CRO outbreak and results of the environmental audit.	Assurance Rating Green

Gaps: UHL Facilities Cleaning Turnaround plan - plan received 4.10.21

Actions

Date:	Actions:	Action Owner:	Progress	Status:
Oct 21	Plan to complete outstanding Estates maintenance jobs as a result of environmental audits – action log oversight at Trust facilities forum.	R Brown	All actions are on-going	Green
Oct 21	Review and implementation of phase one of the national cleaning standards	H Walton & A Hemsley		
Oct 21	NHSE/I visit for IP 14 October 21	E Wallis		
Dec 21	Implementation of the cleaning turnaround plan with evidence	R Brown		
Dec 21	Implement the National Standards of Healthcare Cleanliness 2021	R Brown & E Wallis		

					Consequence	Likelihood	Combined
Risk No: 10	Environment	Date Included on ORR	01.10.19				
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			**Current Risk**	4	4	16
Director risk owner:	Chief Finance Officer	Date Last Reviewed:	8.10.21	**Residual Risk**	4	3	12
Governance / Review:	Estates Committee, FPC / Board - Monthly Review			**Risk Appetite / Target Risk**			12

Controls

Description:

- Contract management with NHSPS for provision of facilities management
- Collaborative agreement with UHL for provision of facilities management
- Appropriately trained estates team in place
- Health and Safety Reviews
- Backlog maintenance controls
- P22 partner in place
- Revenue and capital budget setting process in place
- Condition survey for the inpatient estate completed 2018
- Approved Estates Strategy
- Planned and preventative maintenance plan held by UHL (see corresponding gap)
- FM Transformation Board (Jan 2020 onwards)
- PPM schedules (12 month forward view) received from UHL Dec 2019 and assessed as adequate
- Resources appointed to support FBC. FBC complete.
- Specialist estate resources procured from Turner & Townsend (T&T) to support PAM.
- ERIC return submitted
- FM transformation Business Case complete.

Gaps:

- Lack of systematic process for identify high risk areas requiring maintenance
- UHL not complying with the KPIs / maintenance and repairs are not always undertaken in a timely manner – UHL aware
- Clarity over the arrangements for managing risk with FM until transfer completed
- Unable to obtain detailed report and assurance over planned preventative maintenance leaving the Trust unable to apply suitable mitigations
- Now that the FM business case has been approved, any implementation risk will be identified and managed through the next ORR cycle

Assurances

	Source:	Evidence:	Assurance Rating
Internal:	• Estates committee / FPC • Initial review to identify high risk areas of the estate that require maintenance completed Reporting of FM KPIs to FPC • Estates risk register • Audit action plan – track via FM Oversight Group • Self assessment on premises assurance model • Foundation for Great Patient Care quality tracker, deep dives and escalation process • FM Oversight Group currently on hold (COVID) – reinstated starting October 2020	• FM Transformation plan updates shared in LPT committees. • Report to the Estates Committee, and then to FPC which details performance • PPM performance report • Reports demonstrating implementation of the Estate Strategy to the Estates Committee • Emergency reactive maintenance performance is good • Cleaning audits – good performance and in line with KPIs	Amber
External:	• NHSI / CQC / HSE / Fire service • 360 Assurance internal audit of estates maintenance - Limited Assurance	• Audits and reports • PLACE scores	Amber

Gaps:

- Lack of assurance on information received from UHL
- Assurance information not being received from NHSPS. Some data starting to emerge.
- Poor performance against set KPI resulting in overall lack of assurance.

Actions

Date:	Actions:	Action Owner:	Progress:	Status:
Oct 21	• To utilise the additional resources via T&T to support the ongoing data collection and actions relating to PAM until submission date	Richard Brown	Appointment of T&T to Compliance Manager role in E&F team. Tracking all compliance matters. Data capture improving. PAM to be included towards end of FM Transformation work. Further Safety Group established.	Green

Risk No: 11	Environment	Date Included on ORR	01.10.19		Consequence	Likelihood	Combined
Risk Title:	The current estate configuration does not allow for the delivery of high quality healthcare			Current Risk	4	3	12
Director risk owner:	Chief Finance Officer	Date Last Reviewed:	8.10.21	Residual Risk	4	2	8
Governance / Review:	Estates Committee, FPC / Board - Monthly Review			Risk Appetite / Target Risk			8

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
- Recruited a new Head of Capital Projects & Property
- Priority of fire safety works have been completed - implementation plans being finalised.
- Priority of ligature works has been agreed - initial phase ensuite doors is being undertaken.
- ERIC return completed and submitted on time May 2021

Gaps:

- Premises Assurance Model to be updated
- Challenges around availability of capital funding – nine million of national funding secured in three MoUs (now all signed)
- Finalisation of the remedial fire works
- Action to upgrade ensuite and unobserved doors with modern safety products

Assurances

Internal:	Source: • New Strategic Property Group established and operational • 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 (complete) • 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 complete and actions in hand by Property Officers • NHSI / CQC / HSE • Fire service • KPMG audit of financial and quality accounts • In-patient reconfiguration to eliminate dormitories. Phase 1 OBC approved by Exec	Evidence: • CQC report • 360 audit • Exec approval to OBC fee request.	Assurance Rating Green
Gaps:	• LPT to revisit Estates Return Information Collection (ERIC) data set		

Actions

Date:	Actions:	Action Owner:	Progress:	Status:
Ongoing	• Implementation of Dormitory Eradication programme.	Richard Brown	• As at Oct 21, currently on plan. Strong engagement. Willows and Bosworth complete. Thornton due to complete 29/10/21. Dorm programme embracing other capex work alongside main scheme.	Green

Risk No: 20	Well Governed	Date Included on ORR	01.10.19		Consequence	Likelihood	Combined
Risk Title:	Performance management framework is not fit for purpose			Current Risk	4	2	8
Director risk owner:	Director of Finance & Performance	Date Last Reviewed:	11.10.21	Residual Risk	4	1	4
Governance / Review:	FPC / Board - Monthly Review			Risk Appetite / Target Risk			4

Controls

Description:	• Information asset owners in place • SIRO in place • Clinical system training in place • Board approved Performance management framework • Board level performance dashboard • Revised governance framework • SUTG plan • SOP in place • Simplified board reporting and an agreed set of 2021/22 KPIs for the Board • Committee dashboards with KPIs owned by QAC/FPC • Performance review meetings • Highlight reporting for escalated items
Gaps:	• Capacity of the information team due to demands from national sitrep reporting, changes to information team members • Level 2 committee dashboards – implementation delayed due to COVID

Assurances

Internal:	Source: • FPC / QAC • Bi monthly Performance review meeting routine established • DMT meetings • Trust Board • Revised business rhythm for level 1 committees	Evidence: • Routine performance reporting to FPC / QAC /Board • Agreement by QAC/FPC on the set of 2021/22 KPIs for the Board Report • Performance framework review meetings scheduled until end of the year • Performance reports are reviewed by Directorate Business Managers prior to release. • Evaluation of performance review meetings & performance report & level 2 dashboard implementation – Focussed review meeting held October '21 & revised format agreed.	Assurance Rating Amber
External:	Source: • Contract monitoring of quality indicators by Commissioners • NHSI / CQC inspections • External and internal audit	Evidence: Internal audit review of performance framework being undertaken Q2 21/22.	Assurance Rating Amber
Gaps:	• Fully embedded system (demonstrated once level 2 dashboards are fully implemented) • External Quality Account audit – no data testing due to COVID in 19/20 or 20/21, will be optional in future – The Trust's Auditor panel has agreed the quality accounts audit will be included in the Service Specification in the current external audit tender exercise. • Trust wide approach to reporting planned post covid performance & capacity		

Actions

Date:	Actions:	Action Owner:	Progress:	Status:
Nov 21	• Revised Board performance report implementation	SM	Report delayed due to technical issue with SPC chart reporting	Amber
Nov 21 Dec 21	• Consider ORR links to performance report	SM/KD	Revised date of November 2021 for the ORR links to the performance report, to be led by the new Risk and Assurance Lead now in post.	
April 22	• Review of Information Team capacity	SM		
	• External audit of quality accounts to be reinstated	SM		

Risk No: 24	Equality, Leadership, Culture	Date Included on ORR	01.10.19		Consequence	Likelihood	Combined
Risk Title:	Failure to deliver workforce equality, diversity and inclusion			Current Risk	3	4	12
Director risk owner:	Director of HR & OD	Date Last Reviewed:	14.10.2021	Residual Risk	3	3	9
Governance / Review:	SWC, QAC / Board - Monthly Review			Risk Appetite / Target Risk			9

Controls

Description:

- Independent focus groups run and led by national WRES team- January 2019
- Delivery of key actions from focus groups
- Electronic system controls to support identification of staff who want to progress in their careers
- Staff survey results analysed and gaps identified annually
- WRES /WDES data and action plans updated and produced annually / Annual Report on WRES and WDES
- CEO sent letter to all BAME staff in response to BLM June 2020
- Risk assessments conducted for all staff
- Staff support networks meet on a regular basis (monthly) and have Executive sponsorship
- Continued listening events with staff
- Reverse mentoring cohorts, second system wide reverse mentoring programme underway (41 matched pairs with LPT having 14 reverse mentoring pairs)
- Cultural ambassadors
- Strong EDI governance in place
- Our Future Our Way / Leadership behaviours (which includes an EDI specific behaviour)
- 6 high impact action submission has been signed off by EDI Workforce Group
- Anti – Racism strategy co production with NHFT part of group model
- EDI Taskforce - 10 action areas agreed. Project Group established and being led by Chris Oakes
- WeNurture OD sessions for staff

Gaps:

- Delivery against outcome measures / WRES and diversity metrics
- Embeddedness of WRES/ WDES/ Together Against Racism action plan/ NHSEI high impact actions

Assurances

Internal:

- Response to National Workforce Equalities letter from NHSEI reviewed by EDI Group
- WRES action plan
- Diversity workforce dashboard
- Trust board equalities report
- Annual Equalities Action Plan
- Staff support groups
- Equality Programme plan

- Highlight reports on WRES, WDES and Together Against Racism action plans, presented regularly to relevant governance committees
- Staff survey report Trust Board
- EDI Bi annual report to EDI committee / EDI group
- Annual meeting schedule across the year
- WRES/WDES DATA published action plan to QAC/SWC
- SEB approved recruitment of band 7 EDI Specialist role- June 2021

Assurance Rating Green

External:

Source:

- System wide EDI Taskforce established and identified seven priority areas for implementation
- People Plan Drivers embedded within LPT strategies
- Six race equality high impact actions mandated nationally and embedded within key strategies
- EDI strategy being developed

Evidence:

- Presentation of system wide priorities to SRO's scheduled for the 11th August 2021
- System wide funding to support seven key priorities- ongoing
- Coordination of activities through the EDI Taskforce- ongoing with high visibility of key projects, e.g reverse mentoring, key decision making framework, Cultural Intelligence programme and Your Voice tool

Assurance Rating Green

Gaps:

Actions

Date:	Actions:	Action Owner:	Progress:	Status:
Mar 22	• Embed Together Against Racism actions	Haseeb Ahmed	• Together Against Racism is one of the group strategic priorities for LPT and NHFT's group model. An action plan has been agreed.	Amber
Mar 22	• Delivery of the WRES action plan and six high impact Race Equality Actions.	Haseeb Ahmad	• These actions have been embedded within the WRES Action Plan. These include the 'rehaul' of the recruitment and selection practices of LPT and the establishment of a talent management board for the progression of BAME employees. Some work is underway to address these key priorities which are reported to the EDI Workforce Group.	

Risk No: 25	Equality, Leadership, Culture	Date Included on ORR	01.10.19		Consequence	Likelihood	Combined
Risk Title:	Staff do not fully engage and embrace the Trusts culture and collective leadership			Current Risk	4	2	8
Director risk owner:	Director of HR & OD	Date Last Reviewed:	14.10.21	Residual Risk	4	2	8
Governance / Review:	SWC, QAC / Board - Monthly Review			Risk Appetite / Target Risk			4

Controls

Description:

- Our Future Our Way is LPT's Culture, Inclusion and Leadership programme.
- Change champions in place, facilitating sessions where possible
- Training provided to all change champions
- Line Management pathway
- Leadership and Team development programme
- Learning and development annual plan
- Communications strategy in place supporting engagement with staff
- Vision co designed and live
- 9 priorities identified and communicated as part of the Our Future Our Way
- Leadership behaviours Workshops
- Virtual Leadership Forum
- OD delivery plan
- E-learning training programme commenced
- Appraisal system aligned with leadership behaviours framework – new appraisal programme launched
- Senior leadership monthly meetings
- Leadership plan developed and signed off 'Leadership for all' engagement plan developed
- Leadership development programme linked to leadership behaviours
- People plan in place
- Commissioned a compassionate and Inclusive Leadership programme
- Commissioned Coaching for Managers programme
- Extended Strategic Team meeting to be re-introduced
- Planning and refresh of SUTG Culture objective

Gaps:

Assurances

Internal:	Source: • Staff survey results • Board approval of change champion programme • Programme plan in place and approved by Trust Board • 92 change champions engaged • Focus groups • Strategic workforce group • Attendance at virtual SLT • Board development • People plan • Leadership for All Plan	Evidence: Leadership + Leadership engagement plans to be signed off May 2021 Staff survey report to Board 3rd March Board update on leadership behaviours progress Jan 20 Virtual SLT monthly Reports to SWC quarterly meetings continuing – papers include leadership behaviours update, appraisal framework, OD plan for bitesize sessions LPT people plan mapped to national and OFOW Board Development session 6th Oct People plan taken to SLF SWC QAC Trust board Plan gained approval and actions now being taken	Assurance Rating Green
External:	Source: • Staff survey / Staff Friends and family test • External recognition of initiatives • NHSI Well led external review • CQC Well Led review • NHSI Support on the culture and leadership programme • WRES programme • People Plan	Evidence: Staff survey results TMA feedback from the CQC CQC engagement meeting feedback	Assurance Rating Green

Gaps:

ions

Date:	Actions:	Action Owner:	Progress	Status:
Nov 21	• LLR event leadership event scheduled November	FMc /LLR	Booked and planned.	Green

Risk No: 26	Equality, Leadership, Culture	Date Included on ORR	01.10.19		Consequence	Likelihood	Combined
Risk Title:	Insufficient staffing levels to meet capacity and demand and provide quality services			Current Risk	4	4	16
Director risk owner:	Director of HR & OD	Date Last Reviewed:	14.10.21	Residual Risk	4	3	12
Governance / Review:	SWC, QAC / Board - Monthly Review			Risk Appetite / Target Risk score			12

Controls	Description:	**Descriptor – the central resourcing, supply, recruitment and retention of staff. See risk 4 for the operational staffing of services to keep patients safe.** • Recruitment action plan in place • Service level workforce groups with action plans in place • E rostering in place across inpatient services and community • Auto planner within CHS • Safer staffing reports with oversight of staff levels / centralised temporary staff service • Regular recruitment conferences and schedule of events • Recruitment and retention schemes in place / Growing our own workforce • LLR System and LWAB working together on system initiatives • Flexible working guidance launched • Proposal for super enhancing recruitment and attraction campaign and Bespoke plan for • Significant Covid related recruitment activity taken place to support Surge capacity - Bring back staff/Retirees • Home first - Aging well started / Community Service Redesign Aging well recruitment – integrated system website for nursing and therapy hubs • Recruitment team moving to business as usual recruitment / Camhs Recruitment Plan • International recruitment – 30 nurses
	Gaps:	• Workforce Planning capacity • National workforce nursing supply challenges • Medical consultant capacity concerns in AMH/CAMHS • All Age metal health investment standards has significant work recruitment expectation

Assurances	Internal:	Source: • Three cohorts per year - nurse associate roles • Degree nurse apprenticeship route • HCA vacancy ambition • Further development of other roles • Reengineering of clinical roles • SWC , Directorate Workforce groups , retention working group • Workforce and Wellbeing Board • Transformation committee • Staff staffing report • SUTG: Workforce Transformation Programme Plan • Performance Report: Targets x 2 for sufficient staffing (Turnover and Vacancy)	Evidence: • Progress reports to SWC • Performance dashboard monthly • Workforce reports monthly • International Recruitment Plan • HCSW recruitment plan • SWC paper on internally recruitment progress	Assurance Rating Amber
	External:	Source: • National NHS people plan • NHS retention support and benchmarking data • Benchmarking reports • LLR People Board	Evidence: • Engagement with development of NHS people plan	Assurance Rating Green
	Gaps:			

Actions	Date: Dec 21	Actions: • All age MH standard recruitment to working planning capacity	Action Owner: John Edwards / Nicola Ward	Progress All actions ongoing	Status: Amber

Risk No: 27	Equality, Leadership, Culture	Date Included on ORR	01.10.19		**Consequence**	**Likelihood**	**Combined**
Risk Title:	The health and well being of our staff is not maintained and improved			**Current Risk**	3	3	9
Director risk owner:	Director of HR & OD	Date Last Reviewed:	14.10.21	**Residual Risk**	3	2	6
Governance / Review:	SWC, QAC / Board - Monthly Review			**Risk Appetite / Target Risk**			6

Controls	Description:	• Occupational health service wellbeing strategy and implementation plan • Workforce and wellbeing group • Wellbeing calendar – including a range of wellbeing events - Wellbeing Wednesday launched • Counselling service • 1:1s, Supervision, Appraisals linked to Leadership Behaviours Framework (see action on risk 26) • Focus on wellbeing, sickness management policy • Anti bullying harassment and advice service / Bullying and harassment sub group • Annual Health and Wellbeing event / Health and Wellbeing Approach and bulletin launched • Health and wellbeing champions / Virtual exercise classes / Wobble Rooms • Staff Physiotherapy scheme • MH first aid training • Mindfulness programmes / Psychological support offer for staff • Leadership Behaviours Framework • Weekly OD bite size virtual sessions now underway • NHS People Plan national support • Daily Sickness absence monitoring • All staff risk assessments in place supporting health and wellbeing - part of supervision and appraisal conversations • System mental health HWB hub • System level support for post incident psychological support for staff via HUB • System wide virtual health and wellbeing week • Mental health and Wellbeing Hub • Triple R health and wellbeing plan on a page	
	Gaps:			
Assurances	Internal:	• Monitoring sickness reports workforce reports • Sickness reviews within divisions • Wellbeing element of appraisal / Wellbeing conferences • Occupational health department / Staff reps / Amica • Risk assessments / stress indicator	Evidence: • Performance management report monthly • Staff side and management meetings monthly • SWC reports / Occupational Health annual report • Referrals to Amica • Review of hwb offer at strategic gold	Assurance Rating Green
	External	Source: • NHSI reporting	Evidence: • NHSI benchmarking reports • Attendance at external NHSI wellbeing workshops	Assurance Rating Green
	Gaps:			

Actions	Date:	Actions:	Action Owner:	Progress:	Status:
	Ongoing	• Delivery of the Health and Wellbeing Action Plan	Kathryn Burt	Progressing	Amber
	Ongoing	• Individual health and wellbeing risk assessment / conversation	Kathryn Burt	Launched	

					Consequence	Likelihood	Combined
Risk No: 28	Access to Services	Date Included on ORR	01.10.19				
Risk Title:	Delayed access to assessment and treatment impacts on patient safety and outcomes			Current Risk	4	4	16
Director risk owner:	Divisional Directors / Medical Director	Date Last Reviewed:	18.10.21	Residual Risk	4	2	8
Governance / Review:	Waiting List and Harm Prevention Committee, FPC and QAC / Board - Monthly Review			Risk Appetite / Target Risk			8

Controls	Description:	• Access Policy • Step up to Great MH transformation programme • Strategic waiting times and harm review committee • Covid Executive Team • OPEL framework/daily escalation tool/calls in place • System planning (design groups) established to manage patient flow and investment • Business cases to address high risk areas / Outsourcing arrangements where appropriate (e.g. HEALIOS and St Andrew's) • Revised performance report with narrative / Directorate level performance and accountability reviews in place • Revised NHSI demand and capacity management training complete • 21/22 priorities agreed and H1 and H2 plan in place • EM demand and capacity modelling for MH • Triple R programme in place / service recovery plans • Covid sensitive trajectories for waiting time improvement of priority services – includes CYP ED as a prioritised service within FYPC
	Gaps:	• Outputs from joint LLR/Northants demand and capacity work including physical health • Contract roll-over resulting in shortfall of funds to match growth of population / prevalence / demand • EM demand and capacity modelling limited to MH

Assurances	Internal:	Source: • Directorate performance reports • Waiting time performance reported to Finance and Performance Committee monthly • Plan on a Page, recovery action cards and QIAs for each service • Spot checks of safety of patients waiting • Directorate risk management – including risk 4677 for CYP ED	Evidence: • Performance management dashboard / dashboards to DMTs • Reports into waiting times and harm review group / QAC / FPC • Notes of the East Midlands Alliance are shared with the Exec Board meeting • Audit of twenty ND cases	Assurance Rating Amber
	External:	Source: • CQC inspection process • System performance monitoring • NHSI Regional Escalation oversight • National benchmarking data • Quality / Contract Monitoring with CCG & Specialised Commissioning with escalation route • LLR Transferring Care Safely Group/LPT engaged (acute/secondary provider feedback) • System-wide Clinical Forums for mental health, community services and children and young people.	Evidence: • Contract monitoring reports • Oversight reports to NHSEI • CQC Reports /focus groups	Assurance Rating Amber
	Gaps:	• Triangulation of evidence of harm with Trust wide data connecting incidents, SI's and complaints with people waiting • CQC inspection • Assurance on harm reduction and harm monitoring is limited		

	Date:	Actions:	Action Owner:	Progress:	Status:
Actions	Sept 21	Development of report to triangulate evidence of harm with Trust wide data from Patient Safety and Patient Experience	MH Partnership TW/ AK	East Midlands MH alliance working with NHSEI to develop MH capacity planning model – ongoing	Amber
	Dec 21	Understanding the outputs of the demand and capacity modelling and feeding into the transformation programme	Director of MH	ongoing	
	Dec 21	Consideration of avoidable harm measures including impact of partial or full COVID related closures	AS/AvH	Agreed joint working approach between LLR and Northants system to undertake demand and capacity modelling	

					Consequence	Likelihood	Combined
Risk No: 35	Well Governed	Date Included on ORR	01.10.19	Current Risk	4	4	16
Risk Title:	The quality and availability of data reporting is not sufficiently mature to inform quality decision making			Residual Risk	4	3	12
Director risk owner:	Director of Finance & Performance	Date Last Reviewed:	11.10.21	Risk Appetite / Target Risk			12
Governance / Review:	FPC / Board - Monthly Review						

Controls	Description:	• Executive senior information risk officer (SIRO) sponsorship • Performance management framework (which includes the 6 dimensions of data quality) • Performance review meetings include Directorate level metrics • Data quality policy and procedure • Annual benchmark reporting against peers • Experienced subject matter experts in the corporate information team • National guidance • Electronic patient records (EPR) • Dedicated resource which supports Directorate reporting requirements • Ongoing work programme to improve ensure appropriate configuration of systems managed through the IM&T Committee
	Gaps:	• Incomplete data quality reports for local and national data sets; data quality framework being developed through Data Quality Committee • Insufficient monitoring of data quality incidents does not allow for learning opportunities • Configuration of systems to support requirements of information standards and NHS data models • Robust technical infrastructure to support timely and accessible use of data • Ownership of data quality across the Trust – being picked up with support of Change Champion attendance at Data Quality Committee

Assurances	Internal:	Source: • FPC / Trust Board • Clinical audit • Annual record keeping audit • Data security and protection toolkit self assessment • Regular oversight reports from the IM&T Committee • Data quality group included in updated Data Privacy committee TOR & alternate meetings focus on data quality.	Evidence: • DSPT 'standards met' annual submission made in June 2021 • Data quality actions will be reported to FPC via Data Privacy Committee highlight reports • Trust wide data quality group has agreed the data quality 21/22 work plan	Assurance Rating Amber
	External:	Source: • Internal audit programme for data quality and reporting • Internal audit review of our data security and protection toolkit (DSPT) • External Account (quality account indicators) Not undertaken for 19/20 or 20/21 • Commissioner scrutiny	Evidence: • Data quality framework 19/20 – Significant assurance rating over compliance with policy • DSPT 20/21 360 assurance audit – Significant assurance	Assurance Rating Green
	Gaps:	• Data quality group revised approach started in February 2021, not yet embedded actions in to services		

	Date:	Actions:	Action Owner:	Progress:	**Status:**
Actions	Feb 22	• Delivery of 21/22 data quality work plan, including trust wide ownership of data quality	SM	Ongoing	Assurance rating Amber
	Feb 22	• New data quality kite mark implementation	SM	Ongoing	
	Feb 22	• Review of system 1 data quality live issues in Data Quality Committee	SM	Ongoing	

					Consequence	Likelihood	Combined
Risk No: 40	High Standards	Date Included on ORR	27.05.20				
Risk Title:	The ability of the Trust to deliver high quality care may be affected during a Coronavirus COVID-19 pandemic			Current Risk	5	2	10
Risk Owner:	Deputy Chief Executive Officer	Date Last Reviewed:	14/10/2021	Residual Risk	5	2	10
Governance / Review:	ICC / Strategic Exec Board / Board - Monthly			Risk Appetite / Target Risk			10

Controls

Description:

- NHS level 3 major incident led by COBR with national, regional and local resilience structures and policies
- COVID-19 Incident Mgt Team and Control Centre open 8 – 6 Monday to Friday, Weekends and Bank Holidays 9-5
- LPT Gold, Silver and Bronze chain of command with role specific cells to support the ICC
- ICC arrangements updated in readiness for third surge to ensure sustainability
- Policy controls and action cards for IPC, major incident, Flu pandemic, Brexit, mgt isolation and reporting / Agile home working policy / Occupational Health dedicated phone lines etc
- Participation in national and LLR health resilience forums
- Ongoing Webinars / Communications for COVID-19 both internally and externally
- Procurement hub with PPE planning and distribution, and systems and processes in place to respond to PPE shortages including mutual aid arrangements
- Established Covid surge and winter capacity in line with system requirements
- LLR and LPT established alert system to identify and respond to any local and Trust surges
- Exercise Rapid Response 3 - scenario planning exercise complete to set work programme for ICC
- Final step down proposals for redeployment with System Partners agreed
- UHL/LPT Hospital HUB in place / Workforce Bureau now operational
- COVID positive RED beds in place following surge actions complete
- Mass Vaccination Centre at Peepul Centre and two hospital hubs at Loughborough and Feilding Palmer hospitals are now operational
- Escalation levels continue to be reviewed weekly in line with government guidance
- Revised OPEL Level definitions rolled out internally from September 2021

Gaps:

- Response to latest escalation level, hospitalisations and infection rates
- LPT Vaccination resource (Vaccination sites & FYPC Phase 3 delivery) impacting on the ability to staff non vaccination services (CHS) and each other

Assurances

Internal:	• Flash report by exception to Board • Covid vaccination programme board established • Communications structures to staff • Maintenance of the action, risk and decision log (ICC) • Daily National PPE SitReps • Daily national NHSE/I patient related SitRep also provided to the LLR system • Health Economy Tactical Coordinating Group (HETCG) SitRep (2 times a week) • Daily staffing SitRep • CEO sitrep • Revised COVID19 governance arrangements from 4 December 2020 • Finalise clinical and operational governance structure to provide oversight	Evidence: • Regular COVID staff briefing • Monthly risk report to level one committees • Situation Reports (SitReps) (CEO, Directorate, PPE etc) • Regular staff and stakeholder briefings • ICC decision log • Ongoing consideration of interim governance arrangements at Exec Team • Formalise duel COVID & Flu vaccination resource • ICC Clinical Leads to provide operational oversight of vaccination resource across LPT	Assurance Rating Green
External:	• Department of health / Public Health England / NHSEI / COBR / Chief Medical Officer • LLR system advice and planning / Joint CEO exec daily (Mon-Fri) reporting structure • Gov.uk COVID-19 information email alerts / National webinars • Buddy relationship with NHFT	Evidence: • Records of strategic gold coordinating group meetings • Records of health economy SCG and TCG • National intervention at the LLR Incident Management Team	Assurance Rating Green
Gaps:			

Date:	Actions:	Action Owner:	Progress:	Status:
Oct 21	• Workforce Bureau continuing to interview & on-boarding staff c 500 for LLR Vaccination Bank	SW	ongoing	Amber

Risk No: 54	Well Governed	Date Included on ORR	17.02.21
Risk Title:	We are unable to deliver the LPT 2021/22 financial plan , LPT operational plans or LLR system plans.		
Risk Owner:	Director of Finance & Performance	Date Last Reviewed:	11.10.21
Governance / Review:	FPC / Board monthly		

	Consequence	Likelihood	Combined
Current Risk	5	3	15
Residual Risk	5	2	10
Risk Appetite / Target			6

Controls

Description:

- 2021/22 H 1 & 2 financial arrangements rolled over from 2020/2021 quarter 4 arrangements
- 2021/22 H2 financial planning will follow LPT & LLR system agreed process and governance
- LPT financial plan is part of the agreed LLR system 4 year financial strategy to deliver recurrent system breakeven by year 4
- System groups will lead the development of pathway plans , transformation proposals and flow of funds.
- System oversight will track organisational & system delivery of plans
- LPT Financial governance & control framework in place through SFIs with reporting to Audit Committee
- Transformation committee oversight of CIP & investment /transformation plans
- Operational oversight & management of cost forecasts through Directorate Management Teams
- Underlying cost run rate analysis feeds financial plans for LPT and LLR system
- Capital Management Committee's oversight of capital planning and agreed governance processes; Capital Financing strategy
- Treasury management policy , cash flow forecasting
- LPT operational plan will define priorities and inform financial, activity, workforce & performance plans
- H1 financial plan delivers breakeven position for LPT & LLR system
- H2 plan for LPT & LLR system relies on clarifying & addressing underlying deficit position of all organisations
- H2 planning guidance published 30/09/21; System envelope received & allocations to organisations under discussion.

Gaps:

- Uncertainty over ability to deliver workforce and spend assumptions for investment/transformation, particularly MHIS
- No long covid or post covid MH changes to demand are included in current plans
- System transformation work and design group outputs aren't feeding into organisational plans yet
- System wide approach to financial planning & in year management is new & untested
- Culture change required across system partners, particularly for UHL to move away from PBR funding model
- LLR capital strategy not yet clear

Assurances

	Source:	Evidence:	Assurance Rating
Internal:	• Finance and Performance Committee report includes I & E, cash & capital reporting • Audit Committee • Capital management committee review & agreement of capital bids & development of capital plan & in year management • Transformation Committee oversight of CIPs, transformation & investments	• Formal I & E, cash & capital monitoring • Standing Financial instructions • Highlight report • Monthly Director of Finance report • Highlight report	Green
External:	• KPMG audit of 20/21 annual accounts and value for money conclusion • Internal Audit Plan 2020/21: Integrity of the General Ledger and Financial Reporting Q3/4; Financial Systems Q3/4 • ICS Finance committee with Executive & Non Executive leads from each NHS LLR organisation	• 2020/21 annual accounts unqualified opinion • Significant assurance IA opinions issued for financial systems 2020/21	Green
Gaps:			

Actions

Date:	Actions:	Action Owner:	Progress:	Status:
Oct 21	LPT Transformation committee oversight of ~~H2~~ CIP, transformation & investment plans	SM	Regular reporting of H1 financial position and H2 plans to exec team, FPC , Trust Board & LLR forums	Green
Nov 21	Development of LPT long term plan to address underlying position	SM	Ongoing development & review through exec team & FPC	
Nov 21	Finalise H2 operational & finance plans following planning guidance publication	SM	In progress	
Nov 21	Submit LLR & LPT H2 finance, activity, workforce & performance plans to NHSI	SM	In progress	

Risk No: 55	Well Governed	Date Included on ORR	07.04.21
Risk Title:	The Leicester/Leicestershire / Rutland system does not deliver the transformation needed to deliver a successful ICS		
Director risk owner:	Director of Strategy and Business Development	Date Last Reviewed:	18.10.21
Governance / Review:	Transformation Committee , FPC & Board		

	Consequence	Likelihood	Combined
Current Risk	4	2	8
Residual Risk	3	2	6
Risk Appetite / Target Risk			6

Controls

Description:

- A consistent agreed objective and system narrative that is used and tested in all system meetings, with all partners.
- System wide vision implemented and delivered
- Regular attendance at system meetings from senior LPT staff.
- Regular discussion and engagement with our Senior Leadership Team.
- Chief officers meeting fortnightly
- New collaborative ways of working demonstrated in transformed care pathways based on need and place

Gaps:

- Ensuring individual organisations maintain commitment to the agreed priorities for the ICS
- An agreed system risk share/approach
- Long term funding for the LLR Shared Care Record

Assurances

Internal:	Source: • Formal updates from system meetings to Executive meetings, Board sub-committees and Trust Board. • Regular discussion at executive meetings and with senior leaders. • Collaboratives for learning disabilities and mental health supported • Updated review of Director responsibilities and mapped to key stakeholders in the ICS	Evidence: • Minutes from Executive meetings, Board sub-committees, Trust Board and SLT meetings	Assurance Rating Green
External:	Source: • System assessment against the ICS maturity matrix • NHS E & I assessment of system maturity • System meetings and system performance dashboards • LLR Strategic Executive system meetings	Evidence: • Joint shared document of our system assessment • Agreed key priorities based on life courses • Summary of NHS E/I assessment of the system • Papers and minutes from system meetings • Joint meetings with Local Authorities to plan for the ICS in place in addition to system meetings	Assurance Rating Green

Gaps:

- No national blue-print
- The development of a successful ICS must involve wider stakeholders including local authorities and the voluntary and community sector

Actions

Date:	Actions:	Action Owner:	Progress:	Status:
By Mar 22	• Agree draft MOU and system ways of working • Implement new ways of working to deliver an ICS from April 21 onwards, reviewing learning to inform future new ways of working • Deliver greater partnership working between organisations which enable the provider alliance concept to be tested.	CEO, DCEO, DoF, DoS, DoN & MD DCEO, Dir of MH & DoS	LPT is participating in system meetings and created a process for the internal development and review of the plan. Community & primary care, Mental Health and Learning Disability services provide opportunities for new ways of working	Green

Risk No: 56	High Standards	Date Included on ORR	05.05.21
Risk Title:	Delivery of service recovery and workforce restoration will not safeguard the health and wellbeing of our staff and service users		
Risk Owner:	Deputy Chief Executive Officer	Date Last Reviewed:	14.10.21
Governance / Review:	ICC / Strategic Exec Board / Board - Monthly		

	Consequence	Likelihood	Combined
Current Risk	5	3	15
Residual Risk	5	2	10
Risk Appetite / Target Risk			10

Controls

Description:	• LPT Operational Plan • Service recovery model – 3R programme (reflect, reset and rebuild) approved plan • Recovery programme Communications and Engagement plan • Approval of time limited project manager support to deliver recovery projects • 'Big Conversations' plan being delivered for staff consultation regarding recovery • Recovery programme governance framework in place including the Covid Executive Group • Staff Health and Wellbeing offer • Big Conversations held, themes agreed. • Triple R comms plan in four tiers • Project 1 recovery programme - blended working principles and healthy working day guidance agreed • RRR programme next phase handover schedule agreed with service recovery actions
Gaps:	• Plans to address the impact of a surge in activity on wait times and staff resilience. • Post covid surge on demand and the impact on staff capacity – this is modelled within the Directorates and the system is modelling based on national requirement.

Assurances

Internal:	Source: • TripleR programme board and governance arrangements in place • TripleR project groups set up and taking forward key deliverables • Communications plan and structures • Extra project management support sourced • Staff health and well-being offer	Evidence: • Minutes from TripleR meetings • Plans on a Page for TripleR programme • Plan on a page and project deliverables • BIG conversation thematic review • Health and well being communications	Assurance Rating Green
External:	Source: • LLR system planning meetings • Service user and carer forums	Evidence: • BIG conversation with service users and carers • System Operational Group minutes	Assurance Rating Green
Gaps:	• TripleR Programme Director gap– recruitment commenced. Head of Corporate PMO in place.		

Date:	Actions:	Owner:	Progress;	Status:
Nov 21	• Recruit PMO Programme Director	CO	Interviews wk commencing 18 Oct 2021	Amber

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Leicestershire Partnership NHS Trust

Public Trust Board 26th October 2021

Documents Signed Under Seal – Quarter 2 Report

Standing order 8.3 requires that the Trust Board receives reports on the use of the Trust Seal on a quarterly basis.

Purpose of the report

An entry of every sealing is made and numbered consecutively in a book provided for that purpose, and is signed by the person who has approved and authorised the document.

Use of Seal – General guide

(i) All contracts for the purchase/lease of land and/or building
(ii) All contracts for capital works exceeding £100,000
(iii) All lease agreements where the annual lease charge exceeds £10,000 per annum and the period of the lease exceeds beyond five years
(iv) Any other lease agreement where the total payable under the lease exceeds £100,000
(v) Any contract or agreement with organisations other than NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £100,000

Analysis

The documents shown below have been signed under seal during quarter 2 2021/22.

Seal Register Number	Type	Description	Date Sealed
319	New Contract	Mobile Telephony Tender Report	18.8.21
320	New Contract	AED Contract Governance	18.8.21
321	Contract Extension	Continence Products Supply	18.8.21
322	1 year contract	Non MEVPN/MEVPN Circuits Contract – Virgin Media	20.9.21

Decision required

The Board is asked to note the content of this report.

Governance table

For Board and Board Committees:	Trust Board 26th October 2021	
Paper sponsored by:	Chris Oakes, Director of Corporate Governance and Risk	
Paper authored by:	Kay Rippin Corporate Affairs Manager	
Date submitted:	01.10.21	
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):	SEB 1.10.21	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	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	Quarterly report at Trust Board	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	✓
	Patient Involvement	
	Well **G**overned	✓
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	✓
	Trust wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	all
Is the decision required consistent with LPT's risk appetite:	NA	
False and misleading information (FOMI) considerations:	NA	
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed	
Equality considerations:	Considered	

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Leicestershire Partnership NHS Trust

Trust Board 26th October 2021

Quality Assurance Committee Annual Review 2020/21

Purpose

To provide an annual review of the effectiveness of the Quality Assurance Committee for 2020/21.

Analysis of the issue

The Quality Assurance Committee (QAC) is a Non-executive Director led Committee of the Trust Board. Since September 2021 QAC has met on a bi-monthly basis. Its membership has five key Executive Directors and three Non-Executive Directors including a Non-Executive from the Finance and Performance Committee which ensures triangulation between the work of two committees.

The Committee seeks to provide assurance around quality, safety and workforce. Its principal purpose is the provision of assurance to the Trust Board of effective quality governance arrangements, with a focus on areas related to the Trust's Step Up To Great Strategy and will work to a plan built around assurance that the Trust delivers services that are safe, effective, caring, responsive and well led (the Care Quality Commission five domains for quality) and compliant with regulations.

During this year the Director of Corporate Governance and Risk and Deputy Director of Corporate Governance and Risk have been working with the Chairs of both QAC and FPC to agree increased rigor around the functioning of the committees and corporate governance support to the Committee Chairs

A mid-year review was presented to QAC in November 2020 which evaluated the first 8 months of 2020/21. A full year review is provided in Appendix 1. This confirms that the Quality Assurance Committee has operated effectively during the 2020/21 year.

Proposal

Mid-year review of effectiveness to be undertaken in November 2021

Decision required

For Information.

Governance table

For Board and Board Committees:	Trust Board 26th October 2021	
Paper sponsored by:	Chris Oakes, Director of Governance and Risk	
Paper authored by:	Kate Dyer, Deputy Director of Governance and Risk	
Date submitted:	18th October 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):	QAC 27 July 2021 Audit and Assurance Committee 3 Sept 2021	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	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	Annual.	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	Yes
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trust Wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	
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	

Appendix 1

Leicestershire Partnership NHS Trust

QAC Committee Review 2020/21

1. Fulfilling the Terms of Reference

1.1 COVID-19

In March 2020 we proposed interim arrangements for the Trust governance structure in response to the first wave of Covid 19. Whilst these were rescinded in October 2020, they were reinstated in December 2020 in response to the second wave.

Trust meetings were categorised to determine an appropriate governance approach for the interim period during the first wave. The QAC was categorised as 'Critical', meaning that meetings continued as per the meeting schedule but focussed on essential business.

This was defined as the following six priority areas;

- Quality and Safety
- Finance and impacts on performance
- Risk
- Covid 19
- The Health and Wellbeing of staff
- Statutory requirements

All agenda items delayed or suspended due to Covid have been listed as not received on agendas and included in the forward work planning.

QAC usually receives regular highlight reports, and an annual committee review from the level 2 committees which are direct reports. However, during the pandemic some of these Level 2 committees have run a reduced agenda or have stood down for a period. None of the Level 2 committees are required to produce an annual committee review for the 2020 – 2021 period. QAC is parent committee to the following Committees:

- Trust Policy Committee (stood down in January & March 2021)
- Health and Safety Committee (reduced agenda meetings)
- Strategic Workforce Committee (stood down until June 2021)
- Safeguarding Committee (reduced agenda meetings)
- Legislative Committee (reduced agenda meetings)
- Quality Forum (reduced agenda meetings)

1.2 Terms of Reference and Work Plan

The duties of the ToR were covered through the work plan and agendas during the year.

The TOR was revised in July 2020 following the Board Architecture work to determine the delegated duties for the QAC. There have been no further amendments since this date. The work plan has been reviewed and all areas within the ToR are covered.

1.3 Membership

Membership attendance has been satisfactory and each meeting was quorate and each meeting has included clinical representation.
The Committee is comprised of three independent non-executive Directors; quoracy is two non-executive directors.

A total of 9 meetings were held during the year with the following attendance;

Committee Member	No of Meetings attended
Liz Rowbotham – NED (Chair)	8/9
Ruth Marchington - NED	9/9
Kevin Harris - NED	8/9
Anne Scott - Director of Nursing, AHP & Quality (Exec Lead)	7/9
Sue Elcock (to 31.5.20) – Medical Director	2/2
Avinash Hiremath (from 1.6.20) – Medical Director	7/7
Sarah Willis - Director of Human Resources & OD	8/9
Chris Oakes – Director of Governance and Risk	9/9
Rachel Bilsborough (to 1.3.21) – Service Director	6/8

1.4 External Assurance

NHFT peer review

The QAC was observed by the Chief Nurse from our Buddy Trust Northamptonshire Healthcare NHS Trust in June 2020. The key elements of feedback are detailed below with an LPT response in italics;

1. Some papers were coming from Board rather than feeding up to Board.
   There are some anomalies in our current information architecture. A review of Trust Board work plan and information flow is currently underway. This will feed a review of level 1 committee information flow and work plans to ensure an appropriate architecture.
2. The Quality Forum does not have minutes.
   The Trust has approved the usage of highlight reports for level 2 committees. Feedback from our internal auditors has also expressed a concern over a lack of minutes. The Governance Team will review this during Q4 2020.
3. There were one or two papers where the authors presented and introduced new recommendations that were not detailed within the paper.
   We have introduced a new report format to help authors provide clarity over recommendations and approvals.
4. Some papers did not capture the recent relevant issues /concerns i.e. they focused on the usual format and usual data but did not introduce new discussions to sight on emerging concerns.
   See point 2, the new report format will support focus.

We have also had an independent review of the Agnes Unit undertaken by staff from NHFT to support on-going learning and improvement within LPT.

The Chair of QAC and the Chair of the Quality and Governance Committee at NHFT will observe each other's committees during the remainder of 2020/21 and share learning from observations.

The committee can also receive external assurance from a number of sources including;

- Internal Audit reports. This includes regular progress reports on delivery of the internal audit programme, and presentation of pertinent limited assurance reports.
- External review by patient groups and key stakeholder groups such as Healthwatch e.g. "Enter and View" visits, although we note that no assurance has been received by the QAC during 2020/21

1.5 Internal Audit

Due to covid, 360 Assurance experienced significant delays in starting work in Q1 of 2020/21. In order to balance remaining available resource, with work required for a well-founded Head of Internal Audit Opinion, the 360 Assurance Management Board made a recommendation to deliver 75% of the audit plan. In June 2020 this was approved by the Trust and the audit plan was reduced by 25% (retaining core audit requirements and assessing the risk of non-core audits). The audits with QAC oversight during the 2020/21 year included;

- Duty of Candour. January 2021 (ref 04) Limited Assurance. This was presented to QAC on 30 March 2021.
- The Deteriorating Patient. May 2021 (ref 12). Limited Assurance. This will be presented to QAC in July 2021.
- Quality Improvement. August 2020 (19/20 ref 27). No opinion - advisory.

2. Committee Effectiveness

2.1 Overall, the meetings have been considered as well-run. Papers are issued five workings days ahead of the meeting and are of good quality. The minutes of the meetings reflect thorough and informed debate for items with a rigour for matters not proceeding as expected and support for positive progress as assured. Deep dive topics continue to have the longest agenda time to facilitate the quality of discussions. After every meeting the Committee provides Highlight Reports for assurance levels received for agenda topics to the Trust Board.

2.2 Committee Priorities 2019/20
In the 2019/20 annual review, the following priorities were determined for QAC during 2020/21;

- Patient and staff viewpoint
- High standards
- Staff wellbeing
- Infection control
- Equality and diversity
- Leadership and Culture

- Quality improvement
- Oversight of the assurance related to COVID-19 recovery and restoration

These priorities are being met in a number of ways. They fall into the remit of QAC, and align to the COVID committee agenda priorities. In addition to scheduled work plan items, there have been deep dives and a joint QAC/FPC workshop aligned to these areas.

Patient and Staff viewpoint. In September 2020 the Committee discussed the format and key lessons learnt. It was agreed to defer the agenda item to allow more focus on the two main items a review would be undertaken by the Chairs of FPC & QAC with the Governance team with recommendations for discussion and approval at FPC and QAC.

The Committee has adopted a more open, learning and triangulated approach to its business through;-

- The introduction of bi monthly pre meetings to jointly review agendas and priorities with FPC and the Trust Governance Team.
- The QAC Chair attended FPC between April and August 2020, followed by a shared NED (RM) now attending FPC from September 2020.
- The communication of its remit and priorities to all colleagues across the Trust through the staff internal web sessions for Step up to Great
- The welcoming of external observers.

2.3 Key in-year changes

There have been a number of significant changes impacting on QAC during 2020/21, these include;

- Committee scheduling. The meeting has been moved to later in the month to support the flow of information. The meeting has moved to bi-monthly (from September 2020, this was delayed from the original planned date of January 2020 due to covid) and following a lessons learnt review with FPC of the impact of bi monthly on the work schedule the meeting has been extended to three hours in duration from November 2020 (half an hour longer than the former two and a half hour meeting).
- A revised report format has been introduced into the Trust to support more focussed presentation and clarity over what is being asked of committees.
- Board Architecture. This project has involved a full review of what an NHS Trust Board must and should receive based its constitutional, statutory and mandatory requirements , including items according to the scheme of delegation and best practice items recommended for Board oversight. The architecture determines which items are not being delegated by the Board, which items are being delegated to the level 1 committees or the executive team and details the assurance route. We revised the work plan for QAC based on this architecture which commenced from 1 April 2021.

- The ORR is now shared with the level 2 committees to support the flow of assurance from the level 2 committees into the level 1's. This has been rolled out since October 2020.
- From December 2020 there were two newly formed level 2 committees (replacing the former single level 3 committee); these are;
- Safeguarding Committee
- Legislative Committee which encompasses MHA/MCA
- The establishment of an LLR ICS and the East Midlands Provider Collaborative for Adult Eating Disorders.

2.4 Achievements, successes

Feedback on achievements from Committee members primarily falls within the following themes;

- Remaining focussed on workforce and health and wellbeing of staff during the pandemic.
- Shorter sharper meetings & Bi monthly meetings.
- A well-attended and run committee in the context of a COVID pandemic
- Development of more sophisticated quality metrics including covid related metrics.
- Assurance and appropriate positive or negative assurance well described and challenged.
- Focus on quality and safety throughout Covid and papers focused on impact of covid to highlight any risks well.
- Improved oversight of quality issues through developed Quality Forum and re-design of LEG/Safeguarding committees.
- DON report and Individual deep dive papers well developed
- Good oversight of risk

2.6 Challenges

Feedback on challenges from Committee members primarily related to the pressure on resource availability due to COVID. The challenge of the pandemic presented barriers however verbal reporting was often agreed and found to be helpful. Impact of COVID meant Level 3 committees have not been running and therefore some new risks emerged as a consequence e.g. medical devices, water safety. Business of agenda means limited time for questions/discussion at times.

3. Future Plans

The future plans and priorities identified for the QAC will ensure that the Committee is focusing on the right agenda during 2021/22, these include;

- Workforce health and wellbeing; workforce road to recovery following the pandemic. To Progress the people plan.
- Ensuring a whole trust approach to the quality agenda. Continued work on quality metrics and supporting Level 2 committees' development of this.
- More focus on health inequalities starting with patient level data. Business intelligence and Data Quality remain priorities.

3.1 The Committee will continue its oversight and scrutiny of priorities relating to COVID-19, the Step up to Great Strategy, deep dives, and areas of strategic risk.

The overarching thematic priorities of the QAC for 21/22 include;

- Impact of Integrated Care System and Provider collaborative
- Induction of new NED
- Establish and embed the process for reporting on third party assurance to the Committee
- Ongoing implementation of the revised governance.

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Leicestershire Partnership NHS Trust

Trust Board 26th October 2021

Finance and Performance Committee Annual Review 2020/21

Purpose

To provide an annual review of the effectiveness of the Finance and Performance Committee for 2020/21.

Analysis of the issue

The Finance and Performance Committee is a Non-executive Director led Committee of the Trust Board. Since September 2021 FPC has met on a bi-monthly basis. Its membership has five key Executive Directors and three Non-Executive Directors including a Non-Executive from the Quality Assurance Committee which ensures triangulation between the two committees. FPC is tasked with undertaking financial reviews, including capital planning and infrastructure developments, on behalf of the Trust Board, and considers actions to mitigate any major financial and performance risks facing our Trust. Business development opportunities and the production of both the annual and longer term business plans are also within their remit. The Committee provides assurance over LPT's operational performance to the Trust Board. This includes performance against the national priorities as set out in the NHS Operational Planning and Contracting Guidance.

During this year the Director of Corporate Governance and Risk and Deputy Director of Corporate Governance and Risk have been working with the Chairs of both FPC and QAC to agree increased rigor around the functioning of the committees and corporate governance support to the committee Chairs.

A mid-year review was presented to FPC in November 2020 which evaluated the first 8 months of 2020/21. A full year review is provided in Appendix 1. This confirms that the Finance and Performance Committee has operated effectively during the 2020/21 year.

Proposal

Mid-year review of effectiveness to be undertaken in November 2021

Decision required

For Information.

Governance table

For Board and Board Committees:	Trust Board 26th October 2021	
Paper sponsored by:	Chris Oakes, Director of Governance and Risk	
Paper authored by:	Kate Dyer, Deputy Director of Governance and Risk	
Date submitted:	18th October 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):	FPC 27 July 2021 Audit and Assurance Committee 3 September 2021	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	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	Annual.	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	Yes
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trust Wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	
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	

FPC Committee Review 2020/21

1. Fulfilling the Terms of Reference

1.1 COVID-19

In March 2020 we proposed interim arrangements for the Trust governance structure in response to the first wave of Covid 19. Whilst these were rescinded in October 2020, they were reinstated in December 2020 in response to the second wave.

Trust meetings were categorised to determine an appropriate governance approach for the interim period during the first wave. The FPC was categorised as 'Critical', meaning that meetings continued as per the meeting schedule but focussed on essential business.

This was defined as the following six priority areas;

- Quality and Safety
- Finance and impacts on performance
- Risk
- Covid 19
- The Health and Wellbeing of staff
- Statutory requirements

All agenda items delayed or suspended due to Covid have been listed as not received on agendas and have been included in the forward work planning.
FPC usually receives regular highlight reports, and an annual committee review from the level 2 committees which are direct reports. However, during the pandemic some of these Level 2 committees have run a reduced agenda or have stood down for a period. None of the Level 2 committees are required to produce an annual committee review for the 2020 – 2021 period. FPC is parent committee to the following Committees:

- Estates and Medical Equipment Committee (stood down December 20 & January 2021)
- Transformation Committee (stood down until June 2021)
- IM&T Committee (stood down December 20 & January 2021)
- Data Privacy Committee (reduced agenda – 1 hour monthly meetings)
- Capital Management Committee (reduced agenda)
- Strategic Waiting Times and Harm Review Committee (stood down until March 2021)

1.2 Terms of Reference and Work Plan

The duties of the ToR were covered through the work plan and agendas during the year.

The TOR was revised in July 2020 following the Board Architecture work to determine the delegated duties for the FPC. There have been no further

amendments since this date. The work plan has been reviewed and all areas within the ToR are covered.

1.3 Membership

Membership attendance has been satisfactory and each meeting was quorate.

The quorum is three members of the Committee and must include a Non-Executive and a Clinical Executive Director.

A total of 9 meetings were held.

Committee Member	No of Meetings attended
Geoff Rowbotham – NED (Chair)	9/9
Faisal Hussain - NED	8/9
Liz Rowbotham (to 31.8.20) - NED	4/5
Ruth Marchington (from 1.9.20) - NED	3/4
Dani Cecchini (to 31.12.20) Director of Finance (Executive Lead)	6/7
Sharon Murphy (from 1.1.21) Interim Director of finance (Executive Lead)	2/2
Sue Elcock (to 31.5.20) – Medical Director	2/2
Avinash Hiremath (from 1.6.20) – Medical Director	7/7
Chris Oakes – Director of Governance and Risk	9/9
David Williams - Director of Strategy and Business Development	8/9
Helen Thompson – Service Director	8/9

1.4 External Assurance

The committee can receive external assurance from a number of sources including;

- The Trust's buddy relationship with Northamptonshire Healthcare NHS Foundation Trust
- Externally commissioned reviews, we note that there have not been any reported to the FPC during 2020/21
- Internal Audit reports. This includes regular progress reports on delivery of the internal audit programme, and presentation of pertinent limited assurance reports.
- External auditors. This has previously included an external limited assurance review of data underpinning the quality account. We note that this is no longer a requirement of the ISA260 report and as such, this has not been undertaken during 2020/21.
- External review by patient groups and key stakeholder groups such as Healthwatch e.g. "Enter and View" visits, although we note that no assurance has been received by the FPC during 2020/21.

1.5 Internal Audit

Due to covid, 360 Assurance experienced significant delays in starting work in Q1 of 2020/21. In order to balance remaining available resource, with work required for a

well-founded Head of Internal Audit Opinion, the 360 Assurance Management Board made a recommendation to deliver 75% of the audit plan. In June 2020 this was approved by the Trust and the audit plan was reduced by 25% (retaining core audit requirements and assessing the risk of non-core audits). The audits with FPC oversight during the 2020/21 year included;

- An advisory review outside of the audit plan regarding the Beacon Unit; this included a review of the business case through to completion. January 2021 (ref 03). No opinion provided - advisory.
- Integrity of the GL and Financial Reporting. February 2021 (ref 05). Significant Assurance.
- Financial Systems. February 2021 (ref 06) focusing on:
  - Accounts receivable. Significant Assurance
  - Procurement – processes during COVID-19. Limited Assurance
  - COVID-19 expenditure. Advisory

  This was presented to the FPC on 30 March 2021.
- Pay Expenditure. February 2021 (ref 07). Significant Assurance
- Data Security Standards April 2021 (ref 10). Substantial (NHSD wording)
- Waiting Times. May 2020 (19/20 ref 26). Limited Assurance. This was presented to the FPC on 16 June 2020.

2. Committee Effectiveness

2.1 Overall, the meetings have been considered as well-run. Papers are issued five workings days ahead of the meeting and are of good quality. The minutes of the meetings reflect thorough and informed debate for items with a rigour for matters not proceeding as expected and support for positive progress as assured. Deep dive topics continue to have the longest agenda time to facilitate the quality of discussions. After every meeting the Committee provides Highlight Reports for assurance levels received for agenda topics to the Trust Board.

2.2 Committee Priorities 2019/20

In the 2019/20 annual review, the following priorities were determined for FPC during 2020/21;

- Patient and staff viewpoint
- Waiting times performance
- Estates and Facilities management
- Single electronic patient record
- Transformation
- Oversight of the assurance related to COVID-19 recovery and restoration

These were considered and evidenced throughout the Committee meetings held during the period and aligned to the COVID committee agenda priorities. In addition to scheduled work plan items, there has been a joint QAC/FPC workshop aligned to these areas.

Patient and Staff viewpoint. In September 2020 the Committee discussed the format and key lessons learnt. It was agreed to defer the agenda item to allow more focus on the two main items a review would be undertaken by the Chairs of FPC & QAC with the Governance team with recommendations for discussion and approval at FPC and QAC.

The Committee has adopted a more open, learning and triangulated approach to its business through;-

- The introduction of bi monthly pre meetings to jointly review agendas and priorities with QAC and the Trust Governance Team. Action log QI 859
- The communication of its remit and priorities to all colleagues across the Trust through the staff internal web sessions for Step up to Great. Action log QI 858
- The welcoming of external observers. Action log QI 858

2.3 Key in-year changes

There have been a number of significant changes impacting on FPC during 2020/21, these include;

- Committee scheduling. The meeting has been moved to later in the month to support the flow of information. The meeting has moved to bi-monthly (from September 2020, this was delayed from the original planned date of January 2020 due to covid) and following a lessons learnt review with QAC of the impact of bi monthly on the work schedule the meeting has been extended to three hours in duration from November 2020 (half an hour longer than the former two and a half hour meeting).
- A revised report format has been introduced into the Trust to support more focussed presentation and clarity over what is being asked of committees.
- Board Architecture. This project has involved a full review of what an NHS Trust Board must and should receive based its constitutional, statutory and mandatory requirements , including items according to the scheme of delegation and best practice items recommended for Board oversight. The architecture determines which items are not being delegated by the Board, which items are being delegated to the level 1 committees or the executive team and details the assurance route. We revised the work plan for FPC based on this architecture which commenced from 1 April 2021.
- Following the mid-year review of the Finance and Performance Committee, the Finance and Performance Committee ToR makes reference to the approval of accounting policies and the treasury management policy. It has been recommended as part of the ongoing learning approach adopted by the Committee that these policies transfer to the oversight of the Audit and Assurance Committee from 1 January 2021. The FPC and AAC ToR will be updated accordingly.
- The ORR is now shared with the level 2 committees to support the flow of assurance from the level 2 committees into the level 1's. This has been rolled out since October 2020

- A Waiting Times and Harm Review Committee (which feeds into FPC) was formally introduced as a level 2 Committee in July 2020.
- The establishment of an LLR ICS and the East Midlands Provider Collaborative for Adult Eating Disorders.

2.4 Achievements, successes

Feedback on achievements from Committee members primarily falls within the following three themes;

- Maintaining the balance between managing performance whilst supporting staff and the organisation through the pandemic
- Enabling constructive and appropriately challenging discussions where all meeting attendees are able to contribute
- Despite the challenges of 2020/21, continued delivery of key priorities and keeping momentum going with improvements to reporting to facilitate greater understanding of performance.

2.5 Challenges

Feedback on challenges from Committee members primarily related to assurance around the reliability of performance data. Difficulties in linking the waiting times, harm review process & any consequent harm.

3. Future Plans

The future plans and priorities identified for the FPC will ensure that the Committee is focusing on the right agenda during 2021/22. These include;

- Recovery of performance post Covid
- Overseeing financial delivery under H1 & H2 financial frameworks for LPT & as part of LLR system financial delivery
- Overseeing development of long term LPT & LLR system financial plan to address underlying deficit position
- Oversight of Performance Collaboratives delivery & management of LPT specific risks
- Data Quality improvement
- Implementation of new format performance report & dashboards
- Harm review reporting & link to actual harm
- Overseeing the estates FM service transition & quality of service delivery during the transition
- Estates strategy development

3.1 The Committee will continue its oversight and scrutiny of priorities relating to COVID-19, the Step up to Great Strategy and areas of strategic risk.

The overarching thematic priorities of the FPC for 21/22 include;

- Impact of Integrated Care System and Provider collaborative
- Induction of new NED
- Establish and embed the process for reporting on third party assurance to the Committee
- Ongoing implementation of the revised governance.

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Leicestershire Partnership NHS Trust

Annual Committee Review Report 2020-2021			
Committee:	Charitable Funds Committee		
Report Date:	6th July 2021		
Chair of Committee:	Cathy Ellis		
Questions:			
Are all TORs covered in the committee's work plan?		**Y**	
Any external assurances received?		**Y**	
Are the committee meetings well-run?		**Y**	
Is the membership and attendance satisfactory?		**Y**	

Committee Member	**No of meetings held**	**No of Meetings attended**
Cathy Ellis	6	6
Ruth Marchington	6	5
Sharon Murphy	6	5
David Williams (From October 2020)	3	2

Achievements and Barriers	
List the top three achievements or successes for the committee	• The charity has received unprecedented levels of donations in 2020/21, including £295k from NHS Charities Together (NHSCT). The funding has been allocated to support both staff & patient health & wellbeing initiatives. A significant sum - £106k has been allocated to improve over 100 staff rooms across the Trust. The committee and trustees have contributed to the LLR system's bid for £490k from NHSCT's community award. The committee and its trustees have maintained oversight of all donations received and ensured that spending plans are in accordance with donor's wishes and that we followed best practice around acceptance and management of donations. • The committee has overseen delivery against the charity's 2020/21 four objectives: ➢ Visibility - Increase the charity brand awareness and profile to all relevant audiences ➢ Income - Increase the level of donations to the charity using the appropriate fundraising mix ➢ Grants - Invest in initiatives that support the vision of the charity ➢ Partnerships - Develop partnerships which increase the reach and impact of the charity. • The committee's governance structure has been maintained, relevant policies & procedures have

	been reviewed and approved, and the committee has continued to meet throughout the year. We also held additional meetings between committee dates to ensure that urgent covid business could be discussed and actions taken to maintain momentum and delivery of Raising Health's priorities.
Future Plans	
What are the Committee's key priorities; focus and planned developments for next year?	The committee will continue to focus on the delivery of the Charity's four objectives, which have been reviewed and will remain the same as the 2020/21 objectives. The specific deliverables will be updated for 2021/22. The committee will continue to focus on financial sustainability. While the level of income for 2020/21 was exceptional, we can expect it to return to normal levels this year and so must ensure the underlying position is understood and managed appropriately. We will continue to work with external partners including Carlton Hayes Charity, NHSCT, system partners, private sector networking groups and grant givers to progress the work of the charity.

Governance table

For Board and Board Committees:	Trust Board 26th October 2021	
Paper sponsored by:	Cathy Ellis Trust Chair	
Paper authored by:	Cathy Ellis Trust Chair	
Date submitted:	18th October 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):	CFC 14th September 2021 Audit and Assurance Committee 3 Sept 2021	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	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	Annual.	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	Yes

	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trust Wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	
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	

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Leicestershire Partnership NHS Trust

Trust Board Meeting 26th October 2021

Audit and Assurance Committee Annual Committee Review 2020/21

Purpose

To provide an annual review of the effectiveness of the Audit and Assurance Committee for 2020/21

Analysis of the issue

The Audit and Assurance Committee is a Non-executive Director led Committee of the Trust Board comprised of independent Non-executive Directors and Executive Directors with portfolio lead for the finance and performance agenda. The purpose of the Committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's strategic objectives and statutory requirements.

A mid-year review was presented to the AAC in December 2020 which evaluated the first 8 months of 2020/21 (1 April 2020 to 30 November 2020). A full year review is provided in Appendix 1. This confirms that the Audit and Assurance Committee has operated effectively during the 2020/21 year.

Proposal

Mid-year review of effectiveness in November 2021

Decision required

For Information

Governance table

For Board and Board Committees:	Trust Board 26th October 2021
Paper sponsored by:	Chris Oakes, Director of Governance and Risk
Paper authored by:	Kate Dyer, Deputy Director of Governance and Risk
Date submitted:	18.10.21
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):	AAC 4.6.21
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	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	Quarterly (regular agenda item)
STEP up to GREAT strategic alignment*:	High **S**tandards

	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	Yes
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trust Wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	
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	

Appendix 1

Leicestershire Partnership NHS Trust

AAC Committee Review 2020/21

1. Fulfilling the Terms of Reference

1.1 COVID-19

In March 2020 we proposed interim arrangements for the Trust governance structure in response to the first wave of Covid 19. Whilst these were rescinded in October 2020, they were reinstated in December 2020 in response to the second wave.

Trust meetings were categorised to determine an appropriate governance approach for the interim period during the first wave. The AAC was categorised as 'Critical', meaning that meetings continued as per the meeting schedule but focussed on essential business.

This was defined as the following six priority areas;

- Quality and Safety
- Finance and impacts on performance
- Risk
- Covid 19
- The Health and Wellbeing of staff
- Statutory requirements

There were no items from the work plan directly affected by these interim arrangements.

All meetings took place virtually on Microsoft Teams

1.2 Terms of Reference and Work Plan

The duties of the ToR were covered through the work plan and agendas during the year.

The TOR was revised in July 2020 following the Board Architecture work to determine the delegated duties for the Audit and Assurance Committee. There have been no further amendments since this date. The work plan has been reviewed and all areas within the ToR are covered.

1.3 Membership

Membership attendance has been satisfactory and each meeting was quorate. The Committee is comprised of three independent non-executive Directors; quoracy is two non-executive directors. A number of officers including the Finance Director and the Deputy Director of Governance and Risk attend meetings of the Committee.

A total of 5 meetings were held during the year with the following attendance;

Committee Member	No of Meetings attended
Darren Hickman – NED (Chair)	5/5
Liz Rowbotham – NED (QAC Chair)	4/5
Geoff Rowbotham – NED (FPC Chair)	5/5

1.4 External Assurance

The committee can receive external assurance from a number of sources including;

- The Trust's buddy relationship with Northamptonshire Healthcare NHS Foundation Trust
- Externally commissioned reviews, we note that there have not been any reported to the AAC during 2020/21
- Internal Audit reports. This includes regular progress reports on delivery of the internal audit programme, and presentation of pertinent reports including governance and risk management audits and the Head of Internal Audit Opinion.
- External auditors. This has previously included an external limited assurance review of data underpinning the quality account. We note that this is no longer a requirement of the ISA260 report and as such, this has not been undertaken during 2020/21.
- External review by patient groups and key stakeholder groups such as Healthwatch e.g. "Enter and View" visits, although we note that no assurance has been received by the AAC during 2020/21. A process is being put in place to feed assurance from third party reports into the Committee as a regular agenda item for 2021/22 (see priorities for 2021/22)

1.5 Internal Audit

Due to covid, 360 Assurance experienced significant delays in starting work in Q1 of 2020/21. In order to balance remaining available resource, with work required for a well-founded Head of Internal Audit Opinion, the 360 Assurance Management Board made a recommendation to deliver 75% of the audit plan. In June 2020 this was approved by the Trust and the audit plan was reduced by 25% (retaining core audit requirements and assessing the risk of non-core audits).

2. Committee Effectiveness

2.1 Overall, the meetings have been considered as well-run. Papers are issued five workings days ahead of the meeting and are of good quality. The minutes of the meetings reflect thorough and informed debate for items with a rigour for matters not proceeding as expected and support for positive progress as assured. Deep dive topics continue to have the longest agenda time to facilitate the quality of discussions. After every meeting the Committee provides Highlight Reports for assurance levels received for agenda topics to the Trust Board.

2.2 Committee Priorities 2019/20

The Committee had a number of priorities for 2020/21; these were all considered and evidenced throughout the Committee meetings held during the period;

- Oversight on governance arrangements for COVID-19 pandemic and in particular the Recovery and Restoration phase of services.
- Oversight on development of LLR system working and partnership arrangements.
- Assurance of governance and control arrangements for major LPT transformation programmes e.g. Facilities Management Services transfer, EPR implementation, and Equality, Leadership and Culture.
- Ensuring Internal Audit programme reflects a reframed impact arising from COVID-19 and to achieve Significant Assurance level for Head of Internal Audit Opinion 2020/21.
- Assurance that the Organisational Risk Register and Risk Management Strategy are meeting the needs of LPT.
- Oversight of control and governance related to key third party independent evidence and information e.g. assurance sources such as CQC, H&S, infection control inspections, Healthwatch reviews, and provision of services by 3rd parties(Payroll, Facilities).
- Consideration to performance and value for money arrangements for internal and external audit services.

These priorities are being met in a number of ways. They fall into the remit of AAC, and align to the COVID committee agenda priorities. In addition to scheduled work plan items, there have been deep dives in the following areas;

- Compliance with CQC Registration (July 2020)
- Virtual Interpretation Service (October 2020)
- Beacon Unit Review (December 2020)

2.3 Key in-year changes

There have been a number of changes impacting on AAC during 2020/21, these include;

- A revised report format has been introduced into the Trust to support more focussed presentation and clarity over what is being asked of committees. This will be introduced in the December 2020 Committee.
- Following a mid-year review of the Finance and Performance Committee, the Finance and Performance Committee ToR makes reference to the approval of accounting policies and the treasury management policy. It has been recommended as part of the ongoing learning approach adopted by the Committee that these policies transfer to the oversight of the Audit and

Assurance Committee from 1 January 2021. The FPC and AAC ToR will be updated accordingly.

- The establishment of an LLR ICS and the East Midlands Provider Collaborative for Adult Eating Disorders.
- Board Architecture. This project has involved a full review of what an NHS Trust Board must and should receive based its constitutional, statutory and mandatory requirements , including items according to the scheme of delegation and best practice items recommended for Board oversight. The architecture determines which items are not being delegated by the Board, which items are being delegated to the level 1 committees or the executive team and details the assurance route. We revised the work plan for AAC based on this architecture which commenced from 1 April 2021.

2.4 Peer review

- The QAC and FPC Chairs form the AAC membership. This promotes integration between the AAC and the other level 1 Committees.
- The Chair of the Trust attended July's meeting and provided comments on the effectiveness of the meeting to the Chair of AAC. All suggested improvements were acted upon.

2.5 Achievements, successes

Feedback on achievements from Committee members primarily falls within the following five themes;

- Adapting to governance/operational changes as result of the COVID pandemic.
- Focus on recommendation follow ups implementation rate.
- Being assured on the embeddedness of the risk management framework.
- Ensuring that the lesson learned from UHL accounting problems were incorporated at LPT.
- Contribution to improving governance and assurance mechanism.

2.6 Challenges

Feedback on challenges from Committee members primarily related to the pressure on resource availability due to COVID. This resulted in a delay in some areas, for instance delivery of the Internal Audit plan, deferment of follow ups, roll out of risk oversight at the level 2 and 3 committees.

3. Future Plans

The future plans and priorities identified for the AAC will ensure that the Committee is focusing on the right agenda during 2021/22

3.1 The Committee will continue its oversight and scrutiny of priorities relating to COVID-19, the Step up to Great Strategy, regulatory standards, deep dives, and areas of strategic risk.

The overarching thematic priorities of the AAC for 21/22 include;

- Impact of Integrated Care System and Provider collaborative
- Induction of two new NEDs
- Establish and embed the process for reporting on third party assurance to the Committee
- Selection of External Auditors
- Ongoing implementation of the revised governance.
- Oversight of clinical audit process.

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2022 TRUST BOARD MEETINGS

Leicestershire Partnership NHS Trust

Date	Meeting type	Venue
Tuesday 25th January 9.30-1.00	Public Core Business	TBC/Microsoft Teams – Live Stream
Tuesday 25th January 1.30-4.00	Confidential Core Business	TBC/Microsoft Teams
Tuesday 15th February 9.30-4.00	Confidential Board Development	TBC/Microsoft Teams
Tuesday 29th March 9.30-1.00	Public Core Business	TBC/Microsoft Teams – Live Stream
Tuesday 29th March 1.30-4.00	Confidential Core Business	TBC/Microsoft Teams
Tuesday 19th April 9.30-4.00	Confidential Board Development	TBC/Microsoft Teams
TBC	EGM	TBC/Microsoft Teams
Tuesday 31st May 9.30-1.00	Public Core Business	TBC/Microsoft Teams – Live Stream
Tuesday 31st May 1.30-4.00	Confidential Core Business	TBC/Microsoft Teams
Tuesday 21st June 9.30-4.00	Confidential Board Development	TBC/Microsoft Teams
Tuesday 26th July 9.30-1.00	Public Core Business	TBC/Microsoft Teams – Live Stream
Tuesday 26th July 1.30-4.00	Confidential Core Business	TBC/Microsoft Teams
Tuesday 23rd August 9.30-4.00	Confidential Board Development	TBC/Microsoft Teams
Tuesday 27th September 9.30-1.00	Public Core Business	TBC/Microsoft Teams – Live Stream
Tuesday 27th September 1.30-4.00	Confidential Core Business	TBC/Microsoft Teams
Tuesday 18th October 9.30-4.00	Confidential Board Development	TBC/Microsoft Teams
Tuesday 29th November 9.30-1.00	Public Core Business	TBC/Microsoft Teams – Live Stream
Tuesday 29th November 1.30-4.00	Confidential Core Business	TBC/Microsoft Teams
Tuesday 13th December 9.30-4.00	Confidential Board Development	TBC/Microsoft Teams

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NHS
Leicestershire Partnership
NHS Trust

Community Enhanced Rehabilitation Team

www.leicspart.nhs.uk

Our Service

Interventions for people with severe and enduring mental health difficulties

The new Enhanced Rehabilitation and Recovery Pathway

National Drivers

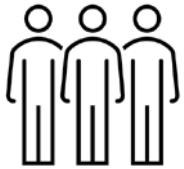
NICE National Institute for Health and Care Excellence

Leicester, Leicestershire & Rutland. 13 team members with 26 case load and 8 in-reach.

