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FPC – 30th August 2022

Highlight Report

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

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
Director of Finance Escalations	NA	There were no additional items to escalate that were not covered on the agenda today.	
CFO – Strategic Estates Escalations - FM Transformation Update – Paper C	MEDIUM	The 1 st November transfer date has now been agreed. Following Board discussions there are now updates from all 12 workstreams contained within the paper with RAG ratings included. The TUPE information has not yet been received which will leave a short window and this is being monitored. The resource to get through this period was discussed and it was confirmed that senior staff on the team have close contact with the staff involved on a daily basis and there is dedicated HR representation working on this matter. To mitigate there is a short term agency fix until December and recruitment has started.	65 66 67
Director of Strategy and Partnerships Escalations	NA	No further issues were highlighted that were not covered in the agenda.	
Finance Report Month – 4 – Paper Di & Trust Recovery Plans – Paper Dii	LOW	In income and expenditure there is a £365k variance to plan meaning a £1.8m plan deficit, with DMH showing the biggest overspend and other directorates showing as stable. All available reserves have been used to offset. In month work has been taking, there are a number of scenarios forecasted with the most likely being scenario 2 as detailed in the report. Agency spend in July was £2.9m with DMH still increasing their spend but improvements	71 81

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		<p>evident in other directorates. The internal approval process has supported reductions but £27m spend is still predicted on agency. There are no concerns currently around cash balances but we will need to monitor this as we move into the new financial year. There has been a £5.5m capital spend year to date and are showing a higher spend than planned for due to the reprioritised plan. There is little flexibility available in year. BPPC all targets have been achieved again this month. The Recovery Plan sets out more detail including context in which we set the financial plan and the re submitted plan. A deep dive into the DMH position has taken place and most of the deficit is shown to be driven by pay in inpatient areas and for medics. Alongside the financial piece of work safe staffing on wards has been considered in detail to clarify the spend and improve narrative making us in a stronger position for monitoring moving forwards. There is an £8.8m trust level deficit predicted, once further mitigations are added we can predict a bottom line position for the Trust as a £6.5m deficit. Around 2 thirds of the financial pressures are currently being mitigated. There are further financial pressures that are not being highlighted as the figures are not yet known – this includes an expected short fall on the pay awards, which as an ICB is expected to be around £1m shortfall, and further winter pressures. The system position shows £88m risk that has been mitigated down to £68m – with a £20m gap that we are unable to close – work on this continues and is being presented to the ICB Board on 8th September 2022 and FPC will be further updated after this point. Optimal skills mix is key to reducing agency usage and we are currently taking the opportunity to bring in new roles where possible with safety and quality always being paramount. We can demonstrate grip in key areas and other systems and organisations are starting to struggle in similar ways for similar reasons – LPT is not unique. It was agreed that the use of agency may have become normalised due to covid, and grip and control in this area is starting to be evidenced. FPC</p>	

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		received the paper and agreed low assurance was received despite the work that is progressing.	
Trust wide Strategic Workforce Recruitment & Agency Plan – Paper E	H M	The plan is to target the significant challenges and achieve the agency reduction plan, it is an evolving plan and the numbers will change with frequency. A QI approach is being used for the programme of work and a PDSA cycle has been introduced into the agency control & recruitment process. The NHSE agency controls will be in place from 1 st September and any new non-clinical agency use will have to go to NHSE for approval (with exceptions in the HIS workforce & Estates). The roadmap on the slide set shows a short, medium and long term journey going beyond March 2023. The dynamic risk assessment process has been enacted for agency to support reduction in usage and this is managed through the DMTs and finance teams working together and positive improvement has already been evidenced already although this remains a significant challenge. Quality and safety is paramount in this work. The programme aims are detailed within the paper with agency reduction, vacancy reduction (4 programmes of work – nursing workforce; HCSW zero vacancy ambitions; Administration staff zero vacancies & consultant workforce plan), increased number of HCAs on bank, improving nurse retention (0.5% by March 2023) including a focus on stay conversations & a focus on flexible working. FPC supported the plan being fluid & dynamic and there being regular touch points build in to this plan. FPC agreed split assurance – high assurance as we have a robust plan and medium assurance as we do not yet know how the plan will deliver.	All
Business Pipeline – Bids & Tenders Update – Paper F	HIGH	FPC received the report updating on bids and tenders and agreed that high assurance was received from the report.	64
Provider Collaborative Update – Paper G	HIGH	A positive financial position is reported but FPC were asked to note an increase in average length of stay and stays away from home. Investment in services around the midlands continues and is detailed within the paper.	64
Performance	MEDIUM	DMH's performance is static in most areas but	68 69 75

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Report Month – 4 – Paper H - Finance and Performance Metrics		to note ADHD shows low performance which is monitored closely. CHS performance is improving, FYPC also shows positive improvements and all services are discussed in detail in the performance review meetings. The 52 week waits remain stable. The report and the performance framework meetings are being reviewed and this change of process will begin in October and the output will be more structured for the level 1 committees. LPT are a national outlier in terms of the Perinatal Service and are working with NHFT and have recently recruited to a joint strategic role overseeing this work. The adult autism assessment process has a 0% compliance rate detailed in the report – recruitment is underway to support improving this situation. Improvements are being seen in CINNS and continence and new modelling is taking place to improve the quality of the pathway as well as the metrics.	
Improving Access Report – Paper I (& Improving Access Committee Highlight Report - Paper P)	M L	Waiting times remain a challenge despite significant governance arrangements in place. The patients on the waiting lists are monitored and harm is managed with appropriate help being provided to patients on waiting lists. Different services are showing different waiting times and triangulation is taking place with waiting lists data and complaints data. The number of referrals have increased and this has an impact on assessments and multifactor methods are being considered including transformation projects to support waiting list managements. FPC received the report and agree a split assurance medium for governance and low assurance for the waiting times overall.	68 69 75 65 69 72 75
CQC Action Plan Assurance Report – Paper J	HIGH	Must dos 1 & 11 remain on track. The 4 wards that the CQC originally noted are all now single accommodation so have been completed on plan.	All
Green Plan – Update on Progress	NA	The ICS plan is continuing to progress and the LPT plan can then be further drafted from the ICS plan. It was agreed that the Green Plan is to be presented to the next FPC meeting and this has been added to the agenda.	
ORR – Paper K	HIGH	2 new proposed risks for approval by FPC – risk 83 around the restricted access to the SystemOne system & risk 85 which replaces the	All

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		overarching vacancy rate risk that is being closed down. In its place 2 new risks will be added – one approved by QAC with a clinical focus and this with a financial focus. It was agreed that risk 83 would benefit from a deep dive and this will be raised at the next ORR review. FPC approved the 2 new risks as detailed in the paper.	
Estates and Medical Equipment Committee Highlight Report 20 th July 2022 – Paper L	HIGH	There were no issues arising for discussion from the paper.	65 66
Transformation Committee Highlight Report 12 th July 2022 – Paper M	HIGH	There were no issues arising for discussion from the paper.	64
IM&T Committee Highlight Report 15 th July 2022 – Paper N	HIGH	There were no issues arising for discussion from the paper.	68 79
Data Privacy Committee Highlight Report 12 th July 2022 – Paper O	HIGH	The performance on a page section shows SARS statutory timescales are a risk and this is being monitored.	68
Improving Access Committee Highlight Report 5 th July 2022 – Paper P	M L	FPC received the report and agree a split assurance medium for governance and low assurance for the waiting times overall.	65 69 72 75

Chair of Committee:	Alexander Carpenter
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