Our Approach

Recovery orientation 

 Holistic

 Person-centred

 Goal orientated

Needs-led 

WeAreLPT
compassion respect
integrity trust

CERT Model

Transition

12 weeks

Making the transition from inpatient rehabilitation service to the community

HUB

2 years

Working with people who have rehabilitation needs which can be met in the community

Spoke

Bespoke

Time-limited, enhanced rehabilitation interventions alongside a persons care team

AIMS: offer choice, least restrictive practice, increase flow, reduce admissions

WeAreLPT
compassion respect
integrity trust

Our Interventions

Connecting service users to a variety of community groups, vocational opportunities and educational courses

Provide evidence based psychological interventions to support service users to obtain optimal health and well-being

Support service users to develop and practice skills related to activities of daily living

Working alongside service users to build confidence accessing the community independently

Meet the Team!

CERT consists of Nursing Staff, Occupational Therapists, Psychologists and Psychiatrists.

"The collaborative and rehabilitation focussed work that we do ensures the service users recovery is first and foremost, which allows care planning to be tailored to individual needs" Jackie

"I like working in a developing team where all disciplines working in the team and service users have input into how the team is shaped. I enjoy working with service users collaboratively using a recovery approach to help people be more autonomous in the community" Coral

"I get to see people's confidence and feelings of independence grow as we support them to access the community and participate in things that are meaningful to them"

Johnny

WeAreLPT
compassion respect
integrity trust

Our Outcomes

Anxiety reduced in 50% of service users

No readmissions in 9 weeks post discharge

22% of contacts were to service user network

CERT accessed by a range of service users

No waiting list – meeting the need

WeAreLPT
compassion respect
integrity trust

What do our service users think?

They seemed like they really wanted to help…it made me feel good, like there are some people out there who really do care

Making me feel as though my mental illness is not going to define me and the rest of my life

They helped me get through a crisis without me going back into hospital

Research, Evaluation and Quality Improvement

Improving our interventions and service

Adding to the evidence base

The development of the rehabilitation community transition support team as a response to COVID-19

Fenton, Kidd, Kingman, Le-Butt & Gray (2021).

Abstract

The rehabilitation community transition support team was created as a response to the COVID-19 pandemic following faster discharges from the inpatient rehabilitation service. Staff and service users in the new team were interviewed using semi-structured interviews. The data were analysed using thematic analysis. Staff interviews generated seven main themes: positive staff experiences; defining the 'team'; mode of working; link role for the team; technology; relationships with patients; and support from colleagues. The service user analysis generated five themes: positive experiences of the rehabilitation community transition support team; relationship with rehabilitation community transition support team worker; mode of working; handling the hurdles of discharge; and defining the 'team'. There was a crossover of staff and service user themes around face-to-face visits, defining the team and relationships. Service users indicated that contact with the community team helped to overcome both practical and emotional hurdles of discharge. This indicates that the presence of a team supporting the transition out of hospital may be helpful for people who have been discharged.

Service user involvement

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integrity trust

Staff Well-being

Outdoor staff sessions

Remote working

Team meetings

Virtual Away Days

Reflective Practice

Compassionate leadership

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Future Developments

Learning from others

Networking – Northampton ‘buddy’ trust

Sharing our knowledge and skills

Developing our offer

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integrity trust

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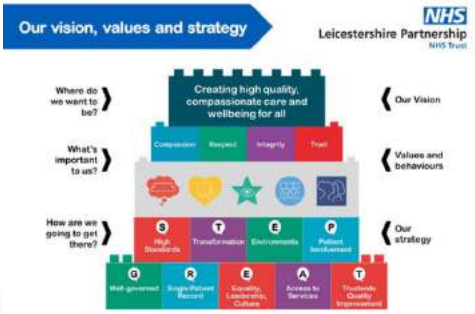
Leicestershire Partnership NHS Trust

Public Trust Board 26th October 2021

People Plan – Quarter 1 & 2 update

This report is being presented to update Trust board members on the progress made against our People Plan for quarter 1 & 2.



Purpose of the Report

The purpose of this report is to raise awareness of the progress that has been made against the planned actions in our People Plan, under the 4 domains of:

- Looking after our people
- Belonging in the NHS
- New ways of working
- Growing for the future

Quarter 1 & 2 update

Priority	Milestone Achieved	Quarter 3 Milestones and plans	Lead person
Looking after our people			
Ensuring diversity across recruitment panels	Diverse panels and numbers monitored through EDI group. Monitoring of diverse panel data reported to EDI Workforce Group 29th September 2021 and every two months thereafter. 63.6% average of panels currently diverse.	Recruitment of 6 month resource to progress EDI + Talent at pace.	HA
Staff Engagement	First quarterly people pulse sent out. Big conversation with trust wide engagement.	Staff Survey out currently. Communications campaign underway linking Our future our way work and you said we did.	KB
Staff Recovery & Reset	Healthy working days products delivered. Blended working principles agreed.	Pilot underway for blended working for those previously based in County Hall. Staff Memorial Day scheduled in December for staff to pause, reflect and remember.	KB
Health &	Cathy Ellis in role and engaging workforce.	Ongoing wellbeing offer.	KB

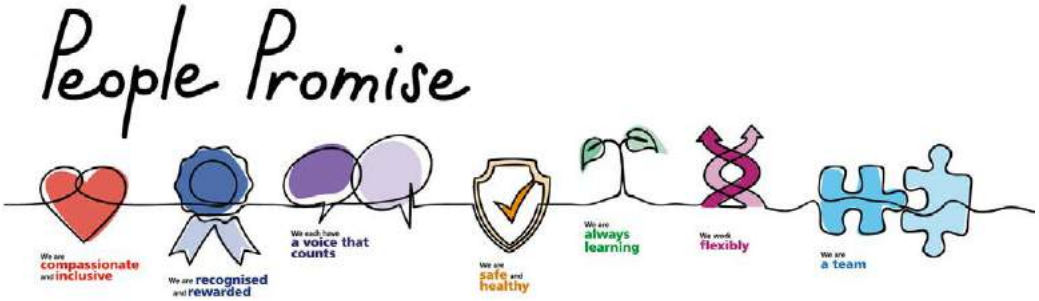
Wellbeing Offer and NED Champion	Wellbeing Wednesdays very well embedded.	Trust wide Wellbeing day 13th October LLR System wide wellbeing, QI and leadership planned week in November.	
Flexible Working	Flexible working policy in place and requests monitored.	Further review following Triple R and transforming working lives work.	KB
Listening Conversations	Compassionate Conversations: Understanding BAME communities run monthly. Senior leadership forums. Staff networks. Big conversations. Exec sponsors in place. DON recently compassionate conversations.	Triple R check ins Staff networks SLF Further planned events to take place and also upon request in Directorates.	HA/ KB/K B
Together Against Racism TAR	Group communications and intentions distributed. Board and Executive pledges confirmed. First group masterclass to taken place and well received – John Amaechi	Executive pledges utilised through conversations TAR meetings. Pledges linked to appraisal Exploring options for trust wide appraisal objectives suporting TAR.	HA
Landmark Scheme	Participating in national retention scheme to support return of NHS leavers who have stepped forward during Covid to the general workforce.	National retention scheme workshops to be scheduled.	DN/K B
Belonging in the NHS			
Staff Support Groups	Continuing to meet and grow. Co-production of Action Plans. Establishment of women's network.	Ongoing review of regularity of meetings and promotion of networks. South Asian History Month organised. Black History Month to take place in October. Lets talk about Race NHS people plan national conversations underway.	HA
WRES/WDES Action plans	Reviewed plans in line with updated metrics Board sign off. Detailed reports through SWC QAC and board on activity received. 2nd cohort Reverse Mentoring programme is underway. Diverse panels are mandated and regularly promoted. Race Equality training is ongoing. Talent management for BAME staff is being explored. Targeted We Nurture Programme underway with 2nd cohort completed.	2nd cohort Reverse Mentoring programme is underway. Diverse panels are mandated and regularly promoted. Race Equality training is ongoing. Talent management for BAME staff is being explored. WDES a number of objectives have been developed to drive up declaration rates, access to career opportunities, access audits of estates and facilities and awareness raising.	HA
Increase BAME Representative at band 8a+	Career conversations Interview skills training Model employer Target for 2025 is 23.9% band 8 a and above in senior positions.	At March 31 the number of BAME staff at bands8a and above was 13.4% (50). At the end of August this was 14.6% (60). Up by 10.	HA
Continuing the Our Future Our Way culture, inclusion and leadership	Change champions meeting taken place Collective leadership stories gathered ready for comms campaign.	You Said We Did campaign/Staff Survey commenced October Review of Change champions commitment taking place. Planning for refreshed SUTG culture objective.	FM

programme		The first 90 day onboarding programme for new starters and managers roll out to be implemented.	
Leadership behaviours	Staff contacted and encouraged to take part in the training. Divisional engagement to support training compliance and embedding.	You Said We Did comms campaign to promote leadership behaviours Training compliance reports being shared. Planning taking place to promote alignment of behaviours in line with refreshed SUTG culture objective.	FM
Together against racism	Group communications and intentions distributed. Plans on page and ambitions identified. Board / Executive pledges developed, John Amaechi session held, TAR meeting held on 27th September to continue work in this area. Good progress being made.	Using the Pledges in conversations with staff and networks. Appraisal conversations.	HA
New ways of working			
Transforming working lives	Triple R programme underway BIG Conversations and theming complete. Actions identified through the programme.	Implementation of blended working.	SM
Workforce planning	Agreed a joint approach to planning across activity, finance and workforce ensuring alignment. Quarterly planning review meetings with services to review progress against current plan and upcoming developments for future plan. Continuous cycle of planning. Set of wellbeing early warning indicators and an approach to monitoring recruitment/workforce growth agreed by system workforce planning team.	First set of planning review meetings held with directorates more to follow. Consider the remit of Strategic workforce committee to become more future and planning focused.	NW
New roles development	Appointment of a Practice Development Practitioner for MH Transformation Programme to support the development and embedding of new roles within the programme. Grow our own is the programme of support for the development of our existing workforce. to meet our future knowledge and skills requirements, particularly focusing on two categories: • Roles that impact on the establishment. • Roles that need specific (predetermined) education.	Progress the roles identified in the 6 months staffing review that went to board.	NW/DN/AOD/EW
Grow our own	We Nurture BAME cohorts. Group model Talent joint objectives. Exec Talent pilot re-energised.	Exec Talent development session planned for October/ November. Further capacity funded to support Talent + EDI agenda priorities.	FM/AOD
Nurse associate centralisation	36 appointed 2 Cohorts due to complete March & June 2022. 2 Cohorts due to complete March & June 2023.	Continue with cohorts.	AOD
Growing for the future			
Enhancing recruitment	Recruitment deep dive on activity through SWC	Review progress through SWC.	DN

project	Programme of recruitment in place.		
Growing our own	Funding to accelerate recruitment, on-boarding and ongoing support for new. HCSWs without prior health or social care experience, in order to significantly reduce established vacancies as close to zero as operationally possible by March 2021. Intense 5 day core Health Care Assistant (HCA) clinical skills training programme. Six courses delivered to date with a total of 60 places available. 28 delegates have attended: 8 delegates new to health care, 14 joining with some prior care experience, 4 existing LPT HCAs and 2 Bank staff. Of those numbers; 24 HCAs have been appointed to community hospital wards, one to FYPC&LD Services and one to Mental Health Services.	Continue to recruit and train.	AOD
Talent management and succession planning	Joint group objectives agreed. Exec Talent pilot re-energised	Exec Talent development session planned for October / November. Further capacity funded to support Talent + EDI agenda priorities. Exploring system wide opportunities for leadership talent management progress through the system people board. Progress the group talent programme of work.	FM
International recruitment	Recruitment in progress and 30 candidates appointed in principle.	Recruitment checks and activity Support and pastoral care for the workforce. System working to progress.	DN/AD
HCA Vacancy Reduction	Introduced new to health / care training course for staff who were new to the sector to widen recruitment pool	Continue with the programme of work	DN/AOD

Assurance approval

Board members asked to note progress against actions outlined in the people plan.



Governance table

For Board and Board Committees:	Public Trust board 26th October 2021	
Paper sponsored by:	Sarah Willis, Director of HR & OD	
Paper authored by:	Fiona McNamee, Head of Organisational Development	
Date submitted:	14/10/21	
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):	SEB SWC	
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	Progress reports will be provided 6 monthly.	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	
	Single Patient **R**ecord	
	Equality, Leadership, Culture	X
	Access to Services	
	Trust Wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	24, 25, 26, 27
Is the decision required consistent with LPT's risk appetite:	n/a	
False and misleading information (FOMI) considerations:	no	
Positive confirmation that the content does not risk the safety of patients or the public	No Risk	
Equality considerations:	Included	

The NHS workforce Health & Wellbeing Guardian 9 principles

The 9 Principles	LPT current actions	Actions in development
1. The health and wellbeing of NHS people will not be compromised by the work they do	• Appraisals currently have a section on HWB within it and health and wellbeing conversations are promoted as integral to the appraisal process. • Staffnet includes HWB resources and signposting to support managers to facilitate a wellbeing conversation and staff to prepare for one. Half hour sessions available for leaders and managers on MS teams to provide additional support. • From April 2021 launch of staff wellbeing BIG conversations led by Deputy CEO as part of our road to recovery (Reflect, Reset, Rebuild). Actions in place for blended working.	• Autumn HWB Festival in October 2021 • Programme of staff engagement sessions to be planned on an ongoing basis.
2. The board and guardian will check the wellbeing of any staff member exposed to distressing clinical events	• Immediate support is offered locally and psychological support offered as a follow up. • Following an SI there is a learning event held (Learning lessons exchange group) • Reflection event, reflection gardens and benches planned for November 2021	• Policy development for debrief of staff to support local arrangements (Louise Evans leading on this)
3. All new NHS staff will receive a wellbeing induction.	• HWB is included in our current induction. • HWB lead delivers HWB presentation to all new staff recruited.	
4. The NHS people will have ready access to self-referral and confidential occupational health services.	• Occupational health services, Amica, the Wellbeing Hub and our self-referral to MSK services are all regularly promoted in both our weekly and monthly HWB communications and in the Trust newsletter. • LLR MHWB Hub is available to all NHS and social care staff	
5. Death by suicide of any NHS people will be independently examined	• The Suicide prevention lead for the Trust has shared resources which are now included and discussed in the HWB presentation. These are also shared through the monthly newsletter and on social media. • Suicide prevention section within HWB page on staffnet. • Commitment that suicide of any NHS staff member whilst in employment would be independently reviewed.	

6. The NHS will ensure a supportive, safe environment to promote psychological and physical wellbeing	• LPT has a HWB calendar with a HWB topic each month to support psychological and physical wellbeing. This is also shared though our HWB Champions and HWB communications. • The HWB Guardian writes a message to all LPT staff which is shared via our weekly "Wellbeing Wednesday" email. This regularly features staff stories on wellbeing activities. • Wellbeing Wednesday lunchtime activity sessions include: Yoga, Pilates, Tai Chi and Zumba. • HWB has a dedicated, regularly updated page on staffnet. • Regular posts are made to support HWB on social media. • IPC practices embedded and audited across LPT • Input from Health and Safety Team to ensure safe environments. • In 2021/22 our charity Raising Health is using £106,000 of covid grants from NHS Charities Together to bring staff rooms up to a consistent standard across the trust so staff have time away from the wards to relax in a comfortable space.	
7. The NHS will protect the cultural and spiritual needs of its people, ensuring appropriate support is in place for overseas NHS people	• Promotion and celebration of religious festivals takes place. • Regular promotion and signposting to our staff support networks. • Signposts to culturally diverse resources eg- Liberate Meditation app, multi-faith prayer rooms • BAME coaching available through NHSE/I and promoted via HWB comms • Chaplaincy service are available and visible to staff	• Consider needs of overseas staff as we start their induction into LPT
8. Necessary adjustments for the nine groups under the Equality Act 2010 will be made	• Regular promotion and signposting of HWB to our staff support networks for BAME, LGBTQ+, Carers, Young voices, MAPLE (Mental & Physical Life Experience), Women~~s~~ • Exec sponsorship of each group - HWB Guardian has joined in network sessions. • Reasonable adjustments made to retain staff in employment.	
9. The wellbeing guardian will suitably challenge the board	• The HWB Guardian will use the People Plan and 9 principles to hold the Board to account on delivery of agreed actions and provide assurance at the Board.	

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Leicestershire Partnership NHS Trust

QUALITY ASSURANCE COMMITTEE – 28th September 2021

HIGHLIGHT REPORT

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

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

Report	Assurance level*	Committee escalation	ORR Risk Reference
Director of Nursing, AHPs & Quality Report - Paper C	medium	The NHSEI IPC visit has now been rescheduled for 14th October 2021 and preparation plans are underway building on the learning from the last visit. 3 covid outbreaks - 2 are now closed 3rd is due to close on 8th October 2021. Key learning has been extracted from the events. Flu and covid co-delivery plans are underway. The school age immunisation programme began on 22nd September. Dedicated SI investigators begin their roles shortly and an improvement should be seen in SI actions and investigation completions. Discussions were held around staffing issues and training compliance. QAC agreed that medium assurance was received from the report due to staffing issues, SI backlogs, QI plans in progress and the areas for improvement noted at the MH Act unannounced visit.	1,2,3,4,5,9, 40
Medical Director Update - Paper D	high	National confidential inquiry data report on suicide had been released confirming no increases in the years pre and post pandemic – the demographics remain the same. The clinical plan outline was presented at the Trust Board development session on 21st September 2021 and mapping and engagement for this continues. Consideration is being given to enabling consultant to work remotely. There is currently a shortage of consultants in some specialities and a comparatively high caseload within LLR – long	1,2,3,4,5, 26, 28

Report	Assurance level*	Committee escalation	ORR Risk Reference
		term locums are being used to mitigate the risks of breaks in service continuity.	
Director of HR Update - Paper E	high	Activity around health and well-being continues across the Trust. There is a focus on training compliance and on recruitment and attraction initiatives. The staff survey went live on 27th September. 13 teams are forming part of a blended working pilot during September 2021. The workforce bureau focus is now on the 12-15 vaccination programme.	4, 24, 25, 26, 27
Controlled Drugs Accountable Officer (CDAO) and Annual Report - Paper F	high	Governance is effective with regular audits conducted by the pharmacy team. 107 incidents are detailed in the report each investigated and mitigation put in place as necessary. No escalations were deemed necessary and the CQC recent visit reported no issued were found.	1,2,3
Performance Report - Quality and Workforce Measures - Paper G	m l	Discussions were held around the data presented in the report. QAC agreed that a split medium low assurance was received from the report – it was good to see progress around the new roles and mitigations in place but there were still some key standards in particular around recording supervision that were not improving or being delivered. This will continue to be monitored by QAC.	ALL
Safeguarding Bi-Monthly Report - Paper H	medium	There was an increase in requests for advice in August 2021 compared to August 2020. External support continues for the team. The advice line opening hours have increased and examples from cases are being used in training staff. Additional Prevent wrap training sessions have been planned to address the decrease in compliance - the pressure on safeguarding teams is a system wide issue and is seen as a partnership concern.	1,2,3
Sexual Safety Annual Report – Paper I	high	There has been a rise in incidents detailed in the report but this is attributed to clearer reporting mechanisms and staff confidence. The four guiding principles when considering sexual safety and the next steps for the future are detailed within the report.	1,2,3
Pressure Ulcer Update Report (to provide assurance) – Paper J	medium	An experienced registered nurse is now leading this project and learning from the Hinckley Hub who have low numbers is being shared across the teams with pressure ulcer prevention work and a shared decision making model being rolled out during October. The Stop the Pressure campaign across the Trust encourages service user involvement and has learning resources available for all areas. QAC agreed that medium	1,2,3,4,26

Report	Assurance level*	Committee escalation	ORR Risk Reference
		assurance was gained from the report – the action and project plans are good but evidence of improvement in further updates is required.	
Deteriorating Patient Update Report (to provide assurance) – Paper K	medium	The paper describes the work completed following the 360 Assurance audit.	1,3
LPT Inpatient Death Report – L	high	The report confirmed that there are no underlying themes to connect the deaths with no issues with staffing, patient safety governance or how care is offered. Conclusions of all investigations were that there was no data or narrative to suggest that the ward is unsafe. A mental health inpatient safety toolkit and robust suicide prevention is employed across the Trust. The recommendation from this report will be mapped with SI reports and this learning will be shared.	1,2,3
Adult Eating Disorder (AED) Provider Collaborative – Paper M	NA	SOP and TOR for sign off by the committee as LPT & QAC have oversight of the quality element of this matter. QAC approved the SOP and TOR contained within the report.	55
Violence and Aggression Deep Dive Update – Verbal	NA	NHSEI have issued violence and aggression prevention reduction standards and LPT's self-assessment has been completed. An oversight group is being established and the TOR and governance route is being drafted. A 360 Assurance audit is also planned.	1,3
Seclusion – Paper N	medium	QAC received medium assurance from the report due to data inconsistencies which are currently being rectified.	1,2,3,28
Mandatory Training Annual Report - Paper O	medium	Focus changes to training provision due to covid are detailed in the paper. The challenges remain and despite the capacity being available this has still not addressed the non-compliance. Focus is also on the DNAs. The new Ulearn system further supports individual training which such start to have a positive impact.	4,25,40
Freedom To Speak Up Guardian 6 month Report - Paper P	high	There has been a decrease in reporting issues within CHS. As a result of feedback from staff feeling that they were not listened to when speaking up further links are being made with the district nursing hubs during October. Areas of concernhave been identified and all issues raised are dealt with in line with FTSU policy.	1,2,27,28
Organisational Risk Register - Paper Q	high	All risks have been updated. It is proposed that risk 52 the student placement capacity risk should be closed. An ORR and Risk Appetite development session is booked for 22nd October	ALL

Report	Assurance level*	Committee escalation	ORR Risk Reference
		2021. QAC supported the closure of risk 52.	
Mental Health Act 360 Assurance Report - Paper R	NA	These recommendations are now on the Quality Surveillance Tracker.	1,2
Research and Development Quarter 1 Report - Paper S	high	The team continue to explore synergies with NHFT and work on major national studies continues along with important clinical trials.	40
Strategic Workforce Committee Highlight Report 27TH July 2021 - Paper T	high	QAC agreed that high assurance was received from July's report in that all matters were being addressed and escalated appropriately. acknowledging the September's report may show a different picture.	1,4
Health and Safety Highlight Report 2nd September 2021- Paper U	high	The Emergency Preparedness Resilience Response and core standards has been rated as fully compliant in the recent self-assessment. NHSI will respond to this shortly. EMEC and the Ligature Group will continue to monitor Fire and Ligature risks and report into the Health and Safety Committee which will be presented to QAC for assurance.	1,2,3,5
Legislative Committee Highlight Report 11th August 2021 - Paper V	medium	The governance around the Mental Health Act at the time of admission is robust and there were no deviations from practice. The areas for improvement were detailed in the report and a further request for details of the action plan for improved MHA Census compliance data was requested for next QAC.	1,2
Safeguarding Committee Highlight Report 11th August 2021 - Paper W	high	QAC received high assurance from the report.	1,2
Quality Forum Highlight Reports 12th August & 9th September 2021 - Paper Xi & Xii	medium	Many of the issues detailed in the report have been covered in the agenda items today. QAC received medium assurance from the report.	1,3

Chair	Moira Ingham

O

Leicestershire Partnership NHS Trust

Public Trust Board – October 2021

Report title

Patient Safety Incident and Serious Incident Learning Assurance Report for Aug – September 2021

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

Analysis of the issue

The Corporate Patient Safety Team (CPST) continues to work to support the governance of patient safety improvement and early recognition of trending incidents across the trust to offer early insight for leaders and working closely with the Directorates.

The data presented in relation to incidents is considered in the specialist groups with the learning and actions required to improve patient care and staff engagement in the investigation process; the expectation is that they are owned and monitored through the directorate governance route.

With the continued recovery from the Covid19 Pandemic our management and compliance with NHS framework timescales of Serious Incident (SI) investigations continues to be challenging with variable compliance with the 60 working day deadline for submission to the CCG; frequently investigations are being required to be resubmitted to satisfy closure with some, requiring submission twice with increasing feedback. Some feedback has been outside the scope of the investigation and directorates have required corporate support to challenge this.

We are slowly progressing with planned changes to patient safety incident investigations with an improved focus on quality of reports and the learning from them working collaboratively with families/patients and our staff involved and less focussed on timescales. Timescale compliance of internal investigations of 40 days currently remains extended to 50 working days to assist teams in local learning and pandemic recovery and the increasing challenges of clinical workload and investigating. CPST continue to work with directorates to recover and strengthen processes to improve these positions. The timely closure and enactment of SI and internal action plans to close the investigation process continues to be challenging; however clinical Directorates have embraced ownership and are working hard to improve this. Additional scrutiny from the Trust senior team and CQC and the risk detailed on the Trust's risk register continues with local monitoring processes for backlog reporting regularly into local and Trust wide groups.

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. We

have now included the overall position of all investigations and action plans previously unreported through the bi-monthly board report.

All incidents reported across LPT in August and September 2021

Incident reporting is not seen as a good single indicator of safety in the clinical environments, however, these can provide an early indication of incident change in specialities or even across the trust or a wider healthcare system. Our incident reporting remains consistent with timely upload to the national reporting and learning system (NRLS). The NHS is awaiting the transition to a database that is more robust and advanced system allowing for improved and quicker identification of national/regional trends in themes, earlier national escalation and eventually learning. Trust-wide incidents are uploaded at least once a week to the current NRLS database; this is to avoid 'peaks and troughs' on our nationally reported incident profile.

There are occasions when our incidents that are reported as 'moderate harm and above' are uploaded to NRLS before local review of harm/incident; these are then seen by NHSE/CQC and can be included on the national NRLS reports. We have the ability to flag incidents for re-upload to NRLS once we have reviewed the level of harm.

The CPST acts as a 'safety net' to the process regularly reviewing /escalating any outstanding incidents still flagging at 'moderate harm and above' and encourage this review through the incident review process, or by checking and challenging harm levels not reviewed in conjunction with incident review and/or closure of incidents at directorate level.
The importance of directorate and speciality ownership for timely review of incidents and the harm level assigned to them is paramount; this requires focus and senior oversight in Directorate.

Review of Patient Safety Related Incidents

Pressure Ulcers - Patients affected by pressure ulcers developed whilst in LPT care

There continues to be inconsistent trend in the trajectory and the impact on patients with category 4 Pressure Ulcers has increased in August/September 2021; this is also mirrored in Category 2 pressure ulcers that are now showing special cause variation since February2021.

We continue to share the reporting of Category 3 pressure ulcers that have developed in LPT care as this should be the focus for preventative care planning to understand why pressure ulcers then further deteriorate to category 4 for our patients in our care leading to significant harm, distress and an increase in healthcare resources.

Category 4 pressure ulcers continue to be of concern since May 2021 with increasing trajectory. Concerns have been raised by clinical teams due to changes in visiting schedules; initial information has identified the reduction in visits and inconsistent visiting approach has been implicated in the deterioration of patient's existing pressure ulcers to category 4, directly aligned to the staffing risk. These have been reported as serious incidents via StEIS with full investigation, instead of the case review that since November 2020 has been the agreed approach to investigation.

All inpatient acquired category 4 pressure ulcers are reported as SI's, the Director of Nursing notified and an additional sharing with the CQC; there were none reported to date for August/September 2021.

Falls

The falls group continue to meet and monitor all falls and the CPST support this work offering additional scrutiny with increased focus on work promoting the importance of accuracy with falls

risk assessment to inform and proactively manage the required nursing and therapy intervention in the clinical area.

Staff are continuing to report the continued success with early recognition of gaps in care and learning form the bespoke reporting of falls with harm. These are some of the most serious incidents affecting our patients in both physical injury and requirements of additional unplanned NHS care as a result; many never returning to their pre-fall wellbeing. We continue to share the bespoke 72hr falls with harm report that has proved to be successful and promoting transparency with the local CCG, CQC and reporting to the Trust Executive team through a bulletin approach, which, has previously not been undertaken. Patient Safety Incident Investigations regarding all falls with a degree of harm resulting, are also now directly shared with the Executive Director of Nursing, AHP's and Quality for review and sign off before sharing with CCG. This enables greater information in understanding challenges of inpatient falls prevention and how patients and families are affected.

LPT Falls Steering group continue to link in with the directorates to improve the safe management of patients who are at risk of falling. We are receiving regular monthly evidence of the scrutiny, reflection and learning from the directorates, and planning, once a quarter, to focus on the 3 key area, CHS, MHSOP, DMH and LD to reflect and review how learning is being embedded.

'Flat lifting' equipment is being rolled out to enable staff to safely raise people, who have fallen, off the floor and thus reducing the risk of exacerbating any injury. 'Raizer chairs' are also being supplied to some wards e.g. Mill Lodge, as a less invasive way of lifting patients from the floor following a fall when no injury has occurred. In both examples the patient's experience of being lifted off the floor is far better than when using a hoist.

Our falls across the organisation have not shown any positive downward trajectory and further initiatives are being explored through QI and PDSA processes to see if this approach can positively influence this. However, it is currently challenging due to operational pressures to find clinical staff that can be released to support the progression of these initiatives due to current staffing pressures.

All Self-Harm including Patient Suicide and Progress

There has been a decline in all self-harm incidents resulting in 'moderate harm' and above in August 2021; however this is not reflected in September 2021 along with an increase in patient death considered to be due to suicide. The picture remains the same with the community mental health access services continuing to report increasing numbers of patients in crisis who have allegedly self-harmed or are planning to.

Inpatient self-harm reporting across both CAMHS and adult mental health continues to demonstrate that it can fluctuate depending on individual patients and their individual risk profile. These incidents range from very low harm to multiple attempts by inpatients during individual shifts posing significant challenge to staff to keep them safe and supported; head-banging and ligature attempts being common attempts by many distressed patients. ' STORM' a bespoke Training package for raining Suicide Awareness, Prevention and Postvention to support our staff to deliver high quality interventions and support patients in distress by thoughts to end their lives is a priority for the trust with a options appraisal paper being planned in adult mental health with a need to recognise this across directorates.

World Suicide Prevention Day (WSPD) on September 10th 2021 had a theme of 'Creating Hope through Action'. There were several workshops delivered by LPT as part of the LLR 'Start a Conversation' online offer. It was notable across the week that attendance was much lower than last year; it was observed that there were a high number of regional and national events to attend for people and very conscious that people are stretched and tired. A session to explore the needs of staff and suicide prevention will be rescheduled and after discussion at the LLR strategic Suicide Prevention and Audit Group meeting in October 2021.

'Rapid clinical reviews' continue to be undertaken as part of the initial response to a patient who appears to have taken their life by suicide to gain initial learning in relation to mental health wellbeing, social, physical, family and emotional aspects of that person's life.

Violence, Assault and Aggression (VAA)

There is a continuing trend of high numbers of VAA across the Trust. Incidents of moderate harm and above showed a sharp rise and again have also included incidents that have been escalated to an SI and those with significant staff injury. An identified theme is that of individual patients on the low secure forensic unit awaiting transfer to medium secure facilities. This has meant that staff are managing patients who poses significant risk to staff, self and others.

Unfortunately, this category of incident features in all mental health, CAMHS inpatient and all learning disabilities top 5 incidents. There has been a 'deep dive' to understand the nature, place, time of incidents and tools available to our staff to support them in managing these increasingly worrying incidents. Our position is not unique as VAA have featured nationally across all aspects of the NHS in particular access services; however, we do not accept this as the 'norm'. LPT's challenge is to understand the patient's impact of mental health wellbeing and risk mitigations in place.

In addition CPST have linked with Health and Safety colleagues to discuss the ongoing concerns in relation to VAA across LPT to facilitate partnership working of the various work streams.

Medication incidents

Medication incidents have shown an upward trend in September 2021; none have been of significant harm and have been reviewed and managed locally as it is well recognised that medication errors, aside, from the obvious patient safety risks can have a significant impact on staff confidence. Promoting the use of the BESS medication error tool (stored in Ulysses) to facilitate learning and a 'just' approach to supporting and managing staff can help a reflective approach for both, staff, teams and manager. There continues to be room for improvement in utilising the BESS Tool as part of the incident review and supporting staff.

CPST is on track to explore and implement the delivery of a short training session supporting Band 6 and above clinical staff in improved reporting and management of medication errors following the review of the BESS medication error tool and electronic incident reporting amendments and cross referenced to patient identification in conjunction with link pharmacist.

Directorate Incident Information

Appendix 1 details 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 Mental Health, CAMHS and Learning Disability specialities, which demonstrates some of the challenges that the clinical teams continue to face across the Trust as they interact and deliver care to our patients.

Infection control has featured for CHS in relation to spike in Covid19 infections amongst the staff in line with national reporting.

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

The CQC continues to receive 72hr reports for newly notified SI's, completed SI reports and action plans along with evidence.

The new provider collaboratives have not developed their working processes; and none have a consistent approach to feedback/documentation to completed submitted Patient safety incident investigation (PSII) reports. The CPST are working with the collaboratives and local teams to agree processes that provide the required assurance without being onerous.

Learning Lessons and Action Plan Themes

The learning lessons exchange group is working together as a community of practice to achieve true sharing of learning and extended the invitation to those in roles were patient safety improvement

work takes place. Learning will often mean the need for a system change rather than individual change and these groups is learning together to spread and implement this thinking along with sharing what already exists at foundation of great care. System thinking and Human factors are naturally 'Just'. The next session is planned to explore the features of an outstanding organastions.

Key learning themes from SI's:-

Recurrent themes which remain unchanged:

- Record keeping has been consistently highlighted across all directorates either due to timing of entries (i.e. not contemporaneous), standard of record to provide a flow of knowledge
- Lack of accurate risk assessments review and if undertaken the use of this in planning patients care.
- Sharing amongst teams outcomes of risk assessments and the integrated approach to patient care
- Communication and understanding of common processes linked to this in speciality teams
- Teams not having strong consistent approaches to processes which results in variability of outcome.

Focussed themes and learning on Pressure Ulcers

All community acquired category 4 pressure ulcers to StEIS was altered in November 2020 to being managed locally. This process has taken time to embed and has achieved significant improvement in duty of candour communication with patients/families, timescale compliance with letters and final information sharing. The changes to the verification and investigation template in collaboration with the CPST Lead Nurse are now well embedded with teams with an improvement earlier learning/ information. With changes to scheduling of visits in last 3 months we are starting to see a decline in care delivery with missed opportunities to further prevent deterioration and an identified in early contributing factor in deterioration in tissue viability and development of category 4 pressure ulcer.

Learning and continued themes identified remain unchanged from previous board reports.

Focused themes and learning themes from Pressure Ulcer category 4

The reviews are identifying a need to think prevention at an early stage

- Recognition and timely escalation for additional supporting pressure ulcer relieving equipment
- Lack of timely holistic patient assessments, updating and sharing care needs consistently with patients, carers and families
- Unchanged recognition by staff for the need of mental capacity assessments on initial admission to caseloads and when patient's conditions change featuring where 'patient compliance' has been described as a factor in ulcer development/decline.
- Inconsistent approach to photography/documentation of wounds and to use the photography to inform care/escalation

Focused themes and learning from falls with harm

There continues to be key unchanged learning themes from the Falls Steering Group:

1. **Reassessment of Patients who have fallen** - Consider reassessing a patient who has fallen, even no harm, 24 hours after their initial fall to check for delayed pain or change of condition.
2. **Nursing observation intervention** – not being adhered to or not assessed correctly/timely when there are patient changes

3. **Monitoring of physical health status** – i.e. lying and standing blood pressure and recognition that change in wellbeing/medication matters

The CPST Lead nurse has identified a theme of non-sign off first time by CCG of the PSII falls reports. A thematic analysis is being undertaken in October to understand the challenges to this and will work with the trust falls lead to review the information and identify solutions.

Culture of Candour

'Being Open and Duty of Candour' (Culture of Candour) and to continue to raise the profile of saying 'sorry' to patients and families when care or services have fell below expected standards with or without harm. It is the right thing to do for our patients and families.

CPST can continue to report continued improvement across all directorates in the timeliness (<10days of recognition of 'moderate harm' and above) and quality of letters/communication with our patients and families. Services have embraced the practice of the person who knows the patient/family should initiate the process of candour and openness. Trust board support for final duty of candour communication to be undertaken by directors of services has seen a sustained and positive change for our patients, their families and our staff. We continue to see positive change with letters that are well written, demonstrating kindness, compassion, apology ('saying sorry') and need for learning from incidents for both final and initial culture of candour letters.

There are no Statutory Duty of Candour breaches to report to Trust Board. Best practice timescale breaches/delays are monitored and escalated through our Patient Safety governance groups and the Quality Forum.

Incident Review and Investigation Process

The CPST continue to facilitate the weekly incident review meeting (IRM) process that is shared with all three directorate governance teams and other key stakeholders which was extended to LLR CCG in June 2021 and does add a positive contribution to the group; there has been request by other provider collaboratives to attend as part of their assurance. The membership will expand to include medical input which will be a positive addition.

CPST Lead Nurse continues to deliver a short training session for band 6 and above staff to promote the importance of initial incident reviews and the need for quality to better inform decision making for next steps investigation. This monthly training support continues to be well received.

We are seeing more team leaders presenting their incidents, sharing post incident learning and participating in the decision making for next steps for investigation.

September 2021 saw 4 corporate PSSI investigators join the trust who are in the early phases of induction and inclusion in investigations according to their individual needs. Two are new to the NHS with backgrounds in the Police and prison service/legal.

Also in September we also saw the second PSII training programme commence for band 7 staff allocated by directorates to assist in the timely undertaking of investigations and supporting learning. There are planned programmes to continue well into 2022 along with refresher training for existing staff who have previously undertaken investigation training.

Incident Oversight and action plans post investigation

The incident oversight group continues to monitor the completion of PSSI investigation reports and action plans; there continues to be challenges faced by all directorates in relation to compliance and timely completion. Progress is slow however, the teams are committed to improving this; the information is shared in the appendices.

FYPC-LD have struggled to complete pre-collaborative CAMHS reports; there are 3 outstanding which are being prioritised.

There continues to be regular sustained commitment from the CPST in supporting the teams to address and embed this change in ensuring robust oversight of action plans and completion with a member of the team designated to undertake this.

Decision required

- Review and confirm that the content and presentation of the report provides assurance around all levels and categories of incidents and proportionality of response.
- Be assured systems and processes are in place to ensure effective investigations are undertaken that identify appropriate learning.
- To enable sighting of the senior Trust team of emerging themes through incident reporting and patient safety improvements

Governance table

For Board and Board Committees:	Trust Board 26th October 2021	
Paper sponsored by:	Dr Anne Scott	
Paper authored by:	Sue Arnold, Jo Nicholls, Tracy Ward (Corporate Patient Safety Team)	
Date submitted:	15/10/2021	
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):	PSIG-Learning from deaths-Incident oversight	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	Assurance of the individual work streams are monitored through the governance structure	
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	Bi Monthly	
STEP up to GREAT strategic alignment*:	High **S**tandards	X
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	X
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trust Wide Quality Improvement	x
Organisational Risk Register considerations:	List risk number and title of risk	1 – There is a risk that the Trust's systems and processes and management of patients may not be sufficiently effective and robust to provide harm free care on every occasion that the Trust provides care to a patient. 3-- There is a risk that the Trust

		does not demonstrate learning from incidents and events and does not effectively share that learning across the whole organisation.
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:		

Appendix 1

The following slides show Statistical Process Charts of incidents that have been reported by our staff during August and September 2021

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

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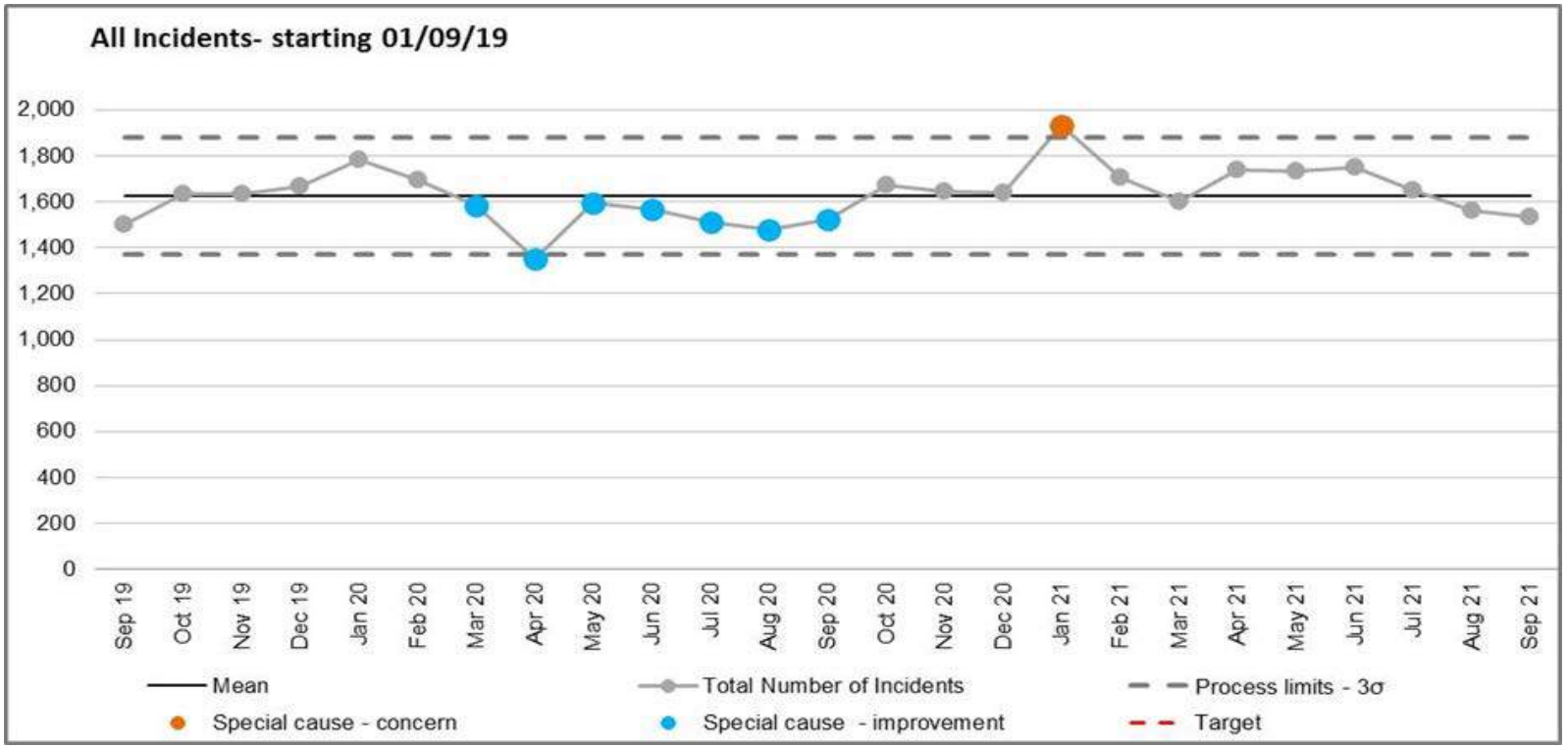
1. All incidents



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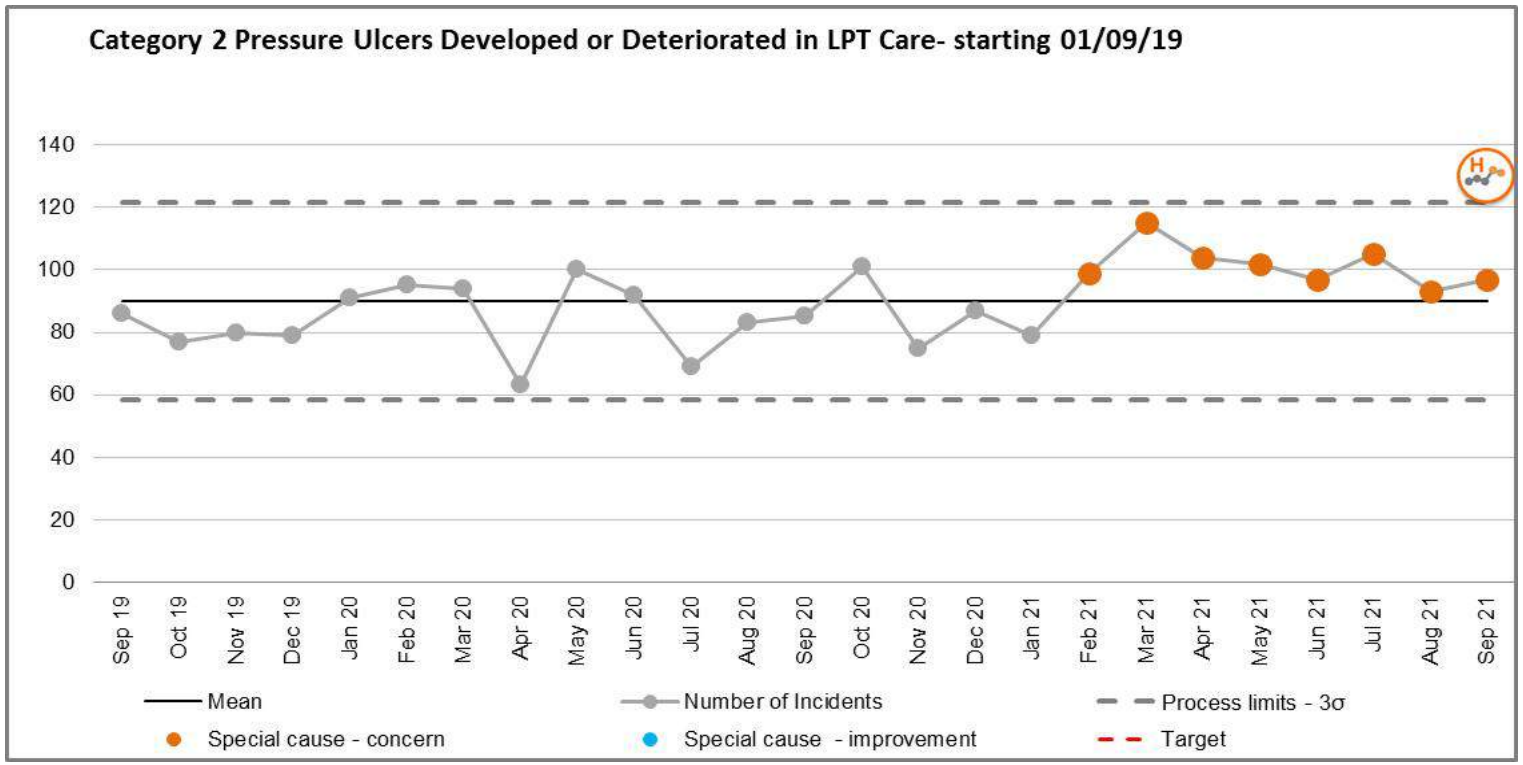
2. Category 2 Pressure Ulcers developed or deteriorated in LPT Care



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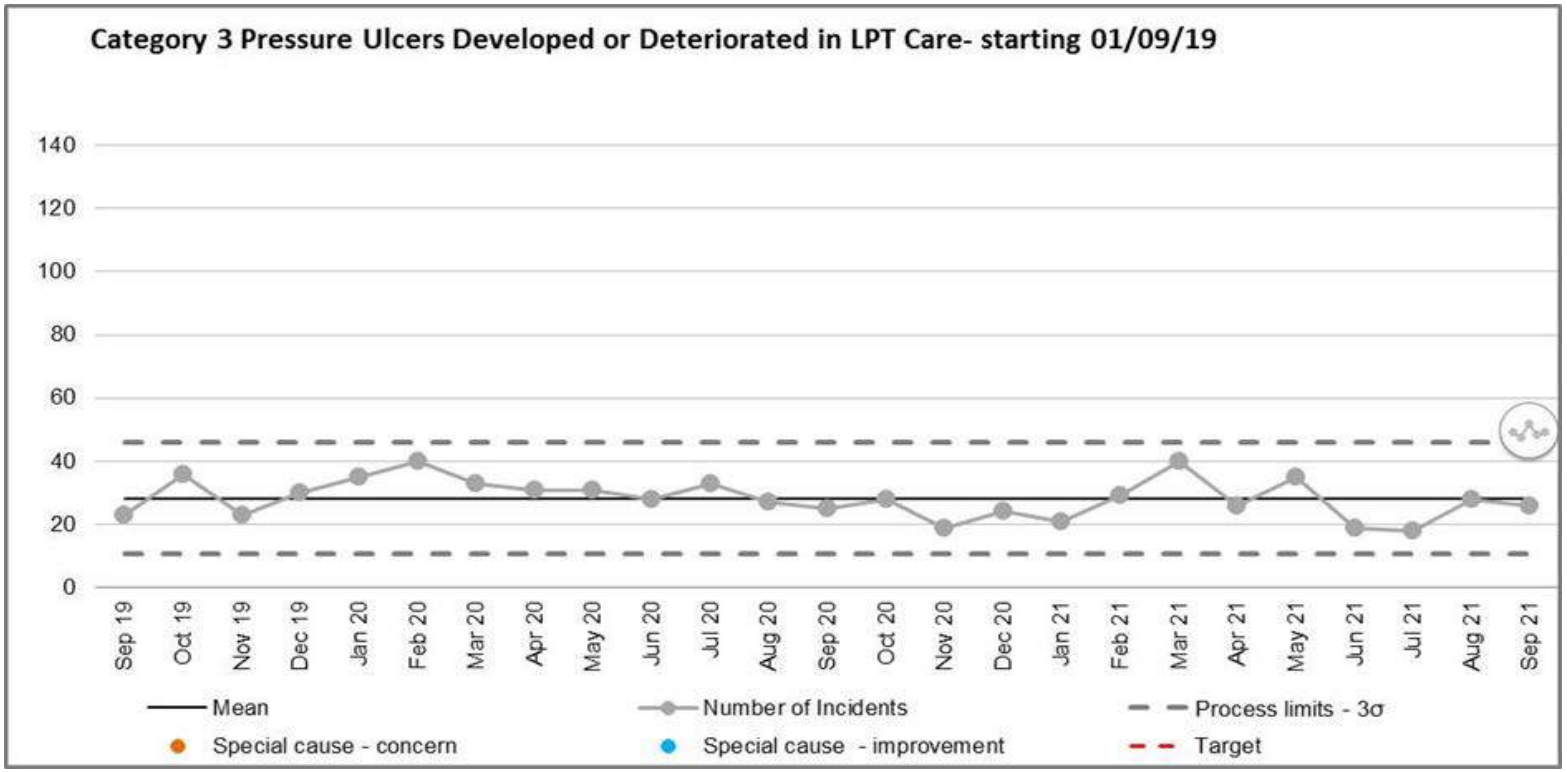
3. Category 3 Pressure Ulcers developed or deteriorated in LPT Care



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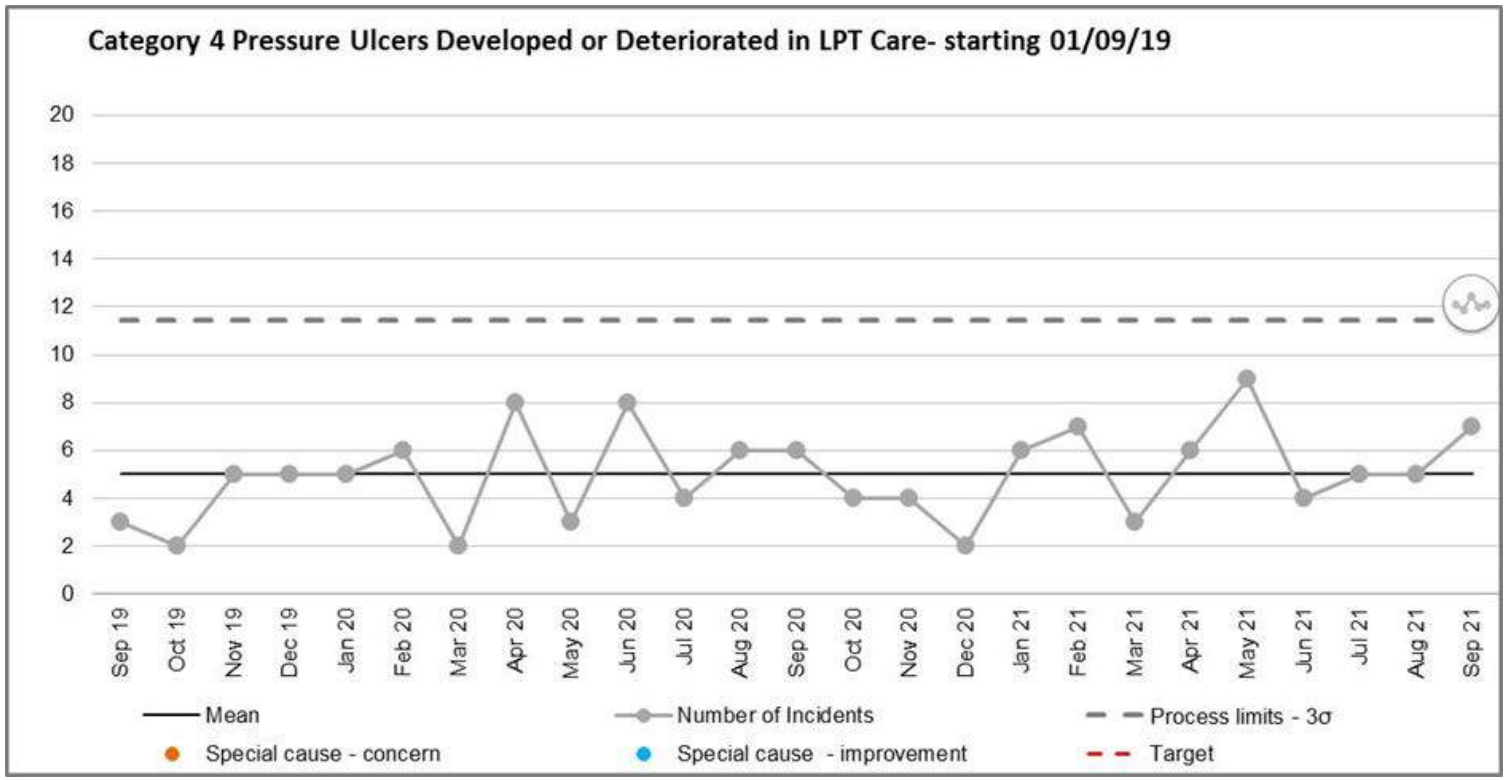
4. Category 4 Pressure Ulcers Developed or deteriorated in LPT Care



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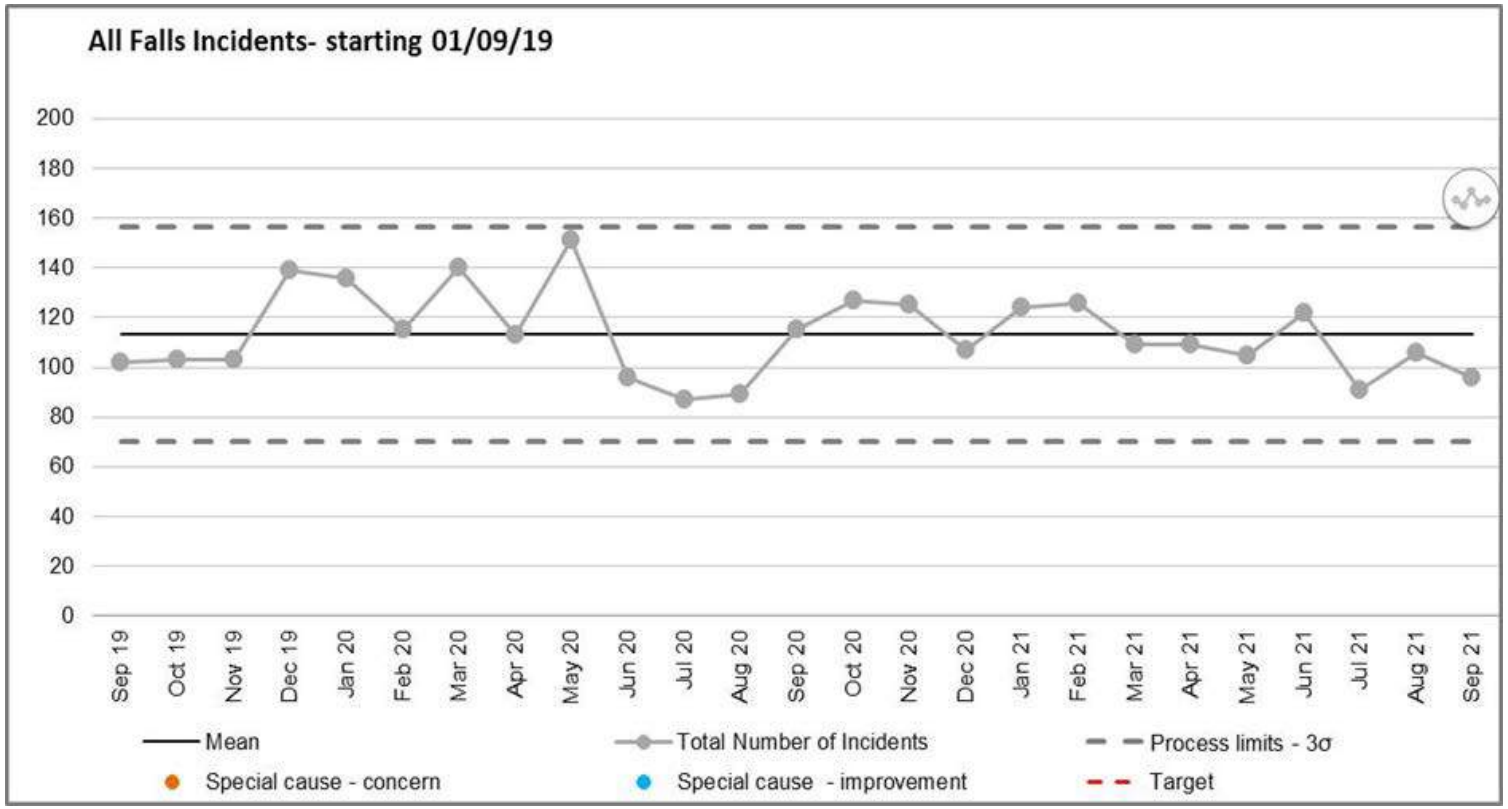
5. All falls incidents reported



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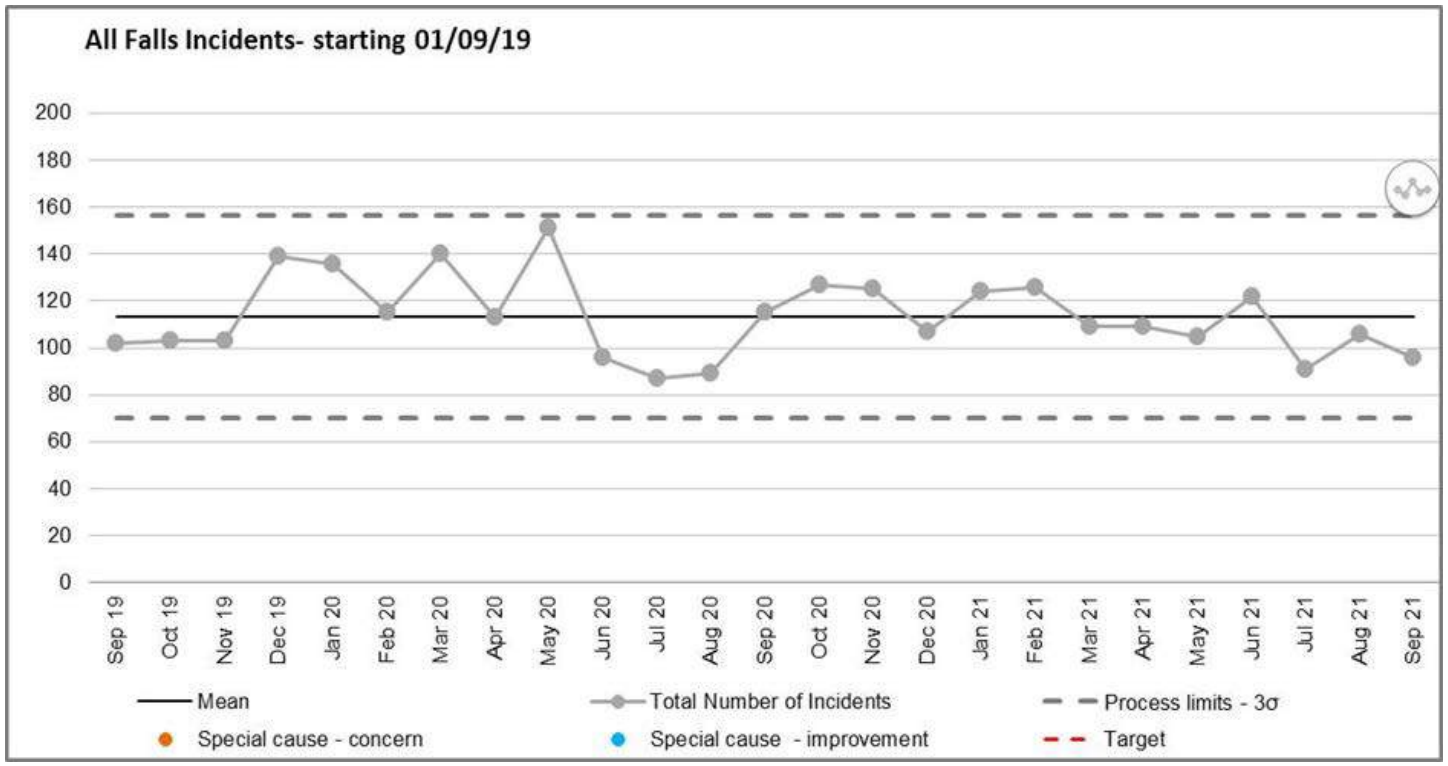
6. Falls incidents reported – MHSOP and Community Inpatients



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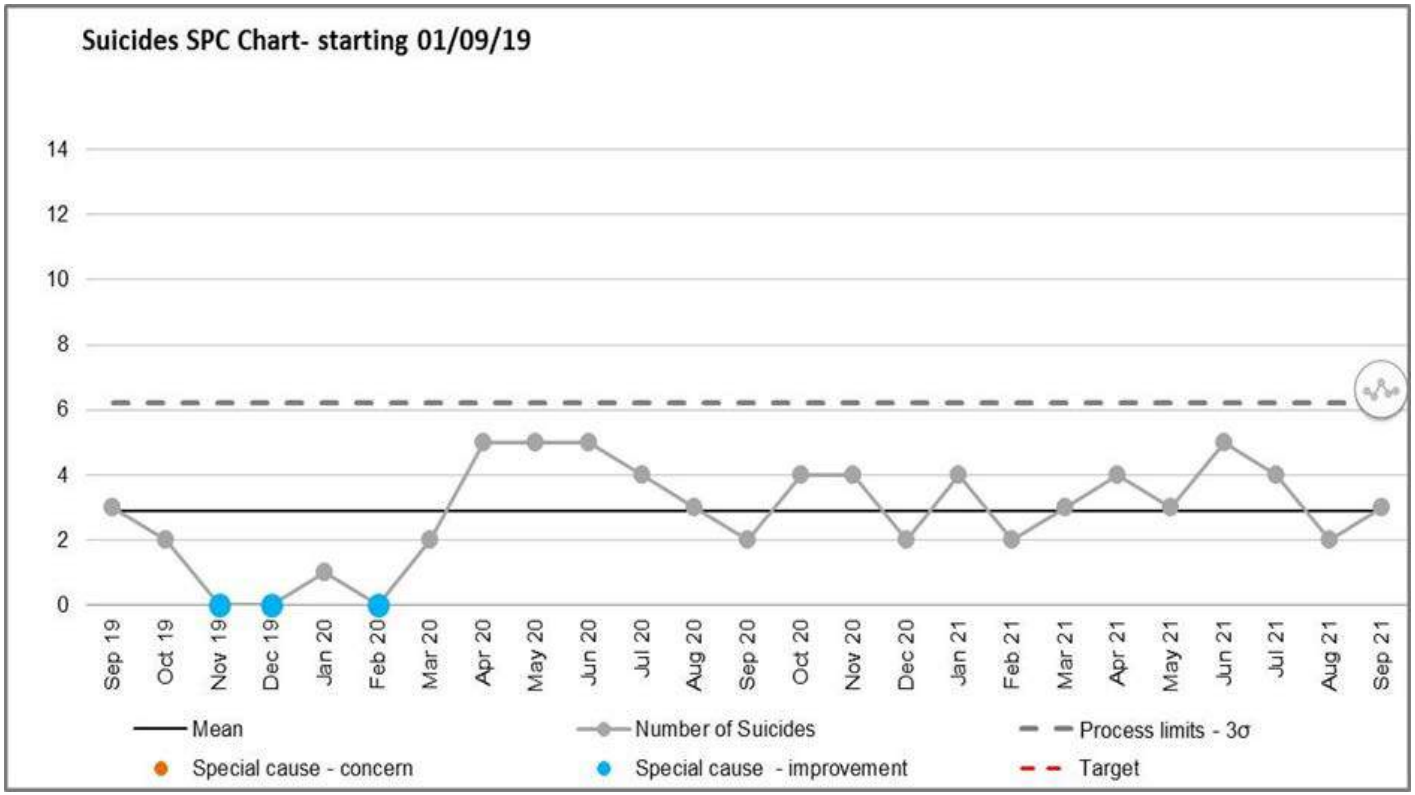
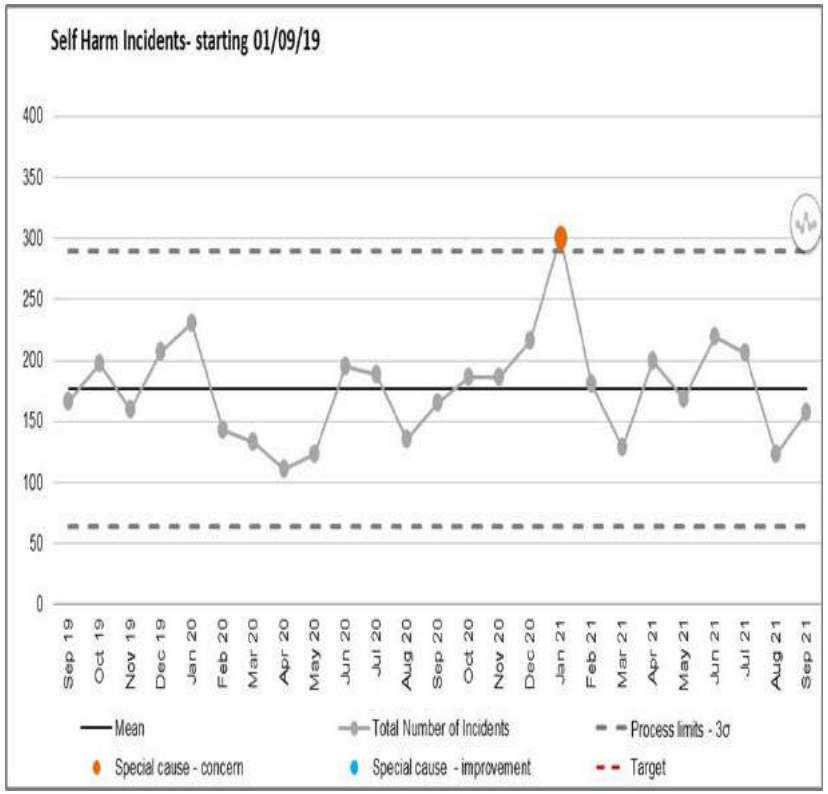
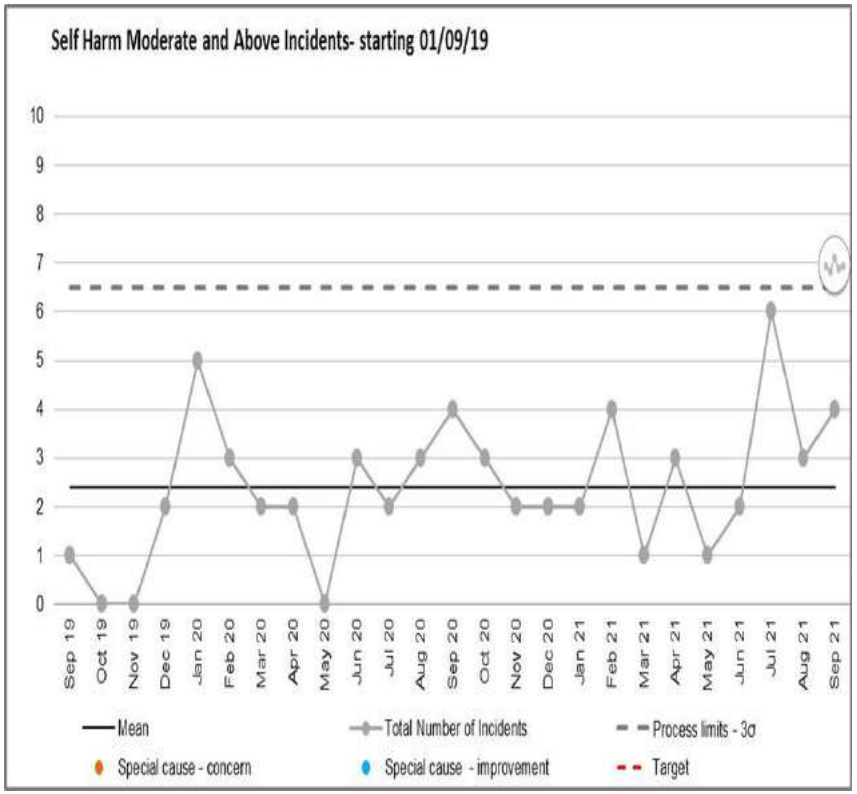
7. All reported Suicides

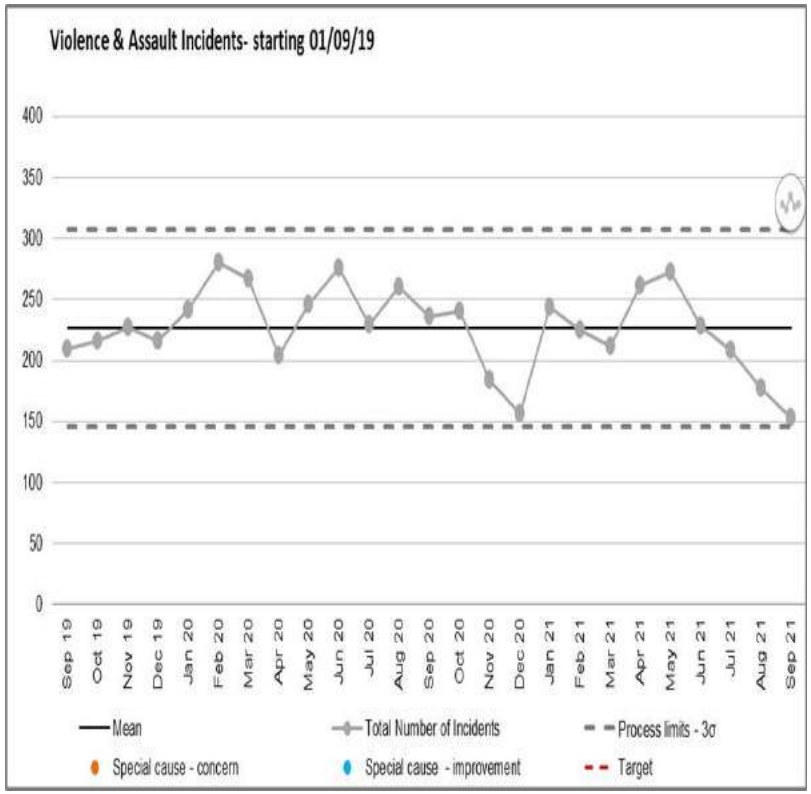


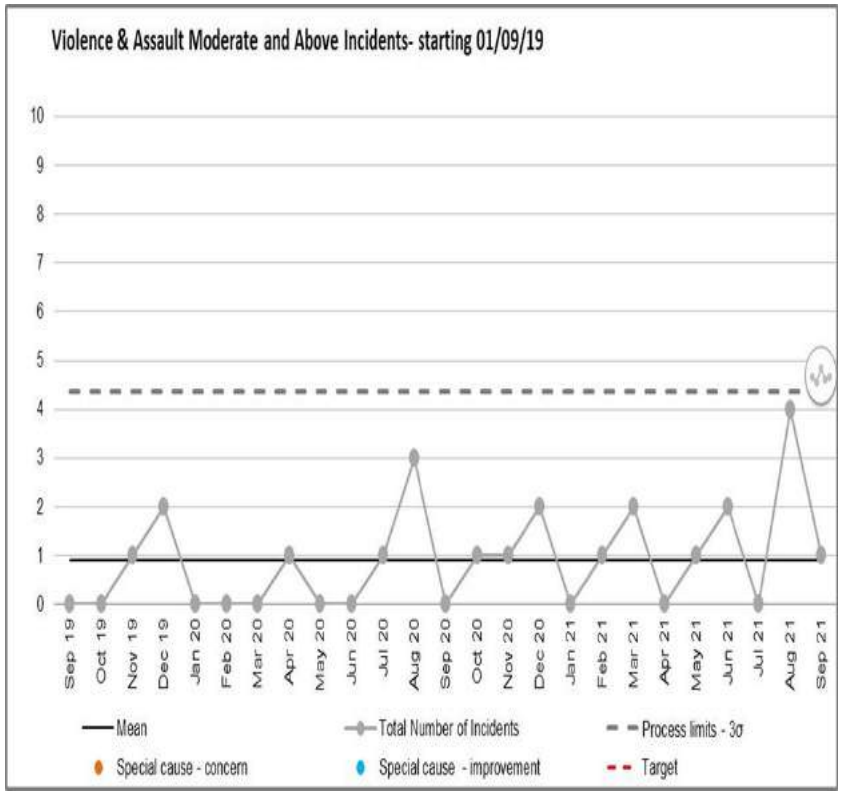
8. Self Harm reported Incidents



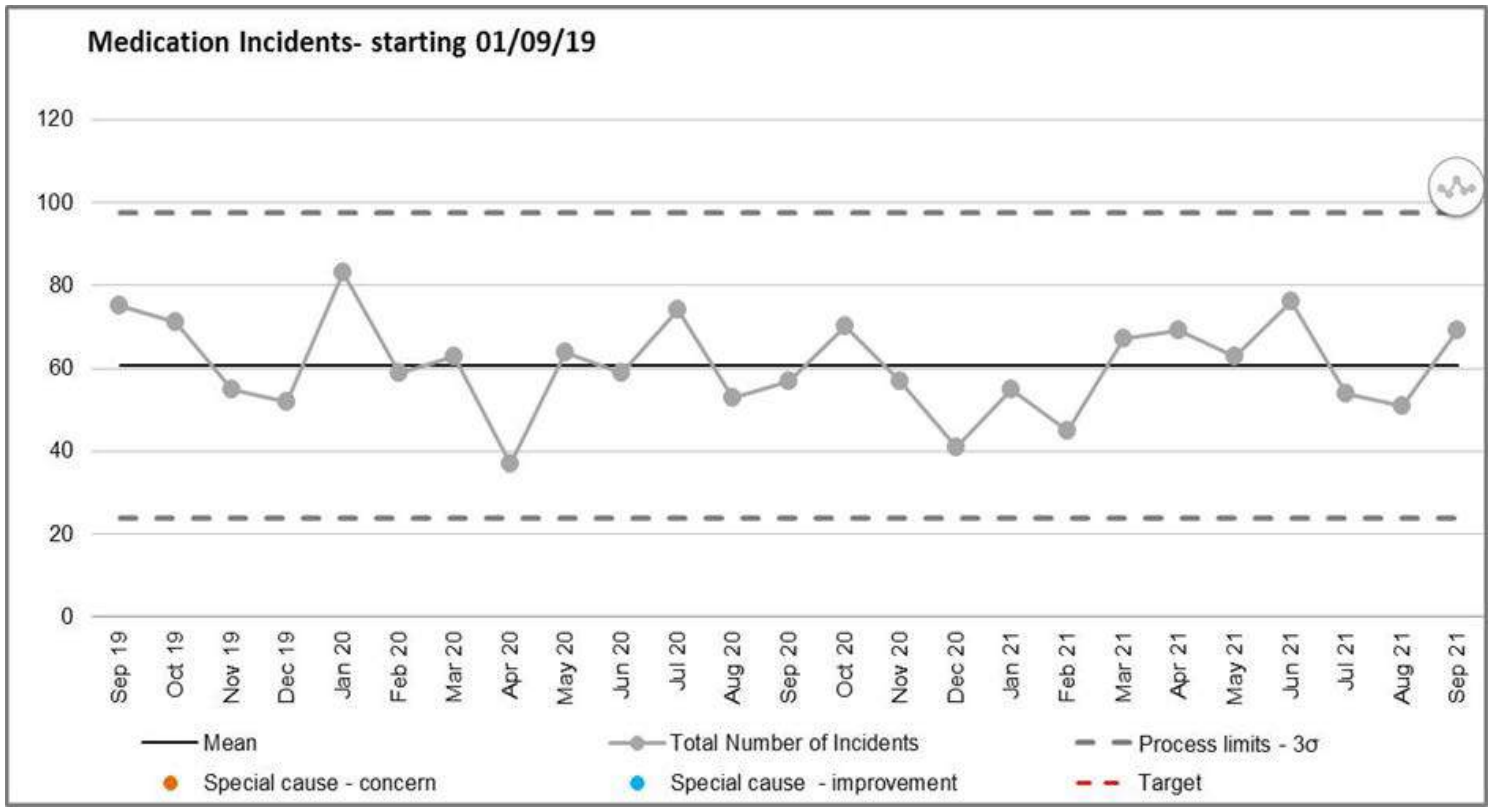


9. All Violence & Assaults reported Incidents





10. All Medication Incidents reported



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11. Directorate Specialities describing Top 5 Incidents

Table 1: Mental Health: Inpatients

Mental Health Non MHSOP Inpatient - August	
Cause Group	**Total**
Violence/Assault	108
Patient Falls, Slips, And Trips	28
Self Harm	26
Security	22
Staffing	12

Mental Health Non MHSOP Inpatient - September	
Cause Group	**Total**
Violence/Assault	84
Self Harm	28
Clinical Condition	24
Patient Falls, Slips, And Trips	24
Security	20

Table 2: Mental Health Community

Mental Health Non MHSOP Community - August	
Cause Group	**Total**
Violence/Assault	42
Self Harm	34
Infection Control	23
Safeguarding (Adults)	13
Patient Death	12

Mental Health Non MHSOP Community - September	
Cause Group	**Total**
Self Harm	52
Violence/Assault	31
Infection Control	18
Patient Death	13
Safeguarding (Adults)	12

Directorate Specialities describing Top 5 Incidents

Table 3: MHSOP – Inpatients

MHSOP Inpatient - August	
Cause Group	**Total**
Patient Falls, Slips, And Trips	35
Clinical Condition	13
Violence/Assault	12
Tissue Viability	3
Accident	2

MHSOP Inpatient - September	
Cause Group	**Total**
Patient Falls, Slips, And Trips	32
Violence/Assault	12
Clinical Condition	7
Infection Control	4
Allegations Against Staff	2

Table 4: MHSOP – Community

MHSOP Community - August	
Cause Group	**Total**
Patient Death	8
Self Harm	4
Infection Control	2
Safeguarding (Adults)	2
Medication	1

MHSOP Community - September	
Cause Group	**Total**
Self Harm	7
Patient Death	5
Infection Control	3
Medication	2
Communication	1

Directorate Specialities describing Top 5 Incidents

Table 5: Learning Disability – In-Patient

LD Agnes Unit - August	
Cause Group	**Total**
Violence/Assault	15
Accident	1
Allegations Against Staff	1
Clinical Condition	1
Communication	1

LD Agnes Unit - September	
Cause Group	**Total**
Violence/Assault	14
Hate/PREVENT Incident	2
Clinical Condition	1
Communication	1
Infection Control	1

Table 6: Learning Disability - Community

LD Community - August	
Cause Group	**Total**
Self Harm	9
Safeguarding (Adults)	8
Infection Control	7
Violence/Assault	6
Patient Death	4

LD Community - September	
Cause Group	**Total**
Self Harm	6
Violence/Assault	4
Infection Control	3
Safeguarding (Adults)	3
Case Notes & Records	2

Directorate Specialities describing Top 5 Incidents

Table 7: FYPC Inpatient CAMHS

FYPC CAMHS Inpatient - August	
Cause Group	**Total**
Self Harm	51
Clinical Condition	3
Infection Control	3
Staffing	3
Case Notes & Records	2
Patient Falls, Slips, And Trips	2

FYPC CAMHS Inpatient - September	
Cause Group	**Total**
Self Harm	70
Mental Health Act	25
Staffing	5
Violence/Assault	3
Patient Falls, Slips, And Trips	2

Table 8: FYPC non LD Non CAMHS

FYPC Non LD Non CAMHS - August	
Cause Group	**Total**
Case Notes & Records	5
Violence/Assault	5
Infection Control	3
Security	3
Communication	2

FYPC Non LD Non CAMHS - September	
Cause Group	**Total**
Communication	4
Case Notes & Records	3
Confidentiality	1
IT Equipment / Systems	1
Medication	1

Directorate Specialities describing Top 5 Incidents

Table 10: CHS In-Patient

CHS Inpatient - August	
Cause Group	**Total**
Tissue Viability	31
Patient Falls, Slips, And Trips	29
Patient Death	8
Access, Admission, Appts, Xfer, Discharge	5

CHS Inpatient - September	
Cause Group	**Total**
Tissue Viability	43
Patient Falls, Slips, And Trips	25
Patient Death	14
Medication	11
Staffing	11

Table 11: CHS Community

CHS Community - August	
Cause Group	**Total**
Tissue Viability	411
Infection Control	28
Medication	20
Case Notes & Records	8
Patient Falls, Slips, And Trips	8

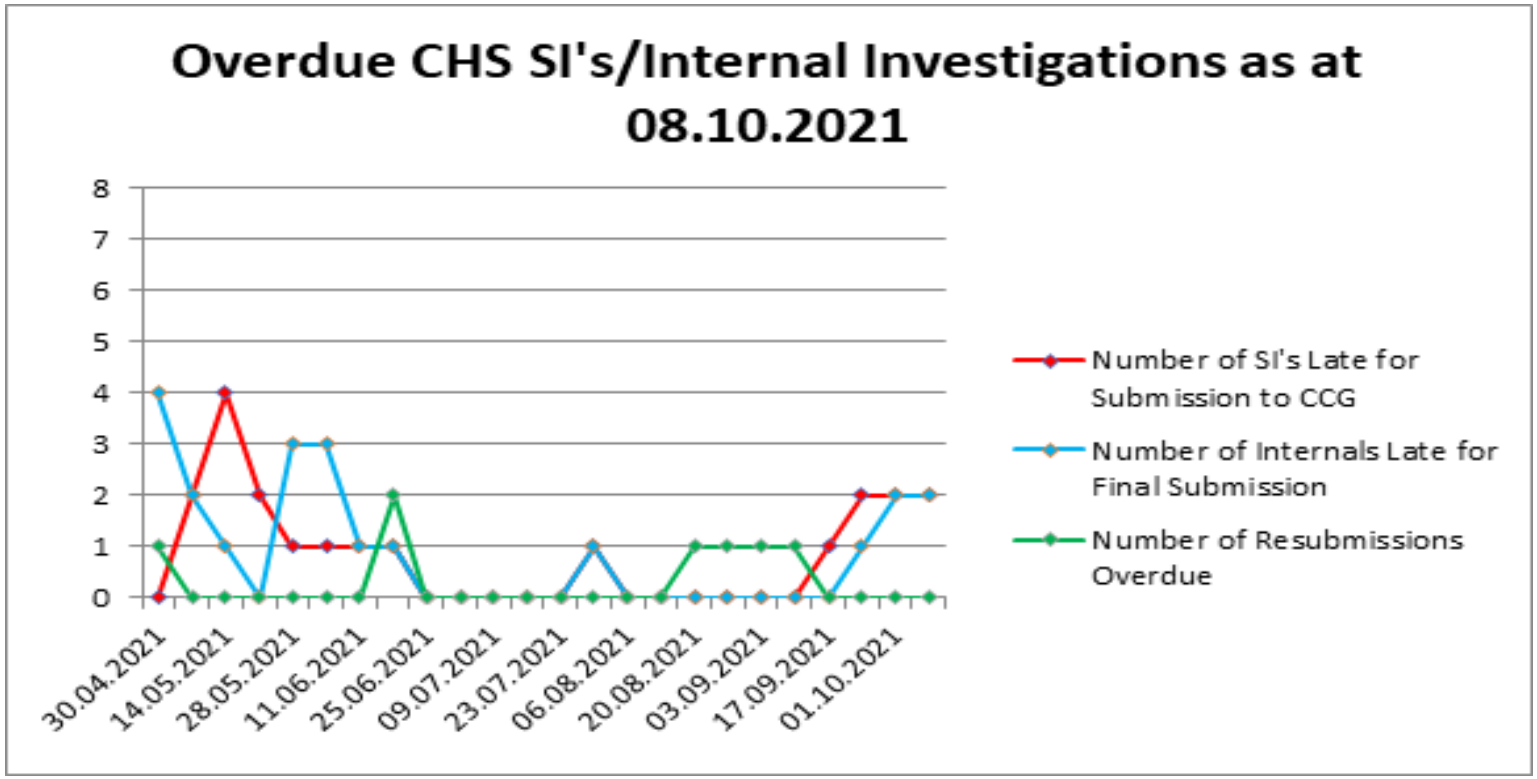
CHS Community - September	
Cause Group	**Total**
Tissue Viability	389
Medication	26
Infection Control	24
Medical Equipment	9
Patient Falls, Slips, And Trips	8

12. Ongoing - StEIS Notifications for Serious Incidents

2021/2022 StEIS Notifications

		StEIS Notification			SI Investigations			Internal Investigations		
		Down-grade/ removal	SI's declared DMH	SI's declared FYPC-LD	SI's declared CHS	Signed off in month	Comment	DMH	FYPC-LD	CHS
2021/22 - Q1	April	0	11	2	2	5		4	2	6
	May	0	4	0	1	4		2	1	3
	June	0	11	5	2	6		2	2	6
2021/22 - Q2	July	0	5	2	1	8		4	2	1
	Aug	0	3	3	2	14		1	1	7
	Sept	0	5	0	0	11		6	2	3
2021/22 - Q3	Oct									
	Nov									
	Dec									
2021/22 - Q4	Jan									
	Feb									
	Mar									

12a. Overdue Serious Incidents/Internal Investigation & CCG resubmissions(includes totals) - CHS



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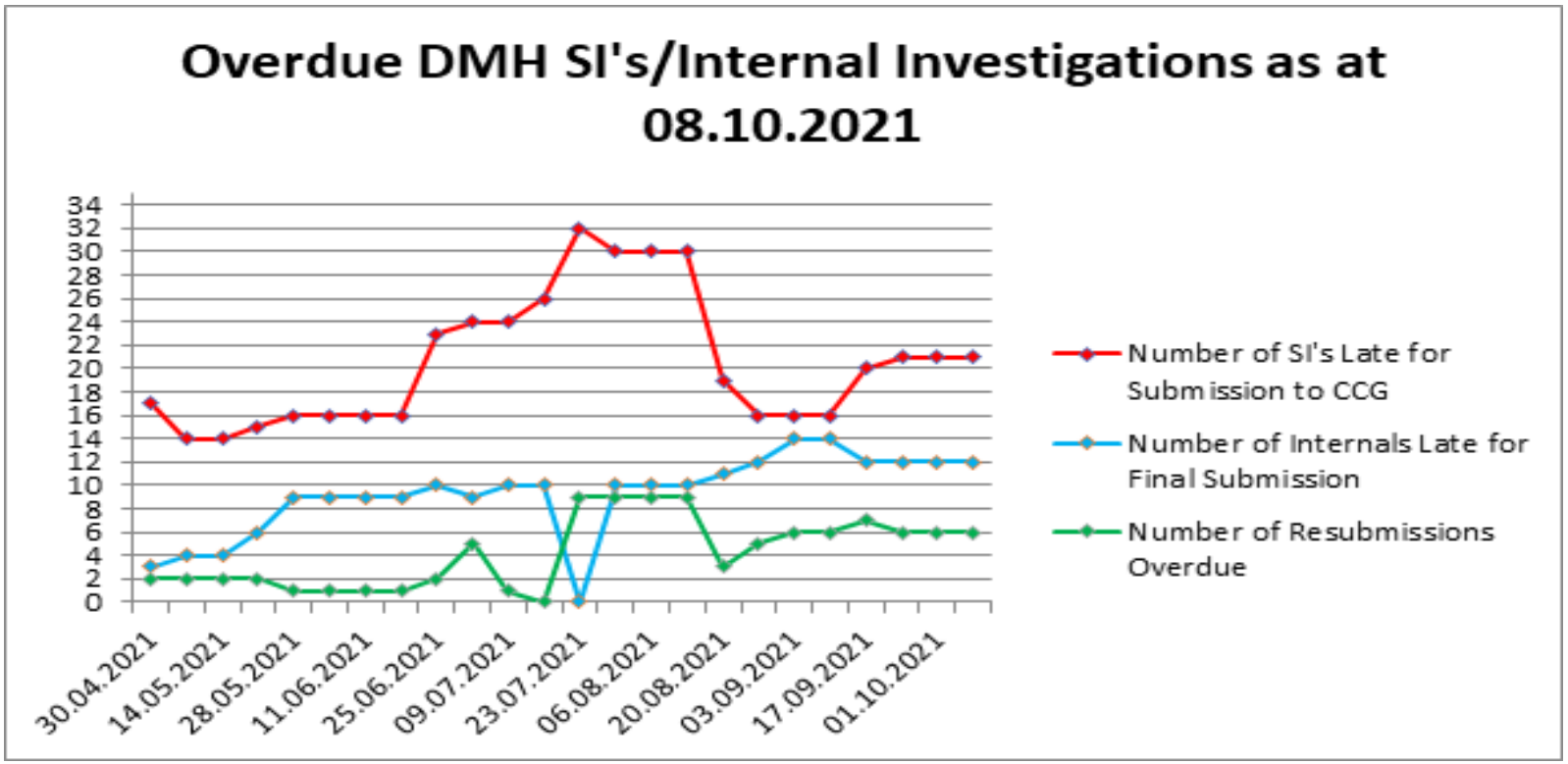
12a. Overdue Serious Incidents/Internal Investigation & CCG resubmissions (includes totals) - DMH



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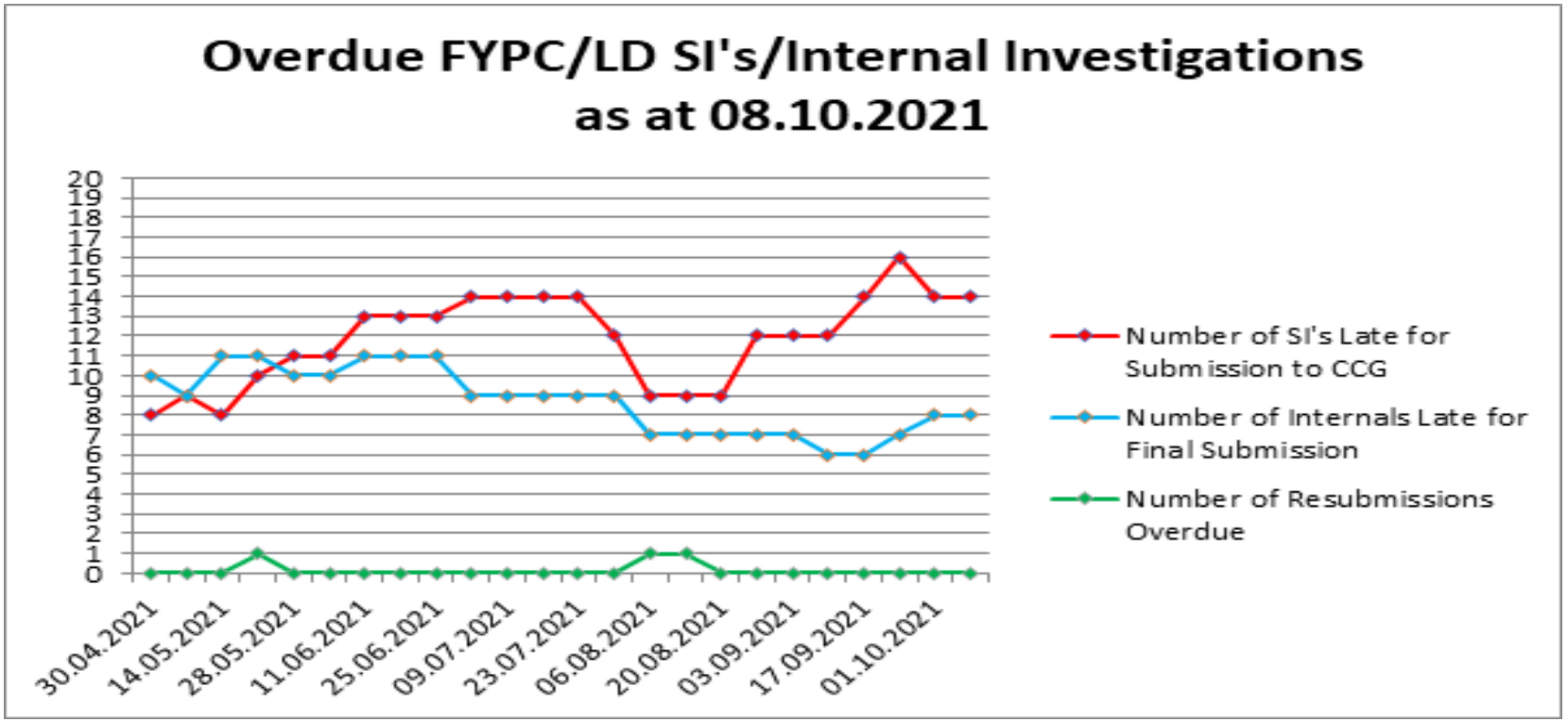
12a. Overdue Serious Incidents/Internal Investigations & CCG resubmissions (includes totals) - FYPCLD



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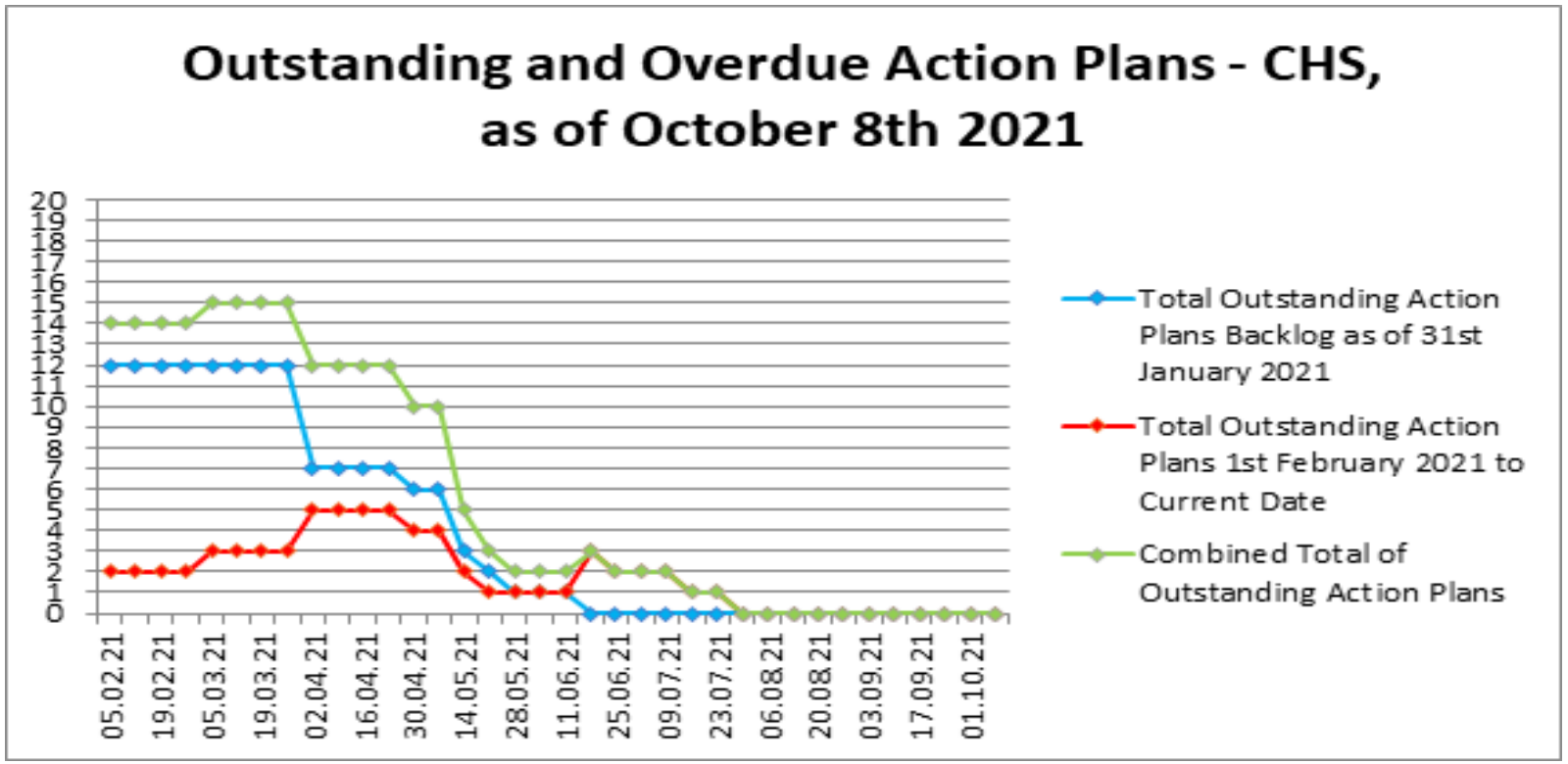
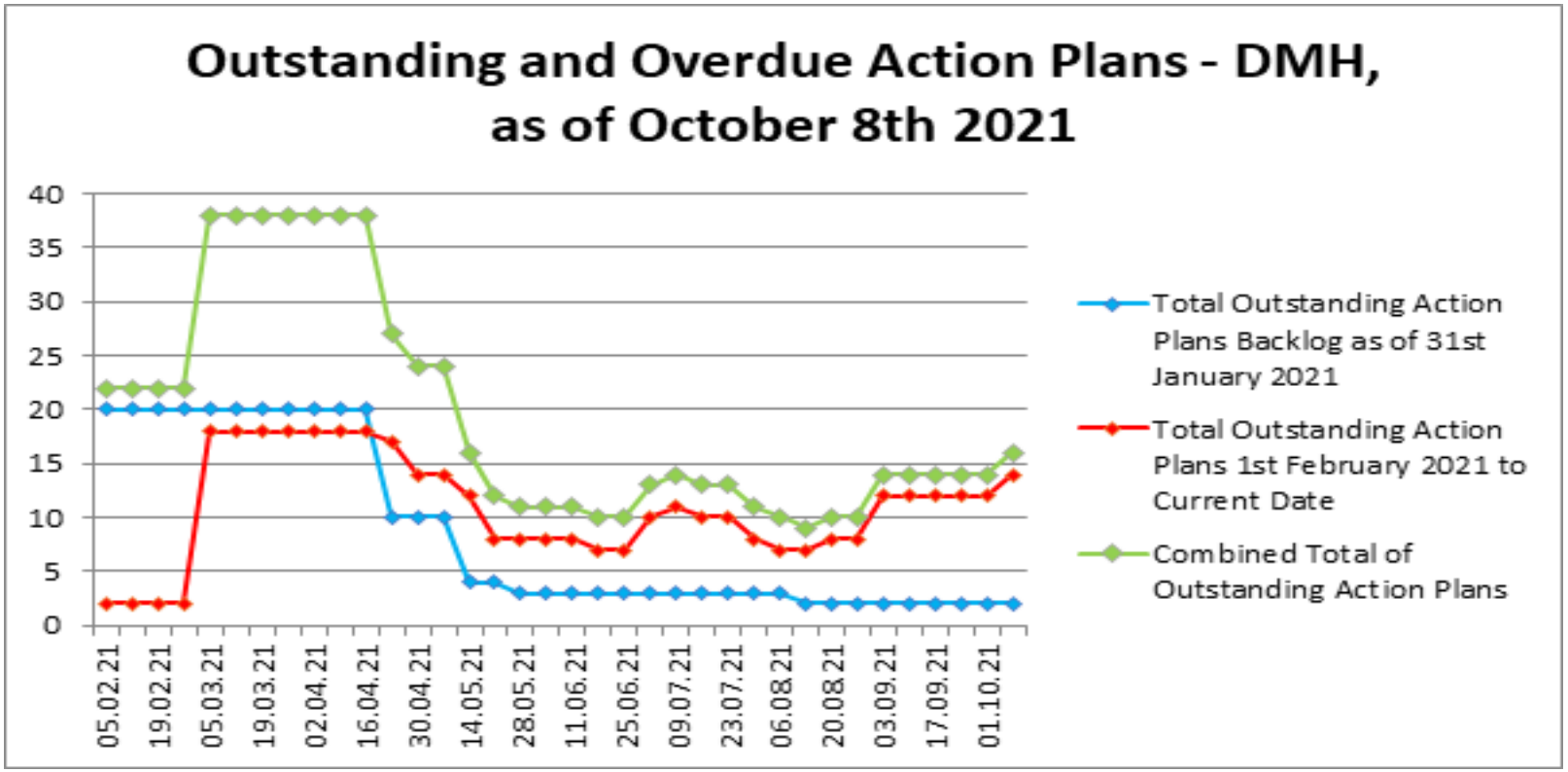
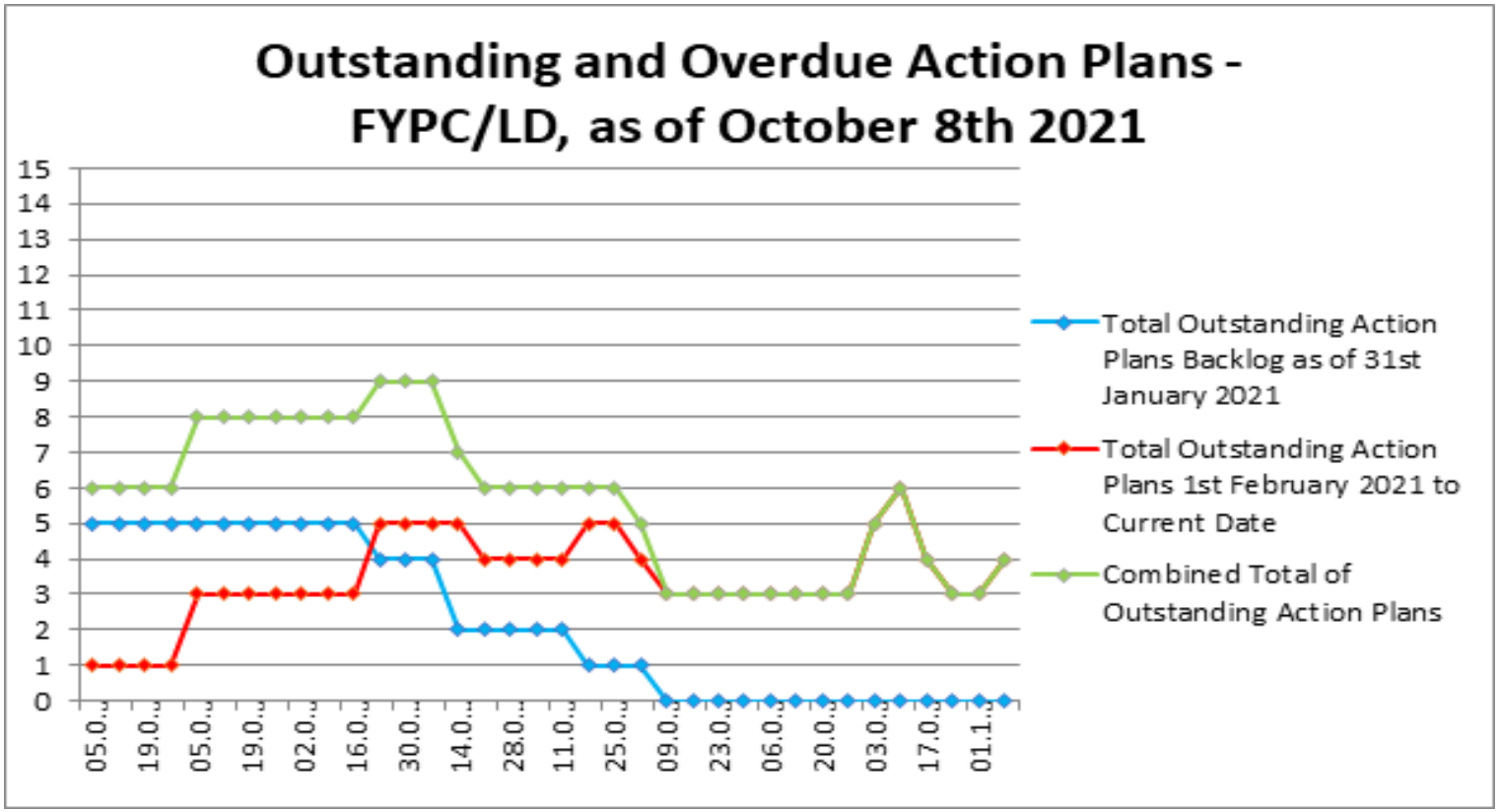
12.b Directorate SI Action Plan Compliance Status 2020/21 to date - CHS



12.b Directorate SI Action Plan Compliance Status 2020/21 to date - DMH



12b. Directorate SI Action Plan Compliance Status 2020/21 to date - FYPC-LD



12. Learning

Serious and Internal Incidents Emerging Themes

There is a requirement to consider Human Factors and system thinking in relation to our processes. All areas are facing staff challenges which make it essential that our processes are efficient and consistently reliable to support staff to do their best work.

An example would be ensuring the right nurse with the right skills and the right equipment visits the patients home to improve efficiency.

Another example is the need to strengthen administrative processes in the management of clinics and the oversight so that improvements can be made where required

12. Lessons Learned – safeguarding focus

- Safeguarding thresholds for category 3 & 4 Pressure ulcers have not been consistently & accurately measured at LPT to inform practice or threshold of 'neglect' (according to the care act)
- Additional support put in to address the requirement to ensure compliance with the above to respond to individuals at risk of developing pressure ulcers, and preventing harm where they occur & for LPT to be compliant with https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol (January 2018)
- Improvement to make safeguarding personal when undertaking patient safety incident investigations (PSII) – named safeguarding practitioner for each PSII

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Leicestershire Partnership NHS Trust

Public Trust Board - 26 October 2021

Safe Staffing- August 2021 review

Purpose of the report

This report provides an overview of nursing safe staffing during the month of August 2021, including a summary of staffing areas to note, updates in response to Covid-19, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained.

The report triangulates workforce metrics, fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. A summary is available in Annex 1; scorecard, with a detailed overview and exception report narrative by in-patient area and service in annexe 2.

Analysis of the issue

Right Staff

- Temporary worker utilisation rate slightly decreased this month; 0.35% reported at 38.48% overall and Trust wide agency usage slightly increased this month by 1.96% to 16.57% overall. This is largely attributed to increased patient acuity and dependency and additional staff to support safe levels of observation and care. The increase use of agency is linked to two factors; increased demand and reduced bank fill rate associated with seasonal holiday.
- In August 2021; 26 inpatient wards/units utilised above 6% agency staff, this equates to 84% of our inpatient Wards and Units, changes from last month; Thornton and Coalville Ward 2. 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.
- A deep dive of actual planned staffing data taken from Health roster has demonstrated an increase in Ward Sister/Charge Nurse hours pulled through to the actual RN hours as a standard. This is reflective in many areas of the daily actual support to clinical teams during the pandemic response however further work is taking place to ensure health roster accurately differentiates supervisory clinical hours and actual hours to support safe staffing.
- There are 28 in patient ‘areas to note’; 26 of the 28 are due to agency utilisation over 6% associated with vacancies, sickness, Covid-19 absence and increased patient acuity and dependency. Mill Lodge and Beacon are areas to note due to significant staffing challenges, both units have had quality summits and action plans in place to

try to mitigate the staffing impact to quality and patient safety. One change from last month; Thornton Ward due to increased agency use to support planned staffing.

- There are eleven community team 'areas to note', changes from last month; Mental Health Liaison Team this was a new area to note in August 2021 due to a staff Covid-19 outbreak. The service was supported by movement of staff from other urgent care pathway teams such as the FOPAL teams.
- There is continued operational pressure across the whole community nursing service with a large number of staff absent from work with long and short term illness. A significant number of the absence sits in the city community hubs that remain key areas to note specifically City and East Central hubs.
- Weekly safe staffing forecast meetings with Workforce and Safe staffing matron, Head/Deputy Heads of Nursing and Head of Workforce support continue to review staffing levels, actions to meet planned staffing, review of the risks and actions to mitigate the risks.

Right Skills

- Changes to Mandatory and Role Essential Training during Covid-19:
- The compliance renewal date for each topic has been extended by 6 months.
- Correct to 1 September 2021 Trust wide substantive staff;
  - Appraisal at 84.7% compliance GREEN
  - Clinical supervision at 69.1% compliance RED
  - All core mandatory training compliance GREEN except for Information Governance AMBER at 88.3%

Clinical mandatory training compliance for substantive staff;

- BLS reduction in compliance by 5.5% to 74.2% compliance RED
- ILS reduced 9.1% to 65.9% compliance RED

Clinical mandatory training compliance for bank only workforce remains low;

- BLS 48.4 % at RED compliance
- ILS 32.1% at RED compliance

Compliance with face-to-face mandatory training is being reported through the education and training governance structures Training Education Development and Strategic Workforce Committee. There are Learning &Development operational actions plans and each directorate is undertaking a deep dive into their services. The key theme being explored is the non-attendance at training and why the DNA rate is above 50% for courses.

Right Place

- The Covid-19 risk managed wards are North, Beacon, Beaumont, Langley, and Gwendolen Ward. Risk managed is to mean that the ward is caring for patients on the emergency admission Covid-19 high and medium risk pathways, as per the

national safe staffing descriptors and IPC care pathways, maintaining separation between possible and confirmed COVID-19 patients and supporting staff cohorting. To note Gwendolen Ward is currently closed as there are no Covid-19 positive patients.

- Fill rates below 100% for actual HCSWs predominantly on days reflect adjusted staffing levels and skill mix to meet patient care needs.
- The total Trust CHPPD average (including ward based AHPs) is reported at 16.4 CHPPD in August 2021, with a range between 6.1 (Ashby ward) and 73.5 (Agnes Unit) CHPPD.
- General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis has not identified significant variation at service level; indicating that staff are being deployed productively across services.

Staff absence data - updated

The table below shows absence captured by the LPT Staff Absence Sitrep on 1 Sept 2021;

Self-Isolation - Household WFH wte	31.4
Self-Isolation – Symptomatic wte	14.7
Self-Isolation - Vulnerable Group wte	0
Test and Trace Notification wte	4.5
Covid-19 related absence wte	45.4
General Absence wte	220.1
Covid-19 related absence %	1.0%
General Absence %	4.6%
Total Absence	**5.6%**

Table 1 – Trust COVID-19 and general absence – 1 September 2021

In comparison to the previous month overall absence has increased 0.3% due to self and household isolation due to Covid-19 and a small number of staff following test and trace notification.

In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	June 2021	July 2021	August 21
Hinckley and Bosworth East Ward	X	X	X
Hinckley and Bosworth North Ward	X	X	X
St Lukes Ward 1	X	X	X
St Lukes Ward 3		X	X
Beechwood	X	X	X
Clarendon	X	X	X
Coalville Ward 1	X	X	X
Coalville Ward 2			X
Rutland	X	X	X
Dalgleish	X	X	X

Wards	June 2021	July 2021	August 21
Swithland		X	
Coleman	X	X	X
Kirby	X	X	X
Welford	X	X	
Wakerley	X	X	X
Aston	X	X	X
Ashby	X	X	X
Beaumont	X	X	X
Belvoir	X	X	X
Griffin		X	X
Phoenix	X	X	X
Heather		X	X
Watermead		X	X
Mill Lodge	X	X	X
Agnes Unit	X	X	X
Langley	X	X	X
Beacon (CAMHS)	X	X	X
Thornton			X

Table 2 – In-patient staffing areas to note

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; North Ward Hinckley, Beaumont, Beacon, 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 IPC care pathways medium and high. To note Gwendolen Ward is currently closed as there are no Covid-19 positive patients.

The Agnes Unit is an 'area 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. Recruitment is ongoing with a plan to start data collection as part of the annual staffing establishment review. The unit continues to progress the quality improvement plan, with oversight to the Trust Quality Assurance Committee (QAC).

Beacon Unit (CAMHS) is an 'area to note' due to high levels of bank and agency staff to support with increased acuity and staff vacancies. A number of substantive RNs have recently left for multiple reasons including promotion, a recruitment plan is in place including recruitment and retention premia's and incentives for regular training and continuing professional development. Data collection is underway as part of the annual staffing establishment review. Due to deceased substantive staff numbers, the unit

currently has capacity to safely staff 7 beds; this has been agreed until December 2021. The unit continues to progress with the quality Improvement plan with oversight to QAC.

Mill Lodge is an area to note due to the number of vacancies and due to concerns in regard to the high number of patient falls. The Director of Nursing, AHPs and Quality visited the Ward on 1 July 2021 and a quality summit was held including a deep dive review of patient falls. The unit was found to be safe, a high number of the patient falls attributed to patient factors associated with Huntington's disease and concordance/acceptance to utilise falls equipment. A number of actions are in place terms of recruitment to support continuity of staffing across the Ward with consideration to new/alternative roles. The Ward is supporting recruitment of two International Nurses and a Medicines Administration Technician. This will be further supported by the completion of the annual safe staffing establishment review and a follow up quality summit in October 2021. A quality improvement plan is in place focusing on leadership, culture, and staffing with oversight to QAC.

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

Community Teams

Summary of community 'areas to note';

Community team	June 2021	July 2021	August 2021
City East Hub- Community Nursing	X	X	x
City West Hub- Community Nursing	X	X	x
Healthy Together – City (School Nursing only)	X	X	x
Healthy Together County	X	X	x
Looked After Children	X	X	x
Central Access Point team (MH)			
CRISIS DMH			
South Leicestershire CMHT	X	X	x
Charnwood CMHT		x	x
Assertive outreach	X	X	x
ADHD service		X	x
LD Community Physiotherapy	X	X	x
Mental Health Liaison team			X

Table 3 – Community areas to note

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.

FYPC/LD Community

Healthy Together City and Looked After Children (LAC) teams continue to be rated to be at Amber escalation level due to a reduction in the established team; vacancies and retirement.

Healthy Together teams County are close to red rating due to a high number of vacancies, maternity leave and number of staff retiring. Healthy Together have been unable to provide the full Healthy Child Programme and are exploring all options for a reduced sustainable Healthy Child Programme offer. This will require an updated Quality Impact Assessment and conversation with Public Health Commissioners.

Looked After Children's (LAC) team recruited three Band 5 staff members. Risks continue to be monitored within the Directorate on a weekly basis.

Learning disabilities community physiotherapy is rated amber, the team continue to assess and treat all red and amber RAG rated referrals. Recruitment process is ongoing as there are challenges across all community services in recruiting qualified staff into vacancies

CHS Community

Throughout August 2021 the community nursing service has been reporting OPEL levels 2-4, but primarily operating at level 3. The patient acuity levels during this time have been challenging across all community nursing teams. Bank and agency availability has been reduced due to school holidays but is now starting to improve.

There has been a significant increase in staff absences due to COVID-19 (isolation due to household positive cases).Up to 68 members of staff (to note not 68 w.t.e a combination of full and part-time) were absent from work due to both COVID and non-COVID related reasons in a given week across the service.

Business continuity plans are in place, including patient assessments being reprioritised and some clinic appointments have been reprioritised and rescheduled in line with available staff capacity. The reprioritised assessments include wound and holistic assessments. Additional support from specialist teams including Tissue Viability and Podiatry has been provided to the city hub/teams.

During this time there were no patients "waiting for care" with all planned and essential care being carried out within agreed timescales for all community patients. Patients have received essential care to keep them safe however it is noted that with reduced timeliness of full reassessment of all patient care plans there is an emerging/ increased risk to pressure ulcer deterioration, the delaying of treatment plans for example Dopplers, and the potential for patient experience to be compromised.

A number of actions are in place to try to mitigate the staffing risks including:

- Continuous review and monitoring of staff absence, flexing teams to prioritise visits,
- Reviewing caseloads to prioritise urgent and essential visits

- Supporting the health and well-being of staff given the noted increased levels of stress and anxiety across the service line,
- Staying connected with Centralised Staffing Solutions to secure bank and agency shift fill
- Continue to monitor and collate data on known clinical activity vs clinical resource (staff) to strengthen understanding of further pressures on service line
- Vaccination status of each HUB to be reviewed and inform human resources of current position across the service line and the impact of unvaccinated staff continuing to work in the community when they are unable to visit residential care homes will be considered.
- Ongoing targeted recruitment campaign to band 5, Health Care Support Workers, assistant practitioner and nursing associates.

Key area's to note are City and East Central Hubs.

MH Community

The Central Access Point (CAP) and the Crisis Team continue to experience high levels of routine referrals. The number of vacancies across community services generally remains challenging and gaps are filled with bank and agency wherever possible; community mental health teams find it difficult to recruit agency workers for the block booking commitment required. Areas to note are Charnwood CMHT, South Leicestershire CMHT, the ADHD Service and Assertive Outreach. There was a Covid outbreak within the Mental Health Liaison Team which affected staffing during August

Proposal

In light of the triangulated review of workforce metrics, nurse sensitive indicators and patient feedback, the Executive Director of Nursing, AHPs and Quality is assured that no patient safety incidents incurred as a result of staffing levels or skill mix and there is sufficient resilience across the Trust not withstanding some areas to note, to ensure that every ward and community team is safely staffed. It is noted there is an increasing risk of impact to quality of care within community nursing and healthy together teams as a result of reduced service delivery, initial contacts and assessment.

Decision required

The board is asked to confirm a level of 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 is maintained.

August 2021

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return) Actual Hours Worked divided by Planned Hours — Nurse Day (Early & Late Shift) Average % fill rate registered nurses	Nurse Day (Early & Late Shift) Average % fill rate care staff	Nurse Night Average % fill rate registered nurses	Nurse Night Average % fill rate care staff	AHP Day Average % fill rate registered AHP	AHP Day Average % fill rate non-registered AHP	% Temporary Workers (NURSING ONLY) Total	Bank	Agency	Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints
				>=80%	>=80%	>=80%	>=80%	-	-	<20%						
AMH Bradgate	Ashby	21	20	118.6%	111.7%	104.6%	75.8%			37.0%	29.0%	8.0%	6.1	2	2	0
	Aston	19	17	96.3%	181.4%	96.2%	131.0%			38.2%	28.7%	9.5%	7.3	2	1	0
	Beaumont	22	16	89.3%	139.9%	108.8%	137.1%			60.6%	42.9%	17.7%	14.8	0	0	3
	Belvoir Unit	10	8	100.3%	194.2%	176.4%	166.6%			52.8%	31.9%	20.9%	23.6	1	2	0
	Heather	18	17	82.9%	230.7%	99.8%	170.7%			55.2%	41.9%	13.3%	8.1	1	1	0
	Thornton	14	14	101.5%	180.6%	98.0%	124.6%			40.4%	34.1%	6.3%	8.8	0	0	0
	Watermead	20	19	90.9%	251.4%	104.0%	163.6%			24.2%	17.7%	6.5%	7.8	2	1	1
	Griffin - Herschel Prins	6	5	117.1%	162.7%	96.7%	447.1%			53.1%	39.9%	13.2%	30.6	0	2	0
AMH Other	Phoenix - Herschel Prins	12	11	127.2%	134.8%	101.5%	119.5%		100.0%	41.8%	31.1%	10.7%	11.4	0	0	0
	Skye Wing - Stewart House	30	23	121.8%	106.0%	137.6%	138.1%			28.1%	27.4%	0.7%	6.5	0	0	1
	Willows	9	7	146.6%	103.5%	104.6%	111.5%			27.9%	26.8%	1.1%	16.2	1	1	0
	Mill Lodge	14	12	102.3%	100.2%	118.7%	128.6%			67.4%	50.2%	17.2%	14.3	0	18	0
CHS City	Kirby	24	22	67.4%	118.1%	127.2%	167.7%	100.0%	100.0%	38.9%	30.2%	8.7%	7.9	1	6	0
	Welford	24	21	72.3%	117.3%	129.0%	225.8%			23.7%	19.4%	4.3%	7.0	1	15	0
	Beechwood Ward - BC03	23	19	144.6%	61.3%	116.2%	248.8%	100.0%	100.0%	33.5%	14.6%	18.9%	9.1	2	4	0
	Clarendon Ward - CW01	21	19	159.6%	67.9%	156.6%	234.6%	100.0%	100.0%	32.5%	7.4%	25.1%	9.4	0	3	0
	Coleman	21	15	80.5%	240.0%	136.0%	496.3%	100.0%	100.0%	62.3%	32.0%	30.3%	20.8	0	4	0
	Wakerley (MHSOP)	21	16	84.8%	191.0%	163.4%	541.1%			55.8%	33.1%	22.7%	16.2	0	9	0
CHS East	Dalgleish Ward - MMDW	17	14	93.7%	88.0%	155.7%	177.3%	100.0%	100.0%	21.6%	8.3%	13.3%	9.5	0	2	0
	Rutland Ward - RURW	16	12	137.7%	73.2%	150.9%	148.4%	100.0%	100.0%	29.2%	17.3%	11.9%	10.4	0	0	0
	Ward 1 - SL1	18	14	68.8%	89.5%	153.1%	168.6%	100.0%	100.0%	19.5%	12.3%	7.2%	11.8	1	3	0
	Ward 3 - SL3	13	12	203.6%	73.3%	150.9%	296.2%	100.0%	100.0%	21.3%	12.3%	9.0%	10.4	0	1	0
CHS West	Ellistown Ward - CVEL	12	15	168.0%	67.6%	136.0%	153.0%	100.0%	100.0%	21.8%	15.1%	6.7%	12.7	1	4	1
	Snibston Ward - CVSN	18	15	121.5%	76.4%	188.0%	249.3%	100.0%	100.0%	20.2%	6.3%	13.9%	12.7	1	4	0
	East Ward - HSEW	23	19	71.5%	101.2%	150.1%	316.5%	100.0%	100.0%	30.1%	10.4%	19.7%	10.5	0	3	0
	North Ward - HSNW	18	10	87.4%	112.1%	145.9%	270.6%	100.0%	100.0%	32.9%	6.6%	26.3%	18.7	0	3	0
	Swithland Ward - LBSW	18	14	184.4%	70.1%	155.5%	165.6%	100.0%	100.0%	10.9%	5.1%	5.8%	11.6	1	6	0
FYPC	Langley	15	11	131.2%	106.6%	133.3%	148.1%	100.0%		42.4%	32.6%	9.8%	12.7	1	0	0
	CAMHS Beacon Ward - Inpatient Adolescent	16	6	128.7%	286.3%	129.7%	499.9%	100.0%		70.8%	37.1%	33.7%	41.6	1	2	0
LD	Agnes Unit	4	1	144.2%	137.4%	185.2%	177.4%			45.2%	19.9%	25.3%	73.5	1	0	0
	Gillivers	1	1	51.1%	71.4%	34.4%	56.8%			0.0%	0.0%	0.0%	46.4	0	0	0

Annexe 2: 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
  - red agency use above 6%
- Fill rate >=80%

Mental Health (MH)

Acute Inpatient Wards

Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Total	Bank	Agency	CHPPD	Medication Errors	Falls	Complaints
		>=80%	>=80%	>=80%	>=80%	<20%						
Ashby	20	118.6%	111.7%	104.6%	75.8%	37.0%	29.0%	8.0%	6.1	↑2	↑2	↓0
Aston	17	96.3%	181.4%	96.2%	131.0%	38.2%	28.7%	9.5%	7.3	↑2	→1	→0
Beaumont	16	89.3%	139.9%	108.8%	137.1%	60.6%	42.9%	17.7%	14.8	↓0	↓0	↑3
Belvoir Unit	8	100.3%	194.2%	176.4%	166.6%	52.8%	31.9%	20.9%	23.6	→1	↑2	→0
Heather	17	82.9%	230.7%	99.8%	170.7%	55.2%	41.9%	13.3%	8.1	↓1	↓1	→0
Thornton	14	101.5%	180.6%	98.0%	124.6%	40.4%	34.1%	6.3%	8.8	→0	→0	→0
Watermead	19	90.9%	251.4%	104.0%	163.6%	24.2%	17.7%	6.5%	7.8	↑2	↓1	→1
Griffin - Herschel Prins	5	117.1%	162.7%	96.7%	447.1%	53.1%	39.9%	13.2%	30.6	↓0	↑2	→0
Totals										↑8	↓9	↑4

Table 4 - Acute inpatient ward safe staffing

All wards have utilised a higher percentage of temporary workforce in August 2021 this is mainly due to high patient acuity and complexity, increased vacancies due to promotions within the unit and or staff gaining posts elsewhere in the Directorate.

All medication errors have been reviewed in line with Trust policy; there were eight errors, over 5 wards, analysis has shown a number of incidents linked to error with the e-CD register not actual patient errors and that there was only one administration error, this error has been assessed and managed in line with the Trust Medication error policy and staffing from a skills or number was not a contributory factor.

There were 9 patient falls reported for August 2021 compared to 14 reported in July 2021. Of the 9 falls 2 were patient 'first' falls and 7 were repeat patient falls. Only one patient experienced more than one fall within the month. This patient had two reported falls; one was a slip and the second a stumble backwards.

During August 2021 analysis has shown that the patient fall themes were;

- Walking backwards and missing chairs

- General accidents: Slipping on grass, stumbling when picking up something from the floor; slips whilst playing sport; slip out of bed
- Impact of mental state

Low Secure Services – Herschel Prins

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
HP Phoenix	11	127.2%	134.8%	101.5%	119.5%	41.8%	31.1%	10.7%	11.4	→0	↓0	→0
Totals										↓0	↓0	→0

Table 5- Low secure safe staffing

Phoenix continues to use a higher proportion of agency staff this month due to staff leaving and waiting for newly recruited staff to start. There were no complaints, medication errors or falls reported in August 2021.

Rehabilitation Services

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers %	Bank %	Agency %	CHPPD	Medication	Falls	Complaints
Skye Wing	23	121.8%	106.0%	137.6%	138.1%	28.1%	27.4%	0.7%	6.5	→0	→0	↑1
Willows	7	146.6%	103.5%	104.6%	111.5%	27.9%	26.8%	1.1%	16.2	↓1	↑1	→0
Mill Lodge	12	102.3%	100.2%	118.7%	128.6%	67.4%	50.2%	17.2%	14.3	→0	↑18	→0
TOTALS										**↓1**	**↑19**	**↑1**

Table 6 - Rehabilitation service safe staffing

Mill Lodge continues to utilise a high percentage of temporary workforce due to the amount of vacancies.

There was one medication incident reported in August 2021 at the Willows, this was not an administration error.

There were 19 patient falls which is a slight increase compared to July 2021. There were 18 reported at Mill Lodge which is an increase from 14 in July 2021. Analysis has shown that of the 18 falls on Mill Lodge; 12 falls occurred in the bedroom, the remaining 6 falls occurred within the bathroom, patient lounge, main ward area and corridor. Contributory factors are linked to patient factors associated with Huntington's disease and reducing independence, spatial awareness and gait.

Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
BC Kirby	22	67.4%	118.1%	127.2%	167.7%	38.9%	30.2%	8.7%	7.9	→1	↑6	→0
BC Welford	21	72.3%	117.3%	129.0%	225.8%	23.7%	19.4%	4.3%	7.0	→1	↑15	→0
Coleman	15	80.5%	240.0%	136.0%	496.3%	62.3%	32.0%	30.3%	20.8	↓0	↑4	→0
Wakerley	16	84.8%	191.0%	163.4%	541.1%	55.8%	33.1%	22.7%	16.2	→0	↑9	→0
TOTALS										**↓2**	**↑34**	→0

Table 7 - Mental Health Services for Older People (MHSOP) safe staffing

The MHSOP wards did not meet planned fill rates on days for Registered Nurses (RNs) on Kirby and Welford ward. The staffing establishment on wards consist of a Medication Administration Technician (MAT) and on Kirby Ward a Mental Health Practitioner (MHP). The ward skill mix also includes a registered nursing associate.

In August 2021 there was an increased level of sickness and annual leave which further impacted on RN fill rate across Kirby and Welford wards. Sickness has been related to short term non covid sickness, covid related sickness and long term sickness.

There have been a number of unfilled shifts which have been escalated and not filled; staffing has been supported between Welford and Kirby Wards.

Coleman Ward used 62.3% temporary staffing to maintain planned safe staffing levels, the increase in reliance on temporary staff this month is due to increased acuity, long term sickness and vacancies. In addition, Coleman staff have been securing additional workforce to cover anticipation of opening Gwendolen Ward red zone for high risk/Covid-19 positive patients.

The service continues to use temporary staff to support unfilled shifts due to vacancies and to support increased patient acuity and levels of observation. Staffing is risk assessed and managed across all MHSOP wards and staff moved to support safe staffing levels and skill mix and patient care needs/acuity and dependency. In addition to increased acuity, the nature of the patients on the organic wards in particular necessitates a higher level of observation; therefore staffing levels need to reflect this increased level of need.

The service continues to have rolling adverts for band 5 recruitment, however applications and uptake in terms of attendance to interviews remains low. The service is planning to accommodate 8 internationally recruited registered general nurses (2 per ward), expected to arrive in December 2021.

Analysis of the two medication errors on Kirby has shown the error relates to a shared care agreement not an administration error.

The Welford medication incident was an administration error; wrong medication given to a patient by a substantive member of staff due to human error, there was no harm to the patient, staffing was not a contributory factor.

Analysis of the increase in falls since July 2021 has demonstrated a lot of patients with repeat falls due to patient factors associated with cognitive behaviour. Falls assessment and care plan process was followed in each case and involvement noted with physiotherapy in most cases, and in the case they weren't a referral was made for advice and support.

There was one patient fall on Kirby resulting in a fracture and is subject to a falls investigation, no other falls across both wards resulted in harm, staffing was not an identified theme around impact more the patient group/presentation at the point in time.

Community Health Services (CHS)

Community Hospitals

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
MM Dalgliesh	14	93.7%	88.0%	155.7%	177.3%	21.6%	8.3%	13.3%	9.5	→0	→2	→0
Rutland	12	137.7%	73.2%	150.9%	148.4%	29.2%	17.3%	11.9%	10.4	↓0	↓0	→0
SL Ward 1	14	68.8%	89.5%	153.1%	168.6%	19.5%	12.3%	7.2%	11.8	↑1	↑3	→0
SL Ward 3	12	203.6%	73.3%	150.9%	296.2%	21.3%	12.3%	9.0%	10.4	→0	→1	→0
CV Ellistown 2	15	168.0%	67.6%	136.0%	153.0%	21.8%	15.1%	6.7%	12.7	↑1	↑4	↑1
CV Snibston 1	15	121.5%	76.4%	188.0%	249.3%	20.2%	6.3%	13.9%	12.7	↑1	↑4	→0
HB East Ward	19	71.5%	101.2%	150.1%	316.5%	30.1%	10.4%	19.7%	10.5	↓0	↑3	→0
HB North Ward	10	87.4%	112.1%	145.9%	270.6%	32.9%	6.6%	26.3%	18.7	→0	↓3	→0
Swithland	14	184.4%	70.1%	155.5%	165.6%	10.9%	5.1%	5.8%	11.6	↑1	↑6	→0
CB Beechwood	19	144.6%	61.3%	116.2%	248.8%	33.5%	14.6%	18.9%	9.1	↑2	↑4	→0
CB Clarendon	19	159.6%	67.9%	156.6%	234.6%	32.5%	7.4%	25.1%	9.4	↓0	↑3	→0
TOTALS										**↓6**	**↑33**	**↑1**

Table 8 - Community hospital safe staffing

Feilding Palmer Hospital (FPH) continues to be temporarily closed to inpatient admissions 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. A review of the risk assessment against national guidance continues on a monthly basis at the Directorate Management Team meeting. Feilding Palmer Hospital continues to be used as part of the COVID 19 Vaccination Hub programme.

The high risk/red pathway site for Covid-19 positive patients continues to be North Ward Hinckley and Bosworth Hospital.

There is a low fill rate for the day shifts for Health Care Support Workers (HCSWs) across six of the wards. This continues to be due to a combination of factors linked to HCSW sickness and vacancies and adjusted skill mix during the month with some of the unfilled HCSW shifts filled with registered nurses (RNs), which also accounts for the increase in the fill rate of RNs.

The increased fill rate for HCA on night shifts is due to increased acuity and dependency due to patients requiring enhanced observations, one to one supervision.

A deep dive analysis of RN fill rate has identified that Ward Sister/Charge Nurse supernumerary/supervisory hours are reporting through as actual hours, further work is taking place to ensure health roster accurately differentiates supervisory clinical hours and actual hours to support safe staffing.

Temporary workforce usage has increased further compared to July 2021 across nine of the wards with the exception of Ward 1 St Lukes and Ward 1 Coalville this is due to increased patient acuity and dependency, patients requiring enhanced observations due to one to one care, annual leave, vacancies, maternity leave and sickness.

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified an increase in the number of falls incidents from 23 in July 2021 to 33 in August 2021 comprising of 28 first falls, 4 repeat falls, 1 patient placed self on floor. Ward areas to note; Swithland Ward, Ward 1 and Ward 2 Coalville, Beechwood and Clarendon Wards. The wards continue to note an increase in patient dependency and acuity including delirium presentation of the patients. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

The number of medication incidents for the community hospital wards has decreased from 7 in July 2021 to 6 in August 2021. A review of these incidents has identified these relate to procedural errors and there was no direct correlation with staffing.

There has been one formal complaint received during August 2021 which is being investigated, there is no direct correlation to staffing.

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

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
Langley	11	131.2%	106.6%	133.3%	148.1%	45.4%	32.6%	9.8%	12.7	↓1	↓0	→0
CAMHS	6	128.7%	286.3%	129.7%	499.9%	70.8%	37.1%	33.7 %	41.6	↑1	↑2	→0
TOTALS										**↑2**	**↑2**	→0

Table 9 - 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 patient care needs associated with increased and high levels of patient acuity. Recruiting to vacant posts continues to be a priority in both areas and remains a challenge. The Beacon has recruited two band 5 registered nurses and three HCSWs in August 2021.

There was one medication error on Langley Ward in August 2021, analysis of the incident has demonstrated the need for additional training, and this is being supported by the Lead Pharmacist. An analysis of the medication error on Beacon was due to staff missing the administration time as a result of activities on the ward. The falls on Beacon occurred when a patient was experiencing pseudo seizures, no harm was incurred.

Learning Disabilities (LD) Services

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
Agnes Unit	1	144.2%	137.4%	185.2%	177.4%	45.2%	19.9%	25.3%	73.5	↑1	↓0	→0
Gillivers	1	51.1%	71.4%	34.4%	56.8%	0.0%	0.0%	0.0%	46.4	→0	→0	→0
TOTALS										**↑1**	**↓0**	→0

Table 10 - Learning disabilities safe staffing

Patient acuity remains high and staffing is increased to meet patient care needs, this is reflected in both the over utilisation of staff deployed against planned levels and high CHPPD. There was one medication error on Agnes Unit and analysis of the incident was undertaken with learning implemented for the practitioner involved.

Governance table

For Board and Board Committees:	Trust Board 26.10.21	
Paper sponsored by:	Anne Scott, Interim Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Emma Wallis, Interim Deputy Director of Nursing and Quality and Elaine Curtin, Workforce and Safe staffing Matron	
Date submitted:	18.10.21	
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):		
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	Monthly report	
STEP up to GREAT strategic alignment*:	High **S**tandards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	√
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
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	Yes	
Equality considerations:		

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Leicestershire Partnership NHS Trust

Public Trust Board - 26 October 2021

Safe Staffing- September 2021 review

Purpose of the report

This report provides an overview of nursing safe staffing during the month of September 2021 including a summary of staffing areas to note, updates in response to Covid-19, potential risks and actions to mitigate the risks to ensure that safety and care quality are maintained.

The report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. A summary is available in Annex 1; scorecard, with a detailed overview and exception report narrative by in-patient area and service in annexe 2.

Analysis of the issue

Right Staff

- Temporary worker utilisation rate slightly decreased this month; 3.24% reported at 35.24% overall and Trust wide agency usage slightly decreased this month by 1.48% to 15.09% overall.
- In September 2021; 27 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 84% of our inpatient Wards and Units, changes from last month; Swithland Ward.
- 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.
- The key in-patient areas to note in regard to current staffing challenges with high risk and potential impact to quality and safety; Beacon, Agnes Unit, Mill Lodge & Beaumont.
- There are thirteen community team ‘areas to note’, changes from last month; Memory Service, Diana service and East central community nursing hubs.
- The key community teams to note in regard to current staffing challenges with high risk and potential impact to quality and safety; Healthy Together County, notably Blaby team, Looked After Children Team, City and East Central Community Nursing hubs and the memory service.
- A quality summit has been convened on 2 November 2021 facilitated by the Executive Director of Nursing, AHPs and Quality due to continued operational pressure across

community nursing CHS and increasing concerns linked to patient outcomes/harm and potential impact to safety, quality of care and staff well-being.

- Weekly safe staffing forecast meetings with Deputy Director of Nursing and Quality, Workforce and Safe staffing matron, Head/Deputy Heads of Nursing and Head of Workforce support continue to review staffing levels, actions to meet planned staffing, review of the risks and actions to mitigate the risks.
- An extended meeting was held on 29 September 2021 to complete a detailed nursing review of each ward and community service using NHS Improvement 'workforce safeguards' risk ratings;
    - Low risk (green) – staffing is safe. Ward/community teams are managing their workload.
    - Moderate risk (amber) – caution: staffing is at 50% trust RN and 50% bank/agency.
    - High risk (red) – depleted: trust considers area to be high risk, actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or change to skill mix.
- Tipping factors
- Impact to quality and safety and identification of any unmitigated risks
- Update risk actions and controls

Right Skills

- During Covid-19 the compliance renewal date for each mandatory and role essential topic was extended by 6 months.
- Correct to 1 October 2021 Trust wide substantive staff;
    - Appraisal at 83.1% compliance GREEN
    - Clinical supervision at 75.7% compliance AMBER
- All core mandatory training compliance GREEN except for Information Governance AMBER at 87.3%
- Clinical mandatory training compliance for substantive staff, to note;
    - BLS increased compliance by 4.8% to 79.0% compliance AMBER
    - ILS increased compliance by 7.4% to 73.30% compliance AMBER
- Clinical mandatory training compliance for bank only workforce remains low;
    - BLS 49.6 % at RED compliance
    - ILS 34.5% at RED compliance
- Compliance with face-to-face mandatory training is being reported through the education and training governance structures Training Education Development and Strategic Workforce Committee. There are Learning &Development operational actions plans and each directorate is undertaking a deep dive into their services. The key theme being explored is the non-attendance at training and why the DNA rate is above 50% for courses.

Right Place

- The Covid-19 risk managed wards are North, Beacon, Beaumont, Langley, and Gwendolen Ward. Risk managed is to mean that the ward is caring for patients on the emergency admission Covid-19 high and medium risk pathways, as per the national safe staffing descriptors and IPC care pathways, maintaining separation between possible and confirmed COVID-19 patients and supporting staff cohorting. To note Gwendolen Ward opened in September 2021 to support Covid-19 positive patients in DMH.
- A deep dive of actual planned staffing data taken from Health roster in August 2021 demonstrated an increase in Ward Sister/Charge Nurse hours pulled through to the actual RN hours as a standard. Whilst this is reflective in many areas of the daily actual support to clinical teams during the pandemic response further work is taking place to ensure health roster accurately differentiates supervisory clinical hours and actual hours to support safe staffing.
- Fill rates above and below 100% for actual HCSWs predominantly on days reflect adjusted staffing levels and skill mix to meet patient care needs.
- The total Trust CHPPD average (including ward based AHPs) is reported at 16.4 CHPPD in August 2021, with a range between 6.3 (Ashby ward) and 84.5 (Gillivers) CHPPD.
- General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis has not identified significant variation at service level; indicating that staff are being deployed productively across services.

Staff absence data

The table below shows absence captured by the LPT Staff Absence Sitrep on 1 October 2021;

Absence by directorate	Sickness absence	Self-Isolation - Working from home	Self-Isolation - Unable to work from home	Total
Community Health Services	6.3%	0.1%	0.2%	6.7%
Enabling Services	1.1%	0.0%	0.0%	1.1%
FYPC	3.9%	0.4%	0.3%	4.6%
Hosted Service	1.7%	0.0%	0.0%	1.7%
Mental Health Services	5.0%	0.4%	0.3%	5.7%
LPT Total	**4.5%**	**0.3%**	**0.2%**	**5.0%**

Table 1 – COVID-19 and general absence – 1 October 2021

In comparison to the previous month total absence has decreased 0.6% associated with a decrease in general absence overall.

In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	July 2021	August 2021	Sept 2021
Hinckley and Bosworth East Ward	X	X	X
Hinckley and Bosworth North Ward	X	X	X
St Lukes Ward 1	X	X	X
St Lukes Ward 3	X	X	X
Beechwood	X	X	X
Clarendon	X	X	X
Coalville Ward 1	X	X	X
Coalville Ward 2		X	
Rutland	X	X	X
Dalgleish	X	X	X
Swithland	X		X
Coleman	X	X	X
Kirby	X	X	X
Welford	X		X
Wakerley	X	X	X
Aston	X	X	X
Ashby	X	X	X
Beaumont	X	X	X
Belvoir	X	X	X
Griffin	X	X	X
Phoenix	X	X	X
Heather	X	X	X
Watermead	X	X	X
Mill Lodge	X	X	X
Agnes Unit	X	X	X
Langley	X	X	X
Beacon (CAMHS)	X	X	X
Thornton		X	X

Table 2 – In-patient staffing areas to note

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; North Ward Hinckley, Beaumont, Beacon, 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 IPC care pathways medium and high. To note Gwendolen Ward is currently open as there are Covid-19 positive patients.

Weekly safe staffing forecast meetings with Deputy Director of Nursing and Quality, Workforce and Safe staffing matron, Head/Deputy Heads of Nursing and Head of Workforce support continue to review staffing levels, actions to meet planned staffing and review of the risks and actions to mitigate the risks.

An extended meeting was held on 29 September 2021 to complete a detailed nursing review of each ward and community service using NHS Improvement 'workforce safeguards' risk ratings;

- Low risk (green) – staffing is safe. Ward/community teams are managing their workload.
- Moderate risk (amber) – caution: staffing is at 50% trust RN and 50% bank/agency.
- High risk (red) – depleted: trust considers area to be high risk, actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or change to skill mix.

A number of 'tipping factors' and thresholds were outlined that that would 'tip' the risk rating to a high/red risk from a moderate/amber risk;

- One RN on duty per shift
- Greater than a 1:8 RN to patient ratio (1:12 pandemic response)
- >50% temporary staffing
- >6% agency
- Increase in SIs
- Trust employed RNs per shift = 50 %

The impact to patient safety and quality of care was also completed wider than the nurse sensitive indicators. The following areas were identified as High risk/Red areas

FYPC/LD

Beacon Unit (CAMHS) due to high levels of bank and agency staff to meet planned safe staffing and increased staffing to support increased patient acuity. Due to deceased substantive staff numbers, the unit currently has capacity to safely staff 7 beds; this has been agreed until December 2021. The unit continues to progress with the quality Improvement plan with oversight to QAC.

CHS

Community Hospitals reported operating at an amber risk overall, however it was noted that there is an increased number of shifts with 50% temporary staffing and occasions where there is only one registered nurse on shift, on these shifts the risk profile changes to a high risk rating.

DMH

Mill Lodge has 7 RN vacancies and 5 HCSW vacancies, impacting continuity of care. It is noted that the Ward regularly runs with one RN at night for 14 patients, supported by staff from Stewart House. A number of actions are in place terms of recruitment to support continuity of staffing across the unit with consideration to new/alternative roles. The Ward

is supporting recruitment of two International Nurses and a Medicines Administration Technician. This will be further supported by the completion of the annual safe staffing establishment review and a follow up quality summit in October 2021. A quality improvement plan is in place focusing on leadership, culture, and staffing with oversight to QAC.

Beaumont is identified as an area to note due to increased patient acuity and concerns in regard to impact to quality and safety. A follow up quality summit was held on 29 September 2021, the Executive Director of Nursing and Medical Director report that the quality summit approach to reviewing the quality and safety on Beaumont Ward can now be closed from a trust level perspective as both are assured that there is no evidence to suggest that this ward is not safe. This will continue to be monitored at Directorate level through the appropriate quality governance systems in place and escalated appropriately.

Number of occupied beds, temporary workforce percentage together with the NSIs that capture outcomes most affected by nurse staffing levels is presented in the tables per in-patient area by service and directorate in Annex 2. Category 2 and category 4 pressure ulcer incidents developed in our care have been added to the scorecard and tables as a NSI.

Community Teams

Summary of community 'areas to note';

Community team	July 2021	August 2021	Sept 2021
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East Central			X
Healthy Together – City (School Nursing only)	X	X	X
Healthy Together County	X	X	X
Looked After Children	X	X	X
Diana team			X
South Leicestershire CMHT	X	X	X
Charnwood CMHT	x	X	X
Memory service			X
Assertive outreach	X	X	X
ADHD service	X	X	X
LD Community Physiotherapy	X	X	X
Mental Health Liaison team		X	

Table 3 – Community areas to note

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.

FYPC/LD Community

Healthy Together City, County, Diana service and Looked After Children (LAC) teams continue to be rated to be at moderate to high risk due vacancies and a number of staff retiring, leading to a reduced service delivery.

Healthy Together (HT) teams have been unable to provide the full Healthy Child Programme and are exploring all options for a reduced sustainable Healthy Child Programme offer. This will require an updated Quality Impact Assessment (QIA) and conversation with Public Health (PH) Commissioners.

Blaby team is a county HT area to note due to only 17.2% substantive staffing levels and a safeguarding caseload for thirty children on a safeguarding plan/ Looked After Children. Actions to date include:

- Reallocation of safeguarding cases from the Blaby team to designated Health Visitor's (HV's) across county
- Quality Impact Assessment (QIA) and Equality QIA completed with agreed reduction in service offer
- Movement of staff from city to county & utilisation of temporary workforce
- Ongoing recruitment and retention to include incentive schemes 4 & 8
- All available Clinical Team Leader's and Family Service Manager's carrying out clinical face to face contacts
- Incidents, concerns, staff feedback and performance will continue to be monitored

The Diana team/service is an emerging area to note due to 8 w.t.e staff absent due to Covid-19 absence and or sickness in September 2021. Due to the specific staff skills and knowledge required to deliver care and family support the service is not able to utilise temporary/agency workers to meet demand and planned staffing. As a result of staff absence there is currently reduced care hours and respite offer and no new referrals are being taken as a control measure.

Looked After Children team are operating at a high risk level due to 35% substantive staffing available to work, this has resulted in a reduced service offer and impact to initial health assessment contacts. Potential risks due to delayed assessment, risks continue to be monitored within the Directorate on a weekly basis.

Learning disabilities community physiotherapy is rated amber, the team continue to assess and treat all red and amber RAG rated referrals. Recruitment process is ongoing as there are challenges across all community services in recruiting qualified staff into vacancies

CHS Community

Throughout September 2021 Community Nursing has been operating at OPEL level 3 and at a high risk in the City and East Central hubs. Business continuity plans are in place, including patient assessments being reprioritised and some clinic appointments have been reprioritised and rescheduled in line with available staff capacity. The reprioritised

assessments include wound and holistic assessments. Additional support from specialist teams including Tissue Viability and Podiatry has been provided to the city hub/teams.

A number of actions are in place to try to mitigate the staffing risks including:

- Continuous review and monitoring of staff absence, flexing teams to prioritise visits,
- Reviewing caseloads to prioritise urgent and essential visits
- Supporting the health and well-being of staff given the noted increased levels of stress and anxiety across the service line,
- Staying connected with Centralised Staffing Solutions to secure bank and agency shift fill
- Continue to monitor and collate data on known clinical activity vs clinical resource (staff) to strengthen understanding of further pressures on service line
- Ongoing targeted recruitment campaign to band 5 RNs, Health Care Support Workers, assistant practitioner and nursing associates. This month the focus is adverts on the back of 15 buses and Facebook posting.

In September 2021 it is noted that three serious incidents have occurred where essential visits were accidentally cancelled resulting in delayed assessments and pressure ulcer harm as a consequence. The Executive Director of Nursing, AHPs and Quality met with the senior clinical team on 4 October 2021 and a quality summit is planned for 2 November 2021.

MH Community

The Central Access Point (CAP) and the Crisis Team continue to experience high levels of routine referrals. The number of vacancies across community services generally remains challenging and gaps are filled with bank and agency wherever possible; community mental health teams find it difficult to recruit agency workers for the block booking commitment required. Areas to note are Charnwood CMHT, South Leicestershire CMHT, the ADHD Service and Assertive Outreach. Memory service, Mental Health Services for Older People (MHSOP) is an emerging area to note due to staffing vacancies and increased demand resulting in high numbers of patients waiting for assessment, current mitigation includes a 4 week patient review whilst waiting and signposting to additional support.

Proposal

In light of the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in September 2021 it is proposed that staffing challenges continue to increase and there is emerging evidence that current controls and implementing business continuity plans are not fully mitigating the impact to the quality and safety of patient care across all services, at all times.

Whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators that staffing is a contributory factor to patient harm, there is a level of concern about pressure ulcer harm in community nursing and whether there is a

direct link to reduced care hours. An equal level of concern and investigation into the respite offer in the Diana service and in Healthy Together teams and Looked After Children services linking to any impact to initial health assessments and 10-12 month old assessments with a potential for unknown risks and impact to outcomes and harm, all of which are being reviewed and risk managed.

Decision required

The board is asked to confirm a level of 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 is maintained.

September 2021

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return) – Actual Hours Worked divided by Planned Hours: Nurse Day (Early & Late Shift) – Average % fill rate registered nurses	Nurse Day – Average % fill rate care staff	Nurse Night – Average % fill rate registered nurses	Nurse Night – Average % fill rate care staff	AHP Day – Average % fill rate registered AHP	AHP Day – Average % fill rate non-registered AHP	% Temporary Workers (NURSING ONLY) – Total	Bank	Agency	Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4
				>=80%	>=80%	>=80%	>=80%	-	-	<20%							(Month in arrears)	
AMH Bradgate	Ashby	21	20	101.7%	121.8%	104.0%	88.4%			40.5%	27.8%	12.7%	6.3	4	3	0		
	Aston	19	17	103.2%	199.4%	99.5%	135.8%			40.0%	28.7%	11.2%	7.8	1	1	0		
	Beaumont	22	16	93.4%	130.0%	94.6%	113.5%			48.1%	37.7%	10.4%	14.1	2	1	0		
	Belvoir Unit	10	8	104.4%	206.5%	202.4%	159.2%			50.4%	32.9%	17.5%	26.2	1	1	0		
	Heather	18	14	91.1%	221.4%	101.3%	129.5%			44.1%	29.8%	14.3%	9.0	0	0	0		
	Thornton	14	14	82.3%	188.3%	98.0%	115.3%			32.7%	30.2%	2.5%	8.5	0	0	0		
	Watermead	20	17	98.5%	234.2%	104.9%	141.3%			24.3%	13.4%	10.9%	8.1	3	0	0		
	Griffin - Herschel Prins	6	5	109.5%	205.2%	104.5%	526.9%			53.7%	37.4%	16.3%	32.4	0	1	0		
AMH Other	Phoenix - Herschel Prins	12	11	122.7%	131.4%	101.6%	135.8%		100.0%	36.7%	24.3%	12.4%	11.4	0	0	0		
	Skye Wing - Stewart House	30	23	133.4%	105.5%	134.3%	138.0%			31.7%	29.2%	2.5%	6.6	0	1	0		
	Willows	9	8	122.2%	132.6%	104.8%	127.7%			39.3%	34.1%	5.3%	14.8	1	0	0		
	Mill Lodge	14	12	82.8%	111.2%	128.0%	120.7%			68.2%	51.8%	16.4%	15.0	1	16	0		
CHS City	Kirby	23	22	58.2%	125.2%	117.8%	159.7%	100.0%	100.0%	39.1%	27.7%	11.3%	8.0	1	13	0	0	0
	Welford	24	20	71.0%	123.9%	131.1%	233.2%			25.9%	19.7%	6.2%	7.5	0	9	0	0	0
	Beechwood Ward - BC03	23	20	156.7%	63.3%	132.0%	284.1%	100.0%	100.0%	30.6%	14.8%	15.9%	9.5	1	4	0	1	0
	Clarendon Ward - CW01	21	19	155.2%	68.6%	156.1%	277.4%	100.0%	100.0%	28.8%	8.4%	20.4%	10.1	2	1	0	1	0
	Coleman	21	16	88.5%	212.5%	177.8%	472.5%	100.0%	100.0%	56.1%	28.6%	27.5%	18.7	1	2	0	0	0
	Wakerley (MHSOP)	21	18	75.0%	198.6%	157.8%	415.4%			50.0%	30.4%	19.6%	13.1	0	8	0	0	0
CHS East	Dalgleish Ward - MMDW	17	15	91.7%	73.2%	153.2%	152.8%	100.0%	100.0%	14.8%	6.7%	8.1%	8.5	0	4	0	1	0
	Rutland Ward - RURW	16	14	147.7%	65.9%	138.0%	160.1%	100.0%	100.0%	26.3%	13.0%	13.3%	8.6	1	0	0	1	0
	Ward 1 - SL1	18	16	75.5%	82.8%	155.1%	219.0%	100.0%	100.0%	24.4%	14.6%	9.7%	11.4	1	4	0	1	0
	Ward 3 - SL3	13	12	224.9%	69.5%	153.0%	295.1%	100.0%	100.0%	15.9%	9.0%	6.9%	11.1	4	1	0	3	0
CHS West	Ellistown Ward - CVEL	15	13	184.4%	69.2%	148.2%	155.8%	100.0%	100.0%	11.4%	7.3%	4.1%	11.7	3	2	0	2	0
	Snibston Ward - CVSN	18	15	116.6%	73.5%	153.1%	245.0%	100.0%	100.0%	18.4%	9.6%	8.8%	13.0	0	5	0	0	0
	East Ward – HSEW	23	21	75.8%	96.6%	148.2%	330.4%	100.0%	100.0%	31.4%	8.7%	22.7%	9.9	0	2	0	1	0
	North Ward - HSNW	18	14	95.7%	100.4%	153.3%	250.6%	100.0%	100.0%	32.6%	8.5%	24.1%	12.6	0	2	0	2	0
	Swithland Ward - LBSW	17	15	184.3%	72.0%	150.7%	178.9%	100.0%	100.0%	10.6%	3.4%	7.3%	10.7	2	1	0	1	0
FYPC	Langley	15	10	152.4%	98.9%	137.8%	138.1%	100.0%		34.0%	27.8%	6.2%	14.8	0	0	0		
	CAMHS Beacon Ward - Inpatient	16	6	108.7%	230.1%	142.3%	430.6%	100.0%		68.3%	34.0%	34.3%	36.4	0	2	0		
LD	Agnes Unit	4	2	144.6%	198.0%	174.9%	244.8%			56.5%	22.1%	34.4%	71.5	0	0	0		
	Gillivers	3	1	68.7%	36.0%	49.8%	44.4%			2.8%	2.8%	0.0%	84.5	0	0	0		
	The Grange	3	1	N/A	164.7%	N/A	74.8%			10.8%	10.8%	0.0%	0.0	2	0	0		

Annexe 2: 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
  - red agency use above 6%
- Fill rate >=80%

Mental Health (MH)

Acute Inpatient Wards

Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Total	Bank	Agency	CHPPD	Medication Errors	Falls	Complaints
		>=80%	>=80%	>=80%	>=80%	<20%						
Ashby	20	101.7%	121.8%	104.0%	88.4%	40.5%	27.8%	12.7%	6.3	↑4	↑3	→0
Aston	17	103.2%	199.4%	99.5%	135.8%	40.0%	28.7%	11.2%	7.8	↓1	→1	→0
Beaumont	16	93.4%	130.0%	94.6%	113.5%	48.1%	37.7%	10.4%	14.1	↑2	↑1	↓0
Belvoir Unit	8	104.4%	206.5%	202.4%	159.2%	50.4%	32.9%	17.5%	26.2	→1	↓1	→0
Heather	14	91.1%	221.4%	101.3%	129.5%	44.1%	29.8%	14.3%	9.0	→1	↓0	→0
Thornton	14	82.3%	188.3%	98.0%	115.3%	32.7%	30.2%	2.5%	8.5	→0	↑1	→0
Watermead	17	98.5%	234.2%	104.9%	141.3%	24.3%	13.4%	10.9%	8.1	↑3	↓0	↓0
Griffin	5	109.5%	205.2%	104.5%	526.9%	53.7%	37.4%	16.3%	32.4	→0	↓1	→0
Totals										**↑12**	**↓8**	**↓0**

Table 4 - Acute inpatient ward safe staffing

All ward/units have utilised a high percentage of temporary workforce in September 2021, notably the psychiatric intensive care units, this is due to high patient acuity and complexity and to meet planned safe staffing levels due to increased vacancies due to promotions internally supporting the urgent care pathway and sickness/absence.

There were 8 falls incidents reported in September 2021 compared to 9 in August 2021. Analysis has shown that the main areas where falls occurred were in the grounds, gardens and dining room. One patient had four repeat falls; 3 falls on Ashby Ward and 1 fall on Beaumont Ward. This patient also fell in the previous month and prior to that. The patient has had full MDT multifactorial review to understand the patient needs and possible falls causes, outcomes related to patient behaviour and agitation.

There were 12 medication error incidents reported over 6 wards in September 2021. Analysis has shown that three incidents were regarding recording on the E-CD register. One of the three E-CD incidents has identified staffing as a contributory factor; it is noted that only one agency nurse had access to the E-CD register. Both RNs had access to Wellsky the medication administration system and the administration was charted as given, it was not recorded onto the E-CD register at the time of administration as only one of the agency nurses had had E-CD access.

Three incidents were administration errors; 1 wrong dose, 1 prescribing error that led to a medicines administration error and 1 administration above recommended time period (delayed dose). All

incidents were reviewed in line with the Trust medication error policy and no harm occurred as a result of the medication errors.

There was an incident of the wrong patient's medication being sent home with a patient, incident review did note that staffing was a contributory factor as the ward was short staffed with the second registered nurse on their break at the time of the incident.

Low Secure Services – Herschel Prins

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
HP Phoenix	11	122.7%	131.4%	101.6%	135.8%	36.7%	24.3%	12.4%	11.4	→0	→0	→0
Totals										**→0**	**→0**	**→0**

Table 5- Low secure safe staffing

Phoenix continues to use a higher proportion of agency staff in September 2021 to support planned staffing due to staff vacancies and waiting for newly recruited staff to start. There were no complaints, medication errors or falls reported in September 2021.

Rehabilitation Services

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers %	Bank %	Agency %	CHPPD	Medication	Falls	Complaints
Skye Wing	133.4%	105.5%	134.3%	138.0%	133.4%	31.7%	29.2%	2.5%	6.6	→0	↑1	→0
Willows	122.2%	132.6%	104.8%	127.7%	122.2%	39.3%	34.1%	5.3%	14.8	→1	↓0	→0
Mill Lodge	82.8%	111.2%	128.0%	120.7%	82.8%	68.2%	51.8%	16.4%	15.0	↑1	↓16	→0
TOTALS										**↑2**	**↓17**	**↓0**

Table 6 - Rehabilitation service safe staffing

Mill Lodge continues to utilise a high percentage of temporary workforce to meet planned staffing levels due to the amount of RN and HCSW vacancies. A number of actions are in place to support continuity of staffing across the unit and daily operational management to ensure that the unit meets its planned safe staffing levels.

The Willows utilised an increased percentage of temporary workers and agency staff due to a Covid-19 staff and patient outbreak on Cedar Ward.

There were two medication incidents reported in September 2021 both were prescribing errors and no administration error occurred as a result.

There were 17 patient falls which is a slight decrease compared to August 2021. Analysis has shown that one fall was reported at Stewart house and was a stumble with frame when walking in the corridor. Analysis of the patient falls at Mill Lodge has shown that five patients experienced repeated falls; three falls occurred outside of a patient's bedroom, two falls were rolls/falls out of bed, the majority of patient falls occur in the bedroom area. Contributory factors are linked to patient factors associated with Huntington's disease and reducing independence, spatial awareness and gait.

Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints	PU Category 2	PU Category 4
BC Kirby	22	58.2%	125.2%	117.8%	159.7%	39.1%	27.7%	11.3%	8.0	→1	↑13	→0	0	0
BC Welford	20	71.0%	123.9%	131.1%	233.2%	25.9%	19.7%	6.2%	7.5	↓0	↓9	→0	0	0
Coleman	16	88.5%	212.5%	177.8%	472.5%	56.1%	28.6%	27.5%	18.7	↑1	↓2	→0	0	0
Wakerley	18	75.0%	198.6%	157.8%	415.4%	50.0%	30.4%	19.6%	13.1	→0	↓8	→0	0	0
TOTALS										**→2**	**↓32**	**→0**	**0**	**0**

Table 7 - Mental Health Services for Older People (MHSOP) safe staffing

The MHSOP wards did not meet planned fill rates on days for Registered Nurses (RNs) on Kirby, Welford and Wakerley Wards. The staffing establishment on wards consist of a Medication Administration Technician (MAT) and on Kirby Ward a Mental Health Practitioner (MHP). The ward skill mix also includes a registered nursing associate.

Analysis has shown that in September 2021 Kirby ward reported an increase in non-Covid-19 sickness, Wakelerly ward is also supporting the red/high risk zone with additional staffing and providing a registered nurse to Gwendolen ward should the red zone area be required for Covid-19 positive patients requiring isolation. Due to Covid-19 outbreaks on Cedar and Beacon in September 2021 this resource has needed to be deployed to support Covid-19 positive patients.

The service continues to use temporary staff to support unfilled shifts due to vacancies and to support increased patient acuity and levels of observation. Staffing is risk assessed and managed across all MHSOP wards and staff moved to support safe staffing levels and skill mix and patient care needs/acuity and dependency. In addition to increased acuity, the nature of the patients on the organic wards in particular necessitates a higher level of observation; therefore staffing levels need to reflect this increased level of need.

There were no pressure ulcer incidences reported in September 2021 and no complaints.

Analysis of the two medication errors has shown one was related to a shared care agreement which had been sent, although not received by the GP, for discharge medication. This was resent to GP and rectified therefore was not a medication administration error that had a direct impact on patient care. Welford Ward error was relating to the wrong medication being given to a patient. The medication error policy was followed and there was no harm to the patient, staffing was not felt to be a contributory factor to either incidents.

There is an overall decrease of falls since August 2021; analysis has shown this is associated with patient demographic/factors, and repeat falls amongst specific patients. There was no theme identified to indicate staffing impacted or was a contributory factor. The falls process was followed in each case and physiotherapy involved was established prior to the falls occurring in most cases. Where Physiotherapy support was not established a referral was made post fall for advice and support. To note there was one patient fall on Kirby that resulted in a fracture and is subject to a falls investigation.

Community Health Services (CHS)

Community Hospitals

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints	PU Category 2	PU Category 4
Dalgliesh	15	91.7%	73.2%	153.2%	152.8%	14.8%	6.7%	8.1%	8.5	→0	↑4	→0	1	0
Rutland	14	147.7%	65.9%	138.0%	160.1%	26.3%	13.0%	13.3%	8.6	↑1	↓0	→0	0	0
SL Ward 1	16	75.5%	82.8%	155.1%	219.0%	24.4%	14.6%	9.7%	11.4	→1	↑4	→0	1	0
SL Ward 3	12	224.9%	69.5%	153.0%	295.1%	15.9%	9.0%	6.9%	11.1	↑4	→1	→0	3	0
Ellistown 2	13	184.4%	69.2%	148.2%	155.8%	11.4%	7.3%	4.1%	11.7	↑3	↓2	↓0	2	0
Snibston 1	15	116.6%	73.5%	153.1%	245.0%	18.4%	9.6%	8.8%	13.0	↓0	↑5	→0	0	0
East Ward	21	75.8%	96.6%	148.2%	330.4%	31.4%	8.7%	22.7%	9.9	→0	↓2	→0	1	0
North Ward	14	95.7%	100.4%	153.3%	250.6%	32.6%	8.5%	24.1%	12.6	→0	↓2	→0	2	0
Swithland	15	184.3%	72.0%	150.7%	178.9%	10.6%	3.4%	7.3%	10.7	↑2	↓1	→0	0	0
Beechwood	20	156.7%	63.3%	132.0%	284.1%	30.6%	14.8%	15.9%	9.5	↓1	→4	→0	1	0
Clarendon	19	155.2%	68.6%	156.1%	277.4%	28.8%	8.4%	20.4%	10.1	↑2	↓1	→0	0	0
TOTALS										**↑14**	**↓26**	**↓0**	**11**	**0**

Table 8 - Community hospital safe staffing

Feilding Palmer Hospital (FPH) continues to be temporarily closed to inpatient admissions 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. A review of the risk assessment against national guidance continues on a monthly basis at the Directorate Management Team meeting. Feilding Palmer Hospital continues to be used as part of the COVID 19 Vaccination Hub programme.

The high risk/red pathway site for Covid-19 positive patients continues to be North Ward Hinckley and Bosworth Hospital.

There is a low fill rate for the day shifts for Health Care Support Workers (HCSWs) across eight of the wards. This continues to be due to a combination of factors linked to HCSW sickness and vacancies and adjusted skill mix during the month with some of the unfilled HCSW shifts filled with registered nurses (RNs), which also accounts for the increase in the fill rate of RNs.

The increased fill rate for HCA on night shifts is due to increased acuity and dependency due to patients requiring enhanced observations, one to one supervision.

There is an inflated fill rate position for the registered nurse day shifts as the current data set requires a full review to ensure an accurate fill position is available with the exclusion of all non- clinical shifts/supernumerary shifts. This work continues.

Temporary workforce usage has reduced compared to August 2021 with the exception of Rutland, Ward 1 St Lukes and Ward 1 Coalville, East, North, Beechwood and Clarendon Wards this is due to increased patient acuity and dependency, patients requiring enhanced observations due to one to one care, annual leave, vacancies, maternity leave and sickness.

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified a decrease in the number of falls incidents from 33 in August to 26 in September 2021 comprising of 21 first falls, 4 repeat falls, 1 patient placed self on floor. Ward areas to note are Snibston Ward, St Lukes Ward 1, Dalgliesh, Beechwood Ward. The wards continue to see an increase in patient dependency and acuity including delirium presentation of the patients. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

The number of medication incidents for the community hospital wards has increased from 6 in August 2021 to 14 in September 2021. A review of these incidents has identified these relate to prescribing, administration and procedural errors and there was no direct correlation with staffing.

The number of category 2 pressure ulcers developed in our care is 11 for September. Areas to note are North Ward, St Lukes Ward 3 and Ellistown Ward. A quality improvement project is being commenced to review the pressure ulcer prevention pathway. Incidents will be monitored via the weekly community hospitals incident review meeting.

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

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
Langley	10	152.4%	98.9%	137.8%	138.1%	34.0%	27.8%	6.2%	14.8	↓0	→0	→0
CAMHS	6	108.7%	230.1%	142.3%	430.6%	68.3%	34.0%	34.3%	36.4	↓0	→2	→0
TOTALS										↓0	→2	→0

Table 9 - 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 planned staffing levels due to vacancies and patient care needs associated with high levels of patient acuity. Recruiting to vacant posts continues to be a priority in both areas. The Beacon Unit has recruited in total over the last few months; band 7 ward leader/sister (internal), three band 6 nurses (2 internal & I external) one with significant paediatric experience and eight new HCSWs currently going through recruitment process with imminent start dates.

Due to deceased substantive staff numbers, the unit currently has capacity to safely staff 7 beds; this has been agreed until December 2021. The unit continues to progress with the quality Improvement plan with oversight to QAC.

The two falls on Beacon occurred when a patient experienced dissociative seizures, no harm was incurred.

Learning Disabilities (LD) Services

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
Agnes Unit	2	144.6%	198.0%	174.9%	244.8%	56.5%	22.1%	34.4%	71.5	↓0	→0	→0
Gillivers	1	68.7%	36.0%	49.8%	44.4%	2.8%	2.8%	0.0%	84.5	→0	→0	→0
The Grange	1	N/A	164.7%	0.0%	74.8%	10.8%	10.8%	0.0%	N/A	2	0	0
TOTALS										**↑2**	→0	→0

Table 10 - Learning disabilities safe staffing

Patient acuity on the Agnes Unit remains high and staffing is increased to meet patient care needs, this is reflected in both the over utilisation of staff deployed against planned levels and high CHPPD.

Short breaks; Gillivers opened on 1 July 2021, the planned staffing includes both RNs and HCSWs due to the complex physical health needs. The Grange opened on 9 September 2021; patients are cared for by trained and skilled HCSWs with admission/booking in oversight by a registrant. During September 2021 both areas only had one patient in respite, staffing was adjusted to meet the patient's care needs and this is reflected in the fill rate.

Governance table

For Board and Board Committees:	Trust Board 26.10.21	
Paper sponsored by:	Anne Scott, Interim Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Emma Wallis, Interim Deputy Director of Nursing	
Date submitted:	20.10.21	
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):		
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	Monthly report	
STEP up to GREAT strategic alignment*:	High **S**tandards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	√
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
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	Yes	
Equality considerations:		

Q

Leicestershire Partnership NHS Trust

Public Trust Board meeting – 26 October 2021

Staff Covid-19 booster and Flu Vaccination delivery Programme 2021/ 2022 update

Purpose of the report

The purpose of the report is to outline the Trust staff/frontline healthcare worker (FHCW) Flu and Covid-19 vaccination plan to achieve the national flu immunisation programme for 2021 / 2022 and Covid-19 booster programme. The Trust action plan supplements the NHSE/I regional and LLR STP/ICS flu and Covid-19 delivery plans and incorporates PHE frontline healthcare worker (FHCW) flu vaccination five key components of developing an effective flu vaccination programme.

Analysis of the issue

In light of the risk of flu and Covid-19 co-circulating this winter, the national flu immunisation and Covid-19 booster programme is absolutely essential to protect vulnerable people and support resilience of the health and care system. There are a number of key issues for consideration driven by the evolving Covid-19 pandemic and the increased risk of flu this year.

There is a predicted increase risk of flu this year as there was low flu incidence globally in the 2020 – 2021 winter and this is thought to reduce individual immunity to the flu virus. This coupled with 'lockdown', social distancing, wearing of masks and increased hand hygiene last winter due to the COVID-19 pandemic it is anticipated that this will increase the prevalence and severity of flu during this winter season.

In line with new advice set out by the Joint Committee on Vaccination and Immunisation (JCVI) on Tuesday 14 September 2021, the NHS vaccination programme commenced invitation to eligible people, who had their second Covid-19 jab at least six months ago, for a top up (booster). All Trusts are expected to lead on vaccinating their staff with COVID-19 boosters through Hospital Hubs, as well as supporting the delivery of vaccinations to primary and social care staff as needed in the local system. In LPT the COVID-19 booster programme commenced on 23 September 2021

The key issues are outlined below:

- **National expansion of the flu programme** this year which includes all front line health and social care workers, anyone over 50, anyone living in or working in a residential or nursing home, pregnant women, pre-school and school aged children, anyone looking after an older person or someone with a disability and anyone with a long term condition. In addition non-clinical staff with potential contact will be included in the FHCW baseline as well as workforce bureau staff for 2021-22.

- **Co-delivery** of the COVID-19 vaccination and the flu vaccine has been available for LPT staff at the Loughborough hospital hub from 30 September 2021. The hospital hub is able to offer flu vaccine to any LPT staff member who attends for a COVID-19 vacciantion to maximise the uptake. The flu leads are also working with UHL to release FHCW flu vaccines to the UHL vaccine hubs to ensure that LPT staff are offered the flu vaccine when attending for COVID-19 boosters to maximise uptake and opportunity.
- **Vaccine supply;** LPT have a total of 6,000 quadrivalent (QIV) flu vaccines ordered, with 75 doses of the over 65 vaccine. Delivery is staged over a 4 – 6 week period. (1,500 does were delivered in Sept 2021)
- The national flu and Covid-19 booster programme outlines the importance of increasing vaccination levels for those who are living in the most deprived areas and from BAME communities, to ensure equitable uptake and help protect those who are more at risk if they are to get Covid-19 and flu.
- All front line health care workers should receive a vaccination and we have ordered sufficient flu vaccine to make a 100% offer to all LPT staff. COVID-19 vaccinations are ordered weekly and booster session are offered at both the Loughborough Hospital hub and the vaccination centre 2 or 3 times each week
- The flu vaccines available are not vegetarian or vegan based.
- **Committed Leadership and Culture**: Our peer flu vaccinators have been offered training in initiating supportive conversations around vaccine hesitancy to work with their clinically based colleagues to address vaccine hesitancy and quality improvement to support increased uptake

Proposal - Proposals for the board to consider include;

1. The Trust high level action plan for staff/FHCW flu immunisation programme

The plan (Appendix 1) has been developed to align and supplement the NHSE/I and LLR STP/ICS Flu and Covid-19 vaccination plans and incorporates best practice principles developed based on five key components of developing an effective flu vaccination programme. The Trust action plan has been reviewed monthly until August 2021 and fortnightly from September 2021, with weekly operational huddles.

2. The Trust communication plan for the flu immunisation programme.

The purpose of the communications plan (Appendix 2) is to facilitate engagement with the flu and Covid-19 booster campaign and to support the increase uptake of the vaccine across LPT, through positive messaging and providing updates and frequently asked questions.

3. PHE frontline healthcare worker (FHCW) Best Practice Checklist (Flu only)

NHS Trusts should complete a self-assessment against a best practice checklist which has been developed based on five key components of developing an effective flu vaccination

programme. The completed checklist should be published in public board papers at the start of the flu season. See Appendix 3.

4. Committed Leadership

LPT Flu trust board group has met monthly, now fortnightly and is chaired by Anne Scott as executive lead for flu. The group now meets meet fortnightly and is aligned to the LLR programme board meeting. The group reports progress against staff vaccination, school age immunisation and supporting housebound and household member's vaccination. The terms of reference for this Trust meeting was reviewed and updated in September 2021 to include the Covid-19 booster programme

5. Quality Improvement

Quality improvement is at the heart of this programme this year and the aim to increase the uptake of staff in receiving a flu or Covid19

Taking forward what was learned has been pivotal to developing and implementing interventions to improve LPT staff vaccination uptake.

- Peer vaccinators have attended the externally-facilitated vaccine confidence training to initiate conversations with colleagues who have previously not taken up the Flu or Covid-19 vaccination offer to LPT staff. Building on last years 'vaccination hesitancy' and developing 'Conversations to build trust in the flu vaccination' (WHO, 2017) a programme of focused training by an external facilitator has been offered to flu vaccinators and is informed by research and systematic reviews into previous vaccination programmes. They are trained in the principle of 'making every contact count' to decrease risk of flu / Covid-19 and the importance of keeping fit and well this winter
- 70 flu peer vaccinators have been recruited into the programme as a flu champion for their clinical area and trained in the flu vaccination of colleagues. Their aim is to vaccinate all staff working within their clinical area focusing on those 'harder to reach' staff who work weekend and night shifts and to include all the bank staff who work in their area
- Roving vaccinators in place to deliver planned flu clinics across the LPT sites and to support the peer vaccinators
- The vaccinators from the COVID-19 programme at the Loughborough Hospital hub have been trained up to deliver peer flu vaccinations and are now able to offer co-delivery of the flu and COVID vaccinations. This will be rolled out to the Peepul centre by mid-October.
- Covid-19 booster programme/offer at LPT is available for all LPT staff 182 days after their 2nd COVID vaccination. At the Loughborough hospital Hub staff are able to have their flu vaccine at the same time (co delivery model)

Decision required

The board is asked to give its approval to;

- The Trust Covid-19 booster and flu immunisation action plan and communications plan
- The completed best practice checklist

Governance table

For Board and Board Committees:	Trust Board 26th October 2021	
Paper sponsored by:	Anne Scott, Interim Executive Director of Nursing, AHPs	
Paper authored by:	Emma Wallis, Interim Deputy Director of Nursing and Quality Sarah Clements ICC clinical lead	
Date submitted:	15.10.2021	
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):	Operational Executive Board 15.10.21	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	.High level delivery plan, communications plan and best practice checklist approved for submission to Trust Board	
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	Monthly update reports to be provided to the Quality Forum.	
STEP up to GREAT strategic alignment*:	High **S**tandards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	√
	Single Patient **R**ecord	
	Equality, Leadership, Culture	√
	Access to Services	
	Trust wide Quality Improvement	√
Organisational Risk Register considerations:	List risk number and title of risk	Number 49. Staff Flu Vaccination
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None identified	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	It is essential to increase flu vaccination levels for those who are living in the most deprived areas and from BAME communities. 100% to FHCWs	

Q – appendix 1

Leicestershire Partnership NHS Trust

LPT High Level Flu vaccination Action Plan FHCWs– updated 15 October 2021

Action	Lead	Due date	Update	Status
Committed Leadership Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	**Anne Scott, DoN**	31 May 2021	Report received at SEB 7.5.21	**Complete**
Thank you email/letters to all staff who have had the flu vaccination and peer vaccinators	**Anne Scott, DoN**	25 October 2021	Letter/email content agreed Workforce and comms support to send out the thank you	
Email/letters to low uptake line managers to discuss supportive local actions for 2021/22	**Directorate Executives & Anne Scott**	25 October 2021	Action for Lead nurse and ANP meeting 27 October 2021Top teams for improvement identified Key influencers to be identified by Directorate to work with peer vaccinators	
Designated clinical, administrative and operational leads and resource to co-deliver the flu and Covid-19 Vaccination programme at the hubs	**Anne Scott, DoN**	10 June 2021	Agreed at SEB 4.6.21 Operational lead for COVID vaccination programme in post Operational lead for Flu vaccination programme in place from 4 October 2021	**complete**
Communications plan • Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders • Board and senior managers having their vaccinations to be publicised • Programme to be publicised on screensavers, posters and social media	**Kamy Basra**	31 July 2021	For 2021/22 the campaign will co-deliver messaging for both Flu and Covid-19 vaccination, using behavioural insights data, flu data analysis and it is recommended that key learning from high performing Trusts is incorporated in to the communications plan. COVID 19 vaccination update	

DRAFT

Action	Lead	Due date	Update	Status
• Weekly feedback on percentage uptake for directorates, teams and professional groups			published weekly Flu vaccination update published weekly form 15.October 2021	
Flexible accessibility Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	**Lisa Mantle, Pharmacy**	Order completed for 6,000 vaccines	6,000 QIV ordered 100 vaccines – Over 65 staff 20 Egg free vaccines	**Complete**
Schedule for planned, drop in and roving clinics agreed	**Executive Flu Lead, EPRR lead & clinical leads**	27 September 2021	Planned flu and COVID clinics (co-delivery) commenced 30 September 2021 for LPT staff at Loughborough Hospital Hub Planned co-delivery at Peepul centre from 18 October 2021 Roving vaccinators offering walk-in clinics across LPT sites from 14 October 2021 Peer vaccinators offering planned and opportunistic flu vaccinations to colleagues from 18 October 2021	
Schedule for a drive through clinic agreed	**Executive Flu Lead, EPRR lead & clinical leads**	28 June 2021	Reviewed at the Trust flu group 28 June 2021 Not being taken forward following LLR feedback as resource intensive, financially very expensive and no advantage when other clinics are in place	**complete**

DRAFT

Action	Lead	Due date	Update	Status
Local peer vaccinators and key influencers identified, minimum at least two per in-patient area and one per community staff/team of ten; to be identified & trained	**Director of DMH** **Director of CHS** **Director of FYPC**	28 June 2021 30 September 2021	Peer vaccinators identified at the flu group meeting on 28 June 2021 Additional training identified for all peer and roving vaccinators to be completed by end of September 2021	**complete**
Dedicated directorate peer vaccinator- October – end of November 2021	**Director of DMH** **Director of CHS** **Director of FYPC** **DoN/HR – Enabling/Bank**	28 June 2021	Discussed at SEB on 7.5.21	**complete**
Develop a needle phobia pathway for both the flu and covid-19 vaccination programme	**ICC/ Covid-19 vaccination leads**	28 June 2021	To set up a task and finish group building on skills and expertise from LD and the school vaccination programme Vaccination team leads are trained to provide support for vaccine hesitant and needle phobic staff and can support with individual needs	**complete**
Incentives Board to agree on incentives and how to publicise this	**Board members**	28 June 2021	Principles discussed at SEB 7.5.21 Pay and non-pay cost paper presented to OEB on 16.7.21 including incentives. Trust agreed to pens, no further options agreed	**Complete**

DRAFT

Action	Lead	Due date	Update	Status
Performance Consider and agree the system to be used for performance reporting; NIVS or Cinnamon	**Anne Scott, DoN**	27 September 2021	Swiftqueue, cinnamon and NIVS reviewed Confirmed that SwiftQ would be booking process for COVID and Flu vaccinations and that NIVS would be used for recording staff flu vaccinations to ensure that monthly national data is presented. NIVS allows weekly reporting from 15 October and is incorporated into the COVID update data	**complete**
To review flu performance and Directorate action plans in DMTs to achieve the maximum uptake	**Director of DMH** **Director of CHS** **Director of FYPC** **HoN & HoS**	25 October 2021	Weekly uptake report including Covid-19 and flu vaccination to be provided weekly Update per Directorate to be reviewed at DMTs and Trust Strategic Flu & Covid-19 meeting and support identified in low update areas	
To develop a robust process to capture new starter vaccination status on induction and to record uptake	**HR, Workforce and Flu group**	25 October 2021	Webform created to allow staff to input data if they have had their vaccination elsewhere Awaiting confirmation from Data security for 'go live' date from 18 October 2021	
Bank action plan to engage and improve bank staff uptake	**Amrik Singh**	26 July 2021 18 October 2021	All peer vaccinators have identified bank staff who work regularly in their team to include them in their peer vaccination programme Planned meeting with Bank leads to support keys messages with bank staff – making every contact count	

DRAFT

Action	Lead	Due date	Update	Status
Quality Improvement To build on what is understood about 'vaccination hesitancy' informed by research and systematic reviews from tests of change and new actions implemented	**Lyn Williams Sarah Clements**	6 September June 21	Planned programme of vaccine conversation training sessions for all peer and roving vaccinators during September and October 2021	

DRAFT

Paper Q - Appendix 2

LPT Flu campaign/ Covid booster campaign 2021/22

Background

The flu campaign runs from October to March every year. Each year, the aim of the campaign is to advertise the benefits of the flu jab and to encourage staff to have their vaccination. The uptake for LPT staff in 2020/21 was 62% for front line health care workers, however this was below the nationally set target of 75%.

A communications plan is required to support the Trust and National campaign in achieving the target for 2021/22 which has been set at 90%. Last year, the flu campaign for staff was within LPT was supported by a limited number of resources which are produced by Public Health England (PHE). To increase the commitment of LPT to offer a flu vaccine to every member of staff within the organisation, as part of the flu group action plan a communication plan was developed using posters and supporting materials that captured the message of putting the patient and staff at the heart of the campaign, using a 'thank you for protecting me by having the flu vaccine' as the strapline.

This year, we could look at making the campaign more personal to LPT staff. We could do this by identifying 'LPT Flu Stars' and creating a campaign around them rather than using the PHE resources.

We will be running the Covid booster campaign alongside the Flu campaign.

The 'LPT Flu Stars' should be a diverse group of people that represents the wide range of staff at LPT.

The 'LPT Flu Stars' could be staff around the Trust who are seen as influencers and also staff who have a story (previously had needle phobia, has a personal reason such as family being affected by the flu) behind getting the flu jab. The Stars will need to be among the first to get the jab to push the vaccination in their work areas plus on social media form their personal accounts. We need to ensure that we have Flu Stars from bases that traditionally have a lower uptake.

The 'LPT Flu Stars' campaign would include a photoshoot. The images created could then be used to create posters, empty belly posters, leaflets, screensavers and weekly emails.

Highlighting facts will be key in communications.

Objective

The purpose of the communications plan is to facilitate engagement with the flu campaign and to support the increase the uptake of the vaccine across LPT, through positive messaging and providing updates and frequently asked questions.

Key Target Audiences

- Internal – all staff, particularly clinical staff (including bank staff) who work with vulnerable groups

Logistics

Once the flu jab dates and covid booster dates, locations and times are confirmed we can start comms with a call to action.

Key messages

- **Internal** – Please have your vaccinations as it protects not just you but also those around you: You can be a carrier and not have any symptoms. This means that the virus can be passed on to vulnerable people without you even knowing (e.g. elderly, pregnant, those with a compromised immune system and mental health patients). Boost your immunity this winter and protect yourself, your patients and your family.
- Flu kills over 11,000 people every year*, on average; some years it's much more and it hospitalises many more each year. This is anything but an average year. The flu virus spreads from person to person, even amongst those not showing any symptoms. It can cause severe complications, particularly for high risk groups. Keep your guard up against the flu virus. Get the flu jab. Whilst the threat may be invisible, the protection against it is clear. Boost your immunity this winter by getting your vaccinations and protect yourself, your patients and your family.

Strategic Approach

- Develop and deliver a multi-media awareness raising campaign to encourage staff to have the flu vaccine, using our own resources.
- Use of thank you letters, stickers and pens alongside a Flu league chart (after reaching over 50%) to encourage peer vaccinators and staff per directorate to incorporate some competition.
- We will work in partnership with the flu/ covid booster group to develop, deliver and keep evaluating the success of the campaign so that it is responsive and dynamic, whilst remaining impactful and true to the objectives we want to reach.

Channels of communication - tactics to be used

- **Creation of a multi-media campaign:**

The main campaign will be launched in October using our resources. This will include:

- **Integrated campaign that covers Covid and Flu – Boost your immunity this winter**

- **High-impact printed posters** for display around LPT sites, which will be translated into other media: web graphic version of poster for Facebook and Twitter, a thumbnail version for the newsletter,
- **Targeted emails** on the campaign
- **Social media campaign that profiles our 'LPT Flu Stars'**
- **Dedicated StaffNet page**
- **Team background**
- **Real staff stories**
- **Highlighting Facts**
- **FAQs – Covid booster FAQs complete**
- **Flu handbook**
- **Promotional resource pack for peer vaccinators** including Empty belly posters to take to their site/promotional materials and tips sheet on how to promote themselves.
- **Screensaver** – at the start and mid-way through the campaign
- **Text message** at start, mid-way and towards end of flu campaign telling staff/bank staff about their free flu vaccination
- **Endorsing messages** from exec team including launch message from Anne Scott, Director of Nursing, AHPs and Quality and Avinash Hiremath, Medical Director.
- **Endorsing messages** from LPT Flu Stars
- Inclusion in Covid Bulletins with weekly rates in different areas

Communications support for peer vaccinators will include:

- Promotional resource packs for peer vaccinators including Empty belly posters to take to their site/promotional materials and tips sheet on how to promote themselves.
- General tip sheet for peer vaccinators – part of the promotional pack – regarding logistics of giving the flu vaccines (to be included in packs)

What partnerships and relationships would be useful to support this approach?
Infection prevention and control, health and safety, HR and clinical staff (the flu meeting group). Send out information to centralised staffing solutions to send out to bank staff.

Timeline for delivery

Action	Timeline	Lead
Identify Flu Stars	ASAP	Flu group/Comms
Organise date for photoshoot and videos of Flu Stars	August	Comms
Posters to be distributed and made available on Staffnet to print.	End of August	Comms and Eden/Anita?

Email to be constructed for directorates to send: Call out for peer vaccinators	ASAP	Comms and Eden/Anita?
Promotional pack for vaccinators	Start of September	Eden/Anita
Banner on Staffnet to promote clinics	October	Comms
Dedicated page with information on Staffnet	TBC https://staffnet.leicspart.nhs.uk/support-services/infection-prevention-control/boost-your-immunity-and-get-your-flu-jab-this-winter-here-is-how/boost-your-immunity-this-winter-posters-and-resources/	VP
Unbranded pens and stickers to be used as incentives	TBC	Eden/Anita
Flu campaign launch screensaver	4 October	VP
1 x all staff email every other week or weekly dependant on clinics scheduled - Inclusive of message from ET	4 October	VP
1 x enews every other week or weekly dependant on clinics scheduled - Inclusive of message from ET	4 October	VP
1 x FB closed group piece every other or weekly dependant on clinics scheduled week (dupe of all staff email) - - Inclusive of message from ET	4 October	VP
1 x Staffnet piece every other week or weekly dependant on clinics scheduled (dupe of all staff email) - Inclusive of message from ET	4 October	VP
Flu campaign screensaver	Change monthly	VP

Evaluation

- Percentage of vaccine uptake across the Trust
- Numbers through booking facility and cinnamon programme
- Feedback from surveys
- Social media activity
- Website traffic
- Eblast open rates

Paper Q – appendix 3

Leicestershire Partnership NHS Trust

Healthcare worker flu vaccination best practice management checklist

For public assurance via trust boards by December 2021

A	Committed leadership	Trust self- assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	• Paper presented to OEB 15 October 2021 including action plan • Commitment received
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	• 6,000 quadrivalent vaccines ordered by LPT pharmacy • 1,500 doses already received with additional doses expected over next 4 weeks
A3	Board receive an evaluation of the flu programme 2020/ 2021, including data, successes, challenges and lessons learnt	• Completed on 7 May 2021  Review of the National Flu Vaccinati
A4	Agree on a board champion for flu campaign	• Director of Nursing, AHP's and Quality
A5	All board members receive flu vaccination and publicise this	• Board members to commit to receive the flu vaccination, to be publicized in the flu comms
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	• Membership of LPT Trust flu group representative of all those listed
A7	Flu team to meet regularly from September 2021	• Flu team has met monthly since March 2021and fortnightly from 13.9.2021 with weekly 'huddle'
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	• Part of the communication plan, messages commenced from September 2021 • Staff flu handbook
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	• Mixed delivery model with planned clinics with roving vaccinators across LPT sites, and local peer vaccinators

B3	Board and senior managers having their vaccinations to be publicised	• Included in the comms plan
B4	Flu vaccination programme and access to vaccination on induction programmes	• Mixed delivery model, planned clinics and flexible local peer vaccinators
B5	Programme to be publicised on screensavers, posters and social media	• Included in the comms plan
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	• Use of an electronic system (NIVS) to deliver real-time data by all reporting fields as required. Weekly Covid-19 and Flu uptake report to be completed by workforce
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	• Currently have 70 staff have volunteered to be peer vaccinators • Both substantive and bank staff, representative of in-patient and community teams and all Directorates
C2	Schedule for easy access drop in clinics agreed	• Mixed delivery model. • Planned clinics advertised by Comms and • flexible local peer vaccinators advertising locally
C3	Schedule for 24 hour mobile vaccinations to be agreed	• Peer vaccinators in inpatient areas are aware to offer 24 hour access
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	 FHCW Flu cost paper - Ops Exec Board 16 . Paper submitted to OEB 16.7.21 including incentives review
D2	Success to be celebrated weekly	• Included in the comms plan

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Leicestershire Partnership NHS Trust

Public Trust Board – 26th October 2021

LPT Safeguarding Annual Report 2020 / 21

1. Purpose of the Report

1.1 The Trust Board are required to produce an annual safeguarding report and to publish this on the external public facing website. The 2020/21 Annual Report requires approval and publishing by the Board of Directors.

2. Analysis of the issue

2.1 The key issues of the report are:

- Confirmation and evidence of the Trust's commitment to safeguarding agendas for 2020/21
- The Trust's ongoing commitment to safeguarding in 2021/22
- To highlight how the Trust is working to transform access to the Trust's safeguarding services for frontline staff via a safeguarding hub and improved training
- To highlight the increase in calls for advice from trust staff across 2020/21
- To highlight the creative initiatives of the extensive 2021 – 2023 work programme to transform safeguarding practice, systems and outcomes across the Trust, thus improving outcomes for patients and local communities.

2.2 The identified risks are;

- The number of outstanding and new statutory (and non-statutory) safeguarding reviews has created a capacity issue for the Trust's safeguarding team, this diverts the team's focus from proactive and contemporaneous safeguarding activity
- The increase in safeguarding work for the Trust places additional demand upon the Trust's enabling safeguarding team
- That as described in the organisational risk register the Trust's safeguarding systems do not fully safeguard patients and support frontline staff and services.

2.3 Action to reduce risks.

The Trust has commissioned the services of an Independent Safeguarding Consultant to work with the safeguarding team to facilitate the changes required to ensure that safeguarding is a key priority for the Trust and people who use Trust services are at the heart of what LPT do. That the Trust's legal and CQC duties and responsibilities to safeguard children and adults reflects a focus on human rights and the requirement within the Health and Social Care Act 2008 "to have regard to the need to protect and promote the rights of people who use health and social care services". "Regulated providers of health and adult social care services all have a key role in safeguarding children and adults in their care who may be at risk of abuse and neglect" (CQC).

3. Proposal

3.1 That Trust Board approve and publish this annual report for the period 2020/21.

3.2 That Trust Board are aware of the significant Trustwide quality improvement work programme for safeguarding, public protection and mental capacity and that the Board level Quality Assurance Committee has oversight of this via both the Legislative and Safeguarding Committees.

4. Decision required

4.1 For Trust Board to approve the safeguarding annual report and publish on the Trust's public facing website.

5. Governance table

For Board and Board Committees:	26th October Trust Board	
Paper sponsored by:	Anne Scott Director of Nursing/AHPs & Quality Executive Lead for Safeguarding	
Paper authored by:	Liz Bainbridge Independent Safeguarding Consultant	
Date submitted:	18th October 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):	Ratified by the Safeguarding Committee on 13th October 2021	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	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	One off annual report	
STEP up to GREAT strategic alignment*:	High **S**tandards	X
	Transformation	X
	Environments	
	Patient Involvement	X
	Well **G**overned	X
	Single Patient **R**ecord	
	Equality, Leadership, Culture	X
	Access to Services	X
	Trust Wide Quality Improvement	X
Organisational Risk Register considerations:	List risk number and title of risk	ORR Risk 2
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:	All safeguarding legislation considers equality at source	

Leicestershire Partnership NHS Trust

Leicestershire Partnership NHS Trust's Annual Safeguarding Report 2020/2021

LPT SAFEGUARDING

Think Child, Think Adult,
Think Safeguarding

Welcome

As the Executive Lead for Safeguarding, I am delighted to introduce Leicestershire Partnership NHS Trust's Annual Safeguarding Report.

This report provides an opportunity for the safeguarding team and me to reflect and share the achievements of our specialist team, the mental capacity link workers, our staff and volunteers as it relates to safeguarding over the past 12 months. It also allows me to share the new and dynamic work plan for 2021-23. This plan is designed to transform how Trust staff are supported to ensure that the people of Leicester, Leicestershire and Rutland are free from abuse and that their human rights are protected and upheld.

The past year has again been a challenging time for all because of the worldwide pandemic. Within the context of lockdowns, national vaccination programmes and new variants of COVID-19 the Trust has continued to deliver effective care and treatment across all its services to the people of Leicestershire. This includes the ongoing identification and assessment of safeguarding adults, children and domestic abuse. Trust staff have continued to work effectively to ensure that people accessing our services are protected from abuse and avoidable harm, as well as recognising issues relating to mental capacity and competency.

The Trust's Board of Directors remain committed to providing time and resources to safeguarding, to ensure that people accessing our services and their families and carers are safe and protected from abuse.

The Safeguarding Team and I are working hard to ensure that the Domestic Abuse Act 2021 and 2019 Mental Capacity (Amendment) Act's Liberty Protection Safeguards are robustly implemented and embedded across the Trust to protect and uphold patient's human rights.

This report demonstrates the Trust's learning from statutory multi-agency safeguarding reviews and highlights our commitment to learn and improve in all areas of safeguarding, public protection and mental capacity so that year on year our communities are safer and healthier.

I would like to thank our frontline staff, the mental capacity link workers and safeguarding team for their ongoing commitment to providing protection, guidance and support to people whose circumstances make them vulnerable to abuse, neglect or radicalisation.

Dr Anne Scott

Executive Director of Nursing / AHPs and Quality

Trust Safeguarding

The Trust's safeguarding team lead on safeguarding, public protection and mental capacity activity across the domains of domestic abuse, child and adult safeguarding, Prevent (radicalisation), capacity, deprivation and competency and multi-agency public protection.

The safeguarding team proactively engages in multi-agency working to enhance relationships, develop strategies and strengthen processes to ensure that the people who receive Trust services and the communities which the Trust serves are safeguarded from abuse and that early help and intervention are available to all.

The Safeguarding Team, Safeguarding and Legislative Committees ensure that safeguarding is embedded within all Trust policies, procedures and services and that all staff have the required skills and knowledge to deliver effective safeguarding in their everyday practice. The team provides frontline staff with training, supervision, advice and support in complex and high risk safeguarding or challenging human rights situations. They also act as a point of escalation both internally and with external agencies in situations that require resolution and intervention to improve outcomes for patients and their families. The team also oversees the development, additional training and specialist supervision to Mental Capacity Link Workers who work to embed practice within frontline services.

The Trust's Safeguarding and Legislative Committees report to the Trust Board Quality Assurance Committee on safeguarding, public protection and mental capacity to provide assurance or to escalate issues. The Trust Board has an Executive Lead for safeguarding and a Non-Executive Director who champions safeguarding and provides oversight and challenge.

Trust Achievements (April 2020 - March 2021)

- Improved knowledge and multi-agency Vulnerable Adult Risk Management (VARM) practice across frontline services
- Started a journey towards integration of adult and child safeguarding practice within the safeguarding team
- Commenced closer working within frontline services to demonstrate effective safeguarding, public protection and mental capacity practice
- Developed clinical services to complete the safeguarding adult Section 42 enquiries within both inpatient and community settings
- Attended the Trust's patient safety meetings to ensure that safeguarding is embedded and considered in all service reviews
- Legislative and Safeguarding Committees elevated to level 2 committees enabling closer reporting to Trust Board enhancing governance and enabling focussed discussion.
- The Trust led a cross agency workshop with strategic leaders on collaborative working for people who have a learning disability and require safeguarding.
- The development of safeguarding supervisors for staff who work with children.

Reviews and Lessons Learned

During 2020-21 the Trust were engaged in several statutory multi-agency safeguarding reviews which were published across Leicester, Leicestershire and Rutland. Safeguarding Adult Reviews, Serious Case Reviews (from 2020 child safeguarding practice reviews) and Domestic Homicide Reviews are designed to establish what lessons can be learned regarding the way in which professionals and organisations worked individually and together to safeguard and protect people.

The published statutory safeguarding reviews highlighted positive practice and learning from across the Trust's diverse range of clinical services. The learning focussed on multi-agency information sharing, communication between professionals from different agencies, the need for earlier identification of abuse by frontline staff, greater professional curiosity and a more rapid and robust response to disclosures and signs of abuse.

The Trust also completes serious incident investigations because learning from incidents in healthcare is essential to improved outcomes for patients. The Trust ensures that all serious incidents consider safeguarding issues within them and that the safeguarding team are

engaged in supporting clinical services to develop meaningful and effective plans to improve safeguarding practice and therefore to increase patient's safety.

Safeguarding the future by learning from the past

The Trust's vision is to "create high quality, compassionate care and wellbeing for all". The challenge is how we ensure that this is achieved from a safeguarding perspective. How do we ensure that every sign of abuse is explored, that each and every disclosure is dealt with effectively, proportionately and with kindness? So that when someone is at risk from abuse, self-neglect or radicalisation they are truly listened to, empowered, protected and that support is personalised to their needs. The answer is to ensure that safeguarding principles and human rights are woven through every part of the organisation like a golden thread. As a Trust we strive to be better, we want our staff and volunteers to embody the principles of safeguarding in all that they do and to provide personalised care to people whose futures can feel bleak whilst inspiring confidence for their futures.

Safeguarding principles and people's rights should be so embedded in staff, volunteers and student's consciousness so that no matter what they are doing or where they are, they consider the guiding principles of empowerment, personalisation, human rights, protection and accountability. So that whether a patient discloses they are scared to go home to one of our reception staff; an occupational therapist wonders if the daughter of an emotionally distressed father is being supported; or a manager on their way home from work sees a person in distress; they consider the safety and welfare of that person and use their knowledge, care and compassion to walk alongside and support that person to share their fear, to identify vulnerability and to provide aid to them with personalised safety planning and recovery.

The challenge for the Trust in 2021 - 2022 is to ensure that safeguarding practice is guided by 'thoughtfulness', thus guaranteeing that;

- there is a culture that understands and promotes safeguarding practice, guided by thoughtfulness across every ward, within every community team and every individual that works for, or with us
- every suspicion of abuse is reported and openly considered and explored
- all abuse is identified, proportionately acted upon and people are included and protected.

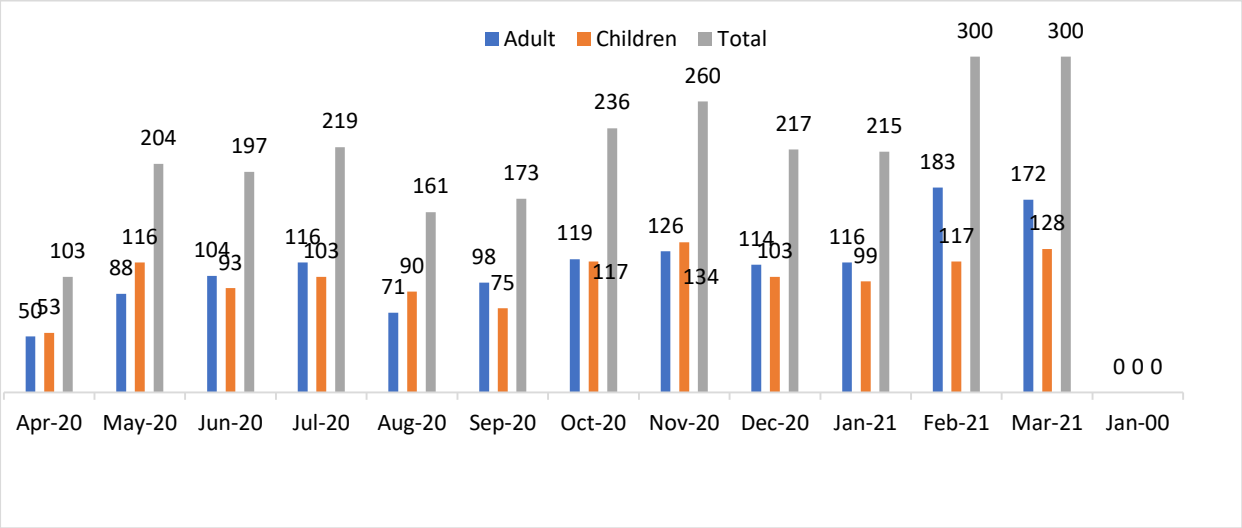
Perhaps the most important lesson for our society comes from the decades of abuse that was ignored and went unheard, even when children and adults were brave enough to speak out IICSA Independent Inquiry into Child Sexual Abuse .

It is time to change and to stand up and stop abuse. No longer should people feel ashamed, unable to speak up or unheard. The negative impact upon people's psychological and mental health when they can no longer carry the secret, distress and the shame of past abuse is well known. As an NHS Trust we receive many disclosures of past and current

abuse. We are fortunate to work alongside partner agencies who will support our staff and our patients to share their experiences and secrets, and to stop abuse in its tracks.

The year ahead: April 2021 – March 2022

With an ever-increasing demand upon frontline staff to safeguard and protect patients and their families, the Trust has identified a need for increased accessibility to advice and guidance for frontline staff – see safeguarding duty line requests for advice April 2020 to March 2021 below;



Our Safeguarding and Mental Capacity Team's objectives include:

- Designing and implementing improved and timely access for frontline staff to specialist advice, supervision and escalation by creating a "safeguarding advice hub"

- Devising an intensive work programme for 2021 – 2023 to transform safeguarding, public protection and mental capacity practice, systems, training and processes across the Trust

- To focus on the Domestic Abuse Act 2021 and ensure that victims and survivors of abuse are identified, risk assessed and their safety is planned according to their needs and wishes

- To improve child safeguarding practice by streamlining Trust responses and freeing up frontline services to support children and their families, with particular focus on identifying early help strategies for parents who experience mental ill health, child protection conferences and court reports

- To develop and improve multi-agency adult safeguarding by responding to allegations of abuse in a timely manner, effectively sharing information and developing adult safeguarding plans with partner agencies. This will focus particularly on strategy discussions, making safeguarding personal, pressure ulcer care, cultural awareness and hate crime

- Implementing the Liberty Protection Safeguards so that people's rights are protected and deprivation of liberties are reduced.

"Safeguarding is everyone's business"

S

Leicestershire Partnership NHS Trust

Public Trust Board 26 October 2021

Patient Experience and Involvement Annual Report 202-21

Governance table

For Board and Board Committees:	Public Trust Board 26th October 2021	
Paper sponsored by:	Anne Scott, Director of Nursing, AHPs and Quality	
Paper authored by:	Alison Kirk, Head of Patient Experience and Involvement	
Date submitted:	13 October 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):	Quality Forum, 13 October 2021 Patient and Carer Experience Group, 29 September 2021	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	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		
STEP up to GREAT strategic alignment*:	High **S**tandards	X
	Transformation	X
	Environments	
	Patient Involvement	X
	Well **G**overned	X
	Single Patient **R**ecord	
	Equality, Leadership, Culture	X
	Access to Services	
	Trust Wide Quality Improvement	X
Organisational Risk Register considerations:	List risk number and title of risk	N/A
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		
Equality considerations:		

PATIENT EXPERIENCE & INVOLVEMENT

Patient feedback
listening to you

NHS
Leicestershire Partnership
NHS Trust

Patient Experience and Involvement Annual Report 2020-2021

WeAreLPT
compassion respect
integrity trust

www.leicspart.nhs.uk

Patient Involvement

NHS
Leicestershire Partnership
NHS Trust

Contents

WeAreLPT
compassion respect
integrity trust

Introduction

Welcome to our second Patient Experience and Involvement Annual Report. Through this report we will share with you the work that we have undertaken with our staff, patients and carers in the delivery of our Patient Involvement and Experience Delivery Plan during the year 2020-21.

As we enter the final year of our three year delivery plan we will reflect on the successes we have achieved as well as the challenges brought on as a result of the Covid 19 pandemic.

We would like to thank everyone who has worked with us over the past year: the patients, carers and family members who have brought their fresh eyes, insights and challenge to our work and our colleagues across the Trust who have worked with us to co-design, test and challenge our thinking and approach to patient experience and involvement.

Our ambition for patient experience and involvement is to provide services that ***start with the patient*** – services that listen to patient, carer and family needs, and then utilises the skills and expertise of both the clinician and patient to design the experience to meet these needs. That's what using patient experience information is all about. Ultimately by consistently asking people whether they are receiving the care they need and then improving things on the basis of what they tell us will help patients feel more supported and better cared for.

Our aim is to work with our patients, service users and carers and partners to deliver our Trust vision of:

'Creating high quality, compassionate care and wellbeing for all'

Patient Involvement

NHS
Leicestershire Partnership
NHS Trust

Engaging patients and understanding experience – what is the difference?

Making a commitment to delivering patient-centred care that puts the needs of patients and carers at its heart, is key to delivering a positive patient experience. We all have a complex relationship with our health. Time spent in the health service, or with health professionals, is only a small part of any individual's health journey.

Communication is at the heart of good relationships and health services need to invest, not only in ensuring good face-to-face interactions, but also in the information and technology that can support effective communication between staff and patients and between services.

Getting the basics right is so important. It is often the small things that make the difference between a good or poor experience, for example: surly vs smiling staff; availability of attractive and nutritious food; provision of information that is clear and meaningful; availability of staff, who are trained, confident and empowered to ensure that these important "moments" in care are delivered well.

Engaging with patients and carers in all aspects of our service improvement will provide us with valuable insights. In addition, staff who are engaged, feel valued and are working in an environment where they can act on improving experience on the spot are more likely to ensure positive patient experiences.

ENGAGEMENT VS EXPERIENCE

Effective engagement of patients is the Involvement of patient cohorts (patients with common conditions) to help get the service right for them. It is also about engaging the public in decisions about the buying, planning, design and reconfiguration of health services, either pro-actively as design partners, or re-actively, through effective consultation.

Understanding patient experience can be achieved through a range of activities that capture direct feedback from patients, service users, carers and wider communities, and using it alongside information on clinical outcomes and other intelligence to inform quality improvements, reshaping of local services and contractual arrangements with providers.

Patient Involvement

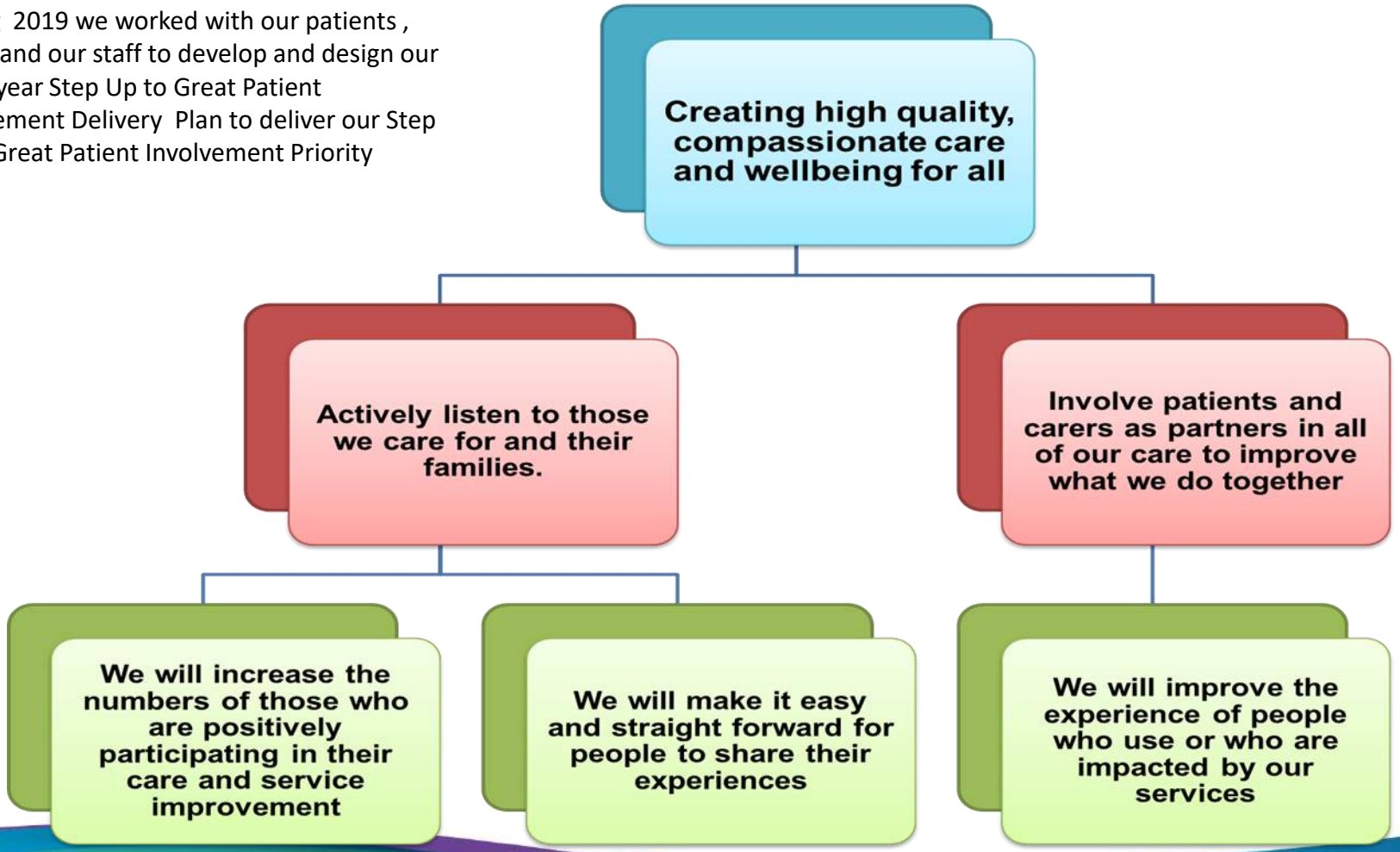
NHS
Leicestershire Partnership
NHS Trust

Patient Involvement 3 Year Delivery Plan

WeAreLPT
compassion respect
integrity trust

Our 3 year delivery plan – Patient Involvement

During 2019 we worked with our patients , carers and our staff to develop and design our three-year Step Up to Great Patient Involvement Delivery Plan to deliver our Step up to Great Patient Involvement Priority



Patient Involvement

NHS Leicestershire Partnership NHS Trust

Deliverables in 2020-21
Priority 1
We will make is easy and straight forward for people to share their experiences

Aim	Outcome & Measurable benefits	Key Deliverables	Delivery against priority
To implement a new Friends and Family Test (FFT) collection system across the Trust	• Increased patient feedback received • improved data for services to review and use for service improvement • patients have more ways in which to provide feedback on their experiences of LPT services.	• Introduction of iPad for inpatient wards to collect Friends & Family Test (FFT) via digital collection • Introduction of SMS/Text and Individual Voice Message (IVM) for community patients (in agreement with directorate/service leads) • Introduction of new Envoy survey system for collection of patient experience/feedback via surveys	• All inpatient wards collecting FFT feedback via iPads • SMS and IVM implemented across 80% of Trust community services • Implementation plan in place to deliver FFT to remaining 20% of services (based on patient need/service approach) • Envoy system in place and being used across all directorates to capture patient feedback • **Increase of 8% in FFT collection** in Quarter 1 in 2021/22 compared to Quarter 1 in 2020/21.

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Patient Involvement

Leicestershire Partnership NHS Trust

Deliverables in 2020-21
Priority 2
We will increase the numbers of people who are positively participating in their care and service improvement

Aim	Outcome & Measurable benefits	Key Deliverables	Delivery against priority
Establish a patient involvement framework where we can recruit, support and develop patient and carer involvement across the Trust	More patients will have the opportunity to be involved in decisions about their care Increase in patient and carers involved in Trust service improvement programmes	• Develop patient and carer involvement network and recruit to • Establish a Patient and Carer Leadership Programme • Launch the People's Council • Develop training and support programme for staff • Introduction of an engagement planning toolkit	• Patient and Carer Involvement Network **established with 130+ members** • Patient and Carer Leadership Programme delivered with another planned for 2021/22 along with training and development programme • People's Council established and launched with **independent chair/leadership team and 15 members** • QI for Involvement Toolkit launched with training programme for staff

Patient Involvement

NHS Leicestershire Partnership NHS Trust

Deliverables in 2020-21
Priority 3
We will improve the experience of people who use or who are impacted by our services

Aim	Outcome & Measurable benefits	Key Deliverables	Delivery against priority
To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services.	The Trust will use the experience of patients and carers and the feedback provided through our engagement activities to improve patient experience of those who use or are impacted by our services.	• To capture the learning from complaints and to share this learning across the Trust • To utilise the patient feedback provided through FFT; PALS and engagement and ensure that services have access to feedback in a timely way • To support staff to understand their patient experience data and how to use this for quality and service improvement	• Complaints satisfaction survey commenced • Learning from complaints impacted by Covid 19 pandemic in terms of capacity and resources and national pause in complaints • Patient feedback reports routinely provided as part of evidence-base for QI projects and to support services in understanding patient experience • Access and training for staff on new Envoy system rolled out with a focus on how to extract and understand feedback

Patient Involvement

How we have responded to the Covid 19 Pandemic

NHS
Leicestershire Partnership
NHS Trust

Priority 1. We will make is easy and straight forward for people to share their experiences

National FFT collection was suspended in March 2020, resumed in September 2020. NHSE suggested looking at other methods of collecting feedback. We introduced local surveys in some service areas during this time to ensure patient experience continued to be collected, this included:

- Virtual Appointments
- Central Access Point
- Mental Health Urgent Care Hub
- Podiatry Service
- Community Nursing Hubs

The Family and Friends Test [FFT] question, "How likely are you to recommend our services to family and friends?" was changed by NHS England in September 2020 to; "Overall, how was your experience of our services?"

National reporting requirements for FFT for Mental Health and Community Trusts commenced in February 2021, with reporting of data collected from December 2020.

All inpatient services were brought online at the beginning of December 2020 and are collecting FFT through an App on iPads allocated to services. By Quarter 4 our FFT response rate had increased to 10% which is an increase of 8% on the average of between 1% and 2.5% compared at this stage in 2019/20. The recommendation rate for the Trust by the end of the year was 88%.

Priority 2. We will increase the numbers of people who are positively participating in their care and service improvement

In response to the pandemic we moved all of our involvement activities moved to virtual, armchair involvement. Our patient and carers involvement work has continued during the year through adapting our approaches and using digital media and email. This included the introduction of weekly virtual involvement cafes, using both Skype and Microsoft Teams. The virtual cafes were an opportunity for patients and carers to join in discussions and activities in relation to patient engagement

During the year we saw our Patient and Carer Involvement Network membership increase to over 130 members.

Our Patient and Carer Leadership Programme was adapted to an online Programme which saw thirteen patient and carer leaders complete the programme, you can find out more about the Patient Leadership Programme in **Appendix One**.

A small group of people from the service user and carer network worked collaboratively with staff in order to co-produce and design LPT's Mental Health and Wellbeing Workbook. The workbook was aimed at those who maybe struggling throughout the pandemic and to support LPT service users/carers and people in Leicester, Leicestershire and Rutland communities during these exceptional times. The working group hope the workbook provides its readers with helpful distraction activities/practical guidance as well as signposting readers to local and national organisations. https://www.leicspart.nhs.uk/wp-content/uploads/2020/09/MH-and-Wellbeing-Workbook.pdf

We relaunched our monthly virtual Recovery and Collaborative Care Planning Cafes The cafes are a shared space for staff, service users, carers, and VCS groups to come together around the collaborative care planning, and the mental health recovery concept of CHIME (Connectedness, Hope, Identity, Meaning and Empowerment), with each café being themed around a CHIME concept, more information about the virtual café relaunch including quotes from attendees can be found in **Appendix Two**.

Priority 2. We will increase the numbers of people who are positively participating in their care and service improvement

During October 2020 we worked with a small group of involvement network member to co create a pool of value based questions (focusing on the Trust's values and behaviours) which could be taken forward and used at staff interview panels. Recruitment training has also been launched for service users and carers, and a co-developed approach for involvement in recruitment panels. See **Appendix Three** for further details.

We Improve Q Trustwide Quality Improvement

The Patient experience and involvement team has been working collaboratively a patient leader in order to develop an approach involve service users and carer at various levels of quality improvement projects, to proving insight, to co-design and coproduction and the involvement of service users and carers in the project team. See **Appendix Four** for further details.

During this period we have continued to utilise virtual involvement, and have been able to involve patient and carers in the feedback of many projects via email, post and telephone conversations. This has been a great way to involve those that were not previously able to physically attend meetings, and those that do not or cannot attend a virtual meeting. Please see **Appendix Five** for an example of some of these projects.

The Patient Experience and Involvement Newsletters have become invaluable when advertising our involvement activities as well as training/workshops available to our network members We also use the monthly newsletter to provide any outcomes to these activities/feedback and how this has made a positive impact on LPT service development and delivery. We have had an increase in interest from LPT services as well as external partners in advertising different events/activities and support available. Our newsletter now reaches further into our LLR community as demand and distribution has increased over 2020/21. You can find the latest version of our newsletter here; https://www.leicspart.nhs.uk/wp-content/uploads/2021/08/PEI-Newsletter-2.8.21-final.pdf

Patient Involvement

How we have responded to the Covid 19 Pandemic

NHS
Leicestershire Partnership
NHS Trust

Priority 3. We will improve the experience of people who use or who are impacted by our services

In March 2020 we launched our Message to a Loved One Service. In response to the pandemic our inpatient wards ceased visiting on all wards. In order to ensure that patients were able to stay connected with their families and loved ones the trust provided iPads to all wards to allow Facetime and Skype meetings to take place as well as offering a messaging service between patients and their loved ones.

In response to complaints and concerns the Patient Feedback Team appreciated the importance of communication and maintain regular contact with complainants, to update and explain the current situation and offer reassurance and support where needed. In addition to this any key information and updates on the complaints process was provided through our website and social media platforms

In June we commenced a survey to understand the experience of patients who have had either a telephone or video consultation which were introduced in response to the Covid 19 pandemic. The survey was offered from across a number of services who wished to understand the patient experience of using online appointments. In total 130 survey were conducted using telephone interviews and the feedback from patients and carers were fed back to their respective service areas and to the wider trust to help us understand the impact of virtual appointments and how we can improve how we deliver virtual appointment feedback was encouraging with a majority of participants saying the telephone and online consultations were helpful and made an impact.

Equality, Diversity and Inclusion in Patient Experience and Involvement

There is a strong link between patient experience and involvement and equality diversity and inclusion across the organisation. Both teams work closely together to ensure that the Trust hears the views and experience from across all the protected characteristic groups as well as working to ensure that the experience of care of is not affected by someone's characteristic. In addition to the Head of Equality, Diversity and Inclusion being a member of the Trust's Patient and Carer Experience Group there are also two joint organisation-wide groups that bring these areas together.

Equality, Diversity and Inclusion Patient Experience and Involvement Group

The purpose of the Group is to provide the drive and determination to significantly improve under-representation of the reported experience and involvement opportunities of patients and carers who use or are impacted by the services provided by the Trust. The work of this group is future focused, support the Trust's strategic intent, align to our vision and values and position the workforce to achieve greatness through 'excellence in inclusion'. The Group strives to embed a culture of inclusion, engagement and collaboration, where all staff and patients feel valued and recognised as we Step up to Great as well as acting as a vanguard of equality, diversity and inclusion work, leading the way in fostering innovation and high performance. The membership of the group is made up of representatives from each directorate and is chaired by the Director of Mental Health, and also includes membership from chaplaincy there are three carer leader members also.

Inclusive Communications Group

The purpose of this group is to oversee the Trust's implementation and compliance with the Accessible Information Standard, providing practical measures to improve access to information and communication for disabled people and carers accessing Trust services. This group has been responsible for the implementation of the Widigt system which allows staff to access worldwide symbols to support people and help them realise their full potential, and to improve communication and information no matter what their age, ability or background. During 2020-21 over 50 staff were issued with a Widgit licence. During the year translated information was provided in a range of formats and approaches to meet the needs of our service users, these included: translated letters; braille documents; translated workbooks. Languages covered included: BSL, Gujarati, Punjabi, Slovak, Somali, Kurdish as well as braille and spoken interpretation covering over 156 languages.

Patient Involvement

NHS
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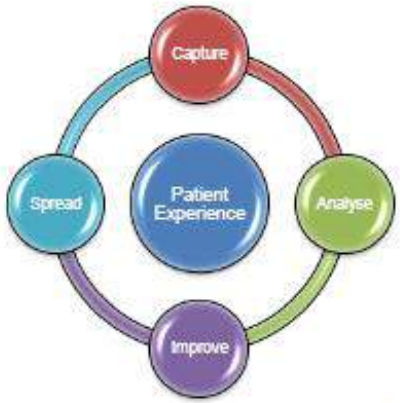
Understanding our Patient and Carer Experience



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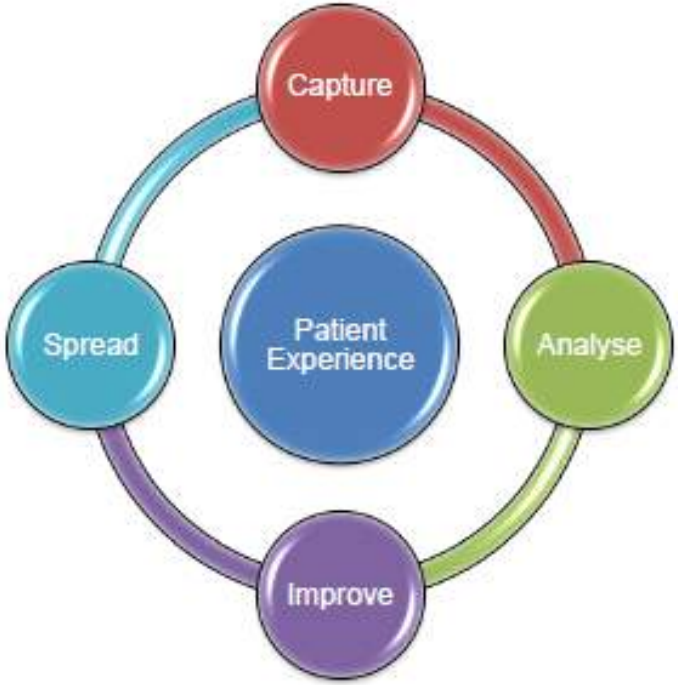
Patient Involvement

Leicestershire Partnership NHS Trust

Capturing the experience of our patients and carers

Patient experience features as the third element of the Trust's quality improvement strategy by placing it firmly at the heart of the Trust's continuous drive to improve the quality of the services we provide.

Our approach to capturing and improving patient experience uses the following model.



Capture the experience of patients, carers and staff, using all available and appropriate tools.

Analyse and understand the experience by identifying the 'touch-points' of a service and gaining knowledge on what people feel as they experience our services and when they feel it.

Improve the experience by ensuring the feedback, both positive and negative, is heard and understood by the relevant clinical and managerial teams. Receiving, analysing and presenting feedback and through our Quality Improvement approach involving patients, carers and and staff in developing the solutions to improving patient and carer experience

Spread and Adopt best practice across the Trust by sharing and showcasing where feedback has led to improvement and support staff and services to 'steel with pride' the improvements made.

Patient Involvement

Leicestershire Partnership NHS Trust

Analysing the experience of our patients and carers

We routinely undertake systematic analysis and triangulation of all forms of patient experience feedback, including complaints, PALS, FFT and survey results in the production of detailed patient experience reports. These reports are provided quarterly to our Commissioners and Trust Board.

Through this systematic analysis and triangulation we are able to develop an understanding of the patient experience by identifying the 'touch-points' of a service and gaining knowledge of what people feel when experiencing the Trust's services and when they feel it is crucial to the process of enabling the Trust to improve the experience of patients in its care.

This process allows the Trust to identify trends and themes, and through analysing patient feedback we can identify where either action needs to be taken or a deep dive instigated to gain further understanding.

The effective analysis, accessibility and use of the large volume of data collected will be facilitated by our new patient experience FFT system. This system enables directorates and services to access their patient experience data in near real-time and to analyse this data at a service level where they can identify themes and collate data to generate insight and discussion and where appropriate service improvement .

Patient Involvement

NHS
Leicestershire Partnership
NHS Trust

Listening from Board to Ward

We have developed a patient experience programme that covers the majority of services provided by the Trust: inpatient setting, clinics or in the patient's home. Patients are provided with a range of ways to provide their feedback through inpatient surveys, social media and the Trust website, NHS Choices, Care Opinion, postal surveys, national surveys, focus groups, face-to-face engagement, PALS/complaints and, of course, routinely throughout the Trust via the FFT. For the purpose of this report, we will not focus on complaints as we provide an annual complaints report which can be read in partnership with this report and can be accessed here 

At the start of each board meeting, either a patient story is presented or a member of staff presents a piece of work which has been developed to improve the experience of patient care. Patient stories are obtained either through the PALS or complaints process, service transformation projects, letters to the chief executive or from patients who have approached the Trust. The stories are predominately presented through video or audio, which allows the Board to see and hear the experience first-hand.

FFT results are routinely reported to the Trust Board and our commissioners. Patient experience data is shared and welcomed by clinical and operational teams and is provided as required to directorates. Quarterly patient experience and involvement reports are provided to the Quality Forum and Quality Assurance Group prior to Trust Board.

The Patient and Carer Experience Group (PCEG) meets monthly with representatives from across each directorate as well as from Chaplaincy Services, Volunteer Services and Equalities, this year the group also saw three Patient Leaders join its membership. This important addition to the meeting providers a unique perspective both in terms of discussion and also through the sharing of lived experience of being a recipient of LPT services.. There are two groups which report into PCEG, the newly established Equalities, Diversity and Inclusion Patient Experience and Involvement Group and the End of Life Group. PCEG reports directly to the Quality Forum, as with the PCEG Group the EDI group now has three Patient Leader representatives who are also People's Council members join its membership. The purpose of PCEG is the provision of assurance and strategic oversight to the Quality Forum, that, Leicestershire Partnership NHS Trust is delivering and implementing the patient experience and involvement three-year delivery plan.

Patient Involvement

Listening to our Patients and Carers

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Between April 2020 and Mach 2021 the Patient Experience and Involvement Team received 1441 contacts.

Feedback is defined and collated using the following categories:

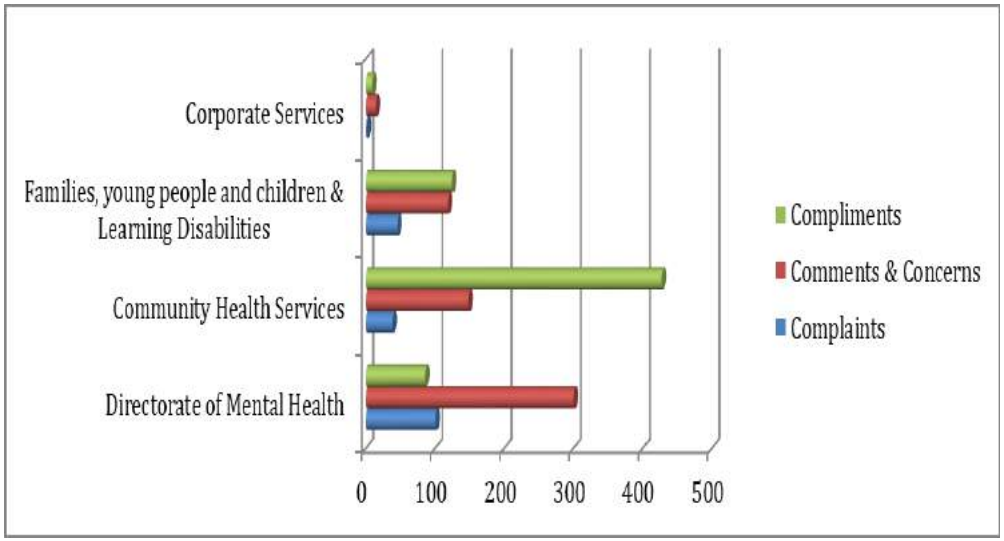
Complaints: A complaint is an expression of dissatisfaction about any
aspect of the Trust and the services we deliver which requires a formal response.

Concerns: Issues regarding services or individual care, which can be
quickly resolved by the PALS Team or the relevant service, and may not require a formal response.

Comments: Comments may be made either verbally or in writing to any member of staff within the Trust. These may be opinions expressed generally regarding NHS services, or may be specific to a particular area of care. Comments may offer observations or suggestions regarding services.

Compliments: positive feedback in response to the way in which care and treatment has been delivered or managed.

Figure 1. Breakdown of contacts received



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Patient Involvement

What did our patients and carers tell us?

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The tables below set out the top three themes in terms of both negative and positive experience. Through the analysis of this data and the themes that have arisen the feedback demonstrates that patients and carers reported the highest satisfaction on the emotional elements of their care, whereas those who reported poor experience in relation to appointments and communication demonstrated dissatisfaction with the rational elements of care e.g. processes and systems that impacted on their care.

Compliment category	Number received	Percentage of overall compliments
Staff Attitude	187	29%
Care & Treatment	160	25%
Customer Service	128	20%

Concern/comment category	Number received	Percentage of overall concern/comment
Communications	129	22%
Patient Care	106	18%
Appointments	77	13%

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Breakdown of monthly Responses for the April 2020 to March 2021

Figure 6. Breakdown of monthly Responses for the April 2020 to March 2021 *note due to the onset of Covid 19 FFT was put on pause until Sept 2020 rating

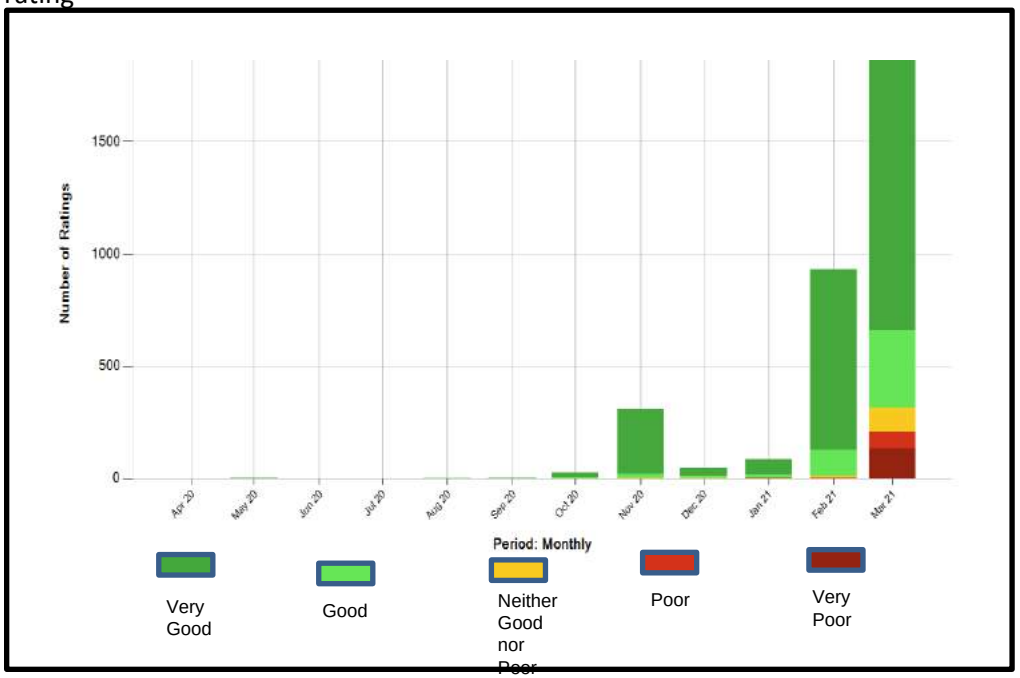
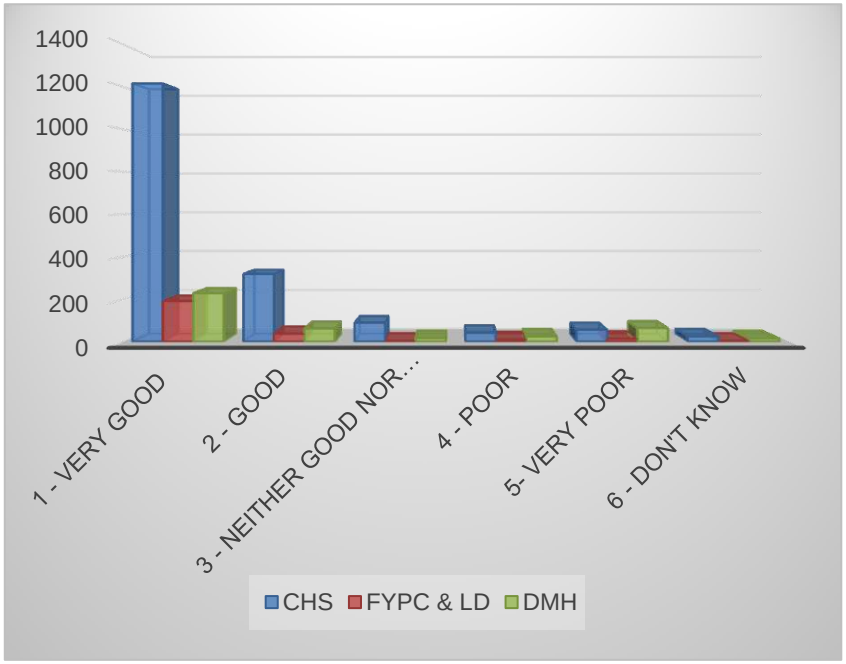
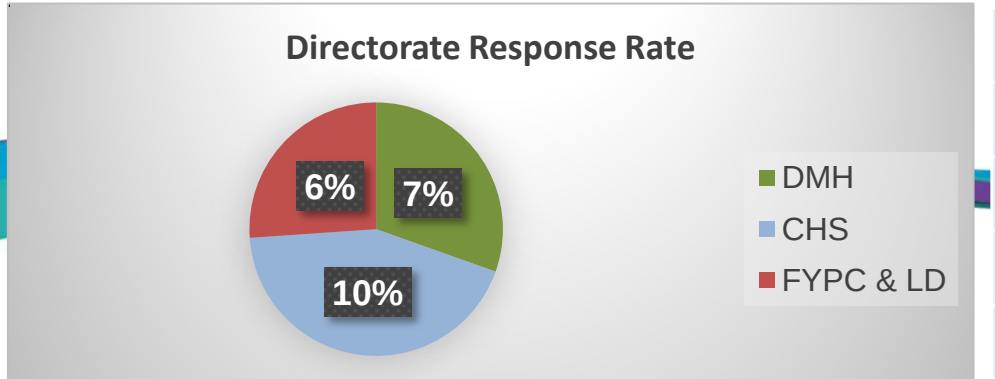


Figure 7. FFT responses for the April 2020 to March 2021 by directorate with new





Breakdown of Directorate Ratings

	Positive	Negative
DMH	70.56%	21.65%
CHS	87.81%	5.67%
FYPC & LD	88.72%	8.95%

Patient Involvement

Implementing our new Friends and Family Test System

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The implementation of the new Friends and Family Test system was interrupted due to the Covid 19 pandemic with a complete national pause on collecting feedback via FFT between March and September 2020.

However by December 2020 all inpatient wards were set up to collect their feedback via ward iPads. By the end of Quarter 4 Full roll out of the Friends and Family Test (FFT) SMS/Texting programme had commenced following a data cleanse by our informatics team. This meant that the majority of community services across the Trust commenced their FFT collection through this approach. The **response rate for Q4 was 10%** which is an **increase of 8%** on the average of between 1% and 2.5% compared at this stage in 2019/20.

In January 2021 a Covid 19 vaccination centre was set up at the Peepul Centre to offer members of the public an opportunity to have their vaccination. In order to understand the experience of those having their vaccine we developed a specific FFT survey which was available to those who wished to provide feedback. This was captured through iPads managed by volunteers and posters with a QR code on so that the survey could be accessed online. 998 pieces of feedback were captured between 30 January and 31 March with a satisfaction rate of 99%. The key areas for positive experience were in relation to the efficiency and ease of the vaccination process along with the helpfulness and friendliness of the volunteers and staff at the centre.

Patient Involvement

Patient Stories

Leicestershire Partnership NHS Trust

Stories are a powerful way of engaging staff, including senior leaders. They can be collected in a number of ways. There is considerable value in staff hearing patients' stories directly. It can help staff really understand how patients experience services, helping them to 'own' the data and acting as a motivator to do something about things that aren't working well. Patient stories are used to open every Trust Board meeting, ensuring that the patient is central to all discussions. Following the investigation of a serious incident where a patient in the care of the Trust had committed suicide, the family had asked to tell their story about their experience. The Trust Board are keen to ensure that they hear both positive and negative stories, at a meeting in early 2020 a story was told by the two sons. The story was about their father, who had sadly taken his own life. The sons described their experience of the subsequent investigation process and what lessons should be learnt for future investigations, these included:

- *The Trust seemed compassionate in the beginning; we were told about the investigation but heard nothing after that first meeting, no communication, no updates.*
- *Could not contact the person leading the investigation so ended up calling the Crisis Team to find out what was happening, only to be told the investigation was completed.*
- *Being informed that the report was to be published without the family having sight of the report or being told of the outcomes of the investigation first.*
- *We cannot say that the NHS and learnt anything from our father's death, we have not yet seen any improvements.*
- *The Trust does not want to take any blame for what happened or accept any responsibility, however if it did, this could have made a big difference.*

The story was shown at a staff Empathy Training Conference to set out the importance of learning organisations for patients and staff. The story is also being used by the Patient Safety Team to understand what learning the organisation needs to undertake to improve how it manages its incident investigations for patients and families. You can access the story here; https://youtu.be/--1XU3vxIbo

In January 2021 a mum shared a positive experience of the care her son received from the Children's Occupational Therapy Team during a virtual appointment, you can access the story here; https://youtu.be/Rhp40-BZUfM

Patient Involvement

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Framework for Involvement

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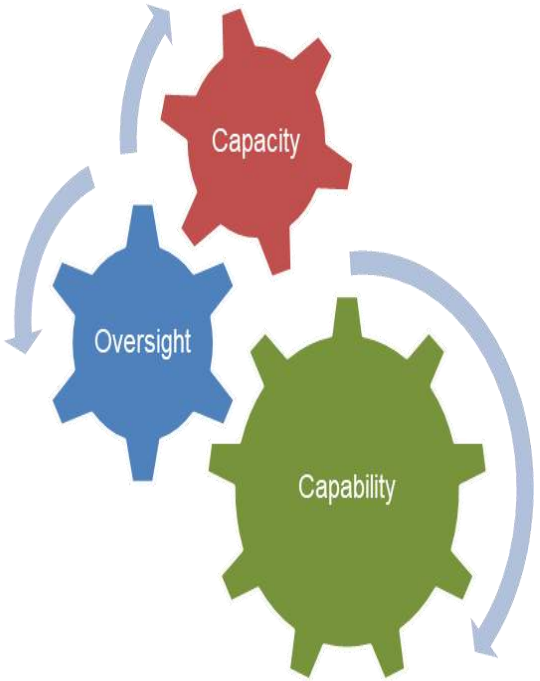
Framework for Involvement

Over the last 12 months the Corporate Patient Experience and Involvement Team have been working with service users and carers in the development and establishing of their patient involvement framework. This framework aims to provide a structured approach to recruiting, training and developing service users and carers as they sign up for involvement. The framework allows individuals to get involved in things that are meaningful and appropriate to their lived experience or interest, and in a way that meets their needs. It also allows for those signing up for involvement to share their skills, beyond their condition, providing an opportunity for these skills to be used in their involvement work.



Service users and carers are being recruited into our involvement network on a ongoing basis, with currently approximately 130 members. Through the network, those interested in getting involved are invited to induction sessions, undertake a skills audit, state their preferences for involvement and are offered training opportunities such as Patient and Carer leadership programme. Please see **Appendix Six** for further details of the Framework for Involvement developments.

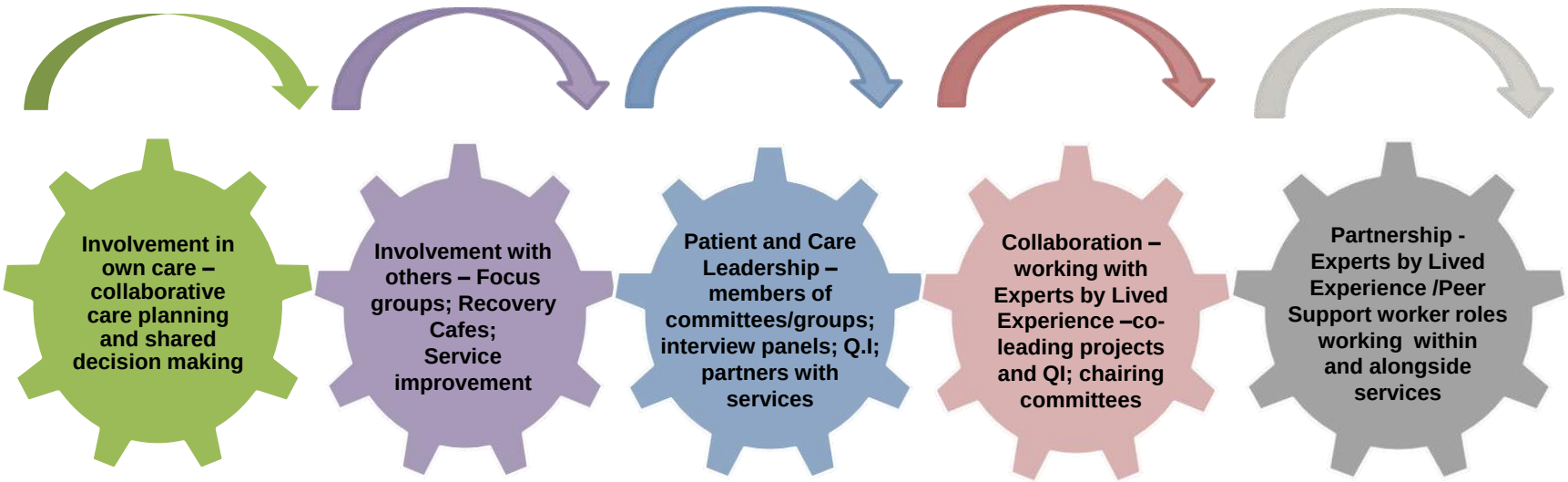
Service users and carers are offered different involvement opportunities, based on their lived experience, skills and interests. This this done through our newly established Framework for Involvement through which those wanting to get involved are supported, trained and developed to ensure that they can get the best out of their involvement experience. This includes setting personal involvement objectives with those who want to progress from individual and low level generic involvement to a more defined role such as a patient or carer leader or Expert by Experience.

Our Framework for Involvement

Patient Involvement

NHS Leicestershire Partnership NHS Trust

Recognition, Reward and Value



Support, training and development

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Patient Involvement

The People's Council

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NHS Trust

The People's Council is an independent advisory body for the Trust made up of individuals with a lived experience of receiving healthcare services from Leicestershire Partnership NHS Trust (LPT), through our Patient and Carer Leaders and Voluntary and Community Sector organisations and groups who work with different communities across Leicester, Leicestershire and Rutland.

The People's Council
Providing an independent voice to make LPT services great for all

The aim of the People's Council is to work with the Trust to help to shape our approach to engagement and improving patient experience by advising on the best ways to reach the communities and individuals and to feedback and review the experience of those who use or who are impacted by the services delivered by the Trust.

The Council launched in September 2020. The Council currently has 15 members made up of 8 Patient and Carer Leaders and 7 voluntary and community sector reps.

The Council has agreed it behaviours, values and vision, including developing a relationship agreement with the Trust Board. The Council have also designed and agreed their Terms of Reference.

The People's Council vision:

"**Providing an independent voice to make LPT services great for all**"

Three priorities have been by the Council which will be the focus for the forthcoming year, these are:

- Step up to Great Mental Health
- Equality, Diversity and Inclusion
- Personalisation of Care

Patient Involvement

The People's Council

NHS Leicestershire Partnership NHS Trust

The Council is Chaired by Mark Farmer, who is also a member of Healthwatch, Leicester and Leicestershire and a lay member of the Trust Board.

Mark is supported by Louise and Tasha in their roles as vice chair and Al who is the chair of the Communications sub group.

The Council meet monthly with regular attendance by various Executive Directors and Trust Leads.

The strength of the Council is it's diverse membership with a range of ethnicities represented as well as LGBTQ+, Physical and Mental disabilities, homelessness and street workers and young people.

During it's first 10 months the Council provided input into the Step up to Great Mental Health consultation, both in the design of materials and discussions on the consultation approach as well as submitting a formal response to the consultation, including all the different views from the Council members.

Some of the Council members have also taken up positions on some of the Trust's Corporate Governance meetings including the Patient and Carer Experience Group and the EDI Patient Experience and Involvement Group

The Council have their own Twitter account @LPTCouncil as well as their own pages on the Trust's website and email account to allow them to receive patient feedback about the Trust.

Patient Involvement

Youth Advisory Board (YAB)

NHS Leicestershire Partnership NHS Trust

YAB Youth Advisory Board

The YAB was set up in as a result of identifying a gap in involving the participation, views and lived experience of children and young people locally who access services in LPT. The Youth Advisory Board was set up in partnership with Leicester City Council, after a large scale project called Generation X, which saw young people review local Mental Health and Wellbeing Services. The Generation X report was another driver for us in regards to ensuring we react to the advice and recommendations made from young people.. The Boards aim is to support the improvement and development of services that matter to them, to 'youth proof' them, and to ensure they have a voice in services that might be relevant to them throughout their lives. Board members include nominated youth council members, CAMHS peer support workers and service users aged 13-25 for whom this is an opportunity to take part in positive activities. You can find a highlight of the projects they have influenced below along with a link to the groups annual report.

- Inpatient Bosworth Ward Focus session – A Focus group with current inpatients took place on Wednesday 16th September, this session explored the views and experiences of current patients around their care, voice and other topics. The embedded document presents the feedback and views of this session. The feedback from this will need to be embedded in improvements, planning and design moving forward. A letter has been sent to inpatients to summarise their views, and acknowledge what we will do with this information.
- Provided feedback on a range of activities including; CAMHS waiting room environments, Autism booklets, transitioning to adult services,
- Membership at a number of interview panels for the Mental Health in School Teams recruitment as well as 5 members involved in the presentation panel for a senior psychologist post within CAMHS ED. Members scored candidates via their presentation and asked open questions
- Meeting with the Mental Health in Schools Teams (MHST) programme manager and EMHPs. The YAB will be part of elements of co-production within this programme of work as a long standing involvement project.
- Ongoing regular meetings with city Local Authority, Healthwatch and LPT Peoples Council Chair continuing to ensure work together.

Patient Involvement

Celebrating Excellence 2020

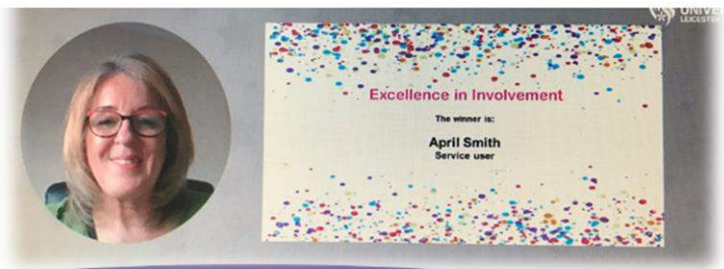
NHS Leicestershire Partnership NHS Trust

Involvement Good News Story

LPT hold annual Celebrating Excellence awards and we are delighted to announce that two categories were shortlisted for last years awards which were delayed due to Covid. The Trust has since held a virtual awards ceremony with the following winners; April Smith for 'Excellence in Involvement' for her work peer auditing the experiences of those receiving care plans in mental health inpatient wards.

and the Recovery Cafes for 'Excellence in Partnership' awards.

A massive congratulations to April and to all involved with the Recovery and Collaborative Care Planning Cafes.



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Patient Involvement

Achievements: Impacts of Involvement

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Over the last 12 months patients, carers and their families have been involved in lots of ways, both individually in relation to their own care, and collectively working in partnership with services to influence and improve how we deliver and design our services. The below gives a highlight of some of the examples of how we did this, further details can be found in **Appendix seven**;

Families, Young People and Children Services	Directorate of Mental Health – Includes Adult and Older Persons Mental Health Services	Community Health Services
The Speech and Language Therapy service worked with parents to develop an online workshop and a series of resources.	A group of service users are working with our mental health colleagues as part of a Personal Safety Planning working group.	A range of involvement takes place on the wards facilitated by Meaningful Activity Coordinators.
The Beacon unit holds regular focus group sessions in order to give the patients on the ward a space to share experiences.	Bennion Centre virtual carers forum has continued to run during the pandemic, providing support to carers and family members of patients.	A Telehealth pilot was conducted during COVID with patients who are suffering from Heart Failure or Respiratory disease, along with patient interviews to measure experiences and outcomes.
SEND services held discussions with Ruland Disabled Children and Young Peoples forum in order to improve young peoples journeys through services. Communication and information being worked on from recommendations.	A Central Access Point patient and user on-line workshop was held to engage on the merge our 24-hour all-age MHCAP service, with Turning Point's free-phone adult crisis helpline. From this workshop a small group of service users and carers have continued to work alongside this service in order to make improvements	The Tissue Viability Team are working on improvements to pressure ulcer prevention, the team have gathered feedback from service users on carers around pressure ulcer prevention and co-developing resources to support awareness and prevention.
Parents worked with Peadatrics to develop parent/carer survey to understand views of new pre assessment, and areas for improvement.	An IAPT Patient and user on-line workshop was held to engage on the bid for LPT to deliver these services across LLR, unfortunately this bid was unsuccessful.	Community Nursing Services have undertaken some work in relation to Duty of Candour letters following serious incidents

Patient Involvement

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Patient Experience and Involvement Team

Priorities for 2021-22

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Patient Involvement

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Quality Schedule Priorities

PE01 **Feedback**	To actively engage with patients, carers, friends, family, staff and other stakeholders in a variety of ways in order to obtain feedback; providing evidence that this is listened and responded to where possible in order to make quality and performance improvements. To actively engage with LLR system partners, regulators, other external bodies in order to obtain feedback; providing evidence that this is listened and responded to where possible in order to make quality and performance improvements. Demonstrate that sources of feedback are triangulated, and the organisation is listening to and acting upon this in order to make quality and performance improvements.	All requirements of the KPI met with evidence of an ongoing programme of monitoring and improvement in relation to feedback	Limited assurance. Feedback only collected periodically or not shared with CCG when requested **or** Feedback only collected in a limited ways **or** feedback collected but only limited quality and performance improvements made as a result	Feedback not regularly collected or shared with CCG or Feedback not listened to and acted upon in order to make quality and performance improvements

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Quality Account Priorities

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Friends and Family Test (FFT)

Using the feedback collected through the Friends and Family Test to inform service and quality improvement and to continually improve the experience of those who use our services.

- Implementation of the new FFT system across the organisation
- Using feed collected through FFT for service and quality improvement

Complaints

Reduce the amount of time taken to investigate complaints

Improving the satisfaction of those who raise complaints within the Trust

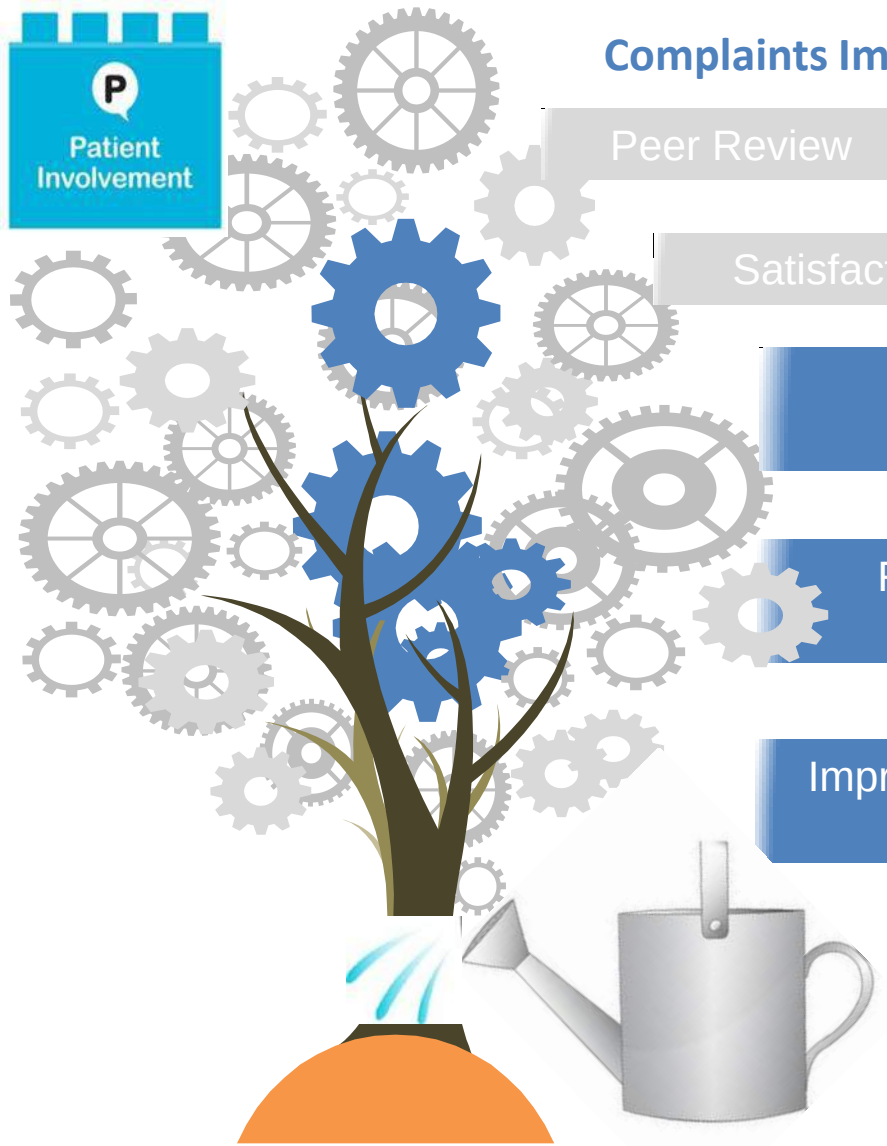
Design and implement new Peer Review approach for complaints for continual improvement

Complaints Improvement Plan

Patient Involvement

Peer Review

Satisfaction



Use feedback to learn and make continuous improvement

Reduce the amount of time taken to investigate complaints

Improve the quality of our complaint investigations and responses

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#MakeComplaintsCount

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Improve the quality of our complaint investigations and responses

- Work in collaboration with Trust Staff to understand training needs
- Develop training matrix based on modules
- Pilot training with focus group
- Roll out of programme fully supported by intranet

Reduce the amount of time taken to investigate complaints

- Develop Ulysses Web
- Pilot use of Ulysses Web with DMH
- Review Pilot and roll out to other directorates
- Progress Ulysses Web reporting function to support Governance framework

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Leicestershire Partnership NHS Trust

Use feedback to learn and make continuous improvement
Peer Review (PR)

- Independent review of a small number of complaints to identify trends and best practice
- Application of findings and recommendations from the PR process
- Listen, Learn, Act
- Use the information contained in satisfaction surveys in conjunction with the PR process

Use feedback to learn and make continuous improvement
Satisfaction

- Why we do it?
- What will we do to achieve it?
- What will the benefits be?

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General

- PHSO Complaints Standards
- Revision of the Complaints Review Group

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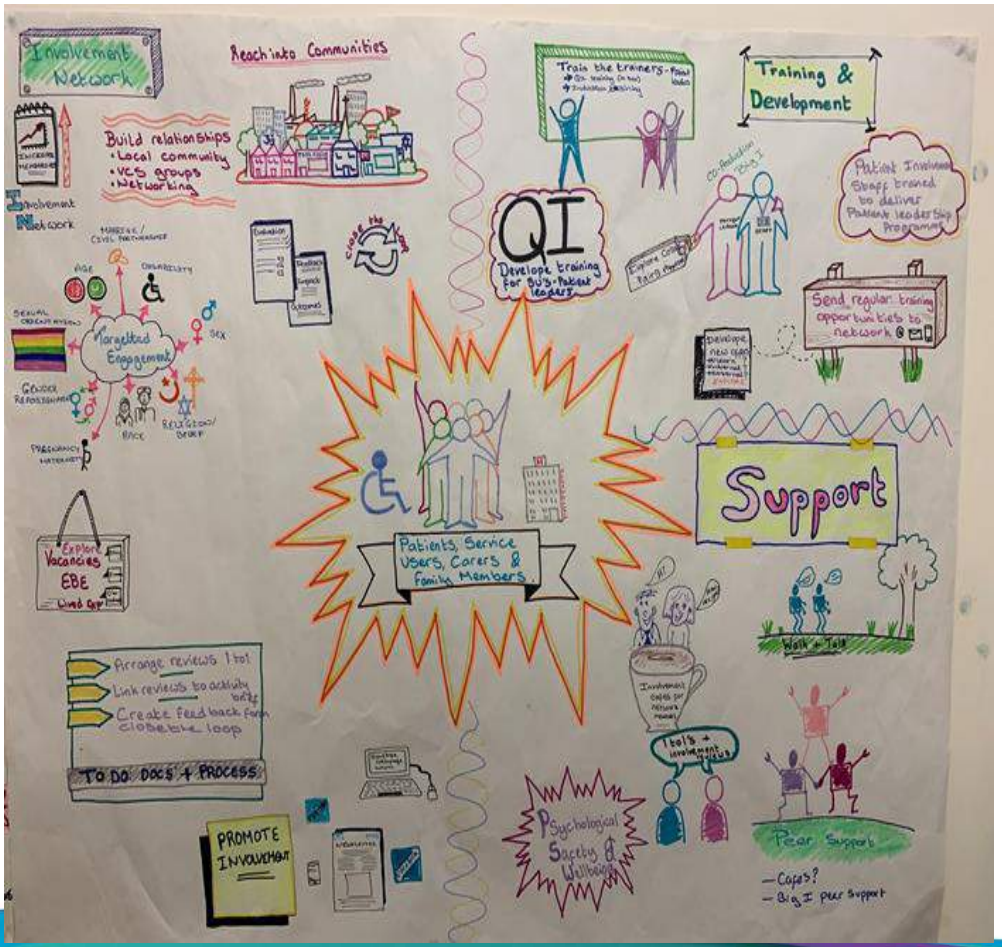
#MakeComplaintsCount

Priorities for the patient involvement work programme 2021-2022



Increasing the members of our Patient and Carer Involvement Network through working with community forums and groups to promote opportunities for involvement

Further growth of our Experts by Experience, through the development of role descriptions and opportunities for providing paid contracts

Enhancing the training and development offer for our Involvement Network including the Patient and Carer Leadership Programmes and developing roles for Experts by Experience to deliver this training

Roll out of involvement cafes based on the Recovery Café model

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Priorities for the patient involvement work programme 2021-2022 includes;

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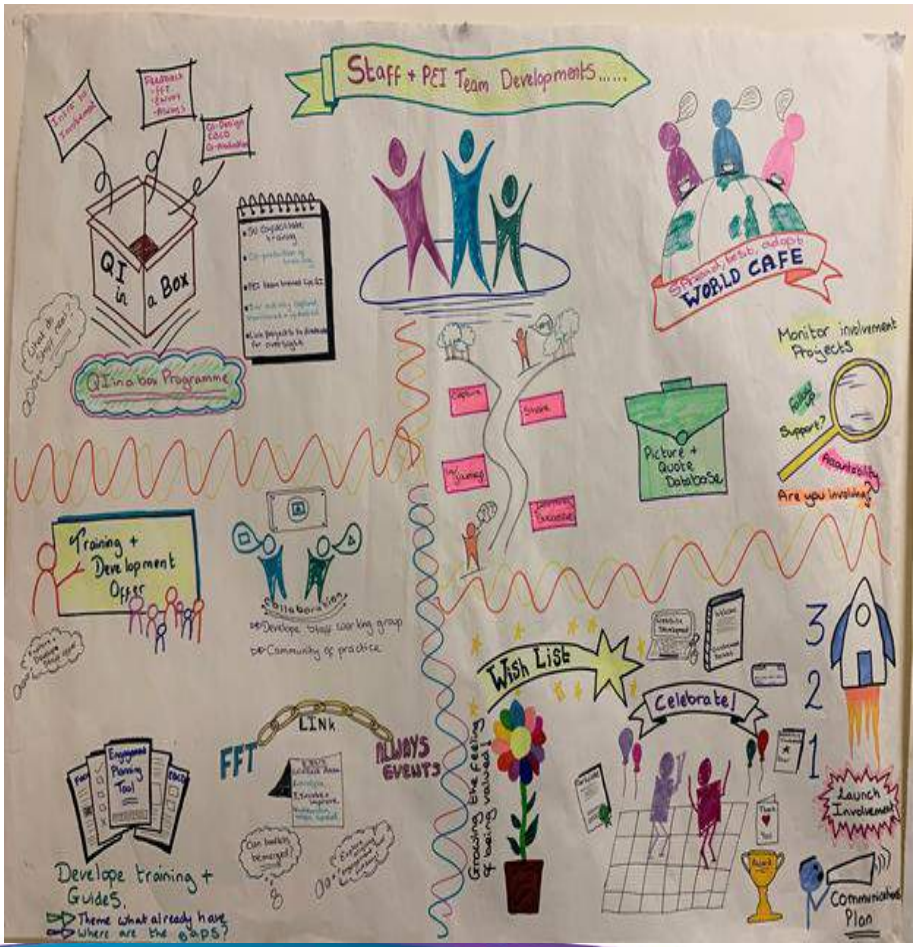

Introduction of Walk and Talk involvement session in line with the lessening of Covid 19 restrictions

Launch of QI Involvement in a box, forming part of the Quality Improvement offer, supporting staff to think about patient and carer involvement in their improvement projects, this is being co-delivered with one of our Experts by Experience

Establishing a Community of Practice for staff who are interested in involvement, building on the network of Patient Experience and Involvement Champions

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Patient Involvement

Priorities for the patient involvement work programme 2021-2022 includes;

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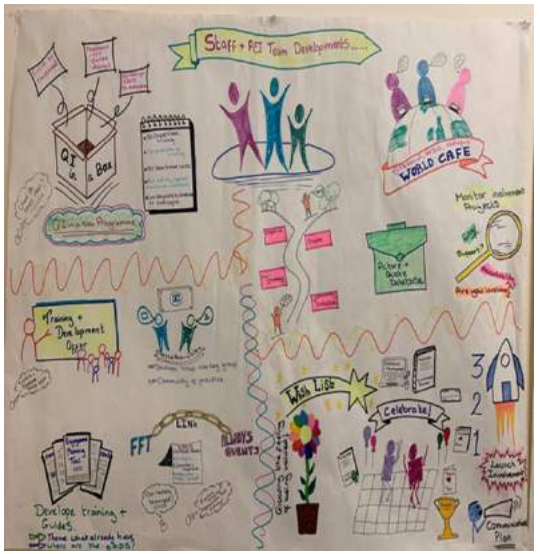
Implementing Always Events in response to patient experience feedback collected through FFT

Celebrating and Recognising involvement through events and rewards

Formal launch of the Patient Involvement Framework



Patient Involvement

FFT Quarter 1 Priorities

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Implementation of the new FFT system across the organisation

Measures:

- 40% of all community-based services implementing the new FFT system by end of Q1
- 100% of all inpatient services implementing the new FFT system by end of Q1

All services implementing FFT Capture the experience of patients, carers and staff, using all available and appropriate tools.

- Measure - number of FFT feedback by service

Actions/deliverables

Disseminate materials and posters

Launch via internal comms and through PCEG etc.

Run three drop in clinics/training for staff on Envoy and introduce reports

10 min introduction to FFT

20 min FFT/Envoy training

30 option for wider Envoy survey training

Patient Involvement

FFT Quarter 2 Priorities

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Implementation of the new FFT system across the organisation

Measures:

- 60% of all community-based services implementing the new FFT system by end of Q2

Using feed collected through FFT for service and quality improvement

All services implementing FFT Analyse and understand the experience by identifying the 'touch-points' of a service and gaining knowledge on what people feel as they experience our services and when they feel it.

- Measure – thematic report on the trends of feedback received by service

Actions/Deliverables

Launch FFT newsletter
Identify and celebrate/recognise three services with high data collection
Delivery three masterclasses on using and understanding data for improvement (to be identified) bring in case study and quest speakers
Delivery drop in clinics on reporting and accessing data from system
Launch competition for best 'you said, we did' boards

Patient Involvement

FFT Quarter 3 Priorities

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Implementation of the new FFT system across the organisation

Measures:

- 100% of all community-based services implementing the new FFT system by end of Q3

Using feed collected through FFT for service and quality improvement

Improve the experience by ensuring the feedback, both positive and negative, is heard and understood by the relevant clinical and managerial teams. Receiving, analysing and presenting feedback and through our Quality Improvement approach involving patients, carers and staff in developing the solutions to improving patient and carer experience.

- Measure – report detailing a range of improvement projects being implemented on the back of the themes identified in Q2

Actions/Deliverables

Celebrate and communicate the winner for the best 'you said, we did' boards
Send out quarterly newsletter
Delivery three masterclasses on working with patients and carers for improvement (partner with Haley and team on this to design content and delivery)
Delivery drop in clinics on reporting and accessing data from the system
Launch competition for improvement from feedback projects

Patient Involvement

FFT Quarter 4 Priorities

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Implementation of the new FFT system across the organisation

Measures:

- 100% of all LPT services implementing the new FFT system

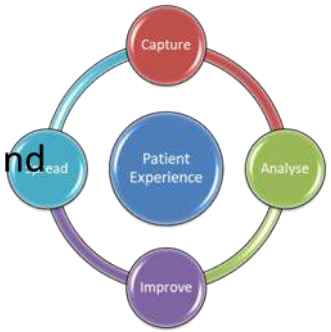
Using feed collected through FFT for service and quality improvement

Spread and Adopt best practice across the Trust by sharing and showcasing where feedback has led to improvement and support staff and services to 'steel with pride' the improvements made.

- Measure – Case studies of improvement projects and evidence of how the improvement has improved patient experience against agreed benchmark identified in Q3.

Actions/Deliverables

Celebrate and communicate the improvement projects using patient feedback
Send out quarterly newsletter
Delivery three masterclasses on working with patients and carers for improvement and
Spreading and adopting approaches (asking teams to present their projects)
(partner with Haley and team on this to design content and delivery)
Delivery drop in clinics for the sharing of case studies with teams
FFT Annual awards



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PALS and Patient Experience Reports

- Review of categories – for all enquiries utilise the Ulysses System (as per the complaints module) to create alerts for enquiries
- Review and update PMD for managing concerns in line with the web-based Ulysses System
- Develop front-end web based reports using the Ulysses system and train team on reporting requirements to support feedback and patient involvement
- Utilise the Envoy system for survey creation and capturing patient feedback including reporting on feedback

Patient Involvement

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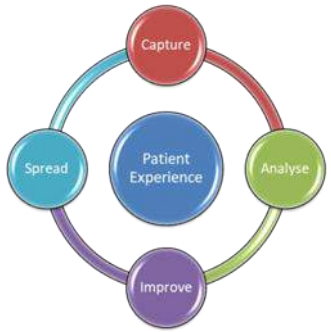
Digital Stories

Develop and roll out training package for all staff in the use and capturing of digital stories

Create an online library of digital stories which can be accessed through the Trust website

Develop communications plan (with Haley) to promote digital stories and the sharing of stories

Create a library of images for use in stories – linking to those currently available via Comms and also via Widget (Di Graham)



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APPENDICIES

1. Patient Leadership Programme
2. Relaunch of the monthly virtual Recovery and Collaborative Care Planning Cafes
3. Service Users and Carer Involvement in Recruitment
4. Quality Improvement
5. Involvement Network Feedback from 2020-21
6. Framework Development in 2020-21
7. Achievements: Impacts of Involvement
8. Patient Involvement and Experience Newsletter

Framework Development in 2020-21

Leicestershire Partnership NHS Trust

Introduction Workshops

In order to further strengthen our Involvement Framework, from December 2021 we launched two workshops offered to new and existing network members which was co-designed with a small working group made up of founder network members. Once a person signs up to our Involvement network, they are offered to attend the following bi monthly workshops:

- **Introduction to the NHS**

This is more of a strategic workshop session, facilitated by Alison Kirk and Cathy Ellis and provides more of an overview on how the NHS works nationally, the Integrated Care System, what the Trust's "Step up to Great" means and how involvement fits into this strategy along with training and support available for network members.

- **Introduction to Involvement – Practical session**

This is a more of a practical session, looking at any paperwork that needs completing as well as providing a more personalised perspective with regards to involvement, breaking down different areas of individual interest, needs, time commitment as well as training and development opportunities available as a network member. An involvement welcome pack is also sent to every new member prior to the workshop taking place which includes, our Involvement Framework, Involvement Charter, relevant forms for completion, contact details, space for completion/achievement certificates/presentations, a pad and personalised pen.

- **Introduction to Involvement – Recovery College**

We have delivered one session so far this year to students with a view to offering a session on a quarterly basis. The session covers involvement in general and how this differs from patient experience, training and development available and the benefits of becoming involved in LPT's service improvement and delivery. We also have a service user attend and talk about their experience of being a network member at this session.

We aim to increase the number of attendance over 2021/22.

Framework Development in 2020-21

Forms and Processes

We have continued to refine our processes throughout 2020-21 with the following developments:

- **Skills, Needs and Interest Form**

We co created and introduced a Skills, Needs and Interest Form to capture information beyond the persons condition. This form has been invaluable when matching network members to the right type of involvement activity that meets their particular needs and interest. This form is introduced at our Introductory workshop with 1:1 sessions offered to explore this area individually.

- **Confidentiality agreements**

We have developed two confidentiality agreements, one generic agreement introduced at our Introductory workshop and a recruitment panel specific version to ensure our members adhere to their duty to maintain confidentiality whilst conducting involvement activities throughout the organisation.

- **Involvement Leaflets**

In September 2020 we secured funding to have our Involvement Leaflets professionally printed and have distributed out to LPT services as and when requested. Due to Covid, electronic versions are used more widely as well as being available to download by accessing our "Involving You" webpage. Downloadable PDF versions are also available on the LPT staff internet.

- **Activity briefs**

In October 2020 we introduced Involvement Activity Brief and Agreement forms. This is an written agreement between the specific LPT service and network member, setting out the expectation/type of involvement activity/time commitment/reward offered and whether the network members needs to have a CRC in place. This also confirms who will be the point of contact and support in the service area the network member will be working. We have successfully embedded the activity briefs as standard practice when services make an initial request for service user involvement.

- **Role Descriptions**

Role descriptions have been developed during 2020-21 for longer term rather than one off involvement projects. E.g. service user committee members for PCEG, EDI Directorate meetings, QI projects, which sets out more detail on the longer term role, expectations as well as pre and post meetings to support with committee papers/document understanding.

Framework Development in 2020-21

Enhancing/revising our existing offer

Over 2020-21 we have continued to enhance how we advertise our involvement offers by focusing on accessibility/closing the loop (outcomes) and revision by continuing to listen and learn from our network members;

- **More accessibility in signing up to our work (making an expression of interest)**

In 2020-21 we introduced more accessibility to access and sign up to our network by providing an on line Expression of Interest form on our "Involving You" webpage, which is now the preferred method members of the public use when signing up, which is delivered directly into our generic inbox once submitted.

- **Further developing our "Involving You "Webpage**

We have continued to develop our "Involving You" webpage over 2020-21 in providing more detail and breakdown of the involvement activities available to our network members once they have signed up. We also use the webpage to signpost any interested persons as and when an enquiry has been received. We also use the webpage as an information resource, providing previous editions of our newsletters/slide sets from our Recovery Cafes as well as links to our Mental Health and Wellbeing Workshop in different languages. E.g. We received over 500 hits on our webpage during October 2020.

- **Revised Involvement Charter**

As part of the co creation and development in Personal Safety Planning, the service user working group working on this project suggested we create a section in our Involvement Charter specifically relating to psychological safety. As a result of this work, we have revised our Involvement Charter to ensure psychological safety is considered in all involvement projects.

Patient Involvement

Patient Leadership Programme

NHS
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To support our patient and carers leaders to develop their skills and confidence in their involvement roles we have designed our patient and carer leader programme. The programme commenced in September 2020 with 13 network members going onto complete the programme, this was delivered online through an external provider Lived Experience Matters.

ONLINE PATIENT LEADERSHIP PROGRAMME

Q&A SESSION TO FIND OUT MORE
Thursday 16th July, 1 – 2pm

DEADLINE FOR APPLICATIONS
Monday 10th August 2020

PROGRAMME STARTS
Thursday 3rd September 2020

TO FIND OUT MORE AND REGISTER YOUR INTEREST
Contact Angela on 07919 096 494
angela@livedexperiencematters.org.uk

Who's it for?

Patients who access adult services at Leicestershire Partnership NHS Trust (LPT).

Aims

The Programme support patients to develop their strategic influencing, leadership and decision-making skills.

It focuses on strengthening your abilities, knowledge and confidence to drive, design, deliver, improve, review and support change across LPT services.

PROGRAMME OVERVIEW

Introduction to the Programme	Thurs 3 Sept, 12.45 – 3.00pm
Challenges and Resolutions	Thurs 10 Sept, 12.45 – 3.00pm
Patient Diversity	Thurs 17 Sept, 12.45 – 3.00pm
Break / Self-Directed Learning	Thurs 24 Sept, 12.45 – 3.00pm
Break / Self-Directed Learning	Thurs 1 Oct, 12.45 – 3.00pm
Representing and reaching out	Thurs 8 Oct, 12.45 – 3.00pm
Influencing skills	Thurs 15 Oct, 12.45 – 3.00pm
Break / Self-Directed Learning	Thurs 22 Oct, 12.45 – 3.00pm
Break / Self-Directed Learning	Thurs 29 Oct, 12.45 – 3.00pm
Putting it into Practice I	Thurs 5 Nov, 12.45 – 3.00pm
Putting it into Practice II	Thurs 12 Nov, 12.45 – 3.00pm
Personal Development	Thurs 19 Nov, 12.45 – 3.00pm
Celebration Session	To be confirmed

All sessions will take place via Zoom, with a short break half way through. You are required to attend at least 6 out of the 8 sessions, and will be expected to complete some self directed learning during the break weeks as and when it best suits.

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Appendix Two

Relaunch of the monthly virtual Recovery and Collaborative Care Planning Cafes

Leicestershire Partnership NHS Trust

The Recovery Cafes are shared space for staff, service users, carers, and VCS groups to come together to share and learn around collaborative care planning, and the mental health recovery concept of CHIME (Connectedness, Hope, Identity, Meaning and Empowerment). Each café is themed around a CHIME concept. You can find out about the history of the cafes via this link; https://www.leicspart.nhs.uk/wp-content/uploads/2020/11/What-are-the-Recovery-Cafes.pdf.

Covid 19 meant that face to face cafes were put on hold although working with staff service users and carers we were able to relaunch the cafes virtually via MS Teams in October 2020. The cafes have been well attended averaging around 20-25 attendees, more than half being service users and carers.

Following the success of the relaunch of the virtual recovery cafes the team Stepped Up the cafes to offer a 9 week programme during the second lock down period. This programme focused on the 5 elements of CHIME, and the 5 ways to wellbeing, promoting conversations around CHIME followed by introduction to the 5 ways to wellbeing, including various taster activities people to try, including mindfulness, chair-based exercise, crafts etc.

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Appendix Three

Patient Involvement

Relaunch of the monthly virtual Recovery and Collaborative Care Planning Cafes

NHS
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NHS Trust

Link with Recovery college

We have formed links with the Recovery College and the team have joined the café planning team, we also now advertise through the Recovery College prospectus, as well as now offering an Introduction to Involvement session to students. Feedback from Recovery College staff;

"I have attended the Recovery Café's as a mental health professional from the outset and seen them grow and develop. The relationship between service user and professional changes and there is connection on a different level. It feels very equal – learning from one another, a real sense of being part of a community develops when you attend regularly. I work for the LPT Recovery College and the pathway we have established has been a very beneficial one for the students. We sign post to the Recovery Café and really encourage students to 'get involved' and we have seen students make that connection and grow in confidence, self-esteem, build on hope and make some really meaningful connections. Attending the Recovery Café for professionals and service users is inspiring for both".

Recruitment to involvement network

The cafés have been a great model for involvement and improvement which we are currently exploring to replicate in other service areas. Some attendees from the cafes have gone on to register to the service user/carer network and complete further involvement activities and training within the Trust.

C H I M E

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Patient Involvement

Appendix Four

Relaunch of the monthly virtual Recovery and Collaborative Care Planning Cafes

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Recovery Café images and feedback quotes from staff and service users/carers

Great session everyone, and I keep smiling when I reflect on the singing ☺

From a personal perspective – and I say this as I have not been able to come along so much recently, that I thoroughly love the conversation between service users, patients, carers and staff. I think there is such a richness to the discussion and it truly grounds me back to why I do the job I do in putting patients and carers central to everything. I hope to be able to come along to more sessions in the future.

It was lovely connecting with you all today at your Virtual Recovery Café... I would like to take the opportunity to feedback to say how nice and welcoming this Recovery Cafe was for newcomers to join (particularly for me as this was my first ever time) and I very much felt the warmth and welcoming you all gave, it was a very friendly and amicable cafe created!"

Looking at this and our last session that took place on Friday where we had more service users and Carers than staff and even better the ending where a service user spoke with us and shared the Microsoft Team stage with us giving us live feedback that the 2 sessions she has attended so far has emboldened her to be involved. It filled my heart that out talk on Empowerment was so instrumental in her giving us some great feedback.

I hope the cafes continue as it's been great to learn from patients sharing their recovery journey, and I've seen an increase in the number of conversations around collaborative care planning within my teams.

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Patient Involvement

Service Users and Carer Involvement in Recruitment

NHS Leicestershire Partnership NHS Trust

Value Based Questions/In house Recruitment Panel Training

We recognise that providing a patient perspective as part on a LPT staff recruitment panel is an integral part of the recruitment process. During October 2020 we worked with a small group of network member to co create a pool of value based questions (focusing on the Trust's values and behaviours) which could be taken forward and used at staff interview panels. Patient Involvement in interview panels was sporadic at this time, so we wanted to create a more supportive approach to ensure network members felt more confident when attending an interview panel in person and providing a patient perspective.

Development of In House Recruitment Panel Training

In November 2020 we set about co creating in house recruitment panel training to help to inform network members on the NHS recruitment process; what is a job description and person specification, Interview questions-scenario's, types of involvement in the recruitment process, confidentiality, Do's and Don't when interviewing and how you record/score at interviews. We deliver this in house training on a quarterly basis and now have a pool of network members trained for this type of involvement.

Recruitment Panels during 2020-21

Assistant Practitioner (CAMHS) - Nov 2020
Deputy Director (AMH) Nov 2020
Complaint Manager (AMH) – Nov 2020
Head of Nursing (FYPC LD) – Dec 2020
Community Manager (MHSOP) – December 2020
Associate Director for AHP (AMH) – December 2020
Clinical Lead Psychology (MHSOP)– January 2021
Complaints Facilitator (Corp)- March 2021
YAB have also supported the Mental Health in Teams schools Team to recruit various staff including teams leads, and youth workers.

Network member: *"I felt the recruitment/interviews went well and the recruitment lead was very supportive and helpful throughout…the panel members were all great and supportive…I enjoyed being part of the panel"*

Chair of interview panel: *"X did a great job and asked some really incisive questions – it really gave a rounded feel as a panel".*

Patient Involvement

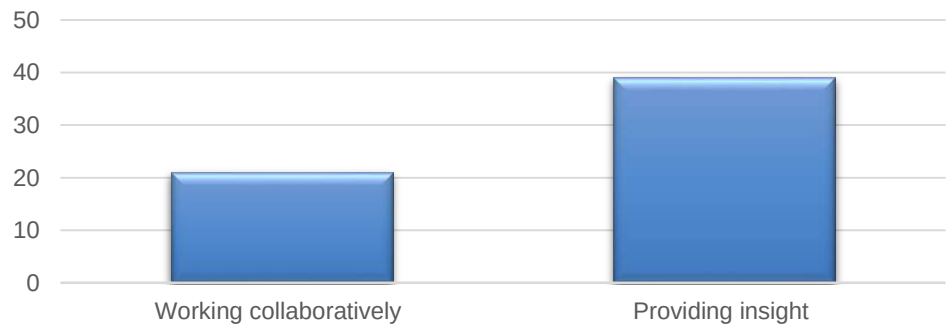
Quality Improvement

Leicestershire Partnership NHS Trust

The Patient experience and involvement team has been working collaboratively a patient leader in order to develop an approach involve service users and carer at various levels of quality improvement projects, to proving insight, to co-design and coproduction and the involvement of service users and carers in the project team. We now have a weekly meeting to discuss quality improvement projects and advise and support on the involvement approach, and identify potential service users and carers to get involved with the project.

Early in the year we developed and launched an Engagement Planning Toolkit to support staff when engaging and involving in their quality improvement projects. The toolkit can be used to understand the scope and size of a project in order to see how and when to involve, the level of involvement required and via which method. This toolkit has been aligned to the Trusts Quality Improvement agenda, as well as our Involvement Framework to ensure meaningful engagement which is representative of the communities that we serve. Following its launch the engagement planning toolkit is working well and being used to support new projects that come through the QI process. This includes the matching up of patients and carers with projects based in skills, interest and lived experience.

Service User and Carer Involvement in Quality Improvement Projects



All QI projects that come through this route are managed via the Life QI system, to which there is now 60 projects with service user involvement, ranging from them providing feedback and insight, to working with the project teams more collaboratively.

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Appendix Five

Patient Involvement

Quality Improvement

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Quality Improvement in A Box – Training

The trust has a series of QI training called 'QI in a box' and we have worked with a patient leader to co-design an introduction to involvement in order to support staff when they are looking to involve in their QI projects. This session is also co-delivered with the patient leader and is now offered as part of the QI in a box series, and we have also delivered a few bespoke sessions to teams/services.

QI In A Box – An Introduction To Involvement

This session includes meaningful involvement of patients, service users and carers in QI projects, explores the different approaches to involvement and introduces resources and tools available to support projects, the session also includes;

- Introduction to what we mean by patient and carer involvement
- Different levels of involvement
- LPT's Involvement Framework – Big I and Little I
- Why involve patients and carers
- Explore our engagement zones
- An introduction to the Engagement Planning Tool
- An introduction to resources and support available; ie LPT's Service User/Carer network, Arm Chair Involvement

RESEARCH & DEVELOPMENT

Involvement in Research and Development

Work is also progressing with the Research and Development Team to resurrect their EPIC network of patients and carers who are involved in research projects, and a steering group has been formed including previous research partners (service users and carers).

Involvement Network Feedback from 2020-21

During 2020- 21 we asked our network members for their feedback on a range of projects via ema
give a few examples of these:

- **Telehealth evaluation questionnaire, focus on questions – May 2020**

Network were asked to feedback on draft questions to be used for evaluation service changes.
Outcome: Service revised the set of question to reflect the feedback received.

- **Mental Health and Wellbeing Workbook Cover – May 2020**

Overall feedback felt the cover should be gender neutral .
Outcome: the cover was changed to reflect the feedback received.

- **Draft Mental Health Survey Questions – June 2020**

Network were asked to feedback on the content (right type of information) and questions (easy to understand).
Outcome: All comments have been considered and adaptations have been made to the survey.

- **Caring Confidentiality Leaflet – Nov 2020**

Network members were asked if the leaflet was easy to understand and did it consider both mental health and physical needs**.**
Outcome: A revised version was taken forward and considered comments made by the network
Involvement Evaluation Survey feedback – March 2021
Network members made suggestions to make the draft survey more accessible.
Outcome: the survey was changed to reflect the suggestions made.

- **Video Consultation Draft Survey feedback – August 2020**

Network members were asked if they liked the layout and design/if the questions are easy to understand.
Outcome: All smiley face answers will include a number scale along with the worded response. Questions include the phrase “Video Call” or “Video Consultation” to help focus answers. Clear labelling is attached where multiple answers can be selected to ensure anyone completing the survey will be able to tell they can pick as many options as they feel are applicable. An “Unsure” smiley face equivalent will be sourced and added to ensure consistency References to “the patient” are modified to be inclusive of carers, family and anyone who may be supporting the patient. The term ‘Service User’ has been proposed in the feedback, which we will be considering.

Patient Involvement

Achievements: Impacts of Involvement
Adult Learning Disability (LD) Services

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The LD service is continuing its quality improvement project as part of the Every Voice Counts initiative across Leicester, Leicestershire and Rutland, work includes:

- Service user, family and carer surveys have been sent out in order to evaluate the use of Telehealth during covid to inform how we offer and in order to help start to build an involvement network.
- Mind the Gap project are loaning tablets to carers to enable them to feedback their views, as well as working with patients with Autism to gain feedback on experiences.
- The Specialist Autism team are working with LLR and experts by experience to research people's post-diagnostic experience and looking at how to improve it for people

Learning Disabilities Talk and Listen Group

- The Talk and Listen group has been successfully reinstated through virtual platform of Attend Anywhere, although challenging it has been great to be able to bring this group together again and to hear their voices.
- The group have looked at patient journeys and what was important at different points in the pathway. This was quite abstract for the people who had not been though an intervention recently and highlighted the need to approach those who had recently used the service.
- The Talk and Listen group are co-designing the easy read paper version of the Friends and Family Test to enable service users to provide feedback on their experiences of care and treatment at LPT.
- Supporting the clinical pathway leads to implement involvement and codesign in their pathways and service review and improvement. Participation in a National Health Service England codesign project alongside 5 other projects and sharing our learning in the national forum.

Patient Involvement

Agnes Unit

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After two years of development the Patient and Carer Facilitator role in the in patient service has become permanent. In addition to this the service now also has a new Discharge Coordinator in post, over their first four months they have reviewed our discharge packs as well as working closely with the Patient and Carer Facilitator to ensure that families/carers and patients are involved in all aspects of transition.

"Hear Me" is at the forefront of every meeting. With agendas starting with the patient feedback, in what ever format this may be. The My Voice document continues to be offered to patients on a weekly basis in preparation for any upcoming meetings. This allows patients the opportunity the organise their thoughts, either with staff support or independently, so that they feel more prepared for meetings. This has proved to be a valuable tool across multiple forums including; weekly ward rounds, Care Programme Approach meetings, and Clinical Treatment Reviews.

- Person centred Positive Behaviour Management (PBS) training has been offered to both Agnes Unit and future care provider teams, ensuring that consistent and accurate information is shared across teams, so that they can work collaboratively in order to deliver the best care to each individual.
- All care providers are now offered workshops and insight training prior to them directly beginning to support an individual. This has been introduced with the aim of maintaining consistent responses or routines for individuals. Keeping in mind that meeting new people can be scary enough, let alone when they do not know the answer I need.
- Following receipt of positive feedback a range of sessions will continue throughout the year, these include: musicians visits, Chaplin services and Phoenix Charity Animal visits. Patients and staff have been supported to access these in the safest way possible during the pandemic.
- Signage around the unit – Staff, Patients and Carers have informed us that previous signage has been minimal and confusing. Therefore, new accessible signage is being developed and will be displayed shortly.

Patient Involvement

Families, Young People and Children's Services

Leicestershire Partnership NHS Trust

Speech and Language Therapy (SALT) Services

Parent/carer feedback for digital workshop and leaflets has been sought and filming began for online workshops incorporating the views and ideas of parents and carers. The SALT service has also facilitated online team learning and training with patients their parents/carers and other clinicians around dysphagia. Feedback from parents and carers around pre assessment ASD questionnaire has supported making changes to the survey tool to ease parents and carers to complete pre appointment/assessment.

Child and Adolescent Mental Health Services (CAMHS)

Leicester's LGBT online youth group took part in a feedback discussion in March, this feedback on CAMHS services has been written up and will be shared once the LGBT group have signed the report off for accuracy.

Beacon

Inpatient focus group sessions have been taking place with patients in the Beacon Unit. These sessions focus on patient feedback and experience of incident debrief, advocacy and general environment experience.

DCD Pathway

Telephone call feedback with families has been completed during January for experience and views whilst on the DCD Pathway the Parent/carer feedback has been drawn into an action plan for the service and team to support improvements as part of a QI project.

LLR Neurodevelopmental Project

Feedback collected across LLR including variety of internal, external voluntary and involuntary partner organisations. A thematic review using data has been completed and this will be compared with review completed on data system Envivo. Themes will be compared, shared and written into a report for the wider programme to inform the parent/carer and CYP views for the pathway focus group sessions.

Adult Mental Health (AMH) & Mental Health Services for Older People (MHSOP)

Patient Involvement

NHS Leicestershire Partnership NHS Trust

Improving Access to Psychological Therapies (IAPT)

An IAPT Patient and user on-line workshop was held to engage on the bid for LPT to deliver these services across LLR. The workshop was well attended with 25 participants including voluntary and community sector partners, patients with lived experience of using IAPT services and representatives from both Leicester Universities. The discussion and feedback from the workshop has been used to inform the bid as we well signing up some of the attendees to continue to work with the Trust in service improvements. Unfortunately we were not successful in securing this contract.

Mental Health Central Access Point (MHCAP)

A Central Access Point patient and user on-line workshop was held to engage on the merge our 24-hour all-age MHCAP service, with Turning Point's free-phone adult crisis helpline, which we have commissioned (along with our crisis house) since 2017. From this workshop a small group of service users and carers agreed to work alongside this service in order to make improvements. To date they have worked on the name of the service, the branding and launch, the questionnaire that's used on the calls, and are currently working on reviewing and theming Friends and Family Test feedback in order to inform changes within the service.

Personal Safety and Suicide Prevention

A group of service users are working with our mental health colleagues as part of a Personal Safety Planning working group. The group is currently looking at preferences for materials which have been produced nationally to take forward to adapt and co-create LPT personal safety plans along with information leaflets/a letter of hope. The group meet on a monthly basis with some individuals working with the lead for the work on a one and one basis due to the sensitive nature of the topic.

Patient Involvement

Community Health Services

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NHS Trust

Community Nursing Services

Community Nursing Services have undertaken some work in relation to Duty of Candour letters following serious incidents. This important work has included looking at the timeliness of letters following the incident and the use of the language used in letters, with a focus to making them more patient-friendly and empathetic.

Pressure Ulcer Prevention

The Tissue Viability Team are working on improvements to pressure ulcer prevention, the team have gathered feedback from service users on carers around pressure ulcer prevention and co-developing resources to support awareness and prevention. Over 30 service users and carers have responded to the survey and of those, 5 have registered to the involvement network and are working with the service to develop the resources, and 2 have developed patient stories to be included on web pages and leaflets.

Health care support workers are now also holding additional conversations with patients/carers around self care and prevention, with one patient feeding back he scored his knowledge on self care as a 1 before the support and now scoring himself as a 9. The patient is now also using his iPad to set reminders to reposition and to go for walks.

Virtual Ward

Involvement work has been undertaken with some patients who were referred to the virtual ward. This was in response to the pandemic, where patients who have been admitted into hospital with Covid were stepped down to the virtual ward as part of their discharge if appropriate. To date approximately 140 patients have been treated through the virtual ward with only 5 readmissions into hospital. The team were invited to present their work at a national conference and were joined by a patient who has experienced the virtual ward to talk about their experience. The national case study has now been published with lots of interest nationally in relation to the 4 digital pathways. The lead for the work said that listening to the stories of our patients has been incredibly moving and has demonstrated some clear gaps in terms of demographics. This will lead onto a further piece of work looking at language and equalities.

Patient Involvement

Meaningful Activity Coordinators (MAC's)

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The Trust has MAC's on most inpatient wards in community and mental health services and there role is to create meaningful activities for patients to take part in if they wish. These activities contribute to a range of outcomes for example getting people up and dressed out of pyjamas, hand coordination, independence, routine etc, the below images show a range of activities on the wards;

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Patient Involvement

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You Retweeted

Geeta Chauhan @GeetaChauhan16 · Mar 31

Meaningful activities on Beechwood - Patients got creative with paint to celebrate the religious festival Holi @LPT_Activities @LPTpatientexp @LPTnhs @ClaireTurvey @WardBeechwood

3 12

You Retweeted

Clarendon Ward @ClarendonWard · Mar 18

Our new display to promote meaningful activities on the ward @LPT_Activities @patsy_huband @LPTnhs @LPTpatientexp @CHSInpatientLPT

5 26

You Retweeted

Helen Dell @dingley133 · Oct 3, 2020

A @DalgleishWard patient,who is a lifelong Derby County fan has enjoyed an afternoon of old game highlights! He usually needs encouragement with fluid intake,but just whilst watching he's drank 460mls! Amazing!! @lisafarmer1966 @LPTnhs @HansaVaria @LPTpatientexp @CHSInpatientLPT

6 22

You Retweeted

Stewart House @LPTStewartHouse · Nov 19, 2020

A little cold ?🌨️ Need warming up ?🔥Here at #StewartHouse the patients did just that with homemade Chapatis and a vegetable curry. #OccupationalTherapy #Cooking #smeltamazing ! 💯👏🏽

2 11

You Retweeted

LPT Ward 2 - Coalville Community Hospital @Ellist... · Nov 4, 2020

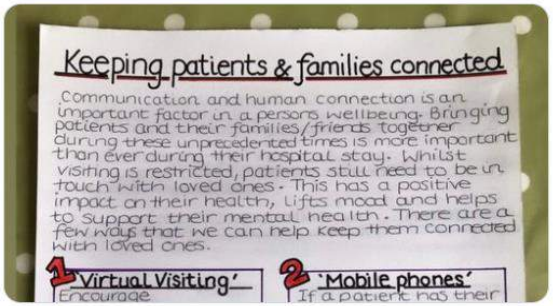
Ward 2 patients have been busy creating poppies for our remembrance display
Lots of colouring ,painting & memories shared about what Armistice Day means to them
#IwasInthegrenadierguards
#iwaremypoppywithpride @CHSInpatientLPT @LPTnhs @CMJPeart @leawarden @AngelaHillery

3 6 30

You Retweeted

Helen Dell @dingley133 · Oct 2, 2020

Communication poster for @DalgleishWard 📞☎️📱🤳📝💬❤️ #stayconnected #communication #patientwellbeing #nhs @lisafarmer1966 @LPTpatientexp @LPTnhs @CHSInpatientLPT @HansaVaria @NHSEngland @NHSEastEngland



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Leicestershire Partnership NHS Trust

Public Trust Board 26 October 2021

2020-21 Annual Complaints, Concerns and Compliments Report

Governance table

For Board and Board Committees:	Trust Board 26th October 2021	
Paper sponsored by:	Anne Scott, Director of Nursing, AHPs and Quality	
Paper authored by:	Alison Kirk, Head of Patient Experience and Involvement	
Date submitted:	13 October 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):	Quality Forum, 13 October 2021 Complaints Review Group, 6 October 2021	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	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		
STEP up to GREAT strategic alignment*:	High **S**tandards	X
	Transformation	X
	Environments	
	Patient Involvement	X
	Well **G**overned	X
	Single Patient **R**ecord	
	Equality, Leadership, Culture	X
	Access to Services	
	Trust Wide Quality Improvement	X
Organisational Risk Register considerations:	List risk number and title of risk	N/A
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		
Equality considerations:		

Leicestershire Partnership NHS Trust

Annual Complaints, Concerns and Compliments Report for 2020-21

Introduction

The Trust values the feedback it receives from patients, carers and their relatives and continues to use complaints as an effective measure of our patient experience and an opportunity to learn and improve the services we provide.

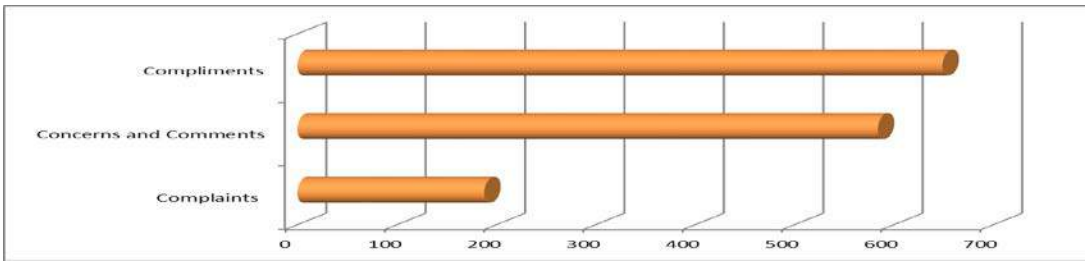
Welcome to the 2020-21 annual complaints, concerns and compliments report. In this report we have decided to include concerns, comments and compliments. By covering these four 'C's' of patient feedback we aim to provide a more rounded view of the feedback received over the last year.

Over the last 17 months the Trust has been managing its patient feedback function alongside the ongoing response to the Covid 19 pandemic. As with the majority of services that the NHS has provided throughout this time, there have been significant changes in the way the complaints have been managed, both nationally and locally. This has meant that we have needed to continually review our approach to managing complaints, whilst ensuring timely and high-quality investigations and responses to the concerns raised by our patients, carers and their families. For concerns, comments and compliments the Trust extended its Patient Advice and Liaison Service (PALS) in the first quarter of the year. This was due to national lockdown due to the Covid 19 pandemic. This resulted in a 7 day a week service where patients and carers had a point of contact for the Trust for any concerns or questions that they may have had in relation to their healthcare.

This report aims to provide an overview of the comments, concerns and compliments received along with a more detailed insight into the Trust performance for complaints in 2020-21. The report also sets out the changes to delivery in response to the ongoing pandemic, highlighting the challenges, opportunities and learning it continues to provide as we move towards our Triple R Programme of Reflect, Reset and Rebuild and the delivery of our Patient Feedback Improvement Programme Priorities for 2021-22. Please note that the feedback received through the Trust's Friends and Family Test is reported in the Annual Patient Experience and Involvement Report.

Performance Overview

For 2020/21 the Trust received 1441 individual pieces of feedback in relation to comments, compliments, concerns and complaints. The following graph breaks down this data in more detail:



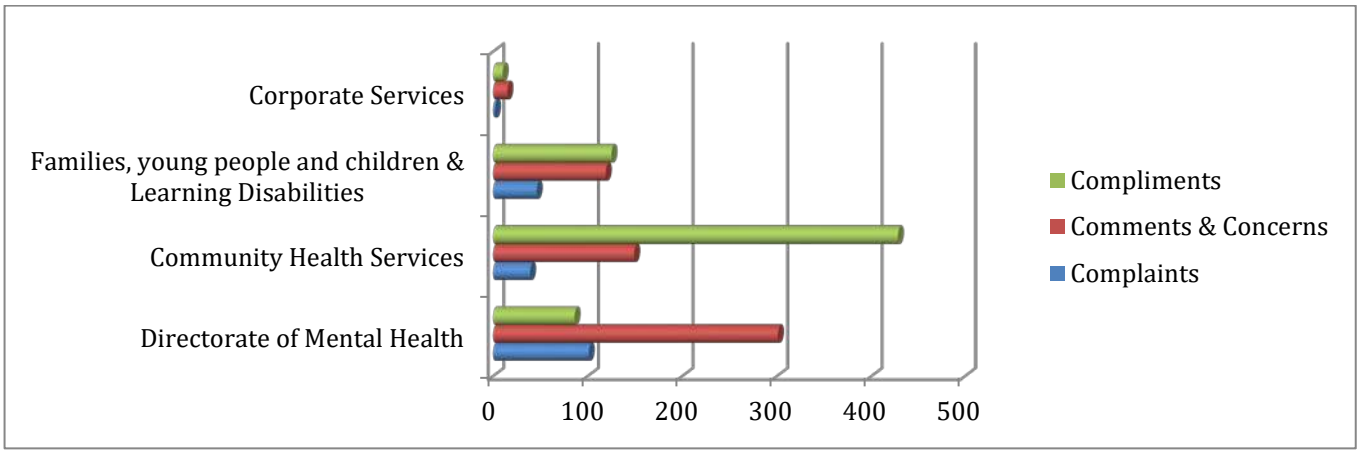
Top three concerns and comments received

Concern/comment category	Number received	Percentage of overall concern/comment
Communications	129	22%
Patient Care	106	18%
Appointments	77	13%

Top three compliments received

Compliment category	Number received	Percentage of overall compliments
Staff Attitude	187	29%
Care & Treatment	160	25%
Customer Service	128	20%

Feedback by Directorate



Focus on Complaints

188 The number of complaints formally registered

62% The percentage of complaints responded to in the agreed timeframe

The percentage of complaints registered against the number of patients that attended and were seen by the Trust **0.03%**

27 The number of reopened complaints received

90% The Percentage of complaints acknowledged within 3 working days

The percentage of complaints we upheld or partly upheld **62%**

The number of complaints we resolved in 25 working days **57**

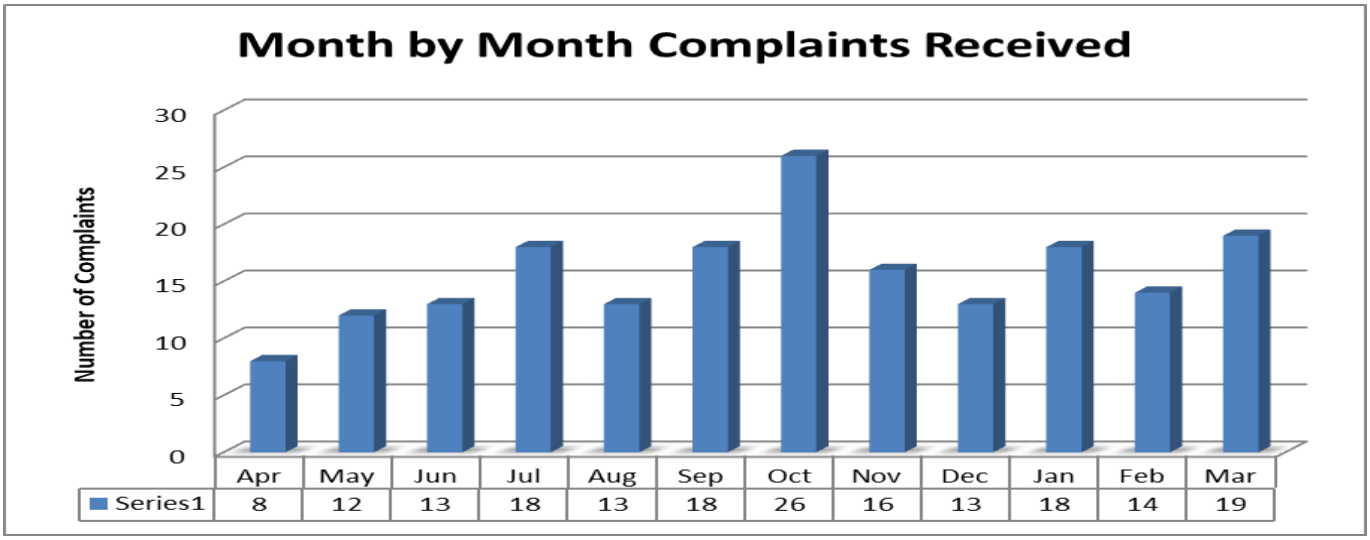
3 The number of complaints that were formally investigated by the Parliamentary & Health Service Ombudsman

**Due to the impact of Covid 19, all complaint investigations were paused in April 2020. Throughout the year the investigation timescales for complaints has ranged from 25 to 45 working days to constantly respond to the impact the pandemic has had on staff capacity when undertaking investigations.

Complaints Received

During the period 1 April 2020 to 31 March 2021, the Trust registered 188 formal complaints. This was a 25% (235 complaints) reduction on the previous year and follows the year on year trend from the last 4 years in an annual reduction in complaints.

Below is a breakdown of complaints received by month:



The reduction can be aligned to the ongoing robust triaging of concerns and complaints received by the Trust, with complainants being offered an informal review of their concerns through our Patient Advice and Liaison Service (PALS) rather than going straight into the formal complaints process. Complainants are advised that if they are not satisfied with the informal review then they still have the opportunity to go through the formal complaints route. However many complainants did choose the quicker informal route and had their concerns addressed informally.

The Complaints Team continue to appreciate the importance of communication and maintain regular contact with complainants, to update and explain the current situation and offer reassurance and support where needed. In addition to this, any key information and updates on the complaints process was provided through our website and social media platforms.

Below is a breakdown of complaints received in 2020-21 by directorate with a comparison against the previous 3 years. It is important to note that in April 2020 there were changes within the Trust as to which directorate services sat under. These changes will reflect in the figures for 2020-21 where some directorates gained additional services. The Directorate of Mental Health gained all of Mental Health Services for Older People (MHSOP) and PIER but lost Learning Disability (LD) Services. FYPC lost PIER but gained all of LD Services. CHS lost all of MHSOP services but did not gain any additional services

	2021-22	2019-20	2018-19	2017-18
Total Complaints Registered	**188**	**235**	**497**	**466**
Directorate of Mental Health	101	101	198	201
Community Health Services	39	82	174	150
Families, Young People and Children and Learning Disability	46	50	119	107
Other	2	2	6	8

Complaints relating to services provided by the Directorate of Mental Health (DMH) remained the highest proportion of the complaints registered in 2020-21. This has been the trend over the last four years although the numbers over the last two years have remained the same. There is no exact reason for the high numbers received but it is believed to be due to the complex needs of those who access Mental Health Services.

Case Summary 1

Mrs and Mrs S contacted the service to raise concerns about the refusal of their son's referral to the Diana Service due to living out of the area. Although they were aware that the decline of the referral was not a contributing factor in their son's death, they felt it was a contributing factor in his continued suffering.

"One promise is to do everything in our power to make sure that young people in dire circumstances receive treatment at home, regardless of their postcode".

During the investigation it was identified that following the receipt of the referral, a conversation should have taken place between the District Nursing Team and the Diana Service to discuss the patients ongoing care, as they were nearing their 18th birthday. It was also identified that the declined referral was not communicated correctly with the family and had a meeting between the services taken place and a call with the family made by a member of the Team, this matter may not have arisen. This feedback was taken forward by the Community Services Matron and the Diana Service to ensure this matter does not arise again in the future.

Complaints Response Rate

There was significant impact from COVID-19 on how the Trust delivered its complaints function across 2020-21. In quarter 1 the Trust took a carefully considered decision, in line with national guidance, to place a pause on the complaint process to help staff focus on their frontline duties. Throughout the period of pause, the Complaints Team continued to work with anyone wishing to raise concerns to try and seek informal resolution in the first instance and, where this was not possible, their concerns were formally registered.

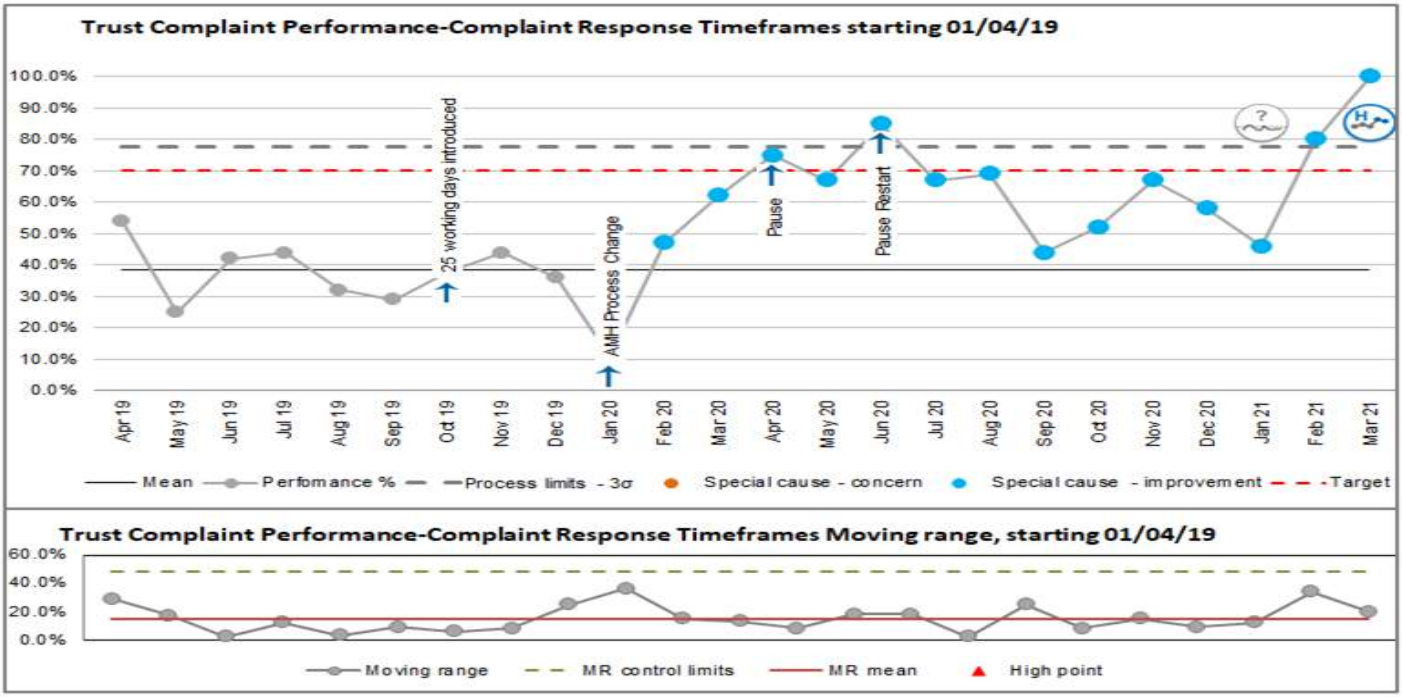
Throughout the year, the Complaints Team continued under the pressures of the pandemic and further challenges posed by the second national lockdown, to positively help individuals gain answers and clarity to much needed questions and queries about their care and treatment.

The good practice adopted from the onset of the pandemic continued with early discussions held with the complainant to hear about their concerns and experience and work with them to achieve the best possible solution to resolve their issues, whether through an informal or formal route. Working collaboratively with the individual to agree the best way forward has helped with their experience and where an informal route is possible, has helped with alleviating pressure on the service and swiftly resolving the issues. The Complaints Team also, as a result of the pandemic and pressures on staff, was in regular correspondence with the complainants to update them on their investigation and keep them fully informed.

In quarter 4, following a further national lockdown and higher Covid 19 cases the Trust made another carefully considered decision to temporarily alter the timeframe to respond to complaints. The Trust moved from 25 working days to 45 working days or a date agreed with the complainant.

The Trust also implemented a process to support staff and our complainants when looking into the issues has taken longer than anticipated and more time is required to provide a response.

The following graph sets out the Trust's performance in relation to timescales for the last three years. As the graph demonstrates, although the timescales for 2020-21 were impacted by the pandemic, the overall performance was that of improvement to what was achieved in the previous year.



For 2020-21, the Trust responded to 51% of complaints within 25 working days or a date agreed with the complainant. This is a 9% improvement from the previous year (42%) and was achieved despite each directorate reporting reduced staff capacity due to the impact of the pandemic. This improvement was the result of improved communication, processes and closer working and monitoring of complaints with each directorate. Support was provided jointly with the Complaints Team and Directorate Leads to enable directorate staff to undertake full and comprehensive investigations within the timeframes agreed with the complainant.

The Complaints Team also implemented a revised complaint management document which emphasised the requirement and needs of the complainant but equally as important, learning and action planning. There have also been changes to improve the link between the Complaints Team and Patient Safety Team; this has been further supported by the attendance from the Complaints Team at the weekly Incident Review Group.

The management document now includes guidance on how to complete each section and embedded documents to improve staff accessibility to key documents. The Complaints Team have completed some virtual training to support directorate staff which has been on a one to one basis and in groups; further training was also provided in the form of a Complaints Clinic**.** The clinic was facilitated by the Director of Nursing, Quality and Allied Health Professionals and supported by the Lead Nurse for Patient Safety and the Complaints Manager. The Clinic was very well received by staff and ran three times throughout the year.

Case Summary 2

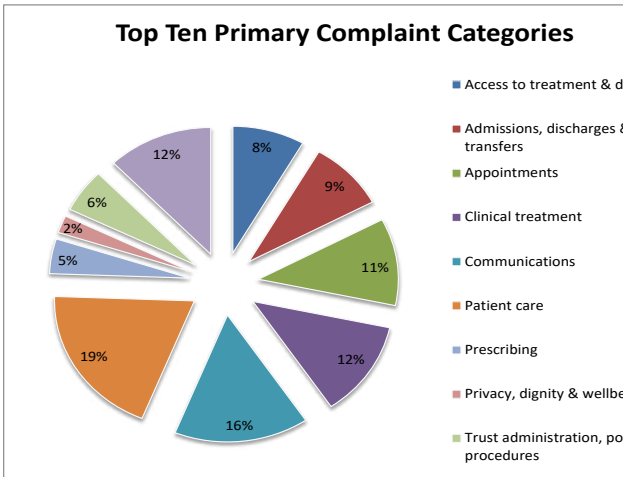
Mr M was unhappy as his GP Surgery had sent a 46 page questionnaire via recorded delivery to the Central Access Point Team in respect of an Asperger's and ADHD referral and although the document had been signed for at the Bradgate Unit, it was now missing and contained a lot of information about the patient but also his family.

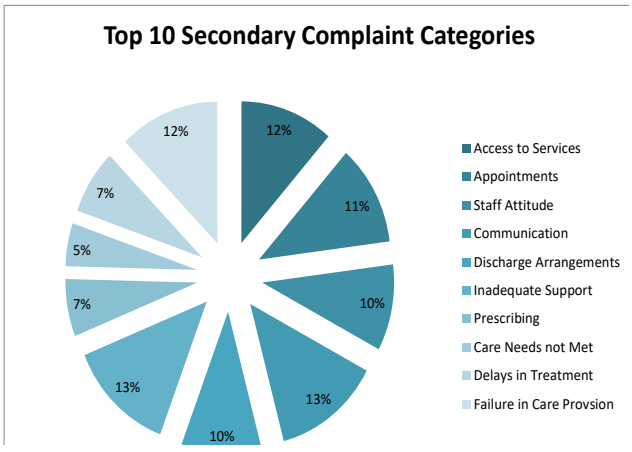
"Hearing that my data might have been lost has caused my health to deteriorate".

Following our investigation, it was identified that the handling of special delivery mail was not consistent and there was no clear process in place for the collection of such mail at the reception in the Bradgate Unit. As a result, a new process was put in place to ensure all parcels and letters were recorded upon delivery at the unit and the recipient contacted to advise them of the delivery. Upon arrival, the recipient now needs to sign for the delivery before it is released to them. This new process will hopefully avoid any further letters or deliveries getting lost or mislaid and causing any further undue stress to service users or their families.

Complaint Trends and Themes

Upon receipt of every complaint the content is reviewed and the primary issue from the complaint is logged onto our complaint management system, the complaint is then broken down again into a secondary category which allows more detailed analysis of the themes and trends. The two charts below set out the top ten primary and secondary categories for complaints for 2020-21.





Complaint Category	No. featured in complaints	Percentage of total complaints	Historical percentage 2019-20
Patient Care	35	17%	9% up 8%
Communications	28	15%	15% no change
Clinical Treatment	22	12%	14% up 2%

Case Summary 3

Ms T contacted the service as she was unhappy that her mother's bloods had been labelled incorrectly on two occasions and as a result her mother's urgent kidney function results were delayed.

"I am frustrated by the mistakes and want to ensure that other families weren't affected by similar errors"

During the investigation, it was identified that staff had not completed all relevant information required on the sample and as a result the tests needed to be re-taken on several occasions. In order to ensure that this matter did not arise again in the future, a request was made for the 5 required pieces of data to be placed on the Care Activity Plan on SystmOne. This was completed in December 2020.

Complaint Demographics

We use complainant details to monitor the demographics of those accessing the complaints services. This data is produced at the end of each financial year by our Equality and Human Rights Team and gives the gender, age and ethnicity of the service users accessing the complaints service and raising concern about their care. We also have to report on certain demographics as part of our national return.

Due to the impact of coronavirus the data was not available at the time of this report. This data will be available in November 2021. During 2020/21 the Complaints Team commenced the sending out of demographic monitoring forms to all new complainants to obtain up to date information on patient demographics to strengthen our understanding of those service users raising concerns and how we can shape our services to be inclusive of hard to reach groups.

The completion of this form is purely voluntary. In the year, 46 completed forms were received back from complainants and the responses are broken down below. This data is being provided as a snapshot within this report. When the annual data is available this will then be reviewed by two of the Trust's assurance committees, the Complaints Review Group and the EDI Patient Experience and Involvement Group.

A breakdown is below:

Age		**Gender**		**Sexual Orientation**		**Ethnicity**		**Long-term Health condition**	
0-17	**6**	Female	23	Bisexual	3	White British	37	Yes	28
18-64	**30**	Male	22	Gay/Lesbian	3	Asian/British	6	No	16
65+	**10**	None	1	Heterosexual	36	Asian/Indian		N/A	2
				Other	3	White other	2		
				Undecided	1	Other ethnic Group	1		

The data highlighted that there was an equal split between female and male complainants.

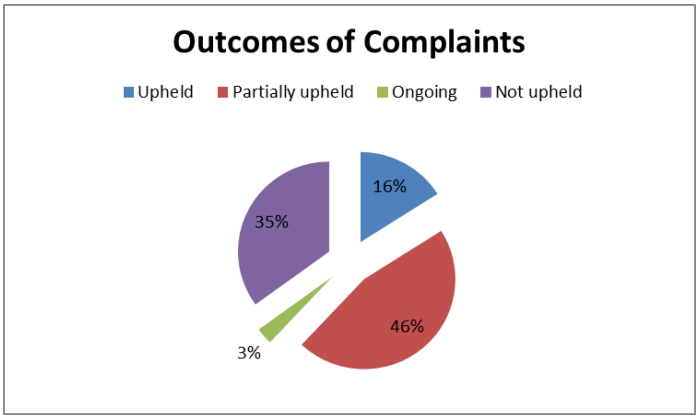
The majority of complaints were received from those within the 18-64 age bracket and from those with a white British ethnicity. This data does not reflect all complaints received and should be used as an example from the 46 forms completed and returned by complainants.

Outcomes of Complaints

The outcome from a complaint is categorised in line with the KO41a national return requirements and can be upheld, partly upheld or not upheld.

Upheld	All issues of the complaint are fully substantiated and that there are shortcomings in the care and treatment provided
Partly Upheld	Some of the issues of the complaint are substantiated.
Not Upheld	The issues of the complaint are not substantiated and the care was appropriate and according to process or guidelines.
Ongoing	The complaint is under investigation.
Withdrawn	The complainant no longer wishes to progress their complaint or require a response.

The chart below shows the percentage of outcomes (this does not include those complaints that were withdrawn or are currently ongoing).



Between 1 April 2020 and 31 March 2021, we upheld or partly upheld 62% of our complaints (117 of 188 received) which is the same as 2019/20. In these cases we found that there was a failing and there was an opportunity for learning. In addition to an apology being given, and an explanation for what went wrong, we also detailed how we would learn from the experience and the action that would be taken.

During the year, 6 complaints were withdrawn by the complainant.

We upheld or partly upheld 62% of our complaints

Further Local Resolution

Between 1 April 2020 and 31 March 2021, 25 complainants got back in touch as they were unhappy with their initial response (with one complainant coming back twice), compared to 42 the previous year. This equates to a 4% drop in the number of reopened complaints. The table to the right shows a breakdown of why complainants were unhappy with their response. The complaints were reopened for further investigation.

Reason	
Response did not address all issues	13
Disputed the information provided	4
Unresolved issues	5
Complainant raised further issues	1
Requested meeting to clarify response	2
New Questions	1

Of those that got back in touch, the Trust assisted with the outstanding issues by facilitating either a further written response or a face to face meeting. The Trust has encouraged this approach as we appreciate the benefit of having the opportunity to discuss concerns in person. This response has been to good effect as we have only seen one complaint formally investigated by the Parliamentary and Health Service Ombudsman.

The reduction in those complainants that have come back to us unhappy is testament to the work that the Trust has undertaken to improve the quality of their complaint responses.

The Complaints Team have worked alongside the Investigation Leads to strengthen their investigation and formal responses. This has been further supported by collaboration with the Director of Nursing, Quality and AHPs where a new standardised template has been agreed.

Learning from Complaints

It is important that we recognise when a patient's care has gone wrong and to use this experience to learn and make improvements. This is so that the care and treatment we provide for everyone accessing the service is optimised. Complaints are a valuable source of feedback and an opportunity to bring about positive change. Throughout the report there are specific case examples of how we have used complaints received to make changes to the service we provide and positively influence care to everyone accessing that service and Trust wide. In addition to sharing complaints directly with the staff involved in the care, complaints are shared at directorate governance meetings which feed into our Complaints Review Group and then to our Quality Forum, Quality Assurance Committee and Trust Board.

Below are examples of improvements that have been made in direct response to complaints:

- The District Nursing Service now undertakes random samples of five cases per team and three cases per individual member of staff to ensure patient records are accurately maintained and are of a high standard.

- Complex care nurses now receive all unscheduled calls to the District Nursing Service. This allows a more thorough view of the request made by the patient or their relative or carer and prompts staff to reconsider their treatment plan.

- In response to a number of complaints about the standard and choice of food on the inpatient wards tasting sessions have now been set up with patients, staff and catering providers to ensure that there is a good, balanced range of food available to patients which also meet their requirements e.g. vegan options.

- The Bradgate Unit have introduced a new process to ensure all parcels and letters are recorded upon delivery at the unit and the recipient contacted to advise them of the delivery. Upon arrival, the recipient now needs to sign for the delivery before it is released to them.

- To ensure there is comprehensive information to share with our complainants on the SI Investigation process so they are fully informed of what to expect and what will happen next, a new letter template has been developed along with plans to create a supporting leaflet explaining the process.

- The PALS and Complaints Teams work collaboratively to provide an offer to resolve new complaints through the informal route of a concern. This has resulted in a number of complaints being managed and investigated as a concern with the agreement of the complainant and provides a quicker response to the issues that have arisen

Parliamentary and Health Service Ombudsman (PHSO)

During 2020-21, three complaints were formally investigated by the PHSO; one investigation is still awaiting the final outcome by the PHSO. Of the two investigations which were undertaken one complaint was not upheld and the other complaint was upheld. In respect of the upheld complaint there is a summary below of the recommendations made by the PHSO in alignment to their Principles for Remedy:

- Within one month of this final report, the Trust should write to the complainant and apologise for not providing them with the appropriate standard of podiatry treatment

- Our Principles state that public organisations should 'put things right' and, if possible, return the person affected to the position they would have been in if the poor service had not occurred. If that is not possible, they should compensate them appropriately. Following this review, the recommendation is that the Trust pays the complainant £500 in recognition of the additional pain and discomfort caused by it not providing them with the appropriate standard of podiatric treatment.

Developments in 2020-2021

- As already set out in this report, the ongoing response to the Covid 19 pandemic has meant that the delivery of complaints has been fluid over the last 12 months, to ensure that the Trust was able to continue to deliver high quality investigations and responses when complaints and concerns have been received.

- The key developments during 2020-21 have been:

- The Complaints Team implemented a revised complaint management document which emphasizes the requirement and needs of the complainant but equally as important, the learning and action planning. The management document now includes guidance on how to complete each section and embedded documents to improve staff accessibility to key documents.

- Improvement in the link between concerns raised in a complaint and any patient safety concerns has been further supported by a member of the Complaints Team attending the weekly Incident Review Meeting.

- Introduction of Complaint Clinics across the Trust. Clinics are facilitated by the Director of Nursing, Quality and AHP's and supported by the Lead Nurse for Patient Safety and the Complaints Manager.

- Additional support was commissioned to support the complaints work within the Directorate of Adult Mental Health and to address the current delays in complaint investigation and completion.

- Weekly touchpoint meetings between the complaints team and the directorate complaints co-ordinators were introduced to provide stronger oversight and support. These meetings are used as a review of live complaints and to identify any service pressure points/challenges and agree early actions as required.

- Introduction of weekly complaint trackers provide an overview of all live complaints..

- Introduction of a process for agreeing complaint investigation extensions. Extensions requests are assessed against a set of criteria and in partnership with the complaints team. Including a review undertaken with the Director of Nursing, Quality and AHP's to agree appropriate management of complaint.

- All new complaints are triaged by the Complaints Team and where appropriate the option of resolving the concern informally is offered.

- A review of the Complaints Review Group following the recommendations from the Ockenden and Cumberledge Reviews. The reformed Group is now chaired by the Director of Nursing, Quality and AHP's with revised membership that includes all Heads/Deputy Heads of Nursing and Governance Leads.

Focusing on the future

The focus of the Complaints Team for 2021-22 will be to:

Improve the quality of our complaint investigations and responses

- Work in collaboration with Trust Staff to understand training needs
- Develop training matrix based on modules
- Pilot training with focus group
- Roll out of programme fully supported by intranet

Reduce the amount of time taken to investigate complaints

- Develop Ulysses Web
- Pilot use of Ulysses Web with DMH
- Review Pilot and roll out to other directorates if pilot is successful
- Progress Ulysses Web reporting function to support Governance framework

Use feedback to continuously learn and improve the complaints function – Peer Review

- Independent review of a small number of complaints to identify trends and best practice
- Application of findings and recommendations from the PR process
- Listen, Learn, Act
- Use the information contained in satisfaction surveys in conjunction with the PR process

Pilot the new Parliamentary Health Service Ombudsman Complaints Standards

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NHS
Leicestershire Partnership
NHS Trust

Gender Pay Gap Metrics Report 2020/21

Purpose of the Report

- The Gender Pay Gap (GPG) Regulations (a 2017 update to the Equality Act 2010) introduced an annual requirement for listed public authorities and private sector organisations with 250 or more employees to publish information relating to the difference between the pay of female and male employees.

- The present report aims to fulfil the Trust's statutory duties under the GPG Regulations, which include actions for the Trust's Board:
  - approve the 2020/21 Gender Pay Gap metrics for submission to central government via a reporting portal and publication on the Trust's website, both by 30th March 2022;
  - provide a written statement to confirm that the information is accurate, signed by the Trust's most senior employee;
  - endorse the action plan to address the equality issues indicated by the GPG metrics.

- Assurance is provided that the Trust's statutory duties under the GPG Regulations will be met if the above actions are undertaken.

Analysis of the Issue

- At March 2021, there was a Gender Pay Gap in favour of men in terms of ordinary hourly pay:
  - mean hourly pay gap: +13.6%
  - median hourly pay gap: +3.9%

- The main cause of the Trust's Gender Pay Gap was that, in administrative and clerical roles, women were more likely to work at pay band 4 and below – associated with a drop a in part-time working at pay band 5 and above:
  - women made up 83.8% of the administrative and clerical workforce at pay band 4 and below;
  - women made up 63.4% of the administrative and clerical workforce at pay band 5 and above;
  - the drop in the representation of women in the administrative and clerical workforce at pay band 5 and above was associated with a drop in part-time working from 54.4% at pay band 4 and below to 21.1% at pay band 5 and above;
  - in contrast, within the clinical workforce outside of medicine, women were well represented at all levels, 85.2% overall, and part time working was common at all levels, 49.8% overall.

- The NHS People Plan for 2020/21 states that employers should be open to all clinical and non-clinical permanent roles being flexible, and asks that Board members give flexible working their focus and support.

- Actions to address the Trust's Gender Pay Gap follow recommended actions for employers to take around flexible working, derived from the 2020/21 NHS People Plan. Please see the report that accompanies this summary for the full analysis of the GPG metrics and further details of the action plan.

Proposal

- It is asked that the Trust's Board approves the 2019/20 GPG metrics for two purposes:
    - submission of summary figures to central government via a reporting portal by 30th March 2022,
    - publication of the accompanying GPG report on the Trust's public-facing website by 30th March 2022.

- It is asked that the Trust provides a written statement which confirms that the GPG information is accurate, signed by the Trust's most senior employee.

- These are legal requirements of the GPG Regulations.

- NHS Employers state that a GPG action plan should be produced to address issues arising from the GPG metrics and that this action plan should be discussed and endorsed by the Trust's Board to signal a strong commitment to tackling gender inequality in the workplace. The Trust's Board is therefore asked to endorse the action plan detailed in the accompanying report.

- The requirements above reflect an annual governance cycle.

- The 2020/21 GPG Report, which is intended for publication on the Trust's public-facing website, is provided below for information.

Decision required

- Please approve the GPG metrics for submission to central government.

- Please approve the accompanying report for publication on the Trust's public-facing website.

- Please provide a written statement which confirms that the GPG information is accurate, signed by the Trust's most senior employee.

- Please endorse the GPG Action Plan, detailed in the accompanying report:

    - this endorsement could take the form of a minuted statement, recorded at this meeting;
    - an endorsement of the action plan could be provided alongside the written statement which confirms that the GPG information is accurate.

- Failure to comply to with the Gender Pay Gap Regulations can result in:
    - enforcement action undertaken by the Equality and Human Rights Commission
        - formal investigations and assessments
        - action to ensure that the metrics are produced and published.
    - reputational damage to the organisation
        - the names of organisations that fail to comply with the GPG regulations are published on the website of the Equality and Human Rights Commission
        - the names of organisations that fail to comply with the GPG regulations have also been published in the national press.

- Ultimately, a failure to act upon the equality issues indicated by the GPG metrics could result in a failure to deliver workforce equality, diversity and inclusion (item 24 on the Trust's risk register).

Governance table

For Board and Board Committees:		
Paper sponsored by:	Sarah Willis (Director of Human Resources and Organisational Development)	
Paper authored by:	Haseeb Ahmad (Head of Equality, Diversity and Inclusion); Iain Darker (Data Analyst: Equality, Diversity and Inclusion)	
Date submitted:	13 September 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):	N/A	
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	This report is part of an annual governance cycle	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	X
	Single Patient **R**ecord	
	Equality, Leadership, Culture	X
	Access to Services	
	Trust Wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	24. Failure to deliver workforce equality, diversity and inclusion
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public	Confirmation provided	
Equality considerations:	Y	

Leicestershire Partnership NHS Trust: Gender Pay Gap Report

31st March 2021

Background to the gender pay gap analyses

The Gender Pay Gap Regulations (a 2017 update to the Equality Act 2010) introduced an annual requirement for listed public authorities and private sector organisations with 250 or more employees to publish information relating to the difference between the pay of female and male employees:

1. the difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees;

2. the difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees;

3. the difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees;

4. the difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees;

5. the proportions of male and female relevant employees who were paid bonus pay;

6. and the proportions of male and female full-pay relevant employees in the lower, lower-middle, upper-middle and upper quartile pay bands.

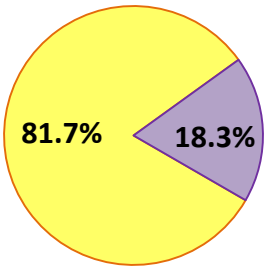
(A “relevant employee” means a person who is employed on the snapshot date; whilst a “full-pay relevant employee” means a relevant employee who is not, during the relevant pay period, being paid at a reduced rate or nil as a result of the employee being on leave).

Leicestershire Partnership NHS Trust's workforce at March 2021

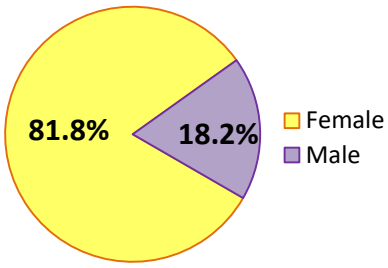
Leicestershire Partnership NHS Trust (LPT) provides mental health, learning disability, and community health services to the population of Leicester, Leicestershire, and Rutland (mid-year population estimate at June 2019: 1,100,306).

LPT's workforce at the end of March 2021:

- 6671 relevant employees:
  - 81.7% female, 18.3% male

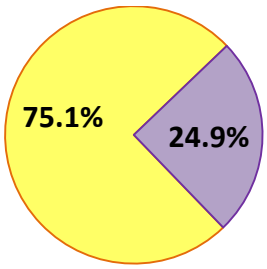


- of which 5865 were full-pay relevant employees:
  - 81.8% female, 18.2% male

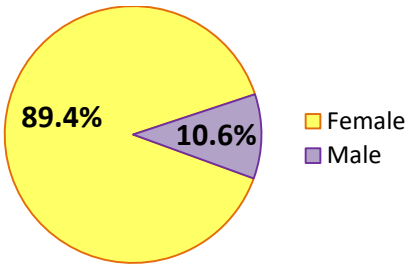


Around half of full-pay relevant employees worked part time (47.1%), with women 1.9 times more likely to work part time than men (51.4% of women worked part time compared to 27.6% of men):

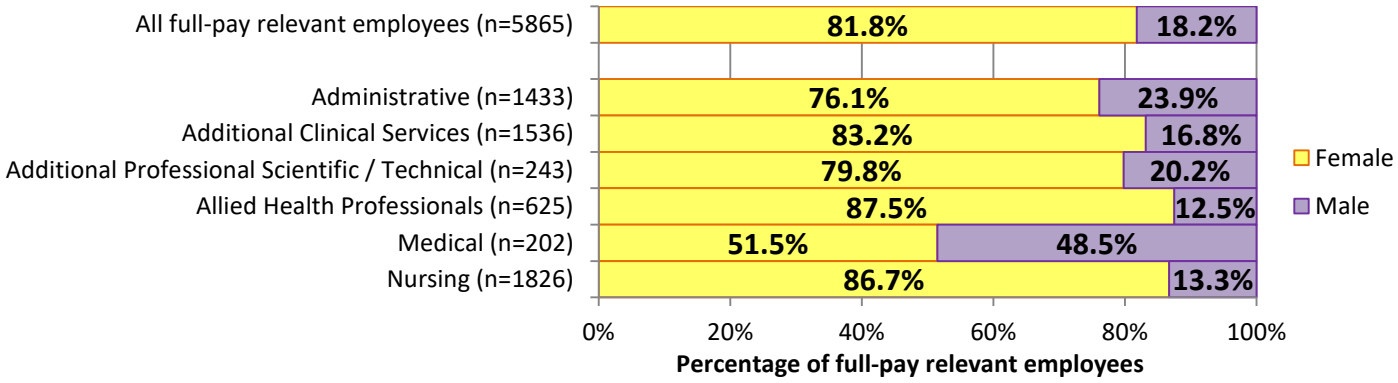
- 3101 full time employees:
  - 75.1% female, 24.9% male



- 2764 part time employees:
  - 89.4% female, 10.6% male



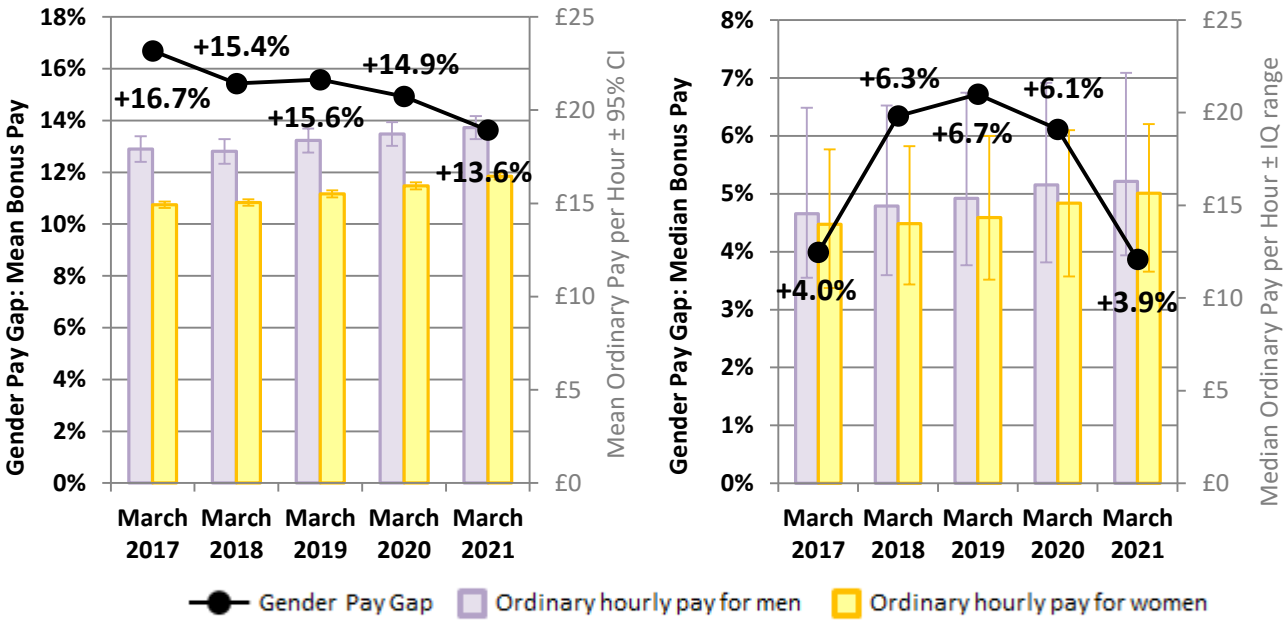
Amongst full-pay relevant employees, men were overrepresented in Administrative roles (23.9% male) and in Medical roles (48.5% male); whilst men were underrepresented amongst Allied Health Professionals (12.5% male) and Registered Nurses (13.3% male).



Gender Pay Gap in mean and median hourly pay

At March 2021, there was a Gender Pay Gap in favour of men in terms of ordinary hourly pay:

- **mean hourly pay gap: +13.6%**
- **median hourly pay gap: +3.9%**

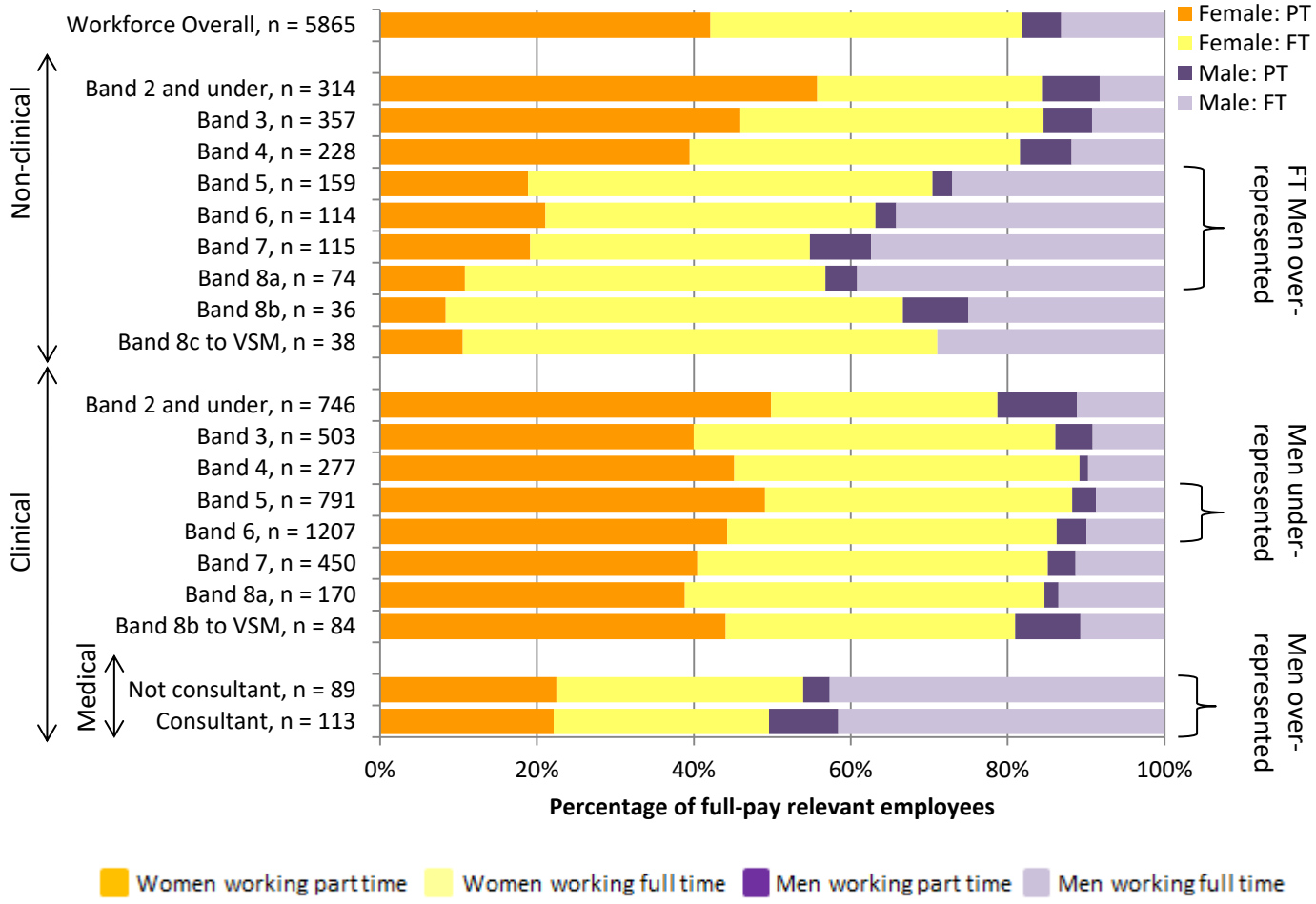


The gender pay gap in terms of mean hourly pay was larger than that in terms of median hourly pay, as the calculation of mean pay for men was skewed upwards by a disproportionately high number of men in medical roles (48.5% of Medics were male compared to 18.2% of all full-pay relevant employees in the Trust). Medics were the highest paid staff group in the Trust, earning 2.3 times the Trust average rate of pay. When Medics were excluded from the calculations, the mean and median gender pay gaps came down to +5.0% and +1.3% respectively (in favour of men).

The levels of pay for jobs within the NHS are set according to a national agreement called the Agenda for Change (which applies to all except very senior managers, VSM, and medics). Individual jobs are assigned an Agenda for Change pay band based on the levels of responsibility and expertise required, as evaluated against criteria in national job profiles.

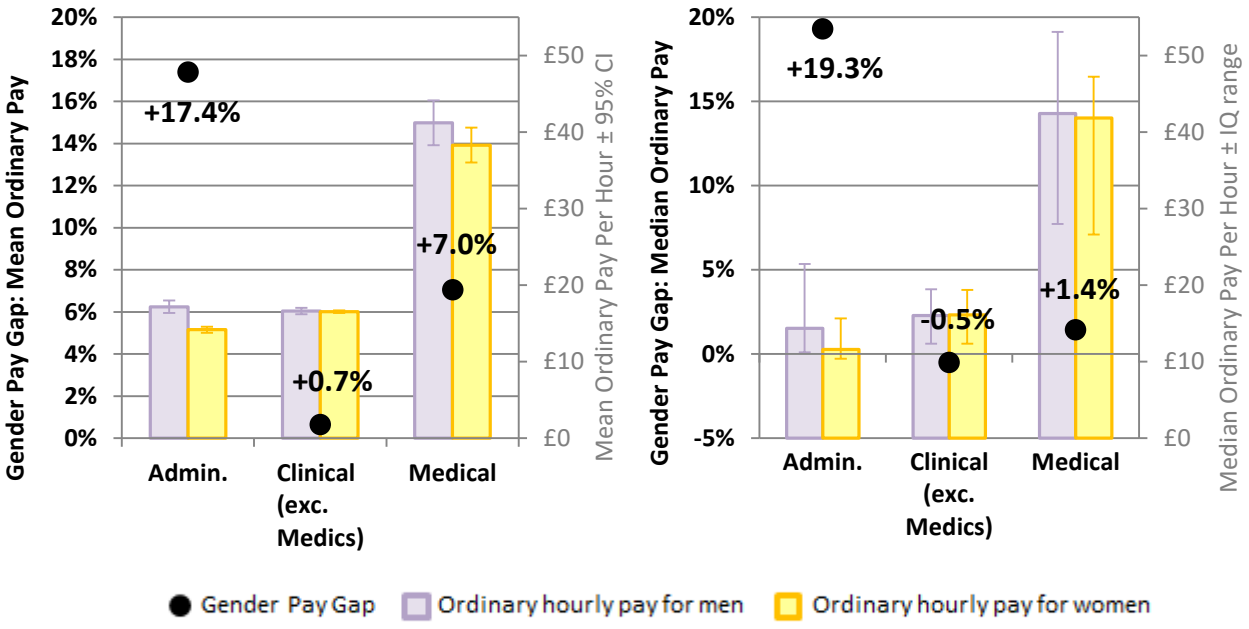
To understand the origins of the Trust-wide gender pay gap, it is necessary to consider the differing patterns of part time working, for men and women, by pay band, in the administrative and the clinical sections of the workforce.

In administrative roles, women made up 83.8% of the workforce at the lowest pay bands (bands 4 and under), with much lower levels of representation, 63.4%, at higher pay bands (bands 5 and above); this coincided with a drop in part time working from 54.4% at bands 4 and under to 21.1% at bands 5 and above. In contrast, in the clinical workforce outside of medicine (primarily nursing and nursing assistants), women were well represented at all levels, 85.2% overall, and part time working was common at all levels, 49.8% overall.



Gender Pay Gaps in different sections of the workforce at March 2021:

- **mean hourly pay gap:**
  - **administrative staff +17.4%**
  - **clinical staff (not medics) +0.7%**
  - **medics +7.0%**
- **median hourly pay gap:**
  - **administrative staff +19.3%**
  - **clinical staff (not medics) -0.5%**
  - **medics +1.4%**

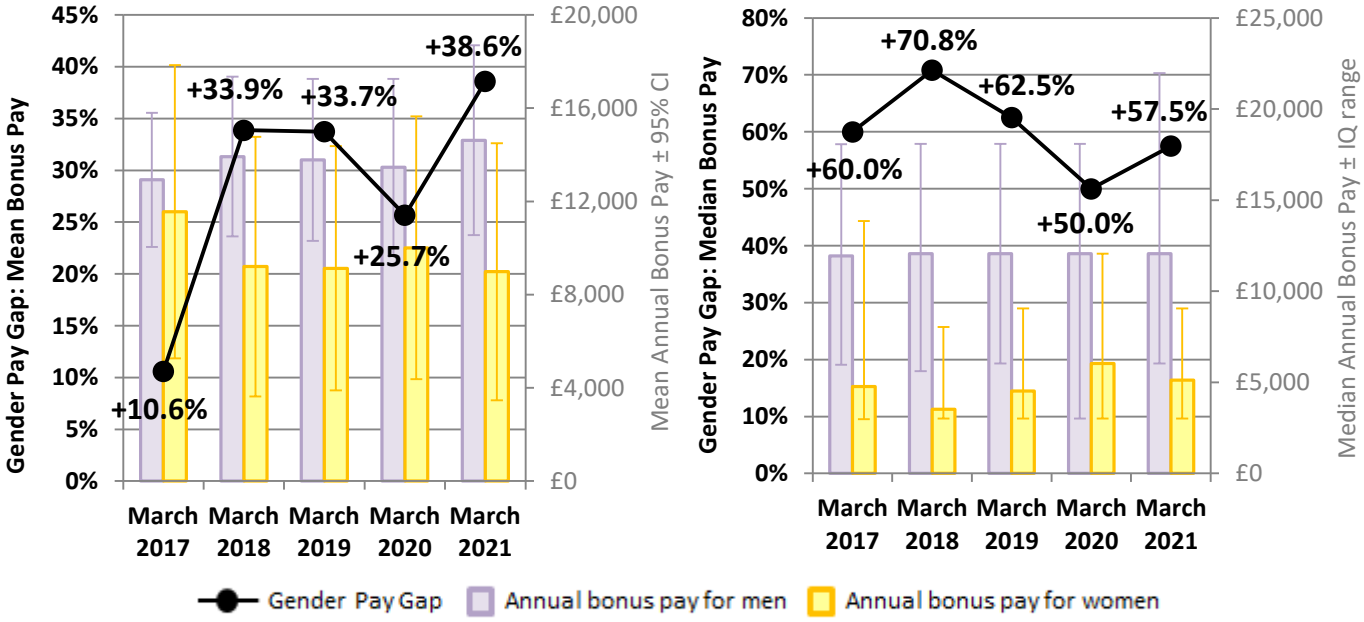


Accordingly, the mean and median gender pay gaps were highest amongst administrative and clerical staff at +17.4% and +19.3% respectively (in favour of men). Meanwhile, the differences in mean and median hourly pay for men and women were not significant in the clinical workforce outside of medicine where the mean and median gender pay gaps were +0.7% and -0.5% respectively. Similarly, differences in mean and median hourly pay for men and women were not significant amongst medics with mean and median gender pay gaps of +7.0% and +1.4% respectively.

Gender Pay Gap in mean and median annual bonus pay

At March 2021, there was no significant Gender Pay Gap in terms of annual bonus pay:

- **mean annual bonus pay gap: +38.6%**
- **median annual bonus pay gap: +57.5%**

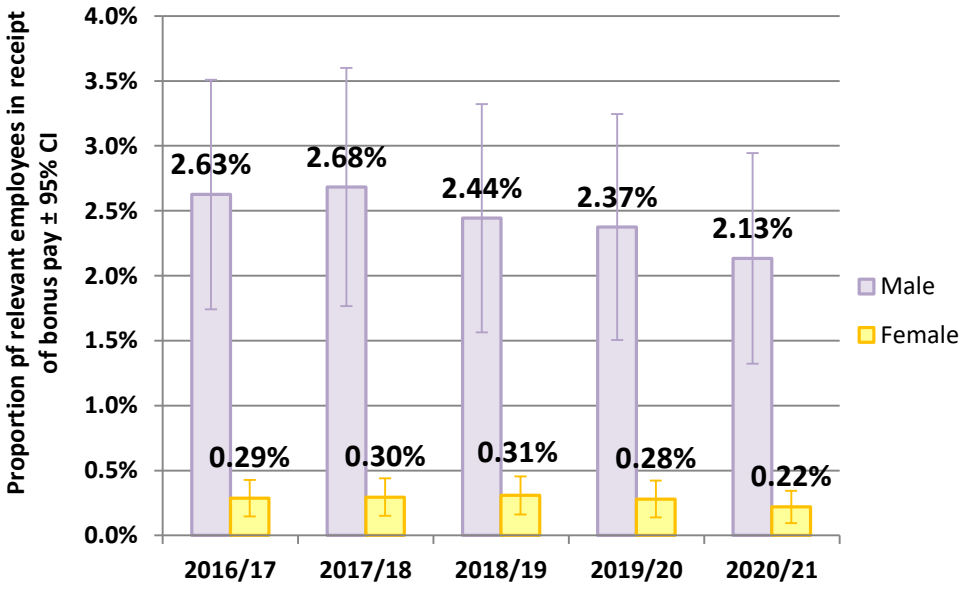


The discrepancy between the mean and median based Gender Pay Gaps in annual bonus pay arose because a small number of high bonus payments amongst women skewed the mean gender pay gap in annual bonus pay downwards, but did not have such a large effect on the median. It is noted that only eligible Medical Consultants received bonus payments; and in all instances these bonus payments were in the form of Clinical Excellence Awards to recognise and reward those consultants who contribute most towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services.

Proportions of men and women in receipt of bonus pay

In 2020/21, amongst relevant employees, a higher percentage of men than women received bonus pay:

- **men: 2.13%**
- **women: 0.22%**



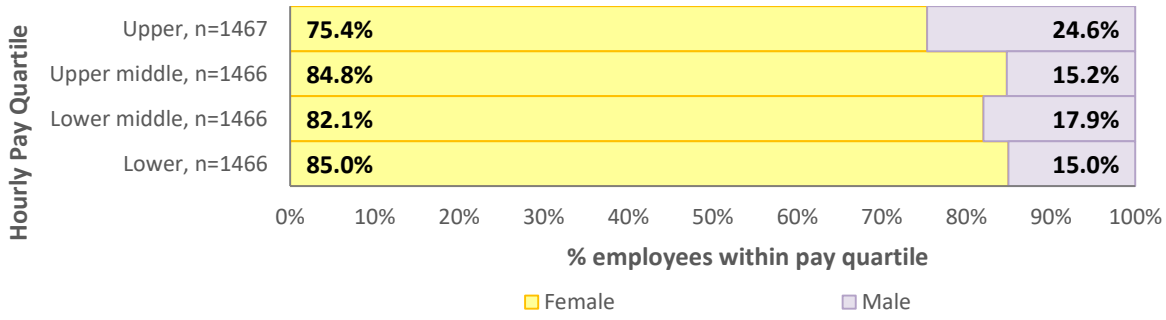
At LPT, only Medical Consultants received bonus pay, and in all cases these bonuses were in the form of Clinical Excellence Awards. Clinical Excellence Awards are made only to eligible Medical Consultants, who must normally apply for the award, to be paid annually thereafter for a maximum of three years. However, NHS Employers and the British Medical Association published a joint statement to notify that the 2020 round of awards would be halted nationally as a result of the Covid-19 pandemic; with the award money to be distributed equally amongst eligible Consultants (pro rata of full-time employment). There was no application process. Thus, bonus payments made during the 2020/21 financial year reflect this non-competitive process, as well as awards made in previous years.

In 2019, analyses of the competitive process for awarding Clinical Excellence Awards indicated that, from amongst eligible Medical Consultants, men (19.5%, 8/41) and women (14.6%, 6/41) were similarly likely to apply for a Clinical Excellence Award. Amongst these applicants, men (87.5%, 7/8) and women (83.3%, 5/6) were similarly likely to be successful. Thus, the overall gap in the proportions of bonus payments made to men and women, in favour of men, reflected that bonuses are offered exclusively in the form of Clinical Excellence Awards, and only to eligible Medical Consultants, amongst whom men are overrepresented.

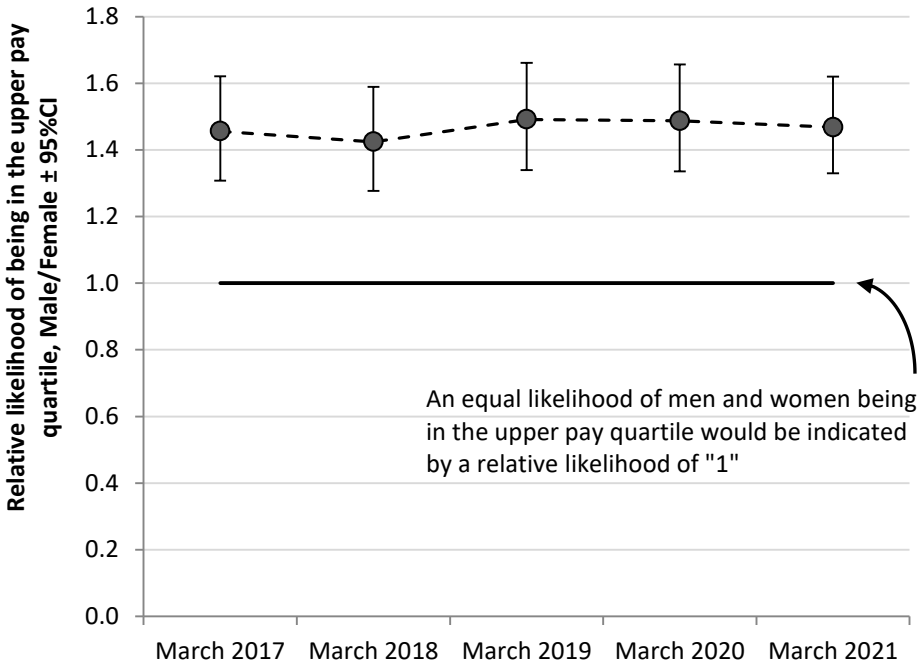
Proportions of men and women within each quartile pay band

At March 2021:

- women comprised **81.8%** of the 5865 full-pay relevant employees;
- women were underrepresented in the upper pay quartile, **75.4%**;
- women were proportionately represented in the upper-middle **84.8%**, lower-middle **82.1%**,
- and lower **85.0%**, pay quartiles.



At March 2021, male full-pay relevant employees were 1.5 times more likely than female full-pay relevant employees to be in the upper pay quartile; a similar pattern has been apparent since at least March 2017.



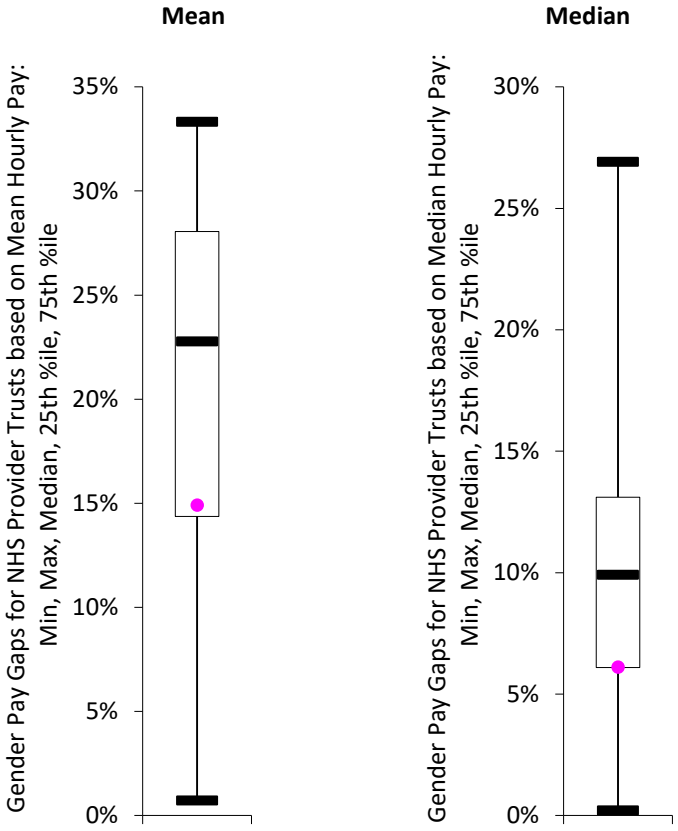
Benchmarking Leicestershire Partnership NHS Trust's Gender Pay Gap for the 2019/20 financial year against other NHS provider trusts

In response to the COVID-19 pandemic, there were changes to the enforcement of the gender pay gap reporting regulations for the previous reporting year (*i.e.*, for normal pay figures based on a snapshot date of 31st March 2020 and bonuses paid during 2019/20). Just 64 NHS Trusts submitted gender pay gap data for the previous reporting year, compared to 151 NHS Trusts for the reporting year prior to that. The benchmarking analyses presented below may be unreliable as a result of the NHS Trusts for which data are missing.

Hourly pay: At March 2020, LPT had a Gender Pay Gap of **+14.9%** for mean hourly pay and **+6.1%** for median hourly pay, both in favour of men. In terms of the size of these Gender Pay Gaps, compared to other NHS provider trusts, this placed LPT at the **27th percentile** for the mean hourly pay gap and at the **23rd percentile** for the median hourly pay gap (*i.e.*, in the lowest third of NHS provider trusts for both measures).

Gender Pay Gaps in Hourly Pay across NHS Provider Trusts (box and whisker plots), March 2020

- Leicestershire Partnership NHS Trust's position in the distribution is indicated by a pink dot

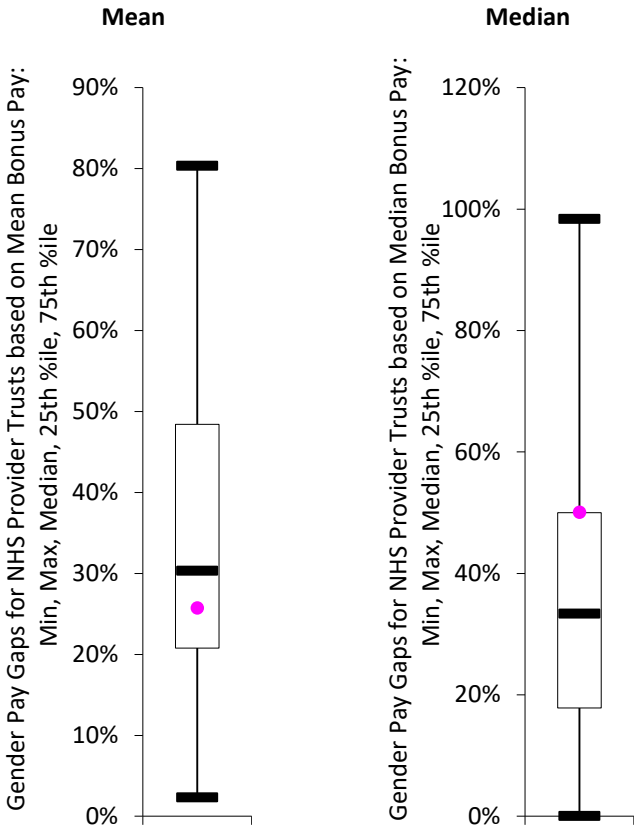


Annual bonus pay: In 2019/20, LPT had a Gender Pay Gap of **+25.7%** for mean annual bonus pay and **+50.0%** for median annual bonus pay, both in favour of men. In terms of the size of these Gender Pay Gaps compared to other NHS provider trusts, this placed LPT at the **35h percentile** for mean annual bonus pay and at the **72nd percentile** for median annual bonus pay (*i.e.*, in the bottom half of NHS provider trusts in terms of the mean annual bonus pay gap and in the highest third of trusts in terms of the median annual bonus pay gap).

The discrepancy between the mean and median based Gender Pay Gaps in annual bonus pay at LPT arose because, amongst women, a small number of high bonus payments skewed the mean gender pay gap downwards without having such a large effect on the median gender pay gap; under these circumstances the median gives a better indication of typical bonus pay. It is noted that at LPT, bonus payments were made only to eligible Medical Consultants (in the form of Clinical Excellence Awards); this may not have been the case at other NHS provider trusts.

Gender Pay Gaps in Annual Bonus Pay across NHS Provider Trusts (box and whisker plots), 2019/20

- Leicestershire Partnership NHS Trust's position in the distribution is indicated by a pink dot

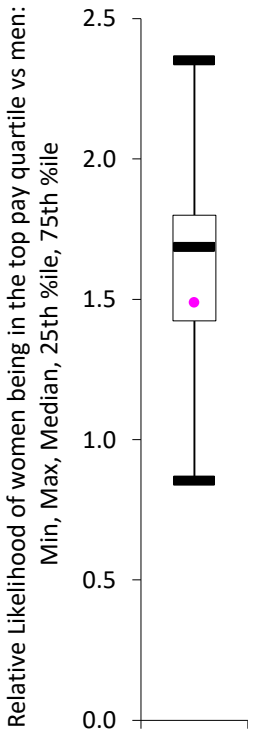


Relative likelihood of men being in the top pay quartile compared to women:

At March 2020, men at LPT were **1.49** times more likely than women to be in the top quartile for hourly pay; this placed LPT at the **30th percentile** of NHS provider trusts (*i.e.*, just in the lowest third of NHS provider trusts for the relative likelihood of men being in the top pay quartile compared to women – although men were still more likely than women to be in the top pay quartile in absolute terms).

Relative Likelihoods of Men being in the Top Pay Quartile Compared to Women, across NHS Provider Trusts (box and whisker plot), March 2020

- Leicestershire Partnership NHS Trust's position in the distribution is indicated by a pink dot



Summary and actions

The Gender Pay Gap analyses for LPT at March 2021 indicated the presence of Gender Pay Gaps in favour of men in terms of mean and median hourly pay, but not in terms of mean or median annual bonus pay. Additionally, men were more likely than women to receive bonus pay, and men were more likely than women to be in the top pay quartile. The overall picture in terms of hourly pay and the proportion of men and women in the top pay quartile was very similar to that observed each year since March 2017. Meanwhile, annual bonus pay was similar for men and women in both 2020/21 and 2019/20, representing an improvement on the positions observed in 2017/18 and 2018/19 (in terms of the median annual bonus pay gap).

Further analyses of the hourly pay Gender Pay Gap in favour of men indicated that, in terms of the number of staff affected, this pay gap was driven mainly by staff in non-clinical, administrative roles. An analysis of the gender profile of the workforce by pay band and working pattern (full-time or part-time) indicated that, within administrative roles, women tended to be concentrated in lower paid, part-time positions (band 4 and below), with lower levels of representation for women and a paucity of part-time working in higher paid positions (band 5 and above). A disadvantage in career progression for women in administrative roles, potentially associated with part time working, could be inferred. In contrast, in clinical roles outside of medicine, women were well represented at all levels, with part time working common at all levels.

In comparison to other NHS provider trusts, in the 2019/20 financial year LPT had a smaller hourly pay Gender Pay Gap in favour of men than most other trusts (lower than 73% in terms of the mean and lower than 77% in terms of the median). Additionally, LPT was in the bottom third of trusts in terms of the relative likelihood of men and women being in the top pay quartile – although men were still more likely than women to be in the top pay quartile in absolute terms. Comparisons across trusts in terms of Gender Pay Gaps in annual bonus pay may not be reliable as LPT only made bonus payments in the form of Clinical Excellence Awards, and only to medical consultants; this may not have been the case at other trusts. It is noted that these benchmarking analyses may be unreliable as less than half the number of Trusts submitted Gender Pay Gap data last year, relative to the year before that (related to changes in the enforcement of the gender pay gap reporting regulations in response to the COVID-19 pandemic).

A table summarising the main findings of the present analyses and proposing actions is given overleaf.

Main Findings and Action Plan

Main finding 1

Metrics:

- Gender Pay Gap in mean and median hourly pay
- Proportions of men and women within each quartile pay band

Findings:

- There was a Gender Pay Gap in favour of men, both in terms of mean hourly pay, **+13.6%**, and in terms of median hourly pay, **+3.9%**.
- Women were underrepresented within the highest pay quartile (**75.4%**), compared to their level of representation amongst all full-pay relevant employees (**81.8%**).

Actions:

The Gender Pay Gap in hourly pay was most pronounced in administrative roles; driven by a disproportionately high number of women in lower paid, part time administrative roles, and lower levels of representation for women in higher paid administrative roles, coupled with a paucity of part time working in these higher paid roles.

The NHS People Plan for 2020/21 (page 20) states that employers should be open to all clinical and non-clinical permanent roles being flexible. Board members must give flexible working their focus and support. NHS England and NHS Improvement will add to the oversight and performance frameworks a key performance indicator on the percentage of roles advertised as flexible https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf

Government guidance on actions to close the gender pay gap can be found here: https://gender-pay-gap.service.gov.uk/public/assets/pdf/Evidence based_actions_for_employers.pdf

Four steps to developing a gender pay gap action plan https://gender-pay-gap.service.gov.uk/public/assets/pdf/action-plan-guidance.pdf

Actions for employers to take around flexible working, from the 2020/21 NHS People Plan:

- Be open to all clinical and non-clinical permanent roles being flexible.
- Cover flexible working in standard induction conversations for new starters and in annual appraisals.
- Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, organisation or grade.
- Board members must give flexible working their focus and support.
- Roll out the new working carers' passport to support people with caring responsibilities.

Lead:

- Kathryn Burt, Deputy Director of HR & OD

Review Date: September 2021

Main Finding 2

Metrics:

- Gender Pay Gap in mean and median annual bonus pay
- Proportions of men and women in receipt of bonus pay

Findings:

- The Gender Pay Gap in annual bonus pay amongst those that received a bonus was **+38.6%** in terms of the mean and **+57.5%** in terms of the median, neither were statistically significant.
- Overall, **0.22%** of female relevant employees received a bonus, whilst **2.13%** of male relevant employees received a bonus. However, only Medical Consultants received bonus pay (Clinical Excellence Awards); amongst whom men were overrepresented.

Actions:

Bonus payments within LPT were almost exclusively in the form Clinical Excellence Awards made only to eligible Medical Consultants.

In 2020, Clinical Excellence Awards were made to all eligible consultants as a result of a direction from NHS Employers and the BMA that the 2020 round of awards be halted nationally (associated with the Covid-19 pandemic); with the award money to be distributed equally amongst eligible Consultants.

Analysis of Clinical Excellence Awards in 2019 indicated that female and male consultants were similarly likely to apply for an award, and were similarly likely to be successful if they applied.

Action: continue promoting and monitoring of access to Clinical Excellence Awards.

Lead:

- Angela West, Medical Staffing and Revalidation Support Manager

Review Date: September 2021

V

Leicestershire Partnership NHS Trust

FINANCE AND PERFORMANCE COMMITTEE – 28th September 2021

HIGHLIGHT REPORT

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

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

Report	Assurance level*	Committee escalation	ORR/Risk Reference
Director of Finance Update – Verbal	**NA**	19-20 reference costs are now confirmed. 20-21 reference costs have now been submitted and updates will be brought to FPC as needed. H2 planning guidance not yet received. Short term action plans are in place if shortages in supplies are identified and the EU Exit Group had met & could respond to any further issues that may arise..	
CFO – Strategic Estates Update – Verbal	**NA**	Update on all strategic estates matters given. Nothing to escalate.	9, 10, 11
Director of Strategy and Business Development Update	**NA**	Work continues within strategy and business development and updates will be brought to FPC as required.	
Finance Report Month 5 - Paper C	**HIGH**	Income and expenditure continues last month's trends apart from LD where there is a change in assumptions and increase in agency use. Cash and capital remain on track. The capital plan spend at month 5 is 10% of the total plan. The BPPC dipped last month and is back on track for month 5. Agency spend remains an area of concern. Work is ongoing and will report further on this at the next FPC meeting. Anticipate a break even position at the end on M6.	54
H2 Planning – Paper Di & Beacon Unit – Paper Dii	**MEDIUM**	Planning Paper - no change since this went to Trust Board on 21st September 2021. Beacon Paper – The recovery plan was outlined. Further updates will be brought to next FPC. It had been a very	4, 40

Report	Assurance level*		Committee escalation	ORR/Risk Reference
			unusual period of time since the unit opened – including Covid impact – and consideration needs to focus on long term sustainability with plans in development.	
Contract for the Provision of Locum Doctors – Paper E	**HIGH**		FPC recommend approval to the Trust Board.	
Business Pipeline Quarterly Report Paper F	**HIGH**		FPC received the report for information.	
Performance Report Month 5 - Finance and Performance Metrics - Paper G	**H**	**M**	Improving areas include the memory clinic and children's and young people's access and deteriorating areas include CAMHS ED –. All areas have recovery trajectories in place. Clinical supervision rates have dropped to 69.7% this will be addressed in all performance review meetings.	20
Waiting Times Report Month 5 - Paper H & Paper O Waiting Times & Harm Review Committee Highlight Report	**M**	**L**	There has been a drop month by month across the board due to static capacity and growing demand. Work is ongoing around waiting list management employing a demand and capacity approach. Most trajectories are in line with predictions. Keeping people safe from harm is a standardised approach across the board and includes dedicated telephone calls, letter with narrative on self-help and management including contact numbers for support and advice. Audits of lists have been considered but would divert resource away from other services. FPC received split medium/low assurance from the reports (Paper H & Paper O). Low in respect of the performance and medium in respect of the planned trajectory work and the triangulation work around keeping safe and free from harm.	1, 8, 26, 28, 40
Organisational Risk Register - Paper I	**HIGH**		All risks have been through the monthly update and review. There are 21 risks of which FPC monitor 9. Risk 8 (LD/Autism not transformed) is proposed to be deescalated down to the directorate register which FPC approved.	All
Estates and Medical Equipment Committee Highlight Reports 11th August & 8th September 2021 – Papers Ji & Jii	**HIGH**		No escalations required.	
Transformati	**HIGH**		No escalations required.	

Report	Assurance level*	Committee escalation	ORR/Risk Reference
on Committee Highlight Report 10th September 2021– Paper K			
IM&T Committee Highlight Report 20th August 2021– Paper L	**HIGH**	No escalations required.	
Data Privacy Committee Highlight Report 14th September 2021 – Paper M	**HIGH**	No escalations required.	
Capital Management Committee Highlight Report 14th July 2021 – Paper N	**HIGH**	No escalations required.	

Chair	**Faisal Hussain, Non-Executive Director**

W

Leicestershire Partnership NHS
NHS Trust

Finance Report for the period ended
30 September 2021

For presentation at the
Trust Board
26th October 2021

Leicestershire Partnership NHS Trust

Contents

Executive Summary and overall performance against targets

Introduction

1. This report presents the financial position for the period ended 30 September 2021 (Month 6). A small net income and expenditure surplus of £60k is reported for the period, which relates to the gain on disposal of Rubicon Close.

2. Note that the property disposal gain of £60k cannot be counted towards NHS Control Total Performance. Excluding this from the position results in a breakeven for M6 and this delivers the H1 plan.

3. Within the Trust's overall M6 position, net operational budgets report a £201k overspend. Directorate overspends include Enabling (£184k), DMH (£149k), LD services (£125k), FYPC (£82k) and Estates (£50k). CHS is underspending by £301k, and Hosted services by £88k.

4. Central reserves report an underspend which offsets the operational overspends.

5. Closing cash for September stood at £33m. This equates to 41.8 days' operating costs.

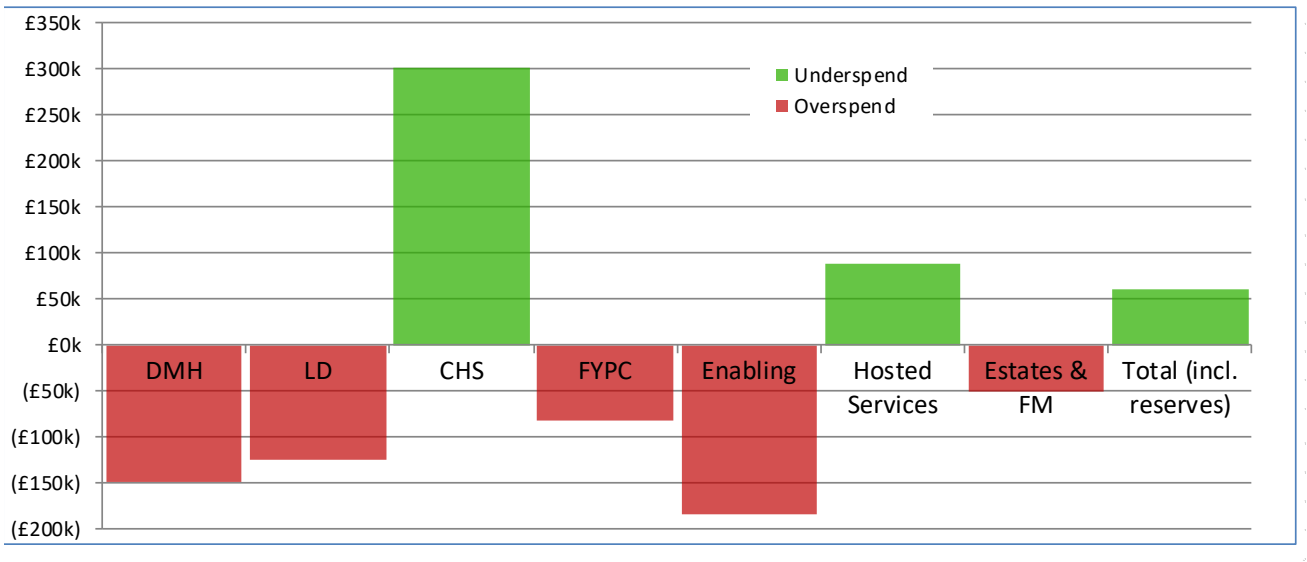
Performance against key targets and KPIs

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 £60k surplus position at the end of September 2021. **[see 'Service I&E position' and *Appendix A*]**.
2. Remain within Capital Resource Limit (CRL).	G	G	The capital spend for September is £2.4m, 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 is £33.2m. The year-end forecast is £21m.

Secondary targets	Year to date	Year end f'cast	Comments
5. Comply with Better Payment Practice Code (BPPC).	G	G	The target is to pay 95% of invoices within 30 days. Cumulatively the Trust achieved all 4 BPPC targets in September.
6. Achieve Efficiency Savings targets.	n/a	G	There is no formal Efficiency Savings Programme during the current planning period (H1).
7. Deliver financial plan surplus	n/a	n/a	During H1 there is no requirement to deliver a financial surplus (target = I&E break-even).
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	There is currently no formal requirement to be monitored against the Financial & Use of Resources metrics. An internal summary calculation is still conducted to measure progress internally, and this suggests that the Trust is currently scoring a '2'
9. Achieve retained cash balances in line with plan	G	G	A cash balance of £33.2m was achieved at the end of September 2021. **[See 'cash and working capital']**
10. Deliver capital investment in line with plan (within +/- 15% YTD planned spend levels)	R	G	Capital expenditure totals £2.4m at the end of Month 6; this is £3.2m (57%) below the YTD planned level of £5.6m **[See 'Capital Programme 2021/22']**

Income and Expenditure position

The month 6 position shows a net operational overspend against year-to-date budgets, offset by an underspend within reserves.



Enabling Services are overspent by £184k as at M6. This is a negative movement of £51k since Month 5. This relates to fixed term resource for the Triple R Recovery Project (which has now ended) and within the HR team.

The Mental Health directorate is overspending by £149k at the end of Month 6 due to the continued use of locums, bank, and agency to cover current high vacancy levels. There is slippage against other investments (e.g., MHIS) due to increasing recruitment challenges, but there is an expectation that any underspend will be re-used within the system through the implementation of alternative schemes. As such, no financial benefit relating to any MHIS underspend is reflected in the LPT position.

The FYPC financial position improved at month 6 albeit still reporting an overspend. The Beacon Unit continues to face pressures, along with medical equipment budgets within the Diana service for which we will be negotiating a recharge to the CCG. Healthy Together continue to report an underspend due to staff vacancies, although costs are expected to rise in H2 as the Directorate identifies ways to reduce the vacancy position.

The LD financial position also improved in month, but the significant cost pressures associated with the Agnes Unit continue. The service has been unsuccessful to date in recovering additional income for patients being treated on the Unit and the current use of all 5 pods is increasing costs. In contrast, Community services remain underspent, mainly due to vacancies and this is off setting the Agnes overspend.

Community Health Services are underspent by £301k. This includes significant travel underspends and also vacancies where these can't be covered by bank or agency staff.

Efficiency savings

Whilst there has been no formal efficiency programme in H1, the position is benefitting from savings against travel budgets which are reported as efficiency savings. As we move into H2, the national / local efficiency expectation has been clarified. For LPT this equates to approximately £2.4m (c. 1.5% of H2 budgets). The continuing travel savings will be first call in terms of locking down recurrent savings. Other savings have been identified for H2, but the majority of these are non-recurrent, thus increasing the expected level of efficiency required for 2022/23.

Forecast position

By delivering a month 6 break even position for H1 (half-year 1) the H1 plan has been achieved. The H1 position has benefited from significant additional income due to the current emergency financial framework. This additional income is masking an increase in costs over the past 18 months (costs which may normally have been offset through internal efficiencies).

The planning guidance for H2 has now been released, and system envelopes have been confirmed. A proposed LPT envelope has been calculated, and work is currently underway to fully understand what this is expected to deliver.

Previously the Trust has been forecasting a £5.3m deficit for H2 (and therefore this financial year as a whole). The proposed system offer to LPT includes non-recurrent system top-up funding that should now enable the Trust to plan for a break-even position (subject to the final work to understand the detail behind the offer). As this funding would be non-recurrent, the Trust underlying position would not improve, and so the expected challenges for next financial year are not diminished.

Additional agency expenditure analysis

Given the unprecedented level of agency staff usage this financial year, additional analysis is now included in this report.

For the period April to September, total expenditure on agency staff was £10.2m. The forecast for the year is £21.6m (£20.9m excluding Covid). Forecast expenditure for the year has increased due to increased use of agency staff to cover vacancies and sickness. (See ***appendix C*** for a monthly breakdown of agency costs).

The table below looks at total forecast agency costs for the year and compares these with costs incurred in 2019/20 (being the last full year before Covid began to have an impact). To allow for meaningful comparison, Covid costs are excluded from the 2021/22 figures. The analysis also then allows for the significant agency costs linked to the large amount of investment this year.

The resulting comparable costs are shown as £17.9m in the current year (forecast) versus £10.6m in 2019/20 – a 70% increase across the 2-year period.

ANNUAL AGENCY COST ANALYSIS (EXCLUDING ANY COSTS RELATING TO COVID)

Directorate	2019/20	2021/22 including new investm.	2021/22 investments	2021/22 excluding new investm.	Movement 19/20 to 21/22		underlying agency positon 1st April 2022
	£000	£000	£000	£000	**£000**	Comment on movement	£000
DMH	**3,400**	8,346	-2,204	**6,142**	**2,742**	Continued use of locums and agency staff to cover vacancies. Increase use of Medical Locums at Adult City West and Crisis Team. Increased use of agency staff at Heather and Wakerley wards.	6,142
CHS	**4,341**	5,130	0	**5,130**	**789**	High level of vacancies, cover for sickness, increased specialling for more acute patients. Adequate staffing for Surge Wards	4,463
FYPC	**2,059**	4,405	-838	**3,567**	**1,508**	Increased level of vacancy within CAMHs consultant services; addressing CAMHs wait times; Hub & CAP staff; high usage of agency on the Beacon ward due to acuity of patients, use of level 1 obs, support for Children at UHL, sickness; use of agency on Langley due to acuity of patients	3,207
LD	**301**	1,872	0	**1,872**	**1,571**	Cover for Forensic Service prior to appointment of permanent Consultant - non recurrent. Agnes Unit operating up to 5 pods during the first 5 months combined with vacancies & sickness within funded establishment and acuity levels on the Unit, Level of acuity and care requirements for new admissions may require patients to require single pod use which will necessiate agency support - potential recurrent.	1,021
Enabling / Hosted	**541**	1,184	-5	**1,179**	**638**	Agency costs predominantly relate to pressure within HR teams. Overall agency costs have actually reduced in 2021/22 compared to the 2019/20 'baseline', possibly reflecting the changes in the way many staff work (i.e working from). The underlying position assumes a return to slightly higher baseline levels.	550
TOTAL:	**10,642**	**20,937**	**-3,047**	**17,890**	**7,248**		**15,383**

The majority of the underlying increase from 2019/20 to 2021/22 is within DMH (£2.7m), in particular, the additional medical locum cover. An increase in nursing vacancies is also driving up the agency usage.

LD agency costs have increased by £1.6m across the 2 years. This includes locum cover and also the high cost of staffing the Agnes Unit.

FYPC is seeing an increase of £1.5m, due to CAMHS vacancies and the need to address wait times, staffing for Hub & CAP, and due to pressures within Beacon and Langley wards.

Statement of Financial Position (SoFP)

PERIOD: September 2021	2020/21 31/03/21 Audited £'000's	2021/22 30/09/21 September £'000's
NON CURRENT ASSETS		
Property, Plant and Equipment	178,757	176,438
Intangible assets	2,438	2,234
Trade and other receivables	1,129	1,129
Total Non Current Assets	**182,324**	**179,801**
CURRENT ASSETS		
Inventories	574	535
Trade and other receivables	8,304	8,730
Cash and Cash Equivalents	24,139	33,180
Total Current Assets	**33,017**	**42,445**
Non current assets held for sale	**280**	**0**
TOTAL ASSETS	**215,621**	**222,246**
CURRENT LIABILITIES		
Trade and other payables	(21,587)	(28,619)
Borrowings	(296)	(297)
Capital Investment Loan - Current	(189)	(189)
Provisions	(2,851)	(2,463)
Total Current Liabilities	**(24,923)**	**(31,568)**
NET CURRENT ASSETS (LIABILITIES)	**8,374**	**10,877**
NON CURRENT LIABILITIES		
Borrowings	(7,464)	(7,464)
Capital Investment Loan - Non Current	(3,183)	(3,102)
Provisions	(1,397)	(1,397)
Total Non Current Liabilities	**(12,044)**	**(11,963)**
TOTAL ASSETS EMPLOYED	**178,654**	**178,715**
TAXPAYERS' EQUITY		
Public Dividend Capital	95,441	95,440
Retained Earnings	37,055	37,116
Revaluation reserve	46,158	46,159
TOTAL TAXPAYERS EQUITY	**178,654**	**178,715**

Non-current assets

– Property, plant, and equipment (PPE) amounts to £176.4m. Capital additions of £2.4m are offset by September's depreciation charge.

Current assets

– Current assets of £42.4m include cash of £33.2m and receivables of £8.7m.

Non-current assets held for sale

- Following the recent disposal of Rubicon Close, the Trust does not have any non-current assets held for sale.

Current Liabilities

– Current liabilities amount to £31.6m and mainly relate to payables of £28.6m.

– Net current assets / (liabilities) show net assets of £10.9m.

Working capital

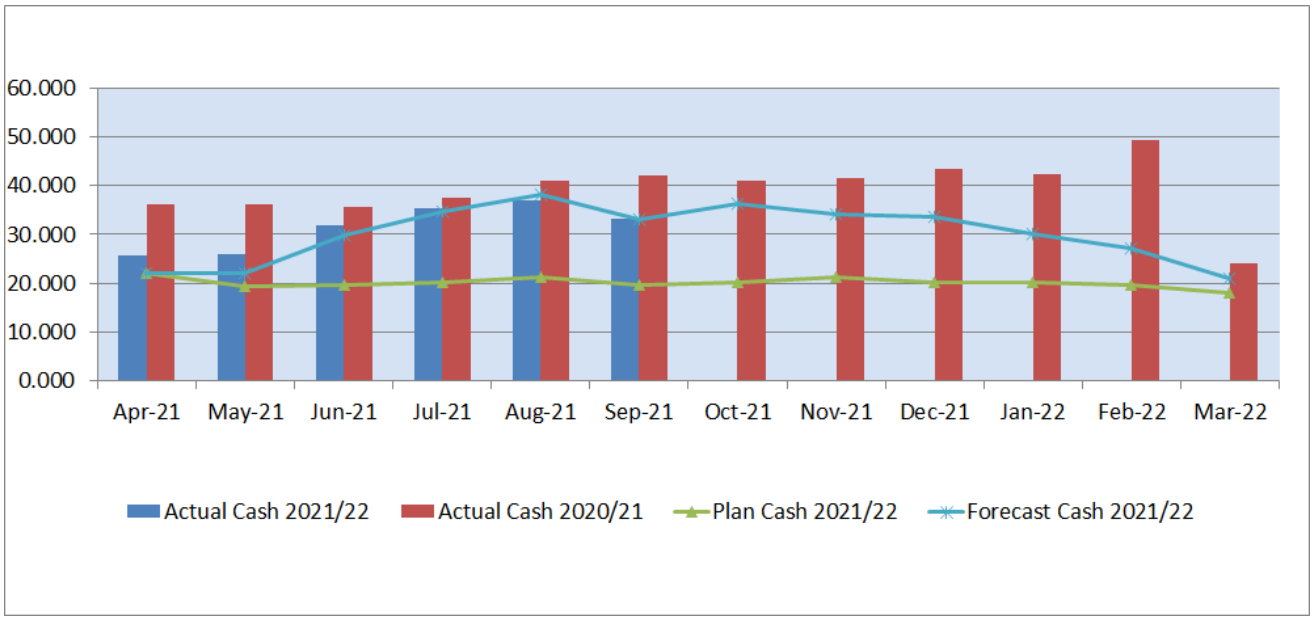
– Cash and changes in working capital are reviewed on the following pages.

Taxpayers' Equity

– September's surplus of £60k is reflected within retained earnings.

Cash and Working Capital

12 Months Cash Analysis Apr 21 to Mar 22



Cash – Key Points

The closing cash balance at the end of September was £33.2m, a decrease of £3.8m during the month.

The cashflow forecast was updated last month to reflect indicative H2 block contract income levels, pay award funding allocations, and anticipated expenditure relating to new investment funding and the vaccine roll-out programme. This resulted in the cash forecast increasing from £18m to £21m.

Because the cash implications of the H2 block contract income levels are still being worked through, changes to the current year-end cashflow forecast of £21m are likely.

A cash-flow forecast is included at ***Appendix D.***

Receivables

Current receivables (debtors) total £8.7m; a decrease of £1.3m during the month.

Receivables	Current Month (September 2021)					
	NHS £'000	Non NHS £'000	Emp's £'000	Total £'000	% Total	% Sales Ledger
Sales Ledger						
30 days or less	481	1,710	16	**2,207**	**22.4%**	**49.7%**
31 - 60 days	960	237	8	**1,205**	**12.2%**	**27.1%**
61 - 90 days	301	42	3	**346**	**3.5%**	**7.8%**
Over 90 days	294	190	197	**681**	**6.9%**	**15.3%**
	2,036	2,179	224	**4,439**	**45.0%**	**100.0%**
Non sales ledger	1,136	3,155	0	**4,291**	**43.5%**	
Total receivables current	**3,172**	**5,334**	**224**	**8,730**	**88.5%**	
Total receivables non current		1,129		1,129	**11.5%**	
Total	**3,172**	**6,463**	**224**	**9,859**	**100.0%**	**0.0%**

Debt greater than 90 days increased slightly by £10k since August and now stands at £681k. Receivables over 90 days should not account for more than 5% of the overall total receivables balance. The proportion at Month 6 is 6.9% (last month: 6%).

The non-current receivables balance of £1.1m remains unchanged since the previous month; it comprises of a £396k long term debtor with NHSI to support the clinical pensions' tax provision and a £733k prepayment to cover PFI capital lifecycle costs. The provision for bad debts stands at £341k; this has not changed since the start of the year.

Payables

The current payables position in Month 6 is £28.6m, a decrease of £5.2m since August. £2.8m of this reduction relates to the 6-monthly Public Dividend Capital (PDC) payment to the Department of Health.

Provisions

Trust provisions have reduced by £400k since the start of the year and now stand at £3.9m. Enhanced annual leave overtime payments of £277k were paid to staff this month; funded from the Flowers legal case provision.

Better Payment Practice Code (BPPC)

The specific target is to pay 95% of invoices within 30 days. Cumulatively the Trust achieved all 4 BPPC targets in Month 6, however only 3 out of the 4 targets were achieved in the month of September. Due to technical issues with the automated pharmacy invoice file upload, several invoices were paid late which impacted on the achievement of one of the targets. Further details are shown in ***Appendix B***.

Capital Programme 2021/22

Capital expenditure totals £2.4m for the first six months of the year.

	Annual Plan	Sep Actual Exp	Year End Forecast	Revision to Plan
Sources of Funds	**£'000**	**£'000**	**£'000**	**£'000**
Depreciation & technical adjustments	9,500	2,133	9,500	0
Dormitory elimination - Bradgate (PDC)	2,612	0	2,612	0
Dormitory elimination - Evington (PDC)	1,500	0	1,500	0
Agnes unit PFI lifecycle costs	100	0	100	0
Property disposal - Rubicon Close	280	280	280	0
Cash utilisation from previous years' surplus	1,000	0	0	(1,000)
System-wide capital (funding tbc)	2,560	0	0	(2,560)
PDC IM&T Shared Care Records (funding tbc)	0	0	2,278	2,278
Total Capital funds	**17,552**	**2,413**	**16,270**	**(1,282)**
Application of Funds	**£'000**	**£'000**	**£'000**	**£'000**
Estates & Innovation				
Estates service improvements	(5,019)	(458)	(2,670)	2,349
Estates backlog	(2,395)	(251)	(3,129)	(734)
Estates other rolling programmes	(1,950)	(85)	(1,947)	3
Estates staffing	(360)	(271)	(385)	(25)
Estates & FM transformation	(699)	0	(200)	499
Medical devices	(120)	(124)	(236)	(116)
	(10,543)	**(1,189)**	**(8,567)**	**1,976**
IT Programme				
Rolling programmes	(1,865)	(575)	(2,235)	(370)
Other projects	(595)	(66)	(561)	34
PDC IM&T Shared Care Records (funding tbc)	0	(40)	(2,278)	(2,278)
	(2,460)	**(681)**	**(5,074)**	**(2,614)**
Directorate capital investment projects	**(1,689)**	**(146)**	**(1,465)**	**224**
System-wide capital allocation	**(2,560)**	**0**	**0**	**2,560**
Revenue to capital transfers	**0**	**(397)**	**(397)**	**(397)**
Contingency	**(300)**	**0**	**(767)**	**(467)**
Total Capital Expenditure	**(17,552)**	**(2,413)**	**(16,270)**	**1,282**
(Over)/underspend	**0**	**0**	**0**	**0**

Month 6 capital expenditure of £2.4m represents 15% of total forecast annual spend. This is £3.2m below the planned spend of £5.6m for the first six months of the year. Spend against several Estates and IM&T schemes are currently below plan.

A detailed six-monthly review of all Estates and IM&T schemes has been undertaken and forecast spend has now been updated to reflect anticipated spending levels. Because of the significant amount of capital still to spend in the last six months of the year (c£14m) it is

anticpated that there will be significant expenditure slippage compared to the original plan. This is mainly due to the rescoping/modification of several Estates schemes and the national supply-chain/delivery issues,

The original capital plan included £2.6m of system-wide capital. UHL previously agreed that the Trust could use all of this allocation, however it has now become apparent that central funding (in the form of PDC) will not be provided i.e. the Trust will need to utilise its own cash reserves to fund the extra capital. Previously it had been suggested that £1.6m of the £2.6m allocation could support the acceleration of the IT lap-top rolling replacement programme (to eliminate all equipment older than five years), address the requirements of the Mental Health investment initiatives, and meet the outcomes of the Triple R Programme. The remaining £900k was to support the roll out of SystmOne in Leicestershire care homes.

Expenditure slippage identified in the six-monthly review can be used to address any emerging capital requirements, including those mentioned above, therefore resulting in the £2.6m system allocation no longer being required. The roll out of SystmOne in Leicestershire care homes is now being funded via the CCG, with only £152k needed in this financial year (to be utilised from the Trust's existing capital allocation). On this basis the £2.6m has been taken out of the capital programme. In addition to this the £1m capital funding from internally generated cash (from previous years' surpluses) has also been removed from the plan as it is unlikely, due to the implications of the supply chain restrictions, that this will also be needed to support the programme in 2021/22.

The forecast plan is now £16.27m, a reduction of £3.6m since last month and £1.3m since the start of the year. An overview of the changes made to the capital programme are shown in the table below. Due to the current volatility of external factors impacting on the capital position, a detailed review will be undertaken on a monthly basis to ensure the forecast position is updated regularly, and any required action is taken at the earliest opportunity to ensure delivery of the Trust's capital targets.

	Annual Plan	Year End Forecast	Revision to Plan (Increase)/ Decrease
Expenditure	**£'000**	**£'000**	**£'000**
Estates	(10,423)	(8,331)	2,092
IM&T	(2,460)	(5,471)	(3,011)
Medical Devices	(120)	(236)	(116)
Directorate specific investment	(1,689)	(1,465)	224
System-wide allocation	(2,560)	0	2,560
Contingency	(300)	(767)	(467)
Total	**(17,552)**	**(16,270)**	**1,282**
Sources of funds			
Depreciation, property disposal & PDC	13,992	13,992	0
Trust's internal cash utilisation	1,000	0	(1,000)
System capital allocation	2,560	0	(2,560)
PDC for LLR Shared Care Records	0	2,278	2,278
Total	**17,552**	**16,270**	**(1,282)**

The increase in IM&T expenditure includes an additional £0.5m to support the laptop rolling replacement. programme.

APPENDIX A - Statement of Comprehensive Income (SoCI)

Statement of Comprehensive Income for the period ended 30 September 2021	YTD Actual M6 £000	YTD Budget M6 £000	YTD Var. M6 £000
Revenue			
Total income	169,194	168,657	537
Operating expenses	(165,798)	(165,261)	(537)
Operating surplus (deficit)	**3,396**	**3,396**	**0**
Investment revenue	0	0	0
Other gains and (losses)	60	0	60
Finance costs	(510)	(510)	0
Surplus/(deficit) for the period	**2,946**	**2,886**	**60**
Public dividend capital dividends payable	(2,886)	(2,886)	0
I&E surplus/(deficit) for the period (before tech. adjs)	**60**	**(0)**	**60**
NHS Control Total performance adjustments			
Exclude gain on asset disposals	**(60)**	**0**	**(60)**
NHSE/I 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:	**60**	**(0)**	**60**
Trust EBITDA £000	**8,430**	**8,430**	**0**
Trust EBITDA margin %	**5.0%**	**5.0%**	**0.0%**

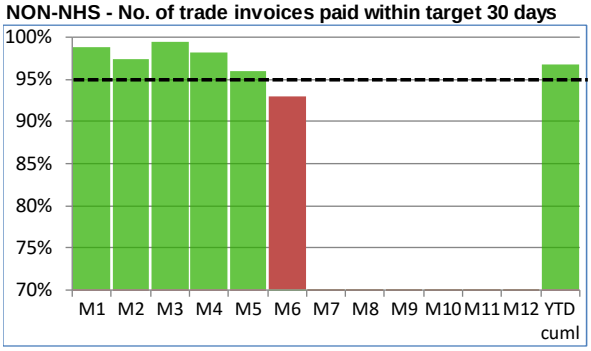
APPENDIX B – BPPC performance

Trust performance – current month (cumulative) v previous

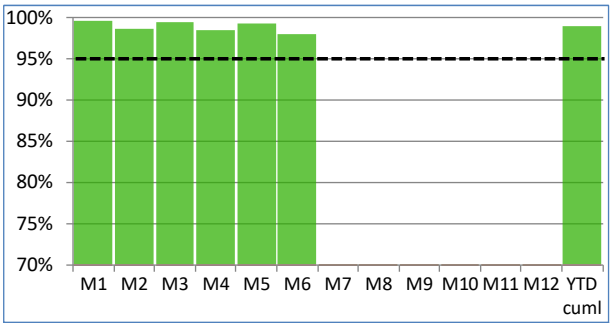
Better Payment Practice Code	September (Cumulative)		August (Cumulative)	
	Number	£000's	Number	£000's
Total Non-NHS trade invoices paid in the year	15,130	53,636	12,148	47,167
Total Non-NHS trade invoices paid within target	14,648	53,114	11,874	46,774
% of Non-NHS trade invoices paid within target	**96.8%**	**99.0%**	**97.74%**	**99.17%**
Total NHS trade invoices paid in the year	451	29,464	374	25,473
Total NHS trade invoices paid within target	433	28,900	358	24,936
% of NHS trade invoices paid within target	**96.0%**	**98.1%**	**95.72%**	**97.89%**
Grand total trade invoices paid in the year	15,581	83,100	12,522	72,640
Grand total trade invoices paid within target	15,081	82,014	12,232	71,710
% of total trade invoices paid within target	**96.8%**	**98.7%**	**97.68%**	**98.72%**

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

2021/22 Agency Expenditure	2020/21 Outturn £000s Actual	2020/21 Ave mth £000s Actual	2021/22 M1 £000s Actual	2021/22 M2 £000s Actual	2021/22 M3 £000s Actual	2021/22 M4 £000s Actual	2021/22 M5 £000s Actual	2021/22 M6 £000s Actual	2021/22 2 M7 £000s F'Cast	2021/22 M8 £000s F'Cast	2021/22 M9 £000s F'Cast	2021/22 2 M10 £000s F'Cast	2021/22 M11 £000s F'Cast	2021/22 M12 £000s F'Cast	21/22 TTD £000s Actual	21/22 Year End £000s F'cast
DMH																
Agency Consultant Costs	-2,561	-213	-290	193	-520	-265	-219	-98	-300	-360	-340	-320	-300	-360	-1,199	-3,039
Agency Nursing	-2,642	-220	-344	-265	-301	-422	-432	-548	-410	-390	-390	-390	-390	-390	-2,313	-4,675
Agency Scient, Therap. & Tech	-152	-13	-19	-14	-14	-25	-11	-17	-20	-20	-20	-20	-20	-20	-99	-219
Agency Other clinical staff costs				-11	-16	-11	1	0	-20	-20	-20	-20	-20	-20	-37	-157
Agency Non clinical staff costs	-187	-16	-21	-32	-54	-21	-36	-62	-62	-62	-62	-62	-62	-62	-226	-595
Sub-total for Directorate - DMH	**-5,541**	**-462**	**-673**	**-129**	**-905**	**-743**	**-698**	**-725**	**-812**	**-852**	**-832**	**-812**	**-792**	**-772**	**-3,873**	**-8,745**
Agency Spend relating to Investments			-57	-88	-115	-130	-198	-203	-203	-234	-243	-243	-243	-243	-731	-2,204
Agency spend relating to COVID			-59	-37	-150	-40	-6	-15	-5	-5	-5	-5	-5	-5	-367	-397
LEARNING DISABILITIES																
Agency Consultant Costs	-48	-4	-12	-8	-10	-13	-12	0	0	0	0	0	0	0	-56	-56
Agency Nursing	-761	-63	-129	-135	-156	-165	-156	-183	-155	-155	-155	-150	-150	-150	-924	-1,799
Agency Scient, Therap. & Tech	-85	-7	-13	-8	4	-1	0	0	0	0	0	0	0	0	-18	-18
Agency Other clinical staff costs															0	0
Agency Non clinical staff costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total for Directorate - LD	**-894**	**-74**	**-154**	**-151**	**-162**	**-178**	**-168**	**-184**	**-155**	**-155**	**-155**	**-150**	**-150**	**-150**	**-998**	**-1,823**
Agency Spend relating to Investments			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0	**0**
Agency spend relating to COVID			-1	0	0	0	0	0	0	0	0	0	0	0	-1	-1
CHS																
Agency Consultant Costs	-9	-1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Nursing	-3,359	-330	-239	-354	-338	-411	-434	-432	-450	-425	-460	-430	-400	-390	-2,329	-4,864
Agency Scient, Therap. & Tech	-375	-31	-36	-36	-50	-42	-22	-38	-35	-35	-35	-35	-35	-35	-224	-434
Agency Other clinical staff costs															0	0
Agency Non clinical staff costs	-28	-2	-5	-10	-11	0	0	0	-6	-6	-5	-5	-5	-5	-25	-51
Sub-total for Directorate - CHS	**-4,371**	**-364**	**-279**	**-401**	**-399**	**-453**	**-515**	**-531**	**-493**	**-466**	**-496**	**-470**	**-440**	**-430**	**-2,579**	**-5,350**
Agency Spend relating to Investments			**0**	**0**	**0**	**0**	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0	**0**
Agency spend relating to COVID			-56	-18	-10	-21	-22	-23	-20	-20	-15	-15			-150	-220
FYPC																
Agency Consultant Costs	-816	-68	-70	-17	-48	-63	-44	-110	-65	-65	-65	-65	-65	-65	-352	-742
Agency Nursing	-2,546	-212	-241	-259	-232	-245	-330	-364	-340	-340	-310	-310	-310	-300	-1,670	-3,580
Agency Scient, Therap. & Tech	0	0	0	0	0	-3	-1	-4	0	0	0	0	0	0	-8	-8
Agency Other clinical staff costs															0	0
Sub-total for clinical costs			**-310**	**-276**	**-280**	**-311**	**-375**	**-477**	**-405**	**-405**	**-375**	**-375**	**-375**	**-365**	-2,030	**-4,330**
Agency Non clinical staff costs	-10	-1	-5	-14	-6	-11	-3	-8	-5	-5	-5	-5	-5	-5	-41	-75
Sub-total for Directorate - FYPC	**-3,371**	**-281**	**-315**	**-290**	**-287**	**-322**	**-372**	**-485**	**-410**	**-410**	**-380**	**-380**	**-380**	**-370**	**-2,072**	**-4,406**
Agency Spend relating to Investments			**0**	**0**	**0**	**0**	**-58**	**-100**	**-100**	**-100**	**-120**	**-120**	**-120**	**-120**	-158	**-638**
Agency spend relating to COVID			-1	0	0	0	0	0	0	0	0	0	0	0	-1	-1
Enabling, Hosted & reserves																
Agency Consultant Costs	0	0	0	0	0			-13	-13	-13	-13	-13	-13	-13	-13	-91
Agency Nursing	-8	-1	0	0	0										0	0
Agency Scient, Therap. & Tech	-83	-7	-5	-10	-8	-28	-43	-19	-19	-19	-19	-19	-19	-19	-114	-228
Agency Other clinical staff costs			0	0	0										0	0
Agency Non clinical staff costs	-377	-81	-105	-131	-158	-43	-56	-85	-55	-55	-55	-55	-55	-55	-585	-915
	-1,069	**-89**	**-110**	**-141**	**-166**	**-78**	**-99**	**-116**	**-87**	**-87**	**-87**	**-87**	**-87**	**-87**	**-712**	**-1,234**
Agency Spend relating to Investments			**0**	**0**	**-5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	-5	**-5**
Agency spend relating to COVID			0	0	-3	-35	-3	0	0	0	0	0	0	0	-50	-50
TOTAL TRUST																
Agency Consultant Costs	-3,433	-286	-371	168	-578	-341	-276	-221	-378	-438	-418	-398	-378	-358	-1,613	-3,887
Agency Nursing	-9,315	-826	-953	-1,013	-1,028	-1,243	-1,411	-1,588	-1,375	-1,310	-1,315	-1,250	-1,230	-1,200	-7,236	-14,916
Agency Scient, Therap. & Tech	-636	-58	-73	-68	-63	-93	-77	-78	-74	-74	-74	-74	-74	-74	-464	-908
Agency Other clinical staff costs				-11	-16	-11	1	0	-20	-20	-20	-20	-20	-20	-37	-157
Agency Non clinical staff costs	-1,202	-100	-135	-188	-230	-81	-89	-154	-134	-126	-125	-125	-125	-125	-877	-1,631
Total	**-15,246**	**-1,270**	**-1,532**	**-1,113**	**-1,920**	**-1,775**	**-1,852**	**-2,041**	**-1,981**	**-1,978**	**-1,952**	**-1,867**	**-1,822**	**-1,777**	**-10,233**	**-21,605**
Total Trust Agency Spend relating to Invest	-	-	**-57**	**-88**	**-120**	**-130**	**-256**	**-303**	**-303**	**-334**	**-363**	**-363**	**-363**	**-363**	-955	**-5,047**
Total Trust Agency Spend relating to Covic	2,578	215	**-117**	**-115**	**-163**	**-99**	**-37**	**-38**	**-25**	**-25**	**-20**	**-20**	**-5**	**-5**	-569	**-669**
Total excluding Covid-19 and Inve	**-12,668**	**-1,055**	**-1,358**	**-910**	**-1,637**	**-1,546**	**-1,559**	**-1,700**	**-1,647**	**-1,611**	**-1,569**	**-1,484**	**-1,459**	**-1,409**	**-8,710**	**-17,889**

Plot Area

Agency costs for September were £2.0m. Excluding Covid and investment funded posts, costs were £1.7m.

The forecast costs for the year are £21.6m.

Additional detail on agency staff expenditure has been provided in the main body of the report.

APPENDIX D – Cash flow forecast

2021/22 CASH-FLOW FORECAST	SEP	SEP	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	21/22
	FORECAST	ACTUAL	VARIANCE	FORECAST	FORECAST	FORECAST	FORECAST	FORECAST	FORECAST	ACTUAL	FORECAST
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING BALANCE	**36,997**	**36,997**	**0**	**33,180**	**36,236**	**34,150**	**33,651**	**30,036**	**27,049**	**24,139**	**24,139**
INCOME											
Leicester & Leicesteshire CCG block contracts	22,936	22,779	**(157)**	24,398	22,409	22,409	22,409	22,409	20,355	137,391	271,780
Other CCG block contracts	294	294	**0**	294	294	294	294	294	294	1,763	3,527
East Midlands Provider Collaborative - CAMHS	142	142	**0**	142	142	142	142	142	142	852	1,704
Local Authorities block contracts	2,158	758	**(1,400)**	2,158	1,442	1,442	1,442	1,442	1,442	7,252	16,620
NHS England	783	745	**(38)**	783	2,171	783	783	783	2,323	6,164	13,790
UHL contract	750	0	**(750)**	928	232	232	232	232	232	696	2,784
MADEL	0	0	**0**	4,179	0	0	0	1,478	0	5,037	10,694
HIS income	100	237	**137**	100	100	200	200	349	500	1,240	2,689
360 Assurance income	100	134	**34**	300	100	100	300	100	136	700	1,736
UHL rental income	732	0	**(732)**	854	122	122	122	122	122	0	1,464
Previous year's income	0	12	**12**	0	0	0	0	0	0	4,913	4,913
VAT	405	405	**0**	476	250	250	250	250	250	2,754	4,480
Property sales	0	0	**0**	0	0	0	0	0	0	341	341
PDC for capital investment	1,306	0	**(1,306)**	0	0	2,612	0	0	3,778	0	6,390
Other income	488	997	**509**	526	488	388	388	388	530	3,465	6,173
Total Receipts	**30,194**	**26,503**	**(3,691)**	**35,138**	**27,750**	**28,974**	**26,562**	**27,989**	**30,104**	**172,568**	**349,085**
PAYMENTS											
Payroll	21,423	20,057	**(1,366)**	20,122	20,349	20,051	20,224	20,232	20,259	112,995	234,232
Capital	843	264	**(579)**	1,343	1,343	1,343	1,749	2,545	3,730	1,609	13,662
Non pay general expenditure	4,755	5,728	**973**	5,026	5,026	5,026	5,196	5,196	6,225	32,609	64,304
UHL - Estates & FM Services	1,880	0	**(1,880)**	2,820	940	940	940	940	940	3,760	11,280
UHL - Other contracts	290	290	**0**	145	145	145	145	145	145	870	1,740
NHS Property Services rents	600	0	**(600)**	900	300	300	305	300	300	1,850	4,255
Community Health Partnerships rents	118	10	**(108)**	226	118	118	118	118	118	600	1,416
HCL Agency Nursing Costs	1,500	1,178	**(322)**	1,500	1,500	1,500	1,500	1,500	1,500	6,173	15,173
Out of Area (OOA) costs for patients placed in private hospitals	50	8	**(42)**	0	0	50	0	0	50	161	261
Public dividend capital payment (PDC)	2,785	2,785	**0**	0	0	0	0	0	2,886	2,785	5,671
Other finance costs (inc loan interest and principal repayments)	0	0	**0**	0	115	0	0	0	0	115	230
Total Payments	**34,244**	**30,320**	**(3,924)**	**32,082**	**29,836**	**29,473**	**30,177**	**30,976**	**36,153**	**163,527**	**352,224**
CLOSING CASH BOOK BALANCE	**32,947**	**33,180**	**233**	**36,236**	**34,150**	**33,651**	**30,036**	**27,049**	**21,000**	**33,180**	**21,000**

APPENDIX E – Covid-19 expenditure, September 2021

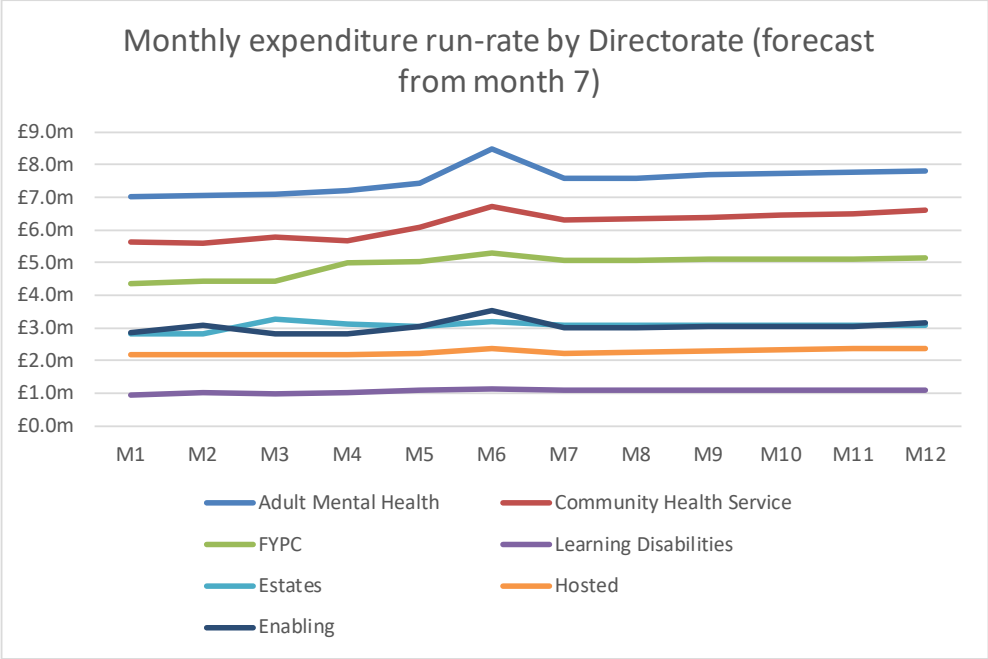
Cost of Covid response

CATEGORY	DMH	CHS	FYPC	LD	ESTS	ENAB	HOST	RSRVS	TOTAL
PAY	£000	£000	£000	£000	£000	£000	£000	£000	£000
Expand NHS Workforce - Medical / Nursing / AHPs / Hcare Scientists / Other									
Substantive	22	2	0	0	0	0	0	0	**24**
Bank	115	40	0	0	0	0	0	0	**155**
Agency	15	23	0	0	0	10	0	0	**48**
Existing workforce additional shifts									
Substantive	0	0	0	0	0	9	0	0	**9**
Bank	0	0	14	7	0	0	0	0	**20**
Agency	0	0	2	0	0	0	0	0	**2**
Backfill for higher sickness absence									
Substantive	0	0	0	0	0	0	0	0	**0**
Bank	0	0	0	0	0	0	0	0	**0**
Agency	0	0	0	0	0	0	0	0	**0**
Sick pay at full pay (all staff types)	0	0	0	0	0	0	0	0	**0**
NON-PAY	£000	£000	£000	£000	£000	£000	£000	£000	£000
NHS Staff Accommodation - if bought outside of national process	0	0	0	0	0	0	0	0	**0**
PPE - locally procured	0	0	0	0	0	2	0	0	**2**
PPE - other associated costs	0	0	0	0	0	0	0	0	**0**
Increase ITU capacity (incl hospital assisted respiratory / mech. ventilation)	0	0	0	0	0	0	0	0	**0**
Remote management of patients	0	0	0	0	0	0	0	0	**0**
Support for patient stay at home models	0	0	0	0	0	0	0	0	**0**
Segregation of patient pathways	0	0	0	0	0	0	0	0	**0**
Plans to release bed capacity	0	0	0	0	0	0	0	0	**0**
Decontamination	0	0	0	0	0	0	0	0	**0**
Additional Ambulance Capacity	0	0	0	0	0	0	0	0	**0**
Enhanced Patient Transport Service	2	0	0	0	0	0	0	0	**2**
NHS 111 additional capacity	0	0	0	0	0	0	0	0	**0**
After care and support costs (community, mental health, primary care)	0	0	0	0	10	0	0	0	**10**
Infection prevention and control training	0	0	0	0	0	0	0	0	**0**
Remote working for non patient activites:									
IT/Communication services and equipment	1	0	0	0	0	4	24	0	**29**
Furniture, fittings, office equip for staff home working	0	0	0	0	0	0	0	0	**0**
Internal and external communication costs	0	0	0	0	0	0	0	0	**0**
Covid Testing	0	0	0	0	0	0	0	0	**0**
Business Case (SDF) - Ageing Well - Urgent Response Accelerator	0	0	0	0	0	0	0	0	**0**
Direct Provision of Isolation Pod	0	0	0	0	0	0	0	0	**0**
PPN / support to suppliers (continuity of payments if service is disrupted)	0	0	0	0	0	0	0	0	**0**
TOTAL M6 COVID COSTS:	**155**	**65**	**15**	**7**	**10**	**25**	**24**	**0**	301
TOTAL M1 to M5 COVID COSTS:	1,422	390	66	45	60	397	0	0	2,380
TOTAL YTD COVID COSTS:	**1,577**	**455**	**81**	**52**	**70**	**422**	**24**	**0**	**2,681**

Covid Vaccination costs

Total Covid vaccination costs incurred to date (April to September) are £3.08m. Virtually all the costs relate to staffing. The Vaccination Programme forecast has now been extended to March 2022 and the plan assumes total vaccination costs of £7.7m for the financial year. Vaccination costs are currently direct funded based on actual costs incurred, so the programme as a whole is forecast to have no impact on the Trust bottom line financial position.

APPENDIX F – Expenditure run-rate



	ACTUAL						FORECAST					
TRUST OPERATIONAL RUN-RATE	M1	M2	M3	M4	M5	M6	*M7*	*M8*	*M9*	*M10*	*M11*	*M12*
Total operational expenditure £m:	25.8m	26.2m	26.5m	27.0m	27.9m	30.7m	*28.4m*	*28.5m*	*28.7m*	*28.8m*	*29.0m*	*29.3m*

The directorate run-rate chart above shows a modest increase in costs over the first 4 months, increasing in month 5, before spiking in month 6 due to the payment of the pay award plus arrears.

This month, an initial forecast for the second half of the year has been included. This shows further increases towards the end of the year – predominantly due to the investment plans.

Trust Board – 26/10/21

Month 6 Trust finance report

Purpose of the Report

- To provide an update on the current Trust financial position

Proposal

- The Trust Board is recommended to review the summary financial position and receive assurance that financial performance is in line with the H1 financial plan

Decision required: N/A

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Sharon Murphy, Acting Director of Finance	
Paper authored by:	Amjad Kadri, Acting Head of Corporate Finance Jackie Moore, Financial Controller	
Date submitted:	18/10/21	
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):	Operational Executive Board 15/10/21 (note Board version includes update capital expenditure forecast based on the latest information)	
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	Monthly update report	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	x
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	all
Is the decision required consistent with LPT's risk appetite:	NA	
False and misleading information (FOMI) considerations:	NA	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	NA	

X

Leicestershire Partnership NHS Trust

Public Trust Board – 26.10.21

Board Performance Report September 2021 (Month 06)

Purpose of the report

To provide the Trust Board with the Trust's performance against KPI's for September 2021 Month 6.

Analysis of the issue

The report is presented to Operational Executive Team each month, prior to it being released to level 1 committees.

The following should be noted by the Trust Board with their review of the report and looking ahead to the next reporting period:

Report Updates

- The CPA metrics have all been removed from the report.
- LeDeR metrics from the CCG have been provided, however the descriptors for the data provided does not match the metrics in the report. Exploration of the correct metric descriptor will be undertaken with the CCG in order that the data presented is congruent with the CCG reporting for Month 7 reporting.

The work on the Automated Board Report has been delayed due to some complications with SPC methodology the requirement for an extension/plug-in to the software. Work with an appropriate extension in currently taking place and engagement with key Trust stakeholders on the final product will take place in the next 2-3 weeks. It is therefore anticipated that the new Board Performance Report using Qliksense will be available for December's Report (Month 9).

Key issues escalated from Directorate Performance Reviews

Appendix 1 to this paper provides a position statement and assurance around the work being undertaken to address key issues escalated from the Directorate Performance Reviews.

Proposals

The Trust Board is asked to note the above caveats to the performance report

Decision required

The Trust Board is asked to

- Approve the performance report

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Sharon Murphy, Interim Director of Finance and Performance	
Paper authored by:	Sam Kirkland, Head of Data Privacy	
Date submitted:	18.10.21	
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):	Operational Executive Board 15.10.21	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	None	
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	Standard month end report	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	x
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	20 - Performance management framework is not fit for purpose
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	Yes	
Equality considerations:	None identified	

Appendix 1

Key issues escalated from Directorate Performance Reviews

Key escalation areas from month 3 Performance meetings	Assurance re actions being taken	Update as at month 5	New escalation areas from month 5 Performance meetings	Assurance re actions being taken
FYPC				
Backlog and waiting times	• Close monitoring of performance through DMT and Silver Deep Dives • Focused use of additional finance through MHIS and COVID backlog funding • Review of harm whilst waiting through clinical processes • Demand & Capacity reviews of service processes to support flow and discharge	Confirmation of backlog funding. Services are extending fixed term contracts, employing agency staff and scheduling additional hours clinics to improve waiting times and backlogs. Monitored through performance paper at Sustainability DMT and deep dives through Silver. CAMHS ED – Recovery plan is in progress including recruitment for MHIS. Work is underway with NHFT with a plan to introduce more standardisation and consistency. Community Paediatrics: Large legacy backlog of	Suitable Estate to do additional clinics	Raised at SPG and EMEC Additional clinics from the backlog

		new and follow ups. In addition second diagnostician for ASD has required a remedial plan.		investment, additional SALT/Psychology to support ASD pathway.
Recruitment/workforce	• Innovative use of new roles e.g. nursing associate • Use of apprentices to nurture grow your own staff including professional qualifications e.g. occupational therapists • Having 'open' sessions for candidates to encourage applicants	High turnover on the Beacon Ward. Healthy Together 0-19 vacancies and impact	Safer staffing levels Delay in recovery to pre-covid service offer	Workforce plans in place Prioritisation of caseloads in place
Staff wellbeing	• H&WB leads in SMT and services • Use of charitable bids to promote 'team togetherness' e.g., 'the Big Tea' • Standard agenda item on all silver meetings • Promoting manageable caseloads and working day • Supporting staff to work in a blended way	H&WB plans progressing and embedded in appraisals Backlog funding will support re-balance of caseloads and facilitate access	Staff not having access to hot desks and facilities	Raised through Triple R programme and spaces becoming available across LLR
Finance on the wards	• Increasing recruitment of substantive staff to prevent use of agency staff to cover	Specialist wards month 5 position discussed, as detailed in the inpatient	Not achieving directorate financial balance	Inpatient financial recovery plan. Mitigating actions

	vacancies • Director/HOS sign off for all DRA's • Monitoring the roster • Employing a peripatetic team to provide cover across all 3 directorate wards	finance and recovery plan.		reviewed and confirmed through Operational Executive Board
DMH				
Waiting times	Each service has a waiting times improvement plan in place and has developed a trajectory that sits alongside this. The SUTG-MH transformation programme will support long term sustainable reductions in waits, but interim plans include maximising capacity using bank and overtime, offering group treatment where appropriate and streamlining clinical pathways. All services are broadly on track against the planned trajectories. Two services currently have increasing waiting lists (although this is factored into the planned trajectories). One of these is the ADHD service, which is launching a tender process on 1st September to outsource part of the waiting list backlog. The second is the TSPPD treatment waiting list. The service is working	The SUTG-MH transformation consultation is now complete. The findings are being drawn together and will then be analysed. This work will help inform longer term plans to develop sustained reduction in waits. The two services with increasing waits are the ADHD Service and the TSPPD Service. The ADHD service continues to work towards full establishment following additional recurrent investment last year – currently there are		

	rapidly through a large backlog of patients awaiting assessment – these are a priority as their potential risk is not yet known. A number of targeted assessment weeks are ongoing. This plan is on target to eliminate existing waits for assessment and has already reduced this by significant numbers. As patients are assessed, a proportion are added to the treatment waiting list, hence these numbers are quickly and expectedly rising. As part of SUTG MH the service is delivering from Sept/Oct a new group treatment offer, which will clear all existing waits for treatment and provide a sustainable model for future demand management.	vacancies and challenges around recruitment which the team are working to resolve through considering developmental roles and involvement of other disciplines in the pathway The tender process to procure additional capacity to support a reduction in the ADHD waiting list closed on 1st October. The service is now working through the outcomes with the procurement team The TSPPD service completed a fourth 'assessment week' in September. All patients waiting have now been offered a triage assessment. This triage process was important to keep people safe, as patients requiring urgent support were redirected to urgent care services. The process also		

		supported the identification of those patients who did not require secondary care and could be better supported by primary care/ IAPT. A further assessment week is planned for November – this will identify any patients who DNA'd/ did not respond and still require assessment.		
workforce (recruitment)	The directorate is working closely with the recruitment team to ensure opportunities for successful recruitment are maximised. This includes reviewing how/ where opportunities are advertised and ensuring career development pathways are clear and promoted to attract candidates to posts. A dedicated Resourcing Manager for DMH has been sourced to support the volume of recruitment activities required across the Directorate and to expedite recruitment processes. Where recruitment to specific posts is a challenge, skill mix and alternative roles are being considered/ developed. This	The directorate is reinstating the Recruitment and Retention Group to maintain oversight of recruitment issues and challenges. This meeting will be chaired by Helen Perfect, Head of Service. In the interim John Edwards, Head of Business Development and Transformation, is linking in with the recruitment team to look at specific recruitment challenges within the directorate.		

	includes roles such as Assistant psychologists, Peer Support Workers, Patient facing pharmacy roles. The directorate is also working closely with PCNs and the neighbourhood projects so that funding can also be used in voluntary sector organisations to support our work			
Underspends on investment funding	Spend on investment funding is closely tracked. Where there is likely to be slippage, alternative non-recurrent schemes have been developed. Also some schemes have been brought forward from 22/23 to start in 21/22. Current projections predict an underspend of £15k on investment funds in 21/22.	Projections continue to predict slippage against investment funds 2021/22. Additional schemes have been identified which will be funded from slippage. The directorate will continue to identify and take forward appropriate schemes to reduce underspend.		
EIP & IPS performance			EIP & IPS performance	The employment support service operates in line with the individual placement and support model to enable patients to get back into paid employment. The development of the team is in line with the ten year implementation

				programme and funded by NHS England. In LLR we have been allocated funds to increase access to the service in 2021/22. The service will be recruiting additional employment specialists to support this increase in access. Compliance with the IPS approach is established through a fidelity review carried out each year. The LPT fidelity review was completed and resulted in an overall resulting in fair fidelity. An action plan has been put in place to increase the fidelity score. Current status: • The service has successfully integrated into the CMHT's, AO and PIER despite the difficulties of COVID,

				the team scored highly for integration, and they have managed this integration through Microsoft teams. • There were some delays in recruitment which have been addressed. The fidelity model also advocates face to face appointments which have had to be adapted throughout the pandemic. • Templates and access to system one has been established, further developments are planned. • The service was relaunched via teams which involved service user testimonies. • LPT have also successfully secured the next wave of funding and recruitment for the further Band 5

				workers has commenced.
Physical healthchecks – LLR system performance			Physical healthchecks – LLR system performance	***Mental Health Facilitators*** • An integrated task and finish group focusing on Physical Health checks for people on the SMI register has begun to meet to collaboratively build a plan and trajectory to achieve the 60% target. • LPT will submit a MHF and DMH Community plan to help achieve this. • Ensure the service resumes face to face contact from 11th October 2021 where clinically safe to do so and clinical space is available. • Carrying out a demand and capacity review. • Developing follow-up plans and an agreed

				process for each service user who does not respond or want input from the service. • Utilisation of peer support workers aligned to the PCNs. • Ensuring the MHFs are phlebotomy trained. • Recruitment of additional posts to support and release clinical capacity to carry out checks (Admin and Data Analyst). • SystmOne units configured to capture the required data across the system. • Validation of SMI registers. • Collaboration with experts by experience to improve attendance for PH checks To utilise

				neighbourhood MDT networks (e.g. VCSE) support) to identify organisations and practitioners working with individual who can promote and engage people in health checks.
CHS				
CINSS compliance with target	The service has received additional funding to increase capacity and has a revised trajectory to achieve 95% compliance by February 2022	Performance reviewed in DMT with deep dive and clear trajectory in place reliant on current staff capacity, increased locum capacity and a balance of community and clinic capacity. Routine compliance on track with trajectory. Numbers waiting has reduced however not in line with planned trajectory due to clinic and locum capacity available (3 locums currently in place) Additional clinic opening to improve capacity.	Nothing to escalate	Trajectory monitored monthly Clinical harm review in place Additional funding financial spend continues to be monitored
Continence waiting times	The service has an improvement plan in place working on a number	Waiting List has started to reduce and patient	No additional issues raised	Decrease in waiting times

	of actions to support with waiting times management e.g. increasing capacity by: recruiting to additional posts – both clinical and administrative posts, reviewing the triage process, and scoping the use of alternative providers to assess patients on the waiting list	contact time has increased. Additional nursing and admin staffing has been secured. Triage has been strengthened and alternative providers are being scoped to help with this (UHL approached). Additional estate and clinic rooms requested to increase clinic capacity and create a one stop shop.		Decrease in long waiters
Number of pressure ulcers	Community Services pressure ulcer quality improvement plan is in place and has five key workstreams: • Think Patient • Patient and carer information • Patient centred holistic assessment • Mental Capacity Assessments • Collaborative conversation A new Community Hospital pressure ulcer quality improvement project is now underway, with the first tasks being to undertake a baseline audit using quarter 4 category 2 pressure ulcer data. The Lead Nurse is also undertaking a review of all categories of pressure ulcers on	Harm profile has increased in month due to the business continuity /essential visiting arrangement that is in place as service has been on OPEL level 3 with significant staffing challenges over the last 3 months. Quality summit chaired by DON 2.11.21 NHFT OD session with City DN team 25.10.21 Weekly rapid action meetings lead by Head of Nursing and Director of	No additional issues raised	Increased Executive oversight Rapid action implementation

	admission for Community Hospitals.	CHS which will inform the quality summit		
Falls			Falls	Planned discussion with the service
Workforce			Workforce	Managed through DMT and Corporate workforce Where there are escalation areas these are being managed via task and finish groups
LD				
Finance pressures on the Agnes Unit	• Working with CCG to implement a new financial model for high acuity patients • Increasing recruitment of substantive staff to prevent use of agency staff to cover vacancies • Director/HOS sign off for all DRA's • Closer monitoring and utilisation of the roster • Employing a peripatetic team to provide cover across all 3 directorate wards	LPT Exec to CCG Exec meeting scheduled for 20th Oct to confirm commissioning response to shortfall in income. Number of inpatients increased to 8 generating additional spend. Impact team clear they have no intention of commissioning additional beds at the Agnes Unit as suggested for exploration by CCG colleagues. Acuity based tool in place to support ongoing confirm and challenge by		Await outcome of mtg 20th Oct Review recruitment and retention premia use at DMT on 25th Oct

		CCG of staffing arrangements/use of Pods if required. Senior nursing team continuing to ensure staffing levels and Pod usage minimised.		
Waiting lists for therapy services	• Demand &Capacity review to look for pathway efficiencies and to identify gaps in funding • Ensuring processes in place to risk manage the waiting list and prevent harm	H2 recovery funding plans under development and implementation as appropriate. Data analysis completed for all but 1 service area following revision of processes to meet SystmOne requirements. 6 week checks in place for patients waiting.	Confirm waiting time projections and develop response plans for service lines as necessary – includes community nursing team and psychology. Continue SystmOne optimisation work.	SystmOne process changes and data analytics nearing completion. H2 funding plans being led by Service Manager SysmOne optimisation work progressing with information team support - incudes 6 week check compliance reporting.

Leicestershire Partnership NHS
NHS Trust

Trust Board
26 October 2021

Board Performance Report
September 2021 (Month 6)

Highlighted Performance Movements - September 2021

Improved performance:

Metric	Performance	
CAMHS Eating Disorder – one week (complete pathway) Target is 95%	100.0%	Highest performance reported in the last 6 month period
Cognitive Behavioural Therapy	27	Lowest number reported

Deteriorating Performance:

Metric	Performance	
6-week wait for diagnostic procedures (Incomplete) Target is >=99% (reported a month in arrears)	49.9%	Lowest performance in the last 6 month period

Other areas to highlight:

Metric	Performance (No)	
Serious Incidents	1	Decreased from 5 reported last month
No. of episodes of seclusions >2hrs *Target decreasing trend*	24	Increased from 7 reported last month
No. of episodes of sideline restraint *Target decreasing trend*	22	Increased from 13 reported last month
No. of Category 2 pressure ulcers developed or deteriorated in LPT care *Target decreasing trend*	93	Decreased from 105 reported last month

1. Hospital Acquired COVID Infection Reporting

A nosocomial infection is an infection that is acquired in a hospital or other health care facility. How likely each patient Covid-19 case is to be a nosocomial case is based on the duration of time between admission to a healthcare facility and positive specimen date;.

- **Hospital-Onset Probable Healthcare-Associated** – positive specimen date 8 -14 days after hospital admission.
- **Hospital-Onset Definite Healthcare-Associated** – positive specimen date 15 or more days after hospital admission.

Indicator	Trust Position																				
Total Admissions	Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Sparkline
	Total Admissions	404	353	389	330	374	366	368	381	377	347	396	377	406	398	437	418	404	412	391	
Covid Positive Prior to Admission	Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Sparkline
	Total Covid +ve Admissions	18	49	31	11	5	4	2	28	41	44	66	31	11	1	0	3	6	20	12	
	Covid +ve Admission Rate	4.5%	13.9%	8.0%	3.3%	1.3%	1.1%	0.5%	7.3%	10.9%	12.7%	16.7%	8.2%	2.7%	0.3%	0.0%	0.7%	1.5%	4.9%	3.1%	
Covid Positive Following Swab During Admission	No of Days	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Sparkline
	0-2	1	4	2	2	0	0	0	2	5	4	5	4	0	0	0	0	0	1	1	
	3-7	2	9	9	1	1	0	1	0	7	12	20	8	1	0	1	0	0	2	1	
	8-14	1	8	9	2	0	0	0	0	1	15	9	5	2	0	0	0	0	1	0	
	15 and over	11	14	5	2	0	0	0	7	5	29	18	35	9	1	0	0	0	2	2	
	Hospital Acquired Rate *	3.0%	6.2%	3.6%	1.2%	0.0%	0.0%	0.0%	1.8%	1.6%	12.7%	6.8%	10.6%	2.7%	0.3%	0.0%	0.0%	0.0%	0.7%	0.5%	
	• Community-Onset (CO) positive specimen date - <=2 days after hospital admission or hospital attendance. *• Hospital-Onset Indeterminate Healthcare Associated (HO.IHA) – positive specimen date 3-7 days after hospital admission.* *• Hospital-Onset Probable Healthcare-Associated (HO.pHA) – positive specimen date 8 -14 days after hospital admission.* *• Hospital-Onset Definite Healthcare-Associated (HO.dHA) – positive specimen date 15 or more days after hospital admission.* ** - Includes the Hospital-Onset Probable Healthcare-Associated and Hospital-Onset Definite Healthcare-Associated categories.*																				
Overall Covid Positive Admissions Rate	Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Sparkline
	Total Covid +ve Admissions	33	84	56	18	6	4	3	37	59	104	118	83	23	2	1	3	6	26	16	
	Average Covid +ve Admissions	8.2%	23.8%	14.4%	5.5%	1.6%	1.1%	0.8%	9.7%	15.6%	30.0%	29.8%	22.0%	5.7%	0.5%	0.2%	0.7%	1.5%	6.3%	4.1%	

Current LPT data sources for nosocomial Covid-19

Daily Directorate Covid-19 Sit-rep reports

The template includes; number of confirmed Covid-19 patients diagnosed with Covid-19 between midnight to 23.59:59 on the day before against the date of the positive specimen in line with the above definitions. This information is submitted directly to the ICC and copied to the Trust Infection Prevention and Control team.

IPC team local access database

The IPC team have a local access database for clinical patient reviews that captures all patients with long term infections and more recently Covid-19. The data source is taken from the daily Directorate sit-reps, or through IPC referrals. Data is validated using SystmOne records and ilab to confirm results. The system is backed up daily.

The objective is to move to a utilising System1 functionality when it is available, with reporting through Qliksense. The Information and IPC teams are currently working up this system and process.

Internal reporting

There were two definite nosocomial cases reported on Cedar Ward in September 2021, this is being managed as a patient and staff Covid-19 outbreak. The patient cases were identified through the routine testing, patients were immediately isolated and transferred to Gwendolen Ward, both patients were asymptomatic and remained well during isolation.

We continue to test, screen and triage all patients and use a risk assessment process. The pathways for patient admission have been updated to reflect the changes to a number of recent recommendations i.e. PPE useage. There are no red wards currently in use in the Trust, however a number of beds/areas have been identified in the directorates that meet the covid isolation requirements if patients test positive. Gwendolen Ward can be opened as a red/high risk ward and was opened for two positive patient cases in August 2021 and reopened in September 2021.

The campaign Hands, Face, Clean your space launched on the 15 July 2021, to support the Trusts recovery plans and continue to promote the Infection prevention and control messages, these include:

- Dump the Junk
- How tidy is your cupboard
- Swap shop, can it be repurposed in another service if not needed (in line with mandatory requirements)
- Stock rotation, improving stock flow, expiry dates and stock levels.

Actions to minimise nosocomial Covid-19 infection

The weekly Trust wide outbreak meeting has been reinstated due to an increase in Covid-19 outbreaks to ensure lessons learnt and actions are widely shared.

2. Quality Account

The following standards form the measures for the 2020/21 Quality Account that being reported against in 2021/22 until the new metrics have been agreed.

<table>
<tr><th rowspan="2">Standard</th><th rowspan="2">Trust Performance</th><th rowspan="2">RAG/ Comments on recovery plan position</th><th colspan="2">SPC Flag</th></tr>
<tr><th>Assurance of Meeting Target</th><th>Trend</th></tr>
<tr><td rowspan="3">The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period</td><td><table><tr><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-21</td><td>Aug-21</td><td>Sep-21</td></tr><tr><td>93.2%</td><td>98.8%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr></table></td><td rowspan="3"></td><td>?</td><td>NO CHANGE</td></tr>
<tr><td colspan="2">Over the series of data points being measured, key standards are being delivered inconsistently</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td rowspan="3">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</td><td><table><tr><td>2017/18</td><td>2018/19</td><td>2019/20</td><td>2020/21</td></tr><tr><td>7.4</td><td>6.4</td><td>7.1</td><td>6.9</td></tr></table></td><td rowspan="3">The majority of scores within Leicestershire Partnership NHS Trust’s results sit in the intermediate 60% of the Trusts surveyed by Quality Health, although there are also a number (over a third) that fall into the bottom 20% range, particularly with the Support and Wellbeing section.
However, there is a trend of positive change in many of the scores.
Many scores continue to show improvement and there are more scores in the intermediate range than bottom now. The score for overall rating of care has moved from the bottom to intermediate range.
Older adults continue to report more positively.</td><td>n/a</td><td>n/a</td></tr>
<tr><td colspan="2">Not applicable for SPC as reported infrequently</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td rowspan="3">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</td><td><table><tr><td colspan="6">Age 0-15</td></tr><tr><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-21</td><td>Aug-21</td><td>Sep-21</td></tr><tr><td>0.0%</td><td>66.7%</td><td>0.0%</td><td>0.0%</td><td>0.0%</td><td>0.0%</td></tr><tr><td colspan="6">Age 16 or over</td></tr><tr><td>31.7%</td><td>35.3%</td><td>32.8%</td><td>40.8%</td><td>47.9%</td><td>45.2%</td></tr></table></td><td rowspan="3"></td><td>n/a</td><td>n/a</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

2. Quality Account

The following standards form the measures for the 2020/21 Quality Account that being reported against in 2021/22 until the new metrics have been agreed.

<table>
<tr><th rowspan="2">Standard</th><th rowspan="2">Trust Performance</th><th rowspan="2">RAG/ Comments on recovery plan position</th><th colspan="2">SPC Flag</th></tr>
<tr><th>Assurance of Meeting Target</th><th>Trend</th></tr>
<tr><td>The number and, where available rate of patient safety incidents reported within the Trust during the reporting period</td><td><table><tr><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-21</td><td>Aug-21</td><td>Sep-21</td></tr><tr><td>1087</td><td>1079</td><td>1153</td><td>1048</td><td>955</td><td>972</td></tr><tr><td>62.5%</td><td>62.1%</td><td>65.0%</td><td>61.5%</td><td>59.0%</td><td>61.2%</td></tr></table></td><td></td><td>n/a</td><td>n/a</td></tr>
<tr><td>The number and percentage of such patient safety incidents that resulted in severe harm or death</td><td><table><tr><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-21</td><td>Aug-21</td><td>Sep-21</td></tr><tr><td>3</td><td>1</td><td>10</td><td>4</td><td>9</td><td>8</td></tr><tr><td>0.3%</td><td>0.1%</td><td>0.9%</td><td>0.4%</td><td>0.9%</td><td>0.8%</td></tr></table></td><td></td><td>n/a</td><td>n/a</td></tr>
<tr><td>Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral
(reported a month in arrears)</td><td><table><tr><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-21</td><td>Aug-21</td></tr><tr><td>84.0%</td><td>89.5%</td><td>79.2%</td><td>87.5%</td><td>78.3%</td><td>72.4%</td></tr></table></td><td></td><td>?</td><td>UP
Over the series of data points being measured, key standards are being delivered inconsistently</td></tr>
<tr><td>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)</td><td>Reported Bi-annually
Inpatient Wards<table><tr><td>Mar-20</td><td>Sep-20</td><td>Mar-21</td><td>Sep-21</td></tr><tr><td>60.0%</td><td>58.0%</td><td>96.0%</td><td>94.0%</td></tr></table>EIP Services<table><tr><td>Mar-20</td><td>Sep-20</td><td>Mar-21</td><td>Sep-21</td></tr><tr><td>93.0%</td><td>-</td><td>97.0%</td><td>-</td></tr></table>Community Mental Health Services on CPA (arrears)<table><tr><td>Mar-20</td><td>Sep-20</td><td>Mar-21</td><td>Sep-21</td></tr><tr><td>-</td><td>34.0%</td><td>-</td><td>54.0%</td></tr></table></td><td>Comments on September 2021 results

To continue the work as has been achieved thus far. Staff should be commended on their excellent work in this area particularly in light of the impacts and implications of COVID.</td><td>n/a</td><td>n/a
Not applicable for SPC as reported infrequently</td></tr>
<tr><td>Admissions to adult facilities of patients under 16 years old</td><td><table><tr><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-21</td><td>Aug-21</td><td>Sep-21</td></tr><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table></td><td></td><td>n/a</td><td>n/a</td></tr>
</table>

3. NHS Oversight

The following targets form part of the 2020/21 NHS Oversight Framework.

<table>
<tr><th rowspan="2">Target</th><th rowspan="2">Trust Performance</th><th rowspan="2">RAG/ Comments on recovery plan position</th><th colspan="2">SPC Flag</th></tr>
<tr><th>Assurance of Meeting Target</th><th>Trend</th></tr>
<tr><td rowspan="3">Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral

Target is >=60%
(reported a month in arrears)</td><td>Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21
84.0% | 89.5% | 79.2% | 87.5% | 78.3% | 72.4%</td><td rowspan="3"></td><td>?</td><td>UP</td></tr>
<tr><td colspan="2">Over the series of data points being measured, key standards are being delivered inconsistently</td></tr>
<tr><td rowspan="3">6-week wait for diagnostic procedures (Incomplete)

Target is >=99%

(reported a month in arrears)</td><td>Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21
70.7% | 72.0% | 75.2% | 68.6% | 58.7% | 49.9%</td><td rowspan="3">In line with national COVID-19 guidance, this service was suspended. It was re-established in October 2020 but due to COVID restrictions can only work at 60% previous activity. We are continuing to support the additional audiologists with the COVID backlog finance until March 2022. The original recovery trajectory was to report a positive KPI in July/August 2021. There has however been a surge in referrals over the last few months and this is now expected March 2022. The position will then be sustainable if the COVID restrictions are lifted</td><td>YES</td><td>DOWN</td></tr>
<tr><td colspan="2">Key standards are being delivered but are deteriorating</td></tr>
</table>

4(a). Access - Waiting Time Standards - DMH

The following performance measures (reported a month in arrears) are key waiting time standards for the Trust:

Target	Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
Adult CMHT Access Six weeks routine Target is 95%		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Service has an improvement plan in place and additional capacity (weekend clinics and overtime) is supporting a reduction in waiting times. Significant improvement has been made over the last few months.	N/A	N/A
	Complete	58.6%	59.8%	69.6%	60.3%	57.2%	66.7%			
	Incomplete	59.2%	66.0%	63.8%	58.1%	47.8%	45.3%		NO	NO CHANGE
									Key standards are not being delivered and are deteriorating/ not improving	
Memory Clinic (18 week Local RTT) Target is 95%		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Service has a robust improvement plan and trajectory in place, based on a PDSA approach streamlining the patient pathway and maximising clinical capacity. The incomplete waiting times compliance is improving consistently and the number of people waiting is falling in line with this. The service has had 2 WTEs on long term sick leave from May to September which has impacted on progress. Both members of staff have returned during September.	N/A	N/A
	Complete	19.0%	25.9%	43.8%	25.5%	48.5%	51.6%			
	Incomplete	63.0%	64.8%	68.1%	68.5%	68.7%	69.7%		N/A	N/A
ADHD (18 week local RTT) Target is: Complete - 95% Incomplete - 92%		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	The tender process for outsourcing part of the waiting list backlog closed on 1st October - evaluations are underway. Other elements of the ADHD improvement plan continue to be progressed, although rcruitment remains challenging.	N/A	N/A
	Complete	18.2%	25.0%	5.6%	18.2%	20.0%	12.5%			
	Incomplete	40.3%	37.3%	37.6%	39.9%	36.9%	34.3%		N/A	N/A

4(b). Access - Waiting Time Standards - CHS

The following performance measures (reported a month in arrears) are key waiting time standards for the Trust:

Target	Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
CINSS - 20 Working Days (Complete Pathway) Target is 95%	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Urgent compliance is consistently 100%. Trajectory and action plan in place to meet 95% by March 2022.	N/A	N/A
	32.2%	27.6%	36.6%	30.8%	31.9%	26.2%			
Continence (Complete Pathway) Target is 95%	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Improvement plan in place with trajectory to reduce the number of patients waiting and increase productivity.	N/A	N/A
	23.3%	13.6%	40.6%	33.7%	44.0%	50.1%			

4(c). Access - Waiting Time Standards - FYPC

The following performance measures (reported a month in arrears) are key waiting time standards for the Trust:

Target	Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
CAMHS Eating Disorder – one week (complete pathway) Target is 95%		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Urgent - The Service has seen a sustained increase in urgent referrals, which is consistent with the National profile. Referrals are prioritised and additional capacity has been agreed through the MHIS. An improvement plan and trajectory are in place, which has Executive oversight. In addition, a number of young people are being supported in the community whilst waiting.	?	NO CHANGE
		66.7%	33.3%	0.0%	30.0%	50.0%	100.0%			
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Routine - routine referrals are being delayed due to the prioritisation of urgent cases. Additional capacity has been agreed through the MHIS and an improvement plan is in place, with Executive oversight.	?	DOWN
		50.0%	50.0%	33.3%	42.9%	22.2%	30.0%			
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Resources are being diverted to deal with the urgent referrals.	?	UP
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
Children and Young People's Access – 13 weeks (incomplete pathway) Target is 92%		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	The KPI is now being met following a sustained effort by the team to get the waiting list into the ideal number range. The service has increased the available slots in the third quarter to meet the expected surge of referrals when schools go back	?	NO CHANGE
		78.2%	69.3%	71.5%	74.8%	89.2%	100.0%			
Aspergers - 18 weeks (complete pathway)	Wait for Treatment	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	The service is receiving an increase in referrals and this may start to impact on the target. This is being monitored at DMT and Silver meetings.	N/A	N/A
		93.9%	93.1%	97.9%	100.0%	92.9%	93.8%			
	No. of Referrals	56	42	68	30	63	45			
LD Community - 8 weeks (complete pathway)	Wait for Assessment	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21		N/A	N/A
		93.6%	91.4%	87.5%	89.2%	89.1%	88.3%			
	No. of Referrals	135	97	112	126	118	97			

5. 52 week waits

No patient should wait for more than 52 weeks from referral to the start of their treatment.

The following services have 52 week waits within their service:

Target	Trust Performance						Longest wait (latest month)	RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
Cognitive Behavioural Therapy	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	87 weeks	The CBT improvement plan remains effective in supporting the number of 52 week waiters to fall.	NO	DOWN
	50	45	38	47	36	27			Key standards are not being delivered but are improving	
Dynamic Psychotherapy	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	112 weeks	The number of 52 week waiters continues to fall, and is now below the planned trajectory. Group offers continue to support the improvement plan, alongside a re-design of the future service offer under SUTG-MH.	NO	DOWN
	43	23	20	19	13	13			Key standards are not being delivered but are improving	
Therapy Service for People with Personality Disorder - Treatment waiters over 52 weeks	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	215 weeks	Plans to re-design the psychological treatment offer for patients with a personality disorders continue to be developed. Pilot psychological skills groups are taking place - planning is underway to scale up the delivery of these groups, within locality teams from December. The number of patients waiting for treatment is rising, as the service works through the assessment waiting list of over 52 week waits.	NO	UP
	210	214	241	325	364	380			Key standards are not being delivered and are deteriorating/ not improving	
Therapy Service for People with Personality Disorder - assessment waits over 52 weeks (a month in arrears)	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	132 weeks	The service has been working through the historical backlog of long waiters for assessment using focussed 'assessment weeks'. These have been effective in reducing the number of waiters over 52 weeks.	N/A	N/A
	632	628	660	523	502	486				
CAMHS	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	91 weeks	As at 4th October there were 140 waiting over a year, 41 for treatment and 97 for neuro-developmental diagnosis. This is a sustained improvement position. Both lists are performing against the expected trajectory. We are currently working through a spike of referrals 12-18 months ago and once this is cleared the numbers waiting at each week are considerably less and the trajectory recovers quicker.	NO	UP
	257	250	219	218	233	192			Key standards are not being delivered and are deteriorating/ not improving	

6. Patient Flow

The following measures are key indicators of patient flow:

Target	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
Occupancy Rate - Mental Health Beds (excluding leave) Target is <=85%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Occupancy levels are closely monitored and actions taken in line with the covid surge plans to ensure adequate capacity is available on a day to day basis.	?	DOWN
	83.8%	79.0%	82.0%	77.7%	79.4%	78.4%		Over the series of data points being measured, key standards are being delivered inconsistently	
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	The Trust is below the local target rate of 93%, however there is engagement with commissioners to review the benefits of this target to support flow. Occupancy is one of a range of measures to support flow and 93% does not ordinarily work. The national level is 87% and this is still challenging due to the separation of red and green beds / IPC requirements.	?	DOWN
	76.0%	82.8%	81.1%	84.1%	80.0%	86.3%		Over the series of data points being measured, key standards are being delivered inconsistently	
Average Length of stay Community hospitals National benchmark is 25 days.	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	The Trust consistently is below the national benchmark of 25 days.	YES	NO CHANGE
	17.1	16.6	17.7	18.2	15.7	19.7		Key standards are being consistently delivered and are improving/ maintaining performance	
Delayed Transfers of Care Target is <=3.5% across LLR	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	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.	?	DOWN
	2.9%	2.7%	2.9%	1.9%	3.1%	2.5%		Over the series of data points being measured, key standards are being delivered inconsistently	
Gatekeeping Target is >=95%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		?	NO CHANGE
	93.2%	98.8%	100.0%	100.0%	100.0%	100.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
72 hour Follow Up after discharge Target is 80% *(reported a month in arrears)*	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21		N/A	N/A
	70.9%	80.4%	88.1%	87.6%	79.1%	78.0%			
Perinatal - Number and Percentage of women accessing service Target is 8.6%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Access for this indicator is defined as requiring a face to face or video consultation i.e. telephone contacts are excluded. Due to the pandemic, the service has been using telephone as a replacement for some face to face work. There are also some issues where the modality has not been recorded correctly. The service has an agreed trajectory for improvement in place.	N/A	N/A
	504	502	480	481	488	484			
	4.0%	4.0%	3.8%	3.8%	3.9%	3.9%		N/A	N/A

7. Quality and Safety

Target	Trust Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
Serious incidents		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		N/A	NO CHANGE
		10	2	18	8	5	1		Over the series of data points being measured, key standards are being delivered inconsistently	
STEIS - SI action plans implemented within timescales (in arrears) Target = 100%		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Awaiting validated data to assess achievement of measure	?	DOWN
		20.0%	14.3%	50.0%	66.5%	22.2%	25.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
Safe staffing No. of wards not meeting >80% fill rate for RNs Target 0		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	This measure has been temporarily suspended during COVID-19 as staffing capacity is changing rapidly and continually to respond to the pandemic	NO	UP
	Day	5	7	7	5	5	6		Key standards are not being delivered and are not improving *SPC based on day shift*	
	Night	0	0	1	1	1	1			
Care Hours per patient day		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		N/A	N/A
		12.4	12.3	12.3	12.5	12.4	12.2		Key standard has no target; however performance is consistent	
No. of episodes of seclusions >2hrs Target decreasing trend		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		N/A	NO CHANGE
		30	32	28	16	7	24		Key standard has no target; however performance is consistent	
No. of episodes of supine restraint Target decreasing trend		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		N/A	NO CHANGE
		4	4	9	6	17	14		Key standard has no target; however performance is consistent	
No. of episodes of side-line restraint Target decreasing trend		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		N/A	NO CHANGE
		5	29	29	16	13	22		Key standard has no target; however performance is consistent	
No. of episodes of prone (unsupported) restraint Target decreasing trend		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		N/A	NO CHANGE
		2	0	1	0	0	0		Key standard has no target; however performance is consistent	
No. of episodes of prone (supported) restraint Target decreasing trend		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		N/A	DOWN
		5	5	5	3	2	5		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)		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	The Directorate has some improvement targets set by CCGs and an improvement plan.	N/A	UP
	Category 2	120	105	103	98	105	93			
	Category 4	3	5	7	3	4	5		N/A	NO CHANGE
									Key standard has no target; however performance is consistent for category 2 and consistent for category 4	
No. of repeat falls Target decreasing trend		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	General reduction in patient numbers over the Covid period will result in greater variance than has been seen historically. This is monitored via the Falls Steering Group including the impact on Harm.	N/A	NO CHANGE
		53	43	46	64	47	45			
									Key standard has no target; however performance is consistent	
LD Annual Health Checks completed - YTD Target is 75%		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year To date from 1 April 2021, 968 competed. In Q2 more checks completed than previous year	N/A	N/A
		106	255	430	583	702	968			
LeDeR Reviews completed within timeframe		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	New LeDeR system is in place – need to redefine.	N/A	N/A
		15 awaiting alloation, 15 on hold and 16 in progress								

8. 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
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		?	UP
MH Data quality Maturity Index Target >=95%	91.2%	91.5%	91.3%	91.0%	91.4%	92.6%		Over the series of data points being measured, key standards are being delivered inconsistently	

9. 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%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	The Trust is below the ceiling set for turnover.	YES	DOWN
	8.5%	8.8%	9.1%	9.1%	9.1%	9.3%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		NO	UP
	10.8%	12.4%	12.2%	11.6%	11.5%	11.3%		Key standards are not being delivered and are deteriorating/ not improving	
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21		NO	NO CHANGE
	3.5%	4.4%	4.6%	5.1%	5.3%	5.2%		Key standards are not being delivered but are improving	
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21		n/a	n/a
	£477,073	£580,557	£639,392	£668,739	£717,582	£748,440			
Health and Well-being Sickness Absence YTD (1 month in arrears) Target is <=4.5%	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21		n/a	n/a
	4.7%	4.4%	4.5%	4.7%	4.9%	5.0%		Not applicable for SPC as measuring cumulative data	
Agency Costs Target is <=£641,666 (NHSI national target)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		NO	UP
	£1,531,718	£1,556,256	£1,919,728	£1,775,099	£1,852,385	£2,040,719		Over the series of data points being measured, key standards are being delivered inconsistently	
Core Mandatory Training Compliance for substantive staff Target is >=85%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	The Trust is meeting the target set for Core Mandatory Training.	YES	UP
	94.0%	94.6%	94.2%	92.5%	92.0%	92.6%		Key standards are being consistently delivered and are improving/ maintaining performance	
Staff with a Completed Annual Appraisal Target is >=80%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	The Trust is meeting the target set for Annual Appraisal	YES	DOWN
	88.2%	89.5%	89.9%	85.2%	84.8%	83.2%		Key standards are being delivered but are deteriorating	
% of staff from a BME background Target is >= 22.5%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	The Trust is meeting the target set.	?	UP
	23.8%	23.7%	23.7%	23.9%	24.1%	24.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
Staff flu vaccination rate (frontline healthcare workers) Target is >= 80%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		n/a	n/a
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		NO	DOWN
	85.6%	88.1%	85.4%	75.9%	69.1%	75.7%		Key standards are not being delivered and are deteriorating	
Health and Wellbeing Activity - Number of LLR staff contacting the hub in the reporting period (1 month in arrears)	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21		N/A	N/A
		135	148	240	1080	130			

RAG rating against improvement plans

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

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

Statistical process control (SPC) ratings against performance

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

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

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

Useful icon combinations to understand performance:

Performance	Trend	Description
YES	UP/ DOWN or NO CHANGE	Key standards are being consistently delivered and are improving/ maintaining performance
YES	UP/ DOWN	Key standards are being delivered but are deteriorating
?	Any trend icon	Over the series of data points being measured, key standards are being delivered inconsistently
NO	UP/ DOWN	Key standards are not being delivered but are improving
NO	UP/ DOWN or NO CHANGE	Key standards are not being delivered and are deteriorating/ not improving

Performance headlines – September 2021

The SPC measure includes data up to the current reporting month for the indicator

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
Core Mandatory Training Compliance for Substantive Staff

Key standards being delivered but deteriorating

C 6-week wait for diagnostic procedures
Staff with a Completed Annual Appraisal

Key standards being delivered inconsistently

CAMHS ED one week (complete)
Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral
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)
C Occupancy rate – mental health beds (excluding leave)
C Average Length of stay (excluding leave) from Bradgate acute wards
Delayed transfer of care (DToC)
Gatekeeping
C Diff
STEIS action plans completed within timescales
Agency Cost
C Occupancy rate – community beds (excluding leave)
% of staff from a BME background
MH Data Quality Maturity Index

Key standards not being delivered but improving

Sickness Absence
Dynamic Psychotherapy over 52 weeks
Cognitive Behavioural Therapy over 52 weeks

Key standards not being delivered but deteriorating/ not improving

C Adult CMHT Access six week routine (incomplete)
Safe Staffing
Personality Disorder over 52 weeks
CAMHS over 52 weeks
Vacancy rate
% of staff who have undertaken clinical supervision within the last 3 months

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

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Sharon Murphy - Interim Director of Finance and Performance	
Paper authored by:	Information Team	
Date submitted:	18/10/2021	
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):		
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	Monthly report	
STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	x
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	35 - Provides assurance of the improving quality and availability of data reporting to inform quality decision making
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		
Equality considerations:		

Y

Leicestershire Partnership NHS Trust

CHARITABLE FUNDS COMMITTEE– DATE 14th SEPTEMBER 2021

HIGHLIGHT REPORT

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

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

Report	Assurance level*	Committee escalation	Risk Reference
Review of Risk Register	High	1 risk and 1 risk assessment were reviewed; new actions for the risk assessment will be considered for the next update.	4618
Review of fundraising strategy and annual priorities (verbal)		The four priorities were reflected in the Fundraising Manager's report. The report will show action taken against each of the strategic priorities. The committee agreed that a formal review will be undertaken on an annual basis at the year end.	4618
Fundraising Manager's report	High	The fundraising manager provided an update on activities to 14th September. The NHS Charities Together (NHSCT) phase 2 bid (community grants) had been approved. LLR would receive £492k, a press release was issued on 25th July. Leicester Hospitals Charity will be arranging a first meeting of all the groups awarded the funding, followed by regular meetings. The NHSCT Covid second wave £50,000 grant was discussed. The funds need to be spent on staff, patient and volunteer wellbeing by November 2021. Project proposals are in the development stage.	4618

Report	Assurance level*	Committee escalation	Risk Reference
		The committee noted that funding received from external donors for specific projects remained at risk if funds were not spent in a timely way. The committee thanked the fundraising team for their tremendous work engaging with corporate sponsors and corporate fundraising. The amount of new contacts had been phenomenal.	
Finance report – Q1	High	An update on the charity's financial position was provided. The investment value had increased by £100k in quarter 1. Total income was £170k in quarter 1, comprising realised income of £70k and an unrealised investment gain of £100k. Expenditure was £80k in the quarter. Future expenditure commitments total £493k. The cash balance was £682k at the end of June. Cash was expected to remain in a good position in the rolling 3 year cash flow forecast. The committee agreed to increase the reserve to £120k and invest the equivalent amount of cash into the 0.5% and 35 day notice NatWest savings account (Government Banking Service) to provide a higher value of protection for cash balances. Total funds available was £2.7m at the end of quarter 1, an increase of £90k on the previous quarter.	4618
Draft annual accounts/report	High	The Trustees and Committee Members approved the draft annual accounts and report, noting the final version would be submitted to Trust Board in public in October 2021.	4618
Management Representation letter	High	Approved by the Trustees and Committee Members.	4618
Approval of Charitable Funds reserves increase from £100k to £120k (verbal)		Approved by the Trustees and Committee Members.	4618
Internal Audit Charitable Funds draft Terms of Reference		Approved by the Trustees and Committee Members.	4618

Report	Assurance level*	Committee escalation	Risk Reference
Update on previous bids	High	Reporting for both NHS Charities Together & Carlton Hayes' expenditure against grants is now incorporated into the main finance report and there were no issues for escalation.	4618
New bids received	High	Bids were approved by the committee: Research projects/pilots – (total £20k) The Research team will invite applications for evaluation by research experts in LPT. This bid will come back to the committee for full sign off once this process has been completed.	4618
New funds created	High	St Luke's Hospital Staff Wellbeing fund	4618
Work plan	High	The work plan was reviewed and minor amendments made.	4618
Review of risk register	High	No additional risks had been identified.	4618
AOB	High	3 requests for bids under £3,000 were discussed and next steps agreed.	4618

Chair	**Cathy Ellis, Trust Chair & Raising Health Trustee Chair**

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RAISING HEALTH

ANNUAL REPORT

2020-2021

REGISTERED CHARITY (Number 1057361)

Contents

Foreword by the Chair of the Trustees of Raising Health

Welcome to our Annual Report for 2020-21. We are a trustee body independent from the management of the Leicestershire Partnership NHS Trust but work with them in partnership for the benefit of NHS patients and service users from Leicester, Leicestershire and Rutland.

As a Charity, we have a clear mission:

> ***"To support excellent care initiatives, equipment and innovations which go above and beyond core NHS provision to enhance the experience of our patients, service users and staff."***

We exist to provide resources and facilities to our patients, service users and staff across our many different services. We are there to make life better, by providing the extra things that the NHS isn't obligated to provide, but which can make a big difference to patients, service users and staff. This year through donations, legacies, fundraising appeals and investments, we have raised a total of £898,000. Some of the projects that we have supported are:

For our patients:

- Environmental improvements
- On-ward activities including music sessions, games, arts and crafts and boredom buster items
- Sports equipment for the Beacon Unit, our new Children and Adolescents Mental Health Inpatient unit which opened in the autumn of 2020
- Dementia friendly name badges
- Televisions, DVD players, radios and CD players
- Cultural festivities items and Christmas presents
- Sensory equipment

For our staff:

- S

taff thank you letters and badges, to show our appreciation for the hard work of all staff during the Covid-19 pandemic

- S

taff health and wellbeing initiatives, including staff wobble rooms, refreshments and hand cream for nurses

- S

taff research training

- Events to support black history and international day of people with disabilities

Your donations make this work possible, and your future donations are the key to our continued success. I hope that like me, you will be inspired by our plans to help enhance the care provided by Leicestershire Partnership NHS Trust and want to be a part of our story. If you would like to read more about our current appeals or donate you can do so at www.raisinghealth.org.uk . Please support us, every pound counts. Thank you.

Cathy Ellis
Chair
14th September 2021

Administrative Details

Name of Charity	Raising Health
Registered Charity No	1057361
Address of Charity	Raising Health Leicestershire Partnership NHS Trust Unit 2 and 3 Bridge Park Plaza Bridge Park Road Thurmaston Leicester LE4 8BL
Bankers	The National Westminster Bank Plc Leicester Hinckley Road Branch 7 Hinckley Road Leicester LE3 0TQ
Investment Managers	Cazenove Capital & Schroders Wealth 1 London Wall Place London EC2Y 5AU
External Examiner	360 Assurance Internal Audit Services Room 115A Gwendolen House Gwendolen Road Leicester LE5 4QF

Who We Are

Raising Health is an independent registered charity (registered number 1057361). We exist to raise funds and receive donations for the benefit of the patients and service users of Leicestershire Partnership NHS Trust (LPT). LPT provides physical and mental health care to people of all ages in their own homes, in community settings, and in our inpatient units and hospitals.

Donations received by Raising Health can fund equipment, projects and innovations which go above and beyond NHS core provision to make a real difference to the people cared for by LPT in Leicester, Leicestershire and Rutland, and the staff who look after them.

We would like you to support us in our crucial work so please read on and let us tell you more about ourselves, what we do, what we have achieved and how we go about spending the money given to us.

Our Vision

Through fundraising and careful management of our existing funds, Raising Health is able to make grants to LPT's services in order:

> *"To support excellent care initiatives, equipment and innovations which go above and beyond core NHS provision to enhance the experience of our patients, service users and staff."*

Grants are made in accordance with charity legislation, our constitution and the wishes and directions of donors. During the year grants totalling £239,000 were utilised and a further £412,000 committed as at 31st March 2021.

Our Aims

Our key aim is to serve the NHS patients and service users of LPT for the public benefit. We put this aim into practice by helping patients, service users, their families and carers by:

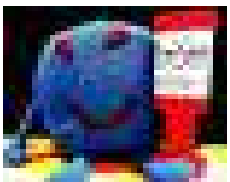
- Enhancing the care LPT services can offer through the purchase of new equipment and building improvements to deliver better care facilities
- Funding innovations in practice and therapeutic activities which enhance the care given to our patients and service users
- Funding medical research to understand better the diseases affecting our population today so that we can develop the treatments and therapies of tomorrow
- Improving staff facilities, services that promote staff well-being, and education of staff over and above what would normally be provided by the NHS.

How we are funded

The following figures are taken from the full accounts (included at the back of this report). An independent examination of the accounts has been undertaken by the Trust's internal auditors. The full accounts, titled Raising Health Charity Accounts 2020-21, have also been lodged with the Charity Commission. This section of the Trustees' annual report comments on key features of those accounts. In this section we firstly explain how we raised the money and then how we spent it.

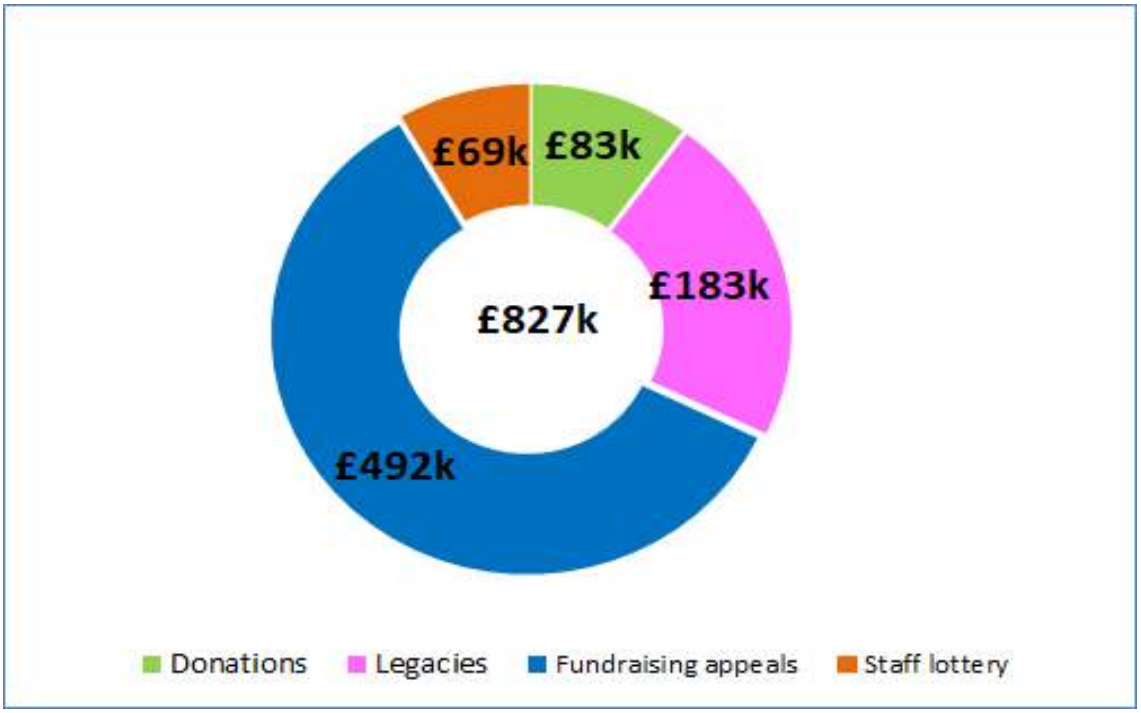
Sources of Funds

Raising Health Charitable Funds can only continue to support the work of Leicestershire Partnership NHS Trust for as long as we receive money to do so. Almost all of our income comes from the voluntary efforts of both our staff and the general public. During the pandemic period we also received significant donations from NHS Charities Together, Carlton Hayes Charity and two legacies totalling £183,000. Overall we ended the year having received £827,000, before the performance of our investments was taken into account. This is an increase of £515,000 (165%) compared to the previous year's income of £312,000.



Breakdown of our income

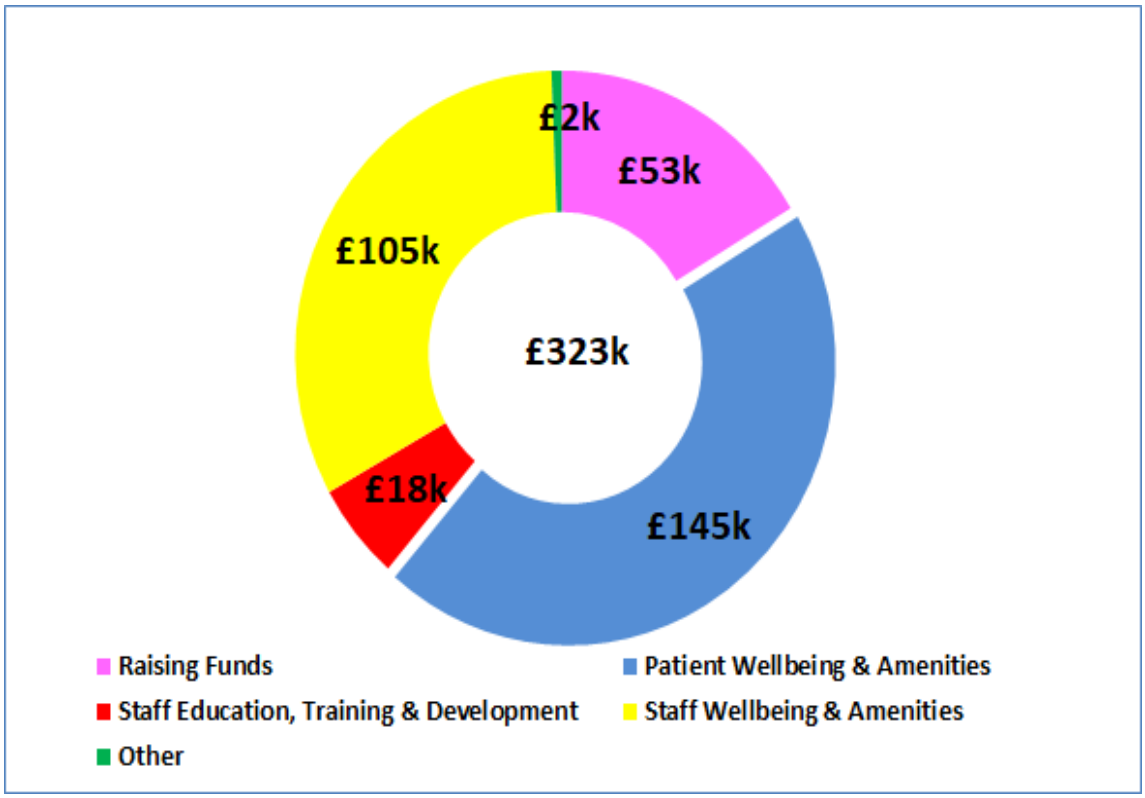
Voluntary Income Received - £827,000



What we spent our Funds on

All of our funds are spent through grants to Leicestershire Partnership NHS Trust. The graph below highlights the main areas of spends.

Expenditure - £323,000



- **Raising Funds**
  We spent a total of £53,000 (2019-20: £71,000) on raising funds. This largely relates to spend on our fundraising manager and investment management fees. The reduction in spend compared with the previous year is mainly due to the part-year vacancy relating to the fundraising manager post, and the reduced investment manager fee (following the change in investment managers in January 2020).

- **Patient Wellbeing and Amenities**
  Patients' wellbeing grants totalled £145,000 (2019-20: £126,000) and included the following items of expenditure: Furniture, furnishings and gardening improvements to enhance the patient and staff environment; musical entertainment and patients' social activities.

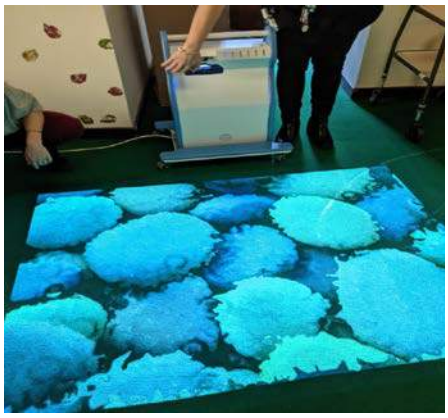
- **Staff Education, Training and Development**
  Staff education, training and development spending of £18,000 (2019-20: £35,000) mainly assisted with facilitating research projects.

- **Staff Wellbeing and Amenities**
  Staff wellbeing grants totalled £105,000 (2019-20: £60,000) which enabled amenities to be provided to Trust employees. The increase in spend relates to additional support provided for staff during the Covid-19 pandemic, including the setting up of wobble rooms, refreshments and hand cream for nurses and sending appreciation letters and badges to all

staff. As in previous years, this also includes the cost of lottery prizes to staff.

- **Other Costs**
  Other grants totalled £2,000 (2019-20: £2,000).

Individual fund managers are responsible for the day-to-day management of charitable funds, and the trustee relies on the fund managers to ensure the effective use of those charitable funds earmarked for their clinical area or activity, by applying their local or specialist knowledge. We have exciting plans to utilise more of the generous funding that we received during 2020-21 to enhance staff and patients' wellbeing, for example we are refreshing and re-equipping lots of our staff rooms to ensure staff have a relaxing environment to spend their breaks in.



Stru men

The on d as the Leicestershire Health Authority Charitable Fund.

On the 8th April 2004 the Charity was renamed as the Melton, Rutland Harborough PCT Umbrella Fund.

On 8th May 2007 the name of the Charity was formally changed in the governing document by a Supplemental Deed of Declaration to Leicestershire County and Rutland PCT Umbrella Fund.

On 22nd December 2011 the name of the Charity was formally changed via a Statutory Instrument 'Transfer of Trust Property' Order, from Leicestershire County and Rutland Primary Care Trust Charitable Fund to Leicestershire Partnership NHS Trust Charitable Fund.
Due to Transforming Community Services (TCS) community hospitals transfer from 1st April 2011 and the demise of the Primary Care Trust on 31st March 2013, Trustee arrangements transferred from Leicestershire County and Rutland Primary Care Trust (LCR PCT) to Leicestershire Partnership NHS Trust (LPT).

During 2016-17 to increase the profile of the charity and to generate even more funds, the Charity changed its name to Raising Health.

Corporate Trustee

The Corporate Trustee of the Charity is the Leicestershire Partnership NHS Trust. The Executive Directors and Non-Executive Directors of the Trust Board share the responsibility for ensuring that the NHS body fulfils its duties as Corporate Trustee in managing the charitable funds.

Non-Executive Directors are appointed by NHS Improvement. The Chief Executive and Executive Directors are appointed by the Board of the Trust. The Directors who served Leicestershire Partnership NHS Trust (the Corporate Trustee as at 31st March 2021) were as follows:

Non-Executive Directors

- Cathy Ellis, Chair
- Professor Kevin Harris, Non-Executive Director
- Faisal Hussain, Non-Executive Director
- Darren Hickman, Non-Executive Director
- Elizabeth Rowbotham, Non-Executive Director
- Ruth Marchington, Non-Executive Director
- Geoff Rowbotham, Non-Executive Director

Executive Directors

- Angela Hillery, Chief Executive*
- Dr Anne Scott, Director of Nursing, Quality & Allied Health professionals
- Sharon Murphy, Interim Director of Finance & Performance
- Dr Avinash Hiremath, Medical Director
- Sarah Willis, Director of HR & Organisational Development
- Rachel Bilsborough, Community Health Services Divisional Director
- Helen Thompson, Learning Disabilities and Families Young People and Children's Divisional Director
- Gordon King, Director of Mental Health Services
- Chris Oakes, Director of Corporate Governance & Risk*
- David Williams, Director of Business Strategy & Business Development*
- Richard Wheeler, Interim Chief Finance Officer*

* The Chief Executive, Interim Chief Finance Officer and Directors are also employed by Northamptonshire Healthcare Foundation Trust

Charitable Funds Committee

The Board of the Trust, on behalf of the Corporate Trustee, has delegated its responsibility for managing the charitable funds to the Charitable Funds Committee, which is a formal sub-committee of the Trust Board.

All Trustees undertake a formal induction programme when appointed into the Trust. Several of the Committee members have also previously been involved in the management of other charities outside of the Trust.

The Charitable Funds Committee reviews the performance of the external investment managers and monitors the consistency of the investment of funds with its policy on ethical investment, for example by avoiding investments in industries detrimental to the objective of improving health and healthcare. The Committee approves the appointment and terms of

the investment managers and approves items of expenditure which exceed the delegated limits of Fund Managers.

The membership of Raising Health Charitable Fund Committee as at 31st March 2021 was as follows:

Leicestershire Partnership NHS Trust Charitable Fund Committee

- Cathy Ellis, Chair – Chair and Trustee
- Ruth Marchington, Non-Executive Director – Trustee
- Sharon Murphy, Interim Director of Finance & Performance - Trustee
- David Williams, Director of Business Strategy & Business Development - Trustee
- Kamy Basra, Associate Director of Communications – Advisor to the Committee
- Carolyn Pascoe, Fundraising Manager – Advisor to the Committee
- Jackie Moore, Financial Controller – Advisor to the Committee
- Lorraine Newstead, Assistant Finance Manager – Advisor to the Committee

Tenure of office for Trustees is under regular review by the Chair of the Charitable Funds Committee to ensure a refreshed membership at appropriate intervals. For Non-Executive Directors Trustees the Chair of the Trust Board approves the change, and it is recorded in the Charitable Funds Committee meeting minutes. For Senior Manager Members the Director of Finance & Performance of the Trust approves the nomination and again it is recorded in the minutes of the meeting that follows any decision.

Fund Management

The Charity holds designated (earmarked) funds relating to particular wards and departments. We manage spending through local fund managers who are allocated part of or the entire total fund to spend in accordance with agreed authorisation limits. Fund managers for each of the designated funds manage these funds on a day-to-day basis within the standing financial instructions and standing orders, and powers of delegated authority, set by the Corporate Trustee. The Trustees oversee the work of the fund managers and has the power to revoke a fund manager's remit or, subject to any specific donor restriction, direct the use to which funds are put.

The Director of Finance & Performance is responsible for the day-to-day management and control of the administration of the charitable funds. The Director of Finance & Performance has responsibility to ensure that the spending is in accordance with the objectives and priorities agreed by the Charitable Funds Committee and the Board; that the criteria for spending charitable monies are fully met; that full accounting records are maintained; and that devolved decision making or delegated arrangements are in accordance with the policies and procedures set out by the Board on behalf of the Corporate Trustee.

Public Benefit

All charities must demonstrate how funds are used for the public benefit. We use our funds to purchase equipment, enhance patient and staff well-being and support staff development. All of these activities directly or indirectly benefit members of the public, and the fund expenditure falls within its charitable purposes.

The Trustees have complied with the public benefit requirements in chapter 1 (section 4) of the Charities Act 2011, when deciding what activities the charity should undertake.

Risk Management

Any major risks that we are exposed to have been identified and considered by the Trustees and systems have been established to mitigate these risks. The Charitable Funds Risk Register is reviewed at the start and close of each Charitable Funds Committee meeting. Controls and actions are in place to manage all identified risks.

We have appointed specialist investment managers who are responsible for generating a return on our capital investments. We have instructed them to invest in relatively low risk items for a moderate return. While there is still the potential for losses on our investment, this is greatly mitigated by the types of funds our investments are exposed to, that they are held as long term investments and the experience of our investment managers.

Related Parties

Raising Health works closely with, and provides the entirety of its grants to Leicestershire Partnership NHS Trust.

Although the Trustees are careful to consult with representatives of LPT's services through their committee meetings and other, less formal contacts, they retain their independence to act in the best interests of Raising Health and the charity's beneficiaries.

Our Relationship with the Wider Community

Our ability to continue vital support for Leicestershire Partnership NHS Trust is dependent on our ability to maintain and increase donations from the general public and corporate partners. We also continue to forge strong relationships with members of LPT staff, without whose co-operation the ability to make an effective contribution would be much diminished.

Close links are also maintained with individual community hospital Leagues of Friends and associated voluntary organisations. We are pleased to work with these organisations and value their support. We also work closely with the Carlton Hayes Charity. This is an established local Charity that assists and supports mental health service users.

During the Covid-19 pandemic we were successful in securing funds from NHS Charities Together, enabling us to enhance the services we provide to patients and further promote health and wellbeing for our staff.

Financial Review

We utilise both our existing funds and income raised during the year to support our grant costs. During the year our overall fund value increased by £913,000. This movement comprised of income received of £898,000 offset by expenditure of £323,000. In addition, there was an unrealised investment gain of £338,000. The closing fund value was £2,581,000, as shown in the Financial Position table. Prior year balances are shown for comparison purposes.

	Unrestricted Funds £000	Restricted Funds £000	Total Funds 2020-21 £000	Total Funds 2019-20 £000
Incoming Resources				
Voluntary income	827	0	827	312
Investment income	71	0	71	71
	898	**0**	**898**	**383**
Expenditure				
Charity expenditure	(323)	0	(323)	(294)
	(323)	**0**	**(323)**	**(294)**
Other Movements				
Net Gains / (Losses) on Investments	338	0	338	(104)
Net Expenditure	**15**	**0**	**15**	**(398)**
Gross transfers between funds	0	0	0	0
Net Movement in Funds	**913**	**0**	**913**	**(15)**
Funds brought forward	**1,667**	**1**	**1,668**	**1,683**
Total Funds Carried Forward	**2,580**	**1**	**2,581**	**1,668**

We are indebted to the generosity of patients, their families and carers, well-wishers, staff and friends who have all donated so generously to the work of the Charity.

How we Manage Money

Grant Making Policy

Raising Health fulfils its charitable objectives through making grants to services within Leicestershire Partnership NHS Trust.

With the exception of one restricted fund (with a fund value of £1,270), all of our funds are unrestricted. Unrestricted Funds are sub-analysed between Designated Funds, where the Trustees have set aside amounts to be used for specific purposes often reflecting the non-binding wishes of the donors, and Unrestricted Funds, which are applicable for any purpose at the Trustees discretion.

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as an endowment fund; where the donor has expressly provided that only the income of the fund may be spent on charitable activities, or as a restricted income fund; where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose.

Endowment funds, where the capital is held to generate income for charitable purposes, are sub-analysed between those where the Trustees have the discretion to spend the capital, expendable endowment, and those where there is no discretion to expend the capital, permanent endowment. We currently have no endowment funds.

This year we made grants of £270,000 (excluding any fundraising costs) representing 84% of total charitable expenditure (in 2019-20 we awarded grants of £223,000 or 76% of charitable expenditure). In making grants, the Trustees require that the activity falls within the objects of the Charity, that the grant request is supported by a partner NHS body, and that the funds are available to meet the request. Where funds are under the day to day management of a fund holder, the fund holder may incur any expenditure, subject to the authorised expenditure limits, provided the expenditure falls within the objects of the fund. Expenditure should also be a reasonable charge to charitable funds and be in furtherance of the objects of the Charity.

Reserves Policy

Reserves are part of the charity's income fund that is freely available to spend e.g. unrestricted funds. They do not form part of the unrestricted funds that are classed as designated (i.e. funds that reflect non-binding donor preferences), or the £1,270 restricted fund.

As a charity we need to think about uncertainties we may face in the future and the need to hold some reserves to meet unexpected calls on funds or opportunities that may present themselves. With this in mind the Trust has increased its reserves threshold by £20,000, from £100,000 to £120,000. This uplift is related to having additional staff in post to help manage the significant donations we have received during the year and covers the anticipated annual administration and governance costs for next year.

Our Investments

The Trustees have invested the majority of funds with the objective of maximising return while being exposed to only low levels of risk. The Charity does not have an active input into the structure of their investments, leaving this to the experienced fund managers. However, we have specified that funds must not be invested in companies that have more than 10% of their turnover from: Alcohol Manufacture, Armaments, Gambling, Pornography and Tobacco.

The Trustees view investments into these areas listed above as being contradictory to the aims of Leicestershire Partnership NHS Trust. Our investment manager Cazenove Capital & Schroders Wealth provides quarterly reports to the Trustees who monitor their performance.

Fundraising Activities & Future Plans

In order to progress further as a charity, Raising Health needs to attract greater levels of support and donations. We have a three-year rolling business plan for income and expenditure and have 4 key priorities for 2021-22.

- **VISIBILITY**: Increase the charity brand awareness and profile to all relevant audiences
- **INCOME** : Increase the level of donations to the charity using the appropriate fundraising mix
- **GRANTS** : Invest in initiatives that support the vision of the charity
- **PARTNERSHIPS**: Develop partnerships which increase the reach and impact of the charity

Significant projects that we are funding in 2021-22 include:

- Improving staff rooms so that they are of a consistent standard across the trust and offer a comfortable and relaxing place for our staff to take a break
- Mental Health First Aid training for staff
- Planning for improved patient gardens at the Evington Centre and Coalville Hospital
- Planning for Stewart House patient gym

Towards the end of 2019-20 the Covid-19 pandemic reached the UK and the NHS played a key role in caring for patients with the virus. Since the Covid-19 pandemic started the public generosity has been overwhelming and Raising Health has received many donations of items for staff and patients, including grant funding from NHS Charities Together and local businesses; this money has been used to support staff and patients' wellbeing during the pandemic.

A Formal Vote of Thanks

The Corporate Trustee would like to thank all patients, relatives and staff who have given legacies and made charitable donations to Raising Health this year. These donations have enriched the care provided by LPT and improved the working lives of LPT staff. Special thanks to our fundraisers who do so much to encourage others to support our appeals and the work of LPT.

Having read all about us, please consider supporting the work of LPT Charitable Fund

The challenge facing Raising Health in the future is to maintain and grow support so we can continue to make a difference to local people being cared for by Leicestershire Partnership NHS Trust.

What could your donation buy?

£1	could buy	Play therapy art materials for terminally ill children
£10	could buy	A reminiscent cd or dvd for our dementia patients
£30	could buy	A Play Station game for our adult mental health wards
£100	could send	Arts materials for a ward
£1,000	could buy	Sensory equipment for patients
£5,000	could adapt	A vehicle for patient transport
£10,000	could refurbish	A non-clinical patient area, such as a patient gym
£30,000	could support	A researcher for a year

If you would like to make a donation or support any of our fundraising activities, please visit our website www.raisinghealth.org.uk

Signed:

Name: Cathy Ellis **Date:** 14h September 2021

Statement of Trustees' Responsibilities

Under the trust deed of the charity and charity law, the trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. The trustees have elected to prepare the financial statements in accordance with UK Accounting Standards, including FRS 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland.

The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the excess of expenditure over income for that period. In preparing these financial statements, generally accepted accounting practice entails that the trustees:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards and the Statement of Recommended Practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- State whether the financial statements comply with the trust deed [and rules], subject to any material departures disclosed and explained in the financial statements;] and
- Assess the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- Use the going concern basis of accounting unless they either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

The trustees are required to act in accordance with the trust deed [and the rules] of the charity, within the framework of trust law. They are responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the trustees to ensure that, where any statements of accounts are prepared by them under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. They are responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.
The trustees are responsible for the maintenance and integrity of the financial and other information included on the charity's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

By Order of the Trustees

Signed:

Chair
Date: 14th September 2021

Trustee
Date: 14th September 2021

Independent Examiners' Report to the Trustees of Leicestershire Partnership NHS Trust Charity 'Raising Health' (Charity Reference number 1057361)

I report on the financial statements of Leicestershire Partnership NHS Trust Charity 'Raising Health' (the Charity) for the year ended 31 March 2021, which are set out on pages 19 to 33.

Respective responsibilities of trustees and examiners
The Charity's trustees are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the Act"). The Charity's trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 and that an independent examination is needed.

Having satisfied myself that the Charity is not subject to audit and is eligible for independent examination, it is our responsibility to:

- examine the accounts under section 145 of the Charities Act 2011
- follow the procedures laid down in the General Directions given by the Charity Commission under section 145(5)(b) of the Charities Act 2011
- to state whether particular matters have come to our attention.

Your attention is to drawn to the fact that the charity has prepared the accounts (financial statements) in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has been withdrawn. We understand that this has been done in order for the accounts to provide a true and fair view in accordance with the Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

This report has been prepared for and only for the trustees as a body in accordance with section 145 of the Charities Act 2011 and the regulations made under section 154 of the Charities Act 2011
(Regulation 31 of The Charities (Accounts and Reports) Regulations 2008) and for no other purpose. I do not, in making this report, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Basis of independent examiners' report
My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the financial statements presented with those records. It also includes consideration of any unusual items or disclosures in the financial statements, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

I**ndependent examiners' statement**
In connection with our examination, no material matters have come to our attention which gives us cause to believe that, in any material respect:

- the accounts were not kept in accordance with section 130 of the Charities Act 2011
- the accounts did not accord with the accounting records
- the accounts did not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

We have no concerns and have come across no matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Signature:..... Date: .....

Glynis Onley ACMA, CPFA
For and on behalf of 360 Assurance
Room 115A
Gwendolen House
Gwendolen Road
Leicester
LE5 4QF

2020-21 Annual Accounts

Statement of Financial Activities for the year ended 31st March 2021

	Note	Unrestricted Funds £000	Restricted Funds £000	Total Funds 2020-2021 £000	Total Funds 2019-2020 £000
Incoming Resources					
Voluntary Income					
Donations	3.1	83	0	83	201
Legacies	3.1	183	0	183	20
Fundraising Appeals	3.1	492	0	492	29
Lottery	3.1	69	0	69	62
Investment income	3.2	71	0	71	71
Total Incoming Resources		**898**	**0**	**898**	**383**
Resources Expended					
Cost of raising Funds	4	(53)	0	(53)	(71)
Charitable activities:					
Patient wellbeing and amenities	5	(145)	0	(145)	(126)
Staff education, training & development	5	(18)	0	(18)	(35)
Staff wellbeing and amenities	5	(105)	0	(105)	(60)
Other (including building maintenance)	5	(2)	0	(2)	(2)
Total Expended		**(323)**	**0**	**(323)**	**(294)**
Net Gains / (Losses) on Investments	3.3	338	0	338	(104)
Net Income / (Expenditure)		**913**	**0**	**913**	**(15)**
Gross transfers between funds	18	0	0	0	0
Net Movement in funds		**913**	**0**	**913**	**(15)**
Reconciliation of Funds					
Total Funds brought forward		1,667	1	1,668	1,683
Total Funds carried forward		**2,580**	**1**	**2,581**	**1,668**

Balance Sheet as at 31st March 2021

	Note	Unrestricted Funds £000	Restricted Funds £000	Total Funds 2020-2021 £000	Total Funds 2019-2020 £000
Fixed Assets					
Investments	10	1,901	0	1,901	1,563
Total Fixed Assets		1,901	0	1,901	1,563
Current Assets					
Debtors	11	0	0	0	15
Cash at bank and in hand	13	694	0	694	165
Total Current Assets		694	0	694	180
Liabilities					
Creditors falling due within one year	14	(14)	0	(14)	(75)
Net Current assets or liabilities		680	0	680	105
Net assets or liabilities		**2,581**	**0**	**2,581**	**1,668**
Funds of the charity					
Restricted income funds	19	0	1	1	1
Unrestricted funds	19	2,580	0	2,580	1,667
Total charity funds		**2,580**	**1**	**2,581**	**1,668**

The notes at pages 22 to 33 form part of these accounts

Signed:

Name: Cathy Ellis

Date: 14th September 2021

Statement of Cash Flows for the year ending 31st March 2021

	Note	Total Funds 2020-21 £'000	Total Funds 2019-20 £'000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	17	458	(37)
Cash flows from investing activities:			
Dividends, interest and rents from investments	3.2	71	71
Proceeds from the sale of investments		0	0
Purchase of investments		0	0
Net cash provided by (used in) investing activities		**71**	**71**
Change in cash and cash equivalents in the reporting period		**529**	**34**
Cash and cash equivalents at the beginning of the reporting period		**165**	**131**
Change in cash and cash equivalents due to exchange rate movements		0	0
Cash and cash equivalents at the end of the reporting period	13	**694**	**165**

Notes to the Accounts

1. Accounting Policies

a) Basis of Preparation

The financial statements have been prepared on a going concern basis, under the historic cost convention, with the exception of investments, which are included at market value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16th July 2014, the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1st January 2015.

The Trustees consider that there are no material uncertainties about the Charities' ability to continue as a going concern. As a grant making charity with few on-going commitments, the loss of income from reduced fundraising appeals will impact on any new grants that can be made in the short term rather than affecting the charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

b) Reconciliation with previous Generally Accepted Accounting Practice

In preparing the accounts, the Trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 that a restatement of comparative items was needed. No restatements have been applied to these accounts.

c) Funds Structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as an endowment fund; where the donor has expressly provided that only the income of the fund may be spent on charitable activities, or as a restricted income fund; where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose.

Endowment funds, where the capital is held to generate income for charitable purposes, are sub-analysed between those where the Trustees have the discretion to spend the capital; expendable endowment, and those where there is no discretion to expend the capital; permanent endowment. The charity currently has no endowment funds.

Unrestricted Funds are sub analysed between Designated Funds, where the Trustees have set aside amounts to be used for specific purposes often reflecting the non-binding wishes of the donors, and Non-Designated Funds, which are applicable for any purpose at the Trustees discretion.

Balance of Funds as at 31st March 2021

Analysis of Funds	2020-21 £'000	2019-20 £'000
Restricted	**1**	**1**
Unrestricted		
Designated	2,090	1,638
Non - Designated	490	29
Unrestricted total	**2,580**	**1,667**
Total Funds	**2,581**	**1,668**

All funds are unrestricted except for one individual fund - the Amanda Pickett Memorial Fund (fund number: 10001) with a value of £1,270 as at 31st March 2021.

d) Incoming Resources

All incoming resources are recognised once the charity has entitlement to the resources, it is certain that the resources will be received, and the monetary value of incoming resources can be measured with sufficient reliability.

e) Incoming Resources from Legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable; this will be once confirmation has been received from the representatives of the estate(s) that payment of the legacy will be made or property transferred, once all conditions attached to the legacy have been fulfilled, and if there are sufficient assets remaining once all liabilities have been settled, and when it is probable that the amount of incoming resources is known.

Any material legacies, including those that have been notified but not recognised as incoming resources in the Statement of Financial Activities are disclosed in a separate note to the accounts with an estimate of the amount receivable (note 16).

f) Incoming Resources from Endowment Funds

The charity currently has no endowment funds.

g) Resources Expended and Irrecoverable VAT

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

h) Recognition of expenditure and associated liabilities as a result of grant

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.
A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the Trustees and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

i) Allocation of Overhead and Support Costs

Overheads and support costs are those costs which do not relate directly to a single activity. These include some staff costs, costs of administration, internal audit costs and IT support.

Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 4.

j) Fundraising Costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objects. The costs of generating funds represent fundraising costs together with investment management fees.

k) Charitable Activities

Costs of charitable activities comprise of all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure therefore include support costs and an apportionment of overheads, as shown in note 4.

l) Fixed Asset Investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year.

The Trust does not acquire put options, derivatives or other complex financial instruments. The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

m) Debtors

Debtors are amounts owed to the Charity. They are measured on the basis of their recoverable amount. Information on the Charity's debtors can be found in note 11.

n) Cash and Cash Equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in 90 day notice interest bearing savings accounts. These are shown in note 13.

o) Creditors

Creditors are amounts owed by the charity. They are measured at the amount the charity expects to have to pay to settle the debt. The Charity's current liabilities are shown in note 14. Amounts which are owed in more than a year are shown as long term creditors.

p) Realised Gains and Losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and market value at the beginning of the quarter the disposal takes place (or purchase date, if later). Unrealised gains and losses are calculated as the difference between the carrying value at the year end and opening market value (or purchase date if later). Investment gains and losses are detailed in note 3.3.

q) Pensions

The Charity does not directly employ any staff and therefore does not have any salary or pension costs. The staffing costs included in the charity's support costs and overheads, are recharged on a quarterly basis from the Corporate Trustee, Leicestershire Partnership NHS Trust.

r) Critical Accounting Judgements

The Charity has made no critical accounting judgements in the reported financial period.

2. Related Party Transactions

The charity has made revenue and capital payments grants to Leicestershire Partnership NHS Trust to the value of £323,000 as detailed in note 5. Other than these payments, there have been no transactions between the charity and the Trust.

Board members of the Corporate Trustee and members of the Charitable Funds Committee ensure that the business of the charity is dealt with separately from that associated with exchequer funds for which they are also responsible. Declarations of personal interest are made, where appropriate, and those declarations pertaining to the funds held on trust are available for public inspection by application through the relevant Trusts.

The Corporate Trustees did not pay expenses to any member of the Leicestershire Partnership NHS Trust Board or to any member of the Charitable Funds Committees, and members did not receive any honoraria or emoluments from charitable funds in the year.

3. Income

3.1. Voluntary income

	2020-21			2019-20
	Unrestricted Funds £'000	Restricted Funds £'000	Total Funds £'000	Total Funds £'000
Voluntary Income				
Donations	83	0	**83**	**201**
Legacies	183	0	**183**	**20**
Fundraising appeals	492	0	**492**	**29**
Staff lottery	69	0	**69**	**62**
Total	**827**	**0**	**827**	**312**

The Charity was awarded £295,000 from NHS Charities Together after receiving direct grants as well as a successful appeal application.

3.2. Income from Investments and Dividends

	2020-21			2019-20
	Unrestricted Funds £'000	Restricted Funds £'000	Total Funds £'000	Total Funds £'000
Investment Income				
Quoted Investments (Dividends)	71	0	**71**	**71**
Total	**71**	**0**	**71**	**71**

3.3. Realised & Unrealised Investment Gains - Losses

	2020-21			2019-20
	Unrestricted Funds £'000	Restricted Funds £'000	Total Funds £'000	Total Funds £'000
Gains/(losses) on Investments				
Realised	0	0	**0**	**0**
Realised (upon investment transfer)	0	0	**0**	**352**
Unrealised	338	0	**338**	**(456)**
Total	**338**	**0**	**338**	**(104)**

4. Analysis and allocation of Support Costs and Costs of Raising Funds

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of a charity.

The bases of allocation used are as follows:

- Time: based on the time spent on a specific task by staff
- Direct allocation: where a cost is wholly attributable to a particular activity
- Expenditure: this is a proportion based spend on a particular activity

Costs of raising funds are those expenses concerned with the charities ability to generate new funds.

4.1 Support Costs and Costs of Raising Funds

	2020-21			2019-20		
	Raising Funds £'000	Support Costs £'000	Total £'000	Raising Funds £'000	Support Costs £'000	Total £'000
Governance Costs						
Internal Audit Fees	3	4	7	3	3	6
Finance Staff	1	3	4	1	3	4
Overheads						
Investment Management	2	0	2	9	0	9
System license & Support	1	2	3	1	2	3
Finance Staff Costs	2	22	24	2	21	23
Fundraising Manager	40	0	40	51	0	51
Fundraising Costs	4	0	4	4	0	4
Total	**53**	**31**	**84**	**71**	**29**	**100**

4.2 Allocation to Charitable Activities

	Unrestricted Funds £'000	Restricted Funds £'000	Total 2020-21 £'000	Total 2019-20 £'000
Raising Funds	53	0	53	71
Support Costs	31	0	31	29
Total	**84**	**0**	**84**	**100**

Allocation of cost is made on the basis of activity for each fund. As there was no activity relating to restricted funds for this financial year all costs have been allocated to unrestricted funds.

5. Analysis of Charitable Expenditure

The charity did not undertake any direct charitable activities on its own account during the year. All of the charitable expenditure was in the form of grant funding.

In 2020-21 all grants were made to Leicestershire Partnership NHS Trust. The Corporate Trustee operates a scheme of delegation, through which all grant funded activity is managed by fund managers responsible for the day to day disbursements on their projects, in accordance with directions set out by the Trustees in charity standing orders and financial instructions. The charity does not make grants to individuals. The total cost of making grants is disclosed on the face of the Statement of Financial Activities and the actual disbursement for each category of charitable activity is disclosed in note 5.

Expenditure commitments of £412,000 as at 31st March 2021 have not been recognised as a liability or provision. These commitments mainly relate to the staff room and outdoor spaces project, staff mental health awareness, Research and Development projects, lease vehicles to enable social events for rehabilitation service users, medical equipment and future running costs of the charity. Expenditure linked to these commitments will be incurred in 2021-22. There are no performance related conditions attached and all commitments are funded from donations, legacies or investment gains already recognised in the accounts.

Charitable Activities

	Grant Funded Activity £000	Support Costs £000	Raising Funds Costs £000	2020-21 Total £000	2019-20 Total £000
Patients wellbeing and amenities	119	26	45	**190**	**181**
Staff wellbeing and amenities	102	3	5	**110**	**68**
Staff education, training & development	16	2	3	**21**	**43**
Other (inc building maintenance)	2	0	0	**2**	**2**
Total	**239**	**31**	**53**	**323**	**294**

6. Trustees' Remuneration, benefits and expenses

The Charity Trustees give their time freely and receive no remuneration for the work that they undertake as Trustees.

7. Analysis of staff costs and remuneration of key management personnel

	2020-21 £'000	2019-20 £'000
Salaries	63	71
Social Security Costs	7	7
Employers Pension Contributions	9	9
Total	**79**	**87**

The average number of full-time equivalent employees during the year was 1.75 (2019-20: 2.2) with all employees involved in providing support services to charitable activities or the governance of the charity. The reduction is due to a part year vacancy relating to the fundraising manager post. The Charity considers its key management personnel to be the Trustees and the Charitable Funds Manager. The total employment benefits including employer pension contributions of the key management personnel was £79,000 (2019-20: £87,000). No employees received employee benefits (excluding employer pension costs) of more than £60,000.

8. Role of Volunteers

As with most charities we rely on a group of committed volunteers to ensure we continue to meet our objectives. Our volunteers perform two main roles for the charity:

- **Fund Managers** – these are members of LPT staff who manage and monitor spends against the charity's designated funds. Each fund manager has delegated powers to spend against the designated funds which they manage. The Trustees determine what each fund can be spent on and allow fund holders to spend up to a limit of £500 without additional approval from Trustees.

- **Fundraisers** – the charity has an ever increasing number of fundraisers who freely give their time to raise funds for their chosen cause.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

9. Auditors Remuneration

The accounts examination fee, undertaken by Internal Audit was £2,750 plus VAT (2019-20: £2,750).

10. Fixed Asset Investments

	2020-21 £'000	2019-20 £'000
Market value brought forward	1,563	1,667
Add: additions to investments at cost	0	0
Less: disposals at carrying value	0	0
Add net gain (loss) on investment transfer *	0	352
Add net gain (loss) on revaluation	338	(456)
Market value as at 31 March 2021	**1,901**	**1,563**

* An investment gain of £352,000 was realised when the investment portfolio transferred from Sarasin & Partners LLP to Cazenove Capital & Schroders Wealth in December 2019

The following individual shareholdings or investments are considered individually to be material with the market values and proportion of the portfolio shown as at 31st March 2021:

	2020-21 £'000	2019-20 £'000
Equities	1,376	1,090
Bonds	176	133
Multi-Asset Funds	38	29
Alternatives	272	263
Cash	39	48
Market value as at 31 March 2021	**1,901**	**1,563**

In 2019-20 property investments were shown separately but for 2020-21 accounts they are included within alternatives. This is in line with how the Investment Managers report is presented.

11. Analysis of Current Debtors

Debtors due in less than one year	2020-21 £'000	2019-20 £'000
Accrued Income	0	15
Total	**0**	**15**

The previous year's debtor of £15,000 related solely to the Quarter 4 dividend payment from Cazenove, Raising Health's investment manager. All four quarters' payments were received in 2020-21 resulting in no requirement for a debtor.

12. Analysis of Current Assets: Short Term Investments and Deposits

The charity did not hold any short term investments and deposits in either 2020-21 or 2019-20.

13. Analysis of Cash and Cash Equivalents

Cash	2020-21 £'000	2019-20 £'000
Cash in hand	0	0
Notice deposits (less than 3 months)*	694	165
Overdraft facility repayable on demand	(0)	(0)
Total	**694**	**165**

* Relates to cash held in the Charity's current bank account and represents funds held to facilitate cash flow and the fulfilment of obligations to make grant payments.

14. Analysis of Current Liabilities

Creditors under 1 year	2020-21 £'000	2019-20 £'000
Accruals	14	75
Total	**14**	**75**

The accruals of £14,000 mainly represent the sum owed by the charity at the end of the year to a related party – Leicestershire Partnership NHS Trust, for costs incurred by the Trust on behalf of the charity for the furtherance of its aims and objectives.

15. Provisions for Liabilities and Charges

There were no provisions made in the current or previous year and all the grants payable have been paid or accrued.

16. Legacies

Two legacies are included in this year's accounts totalling £183,000. These legacies have been classed as unrestricted.

17. Reconciliation of Net Income - (Expenditure) to Net Cash Flow from Operating Activities

	Total Funds 2020-21 £'000	Total Funds 2019-20 £'000
Net income/(expenditure) as per the Statement of Financial Activities	**913**	**(15)**
Adjustments for:		
(Gains)/losses on investments	(338)	104
Dividends, interest and rents from investments	(71)	(71)
(Increase)/decrease in debtors	15	(15)
Increase/(decrease) in creditors	(61)	(40)
Net cash provided by (used in) operating activities	**458**	**(37)**

18. Transfers between Funds

During the period there were no transfers between fund categories.

19. Analysis of Charitable Funds

	Fund Group/ Charity No	Balance b/f £'000	Incoming Resources £'000	Resources Expended £'000	Transfers £'000	Realised Gains / Losses £'000	Unrealised Gains / Losses £'000	Balance c/f £'000
St Dalmas	1057361-1	37	1	(2)	0	0	0	36
Educational	1057361-2	17	1	(1)	0	0	0	17
NHS Research	1057361-4	100	4	(11)	0	0	0	93
Amanda Pickett	1057361-5	1	0	0	0	0	0	1
Loughborough Hosp Fund	1057361-6	29	1	(1)	0	0	0	29
Oakham Nurses Fund	1057361-8	20	1	(1)	0	0	0	20
Towers Pharmacy	1057361-10	3	0	0	0	0	0	3
Leicester Locality	1057361-11	101	9	(6)	0	0	0	104
Adult Mental Health	1057361-12	116	167	(18)	0	0	0	265
Community Health Services								
Centrally Managed	1057361-13	240	244	(75)	0	0	0	409
Leicestershire Community	1057361-13	4	0	0	0	0	0	4
East Community Funds								
Lutterworth Locality	1057361-14	54	2	(3)	0	0	0	53
Market Harborough Locality	1057361-14	60	7	(3)	0	0	0	64
Melton Mowbray Locality	1057361-14	44	2	(2)	0	0	0	44
Rutland Locality	1057361-14	408	14	(16)	0	0	0	406
St Lukes Palliative Care	1057361-14	54	2	(2)	0	0	0	54
Specialist Mental Health	1057361-15	12	2	(6)	0	0	0	8
West Community Health Services								
Ashby/Coalville	1057361-16	189	40	(13)	0	0	0	216
Hinckley Locality	1057361-16	89	7	(9)	0	0	0	87
Loughborough Locality	1057361-16	20	1	0	0	0	0	21
Elderly Mental Health Services	1057361-17	60	4	(6)	0	0	0	58
Umbrella Charity Fund	1057361 (funds 80, 81 & 82's)	35	389	(133)	0	0	0	291
East Midland Mental Health	1057361-9	1	0	0	0	0	0	1
Unrealised Centralised		(26)	0	(15)	0	0	338	297
Grand Total of Funds		**1,668**	**898**	**(323)**	**0**	**0**	**338**	**2,581**

The above funds include the one restricted fund – the Amanda Pickett Memorial Fund (fund number: 10001) with a value of £1,270 as at 31st March 2021.

20. Connected Organisation

The Charity's Corporate Trustee is Leicestershire Partnership NHS Trust, which had the following results in the year under review and preceding year:

	2020-21 Operating Expenditure £'000	2020-21 * Surplus/ (Deficit) £'000	2019-20 Operating Expenditure £'000	2019-20 * Surplus/ (Deficit) £'000
Leicestershire Partnership NHS Trust	322,655	9	296,794	2,843
Total	**322,655**	**9**	**296,794**	**2,843**

* This is the adjusted surplus/(deficit), excluding impairments

21. Events after the Reporting Period

The draft accounts were issued for review on 27th July 2021. Between this date and 14th September 2021 there were no events after the reporting period.

AAA

Leicestershire Partnership NHS Trust

TRUST BOARD – 26th October 2021

AUDIT AND ASSURANCE COMMITTEE held 3 September 2021

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 Ref
Internal Audit Progress Report	**High**	One final report, the Mental Health Act had been issued since the last AAC meeting, with a split opinion, significant and limited assurance. This concluded the 2020/21 plan. A number of recommendations had been agreed by leads for completion by December. The committee was assured on the progress being made on the 2021/22 plan. The implementation rate in 2021/22 for follow ups was currently 83%, 15 of 18 actions had been implemented. The Committee noted a slight dip in performance and agreed focus needed to be maintained.	5&54*
External Audit Progress Report	**High**	Since the last Committee meeting, external audit had concluded its work on VFM, the financial statement audit for 2020/21 and prepared its quarter 1 benchmarking to compare LPT's position in relation to the other NHS Trusts in their portfolio. A summary was received on the planned work going forward.	5&54*
Counter Fraud Progress Report	**High**	The Committee received the progress report and noted progress, key points included; • An uptick in referrals had been seen which was positive. • Two referrals related to the vaccination programme. • Good progress was being made on the functional standard action plan.	5&54*

Report	Assurance level*	Committee escalation	ORR Risk Ref
Risk Management Arrangements	**High**	The Committee received an update on risk management arrangements which included; • A refresh of the Risk Strategy was being undertaken. • Risk appetite would be the focus of the next Board development session. • Risk training continued led by the new Risk and Assurance Lead.	5*
Legal and Regulatory Issues	**High**	The Committee noted there were no legal and regulatory issues to highlight.	5*
Clinical Quality - Patient Safety - Violence and Aggression ToR	**High**	Draft terms of reference were presented and agreed, the Committee noted the exceptional circumstances for their presentation.	5*
Committee Annual Review Reports	**High**	The committee was assured on all the Annual Review reports. Reports would be presented to the next meeting of the Trust Board.	5*
Internal and External Audit Follow up of Actions	**Medium**	The Committee received a summary of the status of internal audit first follow up actions and wasn't fully assured on activity for subsequently follow up of non-implemented items. The Committee was supportive of actions arising from audits being tracked electronically by 360 Assurance using Pentana from quarter 4 2021/22. A different process was being developed for managing External Audit actions which would go live at the same time.	5*
Financial Waivers	**High**	The Committee noted the financial waivers for the first quarter of 2021/22.	5,& 54
Losses and Special Payments Policy	**High**	The key update was around reimbursement for staff and patient losses. The policy was approved.	54
Code of Conduct	**High**	The Committee approved the updated policy but noted it may need to be revised again within a year due to the joint governance programme with NHFT and review of key documents.	5 & 54*
Claims Management Policy	**High**	The Committee approved the policy which had been updated to reflect current key guidance.	5,& 54*
Chairs of QAC / FPC updates on key issues	**High**	Key areas of focus included; **QAC** • Workforce pressures on a number of teams. • Use of agency and bank staff. **FPC** • Performance targets and ensuring the Trust had the right basket of metrics in the performance report.	5*

Report	Assurance level*	Committee escalation	ORR Risk Ref
		• Work taking place to reduce waiting times. • Planning for H2. • The short, medium and longer term strategy for LPT's estate. The Committee was fully assured by updates provided by FPC and QAC chairs.	
Auditor Panel Update	**High**	The Committee received an update on the progress of the auditor panel, to appoint provision of external audit services once the existing term with KPMG expired. The deadline for receipt of tenders had closed, a number had been received. A tender evaluation meeting would be held on 20 September.	5*

***principal risk(s) shown but will also cover other risk on ORR**

Chair	Darren Hickman